Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
National Assembly for Wales
Health, Social Care and Sport Committee

Iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu

Mental health in policing and police custody

Mawrth 2019 / March 2019

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Dear Sirs / Madam

In response to your request

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.

I am aware that there is a lot of work being undertaken trough the structure of the Crisis Care concordat. I am aware that many hours of police time is taken up with mental health issues and those in crises. Police officers have difficulty in getting hold of crisis teams for assessment and often face significant delays in having to stay with the person until they are assessed oftener because mental health professional are busy, possibly due to undertaking a duel role of having to cover the wards as well as provide emergency work and maybe medics covering multiple sites.

1. 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.

This is now a rare event and when it happens is discussed a senior levels

2. 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.

As far as I am aware that places of safety have been identified and police do take individuals for assessment. However from stories told to me by families and patients the lack of beds impacts on the decision whether someone is admitted or not

3. 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 is not happening and the vast majority of S.136;s are still being brought to place of safety by the Police. Resolution the transport issues is part of the Crisis Care Concordat and in South Wales Police are this is yet to be resolved, the matter lies with Greg Lloyd currently

4. 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.

Through diversion and Triage service now in place in the South Wales Police Ops room information is much easier to obtain "live" to the officers on the beat at the time. However ease of communication is hampered significantly by the lack of electronic records which means hand written notes have to be found

5. 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.

I am concerned having done short audit of those presenting under section 136 over a month period n=41 that about 60% were already know to the MH services yet only 1 had a care and treatment pan. My suspicion that the majority of these case were personality disorder and substance misuse was proved – so it begs the question - is the Mental Health measure being targeted at those who need it the most?

6. 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.

There has been a lack of engagement from the NHS in the South Wales Police area. This has been escalated with significant support from the Welsh government which hopefully will bear fruit over the next year.

I hope this is of assistance

Regards

xxxx
Consultant Forensic Psychiatrist and Chair of South Wales Police Partnership Group
Abertawe Bro Morgannwg University Health Board

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

Evidence from Royal College of Nursing Wales

Response from the Royal College of Nursing Wales to the Health, Social Services & Sport Committee's inquiry into mental health in policing and police custody

The Royal College of Nursing Wales is grateful for the opportunity to respond to this consultation and would like to raise a number of points in relation to the inquiry:

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.

The RCN maintains that it is unacceptable to hold mentally ill individuals in police custody suites, and the practice of detaining people under section 136 of the Mental Health Act should only occur in exceptional circumstances. People in mental health crisis are amongst the most vulnerable in our society, and sufficient investment must be made in services to meet there needs. The inappropriate detention of people within a police custody suite, or people with mental health needs being drawn into the criminal justice system unnecessarily, must be avoided at all costs.

Effective workforce planning is essential to ensuring that there are sufficiently staffed services to divert people with mental health issues away from police custody. Registered Nurses play an important role in these services and thus need to be integral in the workforce planning. They also play a vital role in helping to divert people with mental health problems away from policy custody. There must be sufficient Criminal Justice Liaison Nurses working within Health Boards who can work to divert vulnerable people away from police custody, and also sufficient numbers of Mental Health Nurses employed to work directly with the police to triage, support and treat individuals.

RCN Wales suggests the Committee may wish to ask Welsh Government if and when they intend to extend the Nurse Staffing Levels (Wales) Act 2016 to mental health settings.

The availability of safe spaces for people in states of mental health crisis is also important. Whilst police cars and police stations are not the best place for mental

health patients, the hospital environment, although often preferable, is not always ideal, particularly if it involves waiting in A&E. Anxiety, distress and disorientation can be exacerbated in these environment. Section 136 psychiatric suites for use by health practitioners and the police to hold people under the Mental Health Act should be available across Health Boards in Wales, and these suites must be staffed by appropriately qualified health professionals.

The Committee may want to ask Health Boards for data around the availability of 136 suites, and the instances in which those suites have not been available to the police.

Early intervention to avoid mental ill health reaching the point of crisis is crucial. For example, mental health support services such as talking therapies, counselling, and community mental health teams should be available to all those who need them. Having access to different treatments and therapies can prevent mental health issues becoming more severe. This applies also to children and young people, for whom the role of School Nurses, Learning Disability Nurses and Child and Adolescent Mental Health Services (CAMHS) are very important.

Early intervention also includes investing in childhood services such as Health Visitors who are able to work closely with families and young children to identify and manage emerging issues, monitor cognitive and emotional development of babies and children, as well as empowering new parents to access specialised support including maternal mental health or domestic abuse services. There is overwhelming evidence that a supportive home environment is positively associated with children's early achievements, attentiveness at school, and their physical and mental health.

Important to note is the prevalence of mental health issues occurring in police work. According to data collected across all Welsh police forces as part of Mental Health Demand Day in 2018, 200 mental health incidents requiring police involvement were recorded, representing 9.5% of all police incidents during the Demand Day period. Clearly this is a significant proportion of police time and resources, and it is vital that they are supported by appropriately qualified mental health professionals, such as Mental Health Nurses, in responding to those incidents.

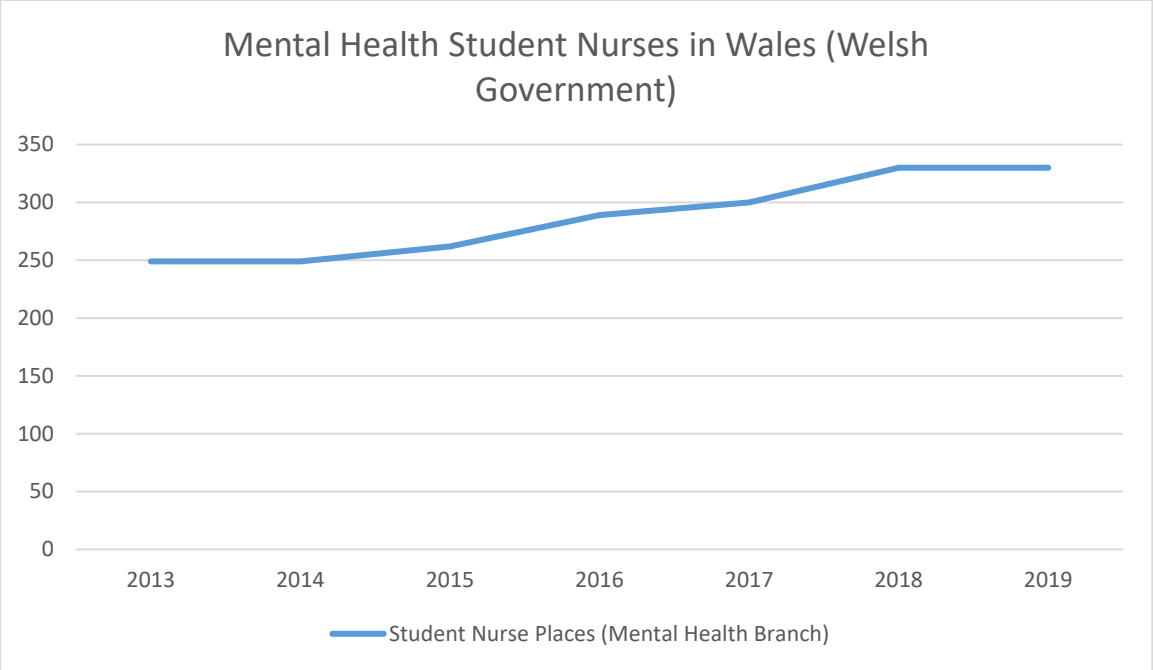
Whether local authorities and health services are meeting their duties and complying fully with legislative requirements to provide appropriate places of safety to which the police may take people detained under section 136 of the Mental Health Act 1983.

Investing in and growing the workforce is essential. The need for safe staffing levels in order to best meet the needs of vulnerable people applies as much in responding to people in mental health crisis, as it does on hospital wards or in care homes. Appropriate qualified staff need to be employed in the right numbers and in the right settings in order to ensure that local authorities and health services are able to meet their duties and comply with legislation.

It is understood from information provided to us by our members, that a significant number of Custody Nurses working within custody suites in Wales are not specifically mental health trained. Mental Health Nurses are specifically trained to work with individuals with complex and severe mental health issues, and are ideally placed to identify how their needs can best be met. The Committee may want to consider whether a standardised all-Wales job description or competency framework for all new Custody Nurses may help improve consistency in this area.

It is also important to acknowledge that in some instances of mental health crisis or psychotic episodes, patients can become distressed, violent and abusive. This can be often be attributed as much to feelings of anger or fear as it can their mental condition. Specialist Mental Health Nurses will have knowledge and skills in de-escalation, which can help prevent verbal abuse developing into physical violence. These skills should be acknowledged and utilised for the benefit and safety of patients, staff and the general public.

The graph below shows the commissioning numbers for nurse education places in the field of Mental Health. The graph shows that whilst there has been an increase in the number of commissioned student places over the past few years, for 2019 these figures remained static. The RCN is very concerned that this will mean that the capacity of the workforce will not be sufficient to meet demand.



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).

The RCN maintains that adherence to this Code is paramount, and an important part of delivering person-centred care in the right place at the right time. It is also important to recognise however the safety risks for healthcare workers and clinicians which can sometimes be involved in dealing with people severe mental health problems. Experiences of violence and aggression towards NHS workers is not uncommon. According to the NHS Staff survey conducted in Wales in 2016, 11% of all staff stated that they had experienced physical violence at work from patients/services users, their relatives or other members of the public. The data on assaults also shows that rates are much higher within mental health units compared with the acute sector.

Some types of violence encountered by nurses can be related to a psychotic condition, but anger or fear are just as likely to lead to violence in mental health settings. Not only is it important then that people are transported in a way that protects dignity and privacy, it is also important that training is provided to all professionals who may find themselves encountering physical violence and abuse. This applies not just to employees of Health Boards but to employees within police forces too, and Mental Health Nurses can play a role in delivering this training. Specialist Mental Health Nurses will also have knowledge and skills in de-escalation, which can help prevent verbal abuse developing into physical violence. These skills should be acknowledged and utilised and Mental Health Nurses should be sufficiently deployed across Wales to work directly with patients and the police.

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.

Integrated mental health teams working directly with forces, in control rooms, custody suites and on the ground is hugely important, and nurses should be enabled to play strong roles within these multi-disciplinary and multi-agency teams. The police depend upon good nursing support and leadership to cover clinical needs. The November 2018 report 'Policing and Mental Health: Picking Up the Pieces' highlighted the value of mental health nurses working with police forces and being available for triage when police are responding to calls from people in crisis.

Dyfed Powys Police and Hywel Dda University Health Board have operated a mental health triage service since launching a pilot scheme 2014. Police officers work side-by-side with health professionals to ensure those suffering mental

health distress get the right attention and support. This multi-agency approach enables access to patient records, information, intelligence, and specialist advice to enable better decision-making at the scene of incidents. It also means that there is a wider range of options available to police officers as alternatives to detentions under Section 136 of the Mental Health Act. The system has also improved communication between agencies.

Another example of partnership working can be seen in Aneurin Bevan Health Board which employs a Mental Health Nurse to work in emergency control rooms responding to 999 calls from people in mental distress. With access to medical records they are able to triage the patient over the phone and work with the police on the most appropriate next steps for the individual. Betsi Cadwaladr University Health Board are also looking to initiate the service.

Other ways in which Mental Health Nurses can be involved includes having mental health nurses in control-rooms with access to medical records so that they can advise officers on the ground, or having helplines available 24/7 or at peak times, with access to specialist mental health nurses who can speak directly with people in need of specialist advice, support or referral.

RCN Wales suggests the Committee may want to ask how these areas of good practice are being rolled out across Wales and to what kind of timeframe.

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.

Police forces, Local Authorities and Health Boards working together is essential for ensuring that the health and care needs for people with mental health problems leaving custody are met. Effective care planning for those leaving custody is important not only for the welfare of the individual, but also to help avoid people being brought into police custody unnecessarily and to minimise hospital admissions.

The RCN believes that effective care planning is an area where further work is needed in order to better protect vulnerable people. For instance, there is no built-in mechanism in the existing system whereby multi-agency reviews are automatically triggered for individuals who are repeatedly referred by the police to mental health teams. This means that agencies are not always routinely working together with individuals to achieve the best outcomes for those with mental health problems, and that repeat detentions are not always avoided. Better mechanisms around multi-agency care planning should be developed and implemented across Wales in order to improve the experiences of people with mental health problems leaving custody.

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.

One area working well is that within Health Boards and police forces, there are dedicated points of contact who lead on mental health crisis care. There are clear lines of communication between these dedicated points of contact and different agencies and this has improved partnership working.

Other issues not covered elsewhere

If the Mental Health Act is reformed by the UK Government, key stakeholders including nurses and service users in Wales must be engaged with and involved in developing options for reform. The impact on Welsh legislative frameworks and practices must be taken into account. Equally, if existing Welsh legislation and frameworks are revisited, the nursing workforce and those using and experiencing the service must be involved in developing any proposals for change.

About the Royal College of Nursing

The RCN is the world's largest professional union of nurses, representing over 430,000 nurses, midwives, health visitors and nursing students, including over 25,000 members in Wales. The majority of RCN members work in the NHS with around a quarter working in the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing. The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

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Mental Health in Policing & Police Custody: Invitation for written evidence.

The Welsh Assembly's, Health, Social Care and Sport Committee has requested written evidence in respect of a spotlight inquiry into mental health in policing and police custody in Wales. This will focus 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.

This report crystalizes some of the on-going partnership work, challenges and also the opportunities for Welsh Government to support policing in Wales in respect of the mental health conundrum. The evidence provided is a blended compendium of forces responses to the inquiry's questions.

The inquiry asks seven questions which have been highlighted in bold with evidence provided beneath each question.

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.

Generally, forces emphasised that the provisions of the Crisis Care Concordat and the Police and Crime Act 2017 do not address the mental health funding issues in Wales. [1]The HMIC report, '*Picking up the Pieces*' recognises that the Crisis Care Concordat is a step in the right direction. It has made some improvements, most notably being the reduction in the use of police custody as a place of safety. This is not a problem that the police or partners can solve in siloes. Recommendation 5 (*Annex A*) of the report states that the Crisis Care Concordat steering group should carry out a fundamental review and make proposals for change.

All forces have committed to either self-funding or joint funding arrangements with some health boards in respect of employing mental health triage teams that operate from within police control rooms. The triage teams offer professional

[1] HMIC 'Picking up the Pieces'

support to frontline police officers and have immediate access to mental health records. Early intervention is key, unfortunately, access to both the out of hour's social and mental health services teams is a pan Wales problem for forces; as is securing a bed at a mental health unit where necessary. These shortcomings continue to exacerbate the impact of mental health demand on policing, tying up police resource with no sign of abatement.

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 number of people detained under section 136 of the Mental Health Act 1983 being conveyed to police custody as a place of safety has reduced year on year. Most forces reported under one per cent of those detained under the act were held in custody. The decision to hold some people in custody was influenced by their individual circumstances, for example those pertaining to violence and aggression and/or lengthy delays to mental health assessments within the custody environment.

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.

There is a mixed picture across Wales. Progress is being made to provide places of safety in a minority of health board areas with the provision of community mental health centres for adults and designated place of safety for persons under eighteen. Barriers to improvement still exist and progress is slower in other areas creating a general inconsistency. The non-availability of assessment suites due to staffing shortages and lack of bed space further compound issues. Where rurality exists, geography can also play a part in delaying access to mental health services.

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).

Across Wales, partner agencies would appear to be failing to meet the needs of persons that require conveyance to a mental health establishment. Operational pressures on WAST and mental health services means that policing is filling the vacuum that is left. Police vehicles are consistently being used to transport persons to mental health establishments. [2]The College of Policing's guidance advises that police officers should request an ambulance on every occasion where

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[2] College of Policing Authorised Professional Practice

a person is detained under the Act. [3]Also, Recommendation 5 of Lord Bradleys 2009 report underpins the need for health boards assuring the efficient transfer to and from secure mental healthcare. There appears to be more to do in this area and partnership working will be a critical success factor.

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.

Vulnerable people in police custody have been safeguarded to a higher standard since the introduction of the Police and Criminal Evidence Act 1984 underpinned by the European Convention of Human Rights. There is professional support provided by partners to those detained under the Mental Health Act. Efforts are made by the police to transfer persons from custody to alternative places of safety at the earliest opportunity. However, lack of bed space and staffing levels at mental health units can impact on this.

Of note, is that there appears to be a service gap in respect of the assessment of persons in police custody who have been arrested for a criminal offence. Where a person does not meet the threshold for an assessment but is displaying signs of mental illness, there is no provision for the detainee to be assessed by mental health practitioners. To manage the residual risk, the use of section 136 powers therefore appears to be increasing for persons under arrest for criminal offences.

A pilot scheme is currently being tested by South-Wales Police which is designed to assist frontline officers and health boards with the sharing of data when dealing with mental health demand.

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.

Section 136 detentions have decreased dramatically. Custody suites employ/utilise the services of health care professionals to safeguard vulnerable detainees and service their needs. They signpost detainees to appropriate services upon release unless transferred to an alternative and more appropriate place of safety. A detainee's immediate release is again dependant on any on-going criminal investigation and other behavioural risks.

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[3] The Bradley Report 2009

Each forces' mental health triage teams collect data on persons that come into contact with the police. This is then used to manage risk associated with that persons and their individual needs through to the most appropriate outcome.

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.

Mental health triage teams are producing efficiencies for both policing and health boards. In its current guise the Crisis Care Concordat is a positive partnership. It has made significant improvements in reducing the use of police custody as a place of safety to their lowest levels to date.

Nevertheless, as previously indicated by recommendation 5 (HMIC report: 'Picking up the Pieces') the Crisis Care Concordat steering group should embark on a fundamental review of mental health service provision (*Annex A*). It might be suggested that the review considers legislative amendments and changes to existing operating structures; as well as current guidance.

Policing is currently experiencing unprecedented levels of mental health related demand, which continues on an upward trajectory. The police service has become the 'de facto' agency and the first point of contact for many persons suffering with mental ill health. This is unsustainable with finite police resources and diminishing budgets; whilst dealing with the proliferation of new emerging crime types and other increased demand.

It is noteworthy, that Welsh Government do provide oversight and leadership, however there is more to do to improve service provision and support policing in a non-devolved context. It is suggested that Welsh Government consider funding the mental health triage teams across the four Welsh police forces. A further consideration is that Welsh Government funds patient transport to hospitals as well as any proposed sanctuary models to create service consistency across Wales.

Partnerships commitments across Wales are inconsistent, evidence of good practice is siloed and not replicated across the country. Policing in Wales also seeks Welsh Government's support to pump-prime funding in areas such as Multi-agency Safeguarding Hubs (MASH). These hubs are not present in every area and the police would fully support this as they cannot operate alone in tackling vulnerability and mental health.

"There is a need for an all Wales delivery model based on what works to prevent the revolving door of mental ill-health." ACC Jon Drake

Annex A

Recommendation 5

The Crisis Care Concordat steering group should carry out a fundamental review and make proposals for change. Although the first four recommendations are

achievable, they won't solve the fundamental problem. There needs to be a comprehensive, long-term approach to identifying, assessing and supporting people with mental health problems.

Recommendation

By 30 September 2019, the Department of Health and Social Care (DHSC) and the Home Office should review the overall state response to people with mental ill-health. The scope of this work should include as a minimum:

• An assessment of the implementation of the Crisis Care Concordat;

• Crisis response and whether people with mental health problems can access appropriate services;

• The role and responsibilities of police officers when meeting people with mental health problems; and

• Whether there is sustainable and integrated support to prevent repeat contact.

The Crisis Care Concordat steering group should consider whether any changes are necessary, or should be considered, to legislation; structures; initial and ongoing training; and guidance and guidelines (for example, the APP and National Institute for Health and Care Excellence guidelines).

The Crisis Care Concordat steering group should report to the Ministers in DHSC and Home Office with relevant recommendations, to improve the whole system relating to mental health, for:

• The Department of Health and Social Care;

• The Home Office;

• The Ministry of Housing, Communities and Local Government;

• NHS England;

• The National Police Chiefs' Council;

• The Association of Police and Crime Commissioners;

• The College of Policing;

• Public Health England; and

• If necessary, other members of the Crisis Care Concordat steering group.

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

Evidence from Public Health Wales

Public Health Wales Response to the Health, Social Care and Sport Committee Inquiry into Mental Health in policing and police custody

Public Health Wales welcomes the opportunity to contribute to the Health, Social Care and Sport Committee inquiry into mental health in policing and police custody.

1 Response to the specific areas of inquiry

1.1 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.

Ar hyn o bryd, dim ond y gair 'amrywiol' y gellir ei ddefnyddio i ddisgrifio darpariaeth gwasanaethau iechyd meddwl ledled Cymru ar gyfer y rhai sy'n profi problemau iechyd meddwl yn y gymuned.

Yn hollbwysig, nid oes dealltwriaeth na iaith gyffredin o ran yr hyn a ystyrir yn fater 'iechyd meddwl'; gallai hyn amrywio o rai sy'n arddangos galar eithafol yn dilyn profedigaeth (sy' ddim yn gysylltiedig â iechyd meddwl) i gyflwr iechyd meddwl sydd wedi'i ddiagnosio neu sydd heb ei ddiagnosio.

Mae lefel y dryswch ynghylch yr hyn sy'n gyfystyr â mater/cyflwr/anhwylder iechyd meddwl i bobl ifanc yn ychwanegu haen o gymhlethdod. Mae bwlch mawr rhwng yr hyn y mae clinigwyr a gweithwyr proffesiynol eraill - a dinasyddion - yn ystyried yn hyn o beth.

Nid yw'n syndod chwaith fod diffyg eglurder amlwg ynglŷn â pha opsiynau ymyrraeth gynnar a chyfleoedd sy'n bodoli ar gyfer atgyfeirio o fewn y gymuned. Mae her ychwanegol yn bodoli o ran, lle mae'r darpariaethau hynny yn bodoli mewn lleoliad cymunedol ac yn wir yn hysbys i staff, pwy sy'n gallu cyfeirio at y gwasanaethau hynny h.y. gweithwyr meddygol proffesiynol yn unig neu aelodau

o'r heddlu a'r system cyfiawnder troseddol a beth yw'r 'trothwy' derbyniol ar gyfer derbyn atgyfeiriadau.

Mae darparu nyrsys Cyfiawnder Troseddol o fewn y ddalfa unwaith eto'n amrywio gyda rhai byrddau iechyd yn arddangos swyddi gwag am fisoedd lawer.

Yn ogystal, ychydig iawn o nyrsys y ddalfa a ddarperir sydd wedi derbyn hyfforddiant ddeuol (iechyd cyffredinol a meddwl) â mwy o wybodaeth am gyfleoedd ymyrryaeth gynnar.

Byddai gwerth mewn edrych ar gyfleoedd ledled Cymru neu ymarfer 'dealltwriaeth' sy'n adlewyrchu'r gwaith deallus a wnaed ynghylch bregusrwydd yn y peilot trwy Gronfa Arloesi yr Heddlu ym Maesteg - un a ragflaenodd y Rhaglen Camau Cynnar gyda'n Gilydd, sy'n edrych ar Brofiadau Niweidiol mewn Plentyndod (ACE) a dull o blismona bregusrwydd sydd wedi ei hysbysu gan drawma.

Byddai'r darn dealltwriaeth hwn sy'n seiliedig ar dystiolaeth yn caniatáu i Gymru ddatblygu dealltwriaeth a iaith traws-bartner. Byddai'n caniatáu i ni, am y tro cyntaf, i ddeall darpariaeth gwasanaeth ar bob lefel ac, yr un mor bwysig, nodi ble mae ein bylchau ac felly ein cyfleoedd i ddatblygu gwasanaethau ymyrraeth cynnar.

Wedi hynny, gallai'r dystiolaeth a'r dysgu a gesglir o'r ymarfer dealltwriaeth yma gyfrannu at ddatblygu pecyn hyfforddi ar y cyd ar gyfer swyddogion yr heddlu a phartneriaid (e.e. staff y ddalfa aml-asiantaeth, partneriaid iechyd/gofal cymdeithasol) o amgylch iechyd meddwl a darpariaeth iechyd meddwl o fewn y gymuned, gan ganolbwyntio ar gymorth a chyngor i'r unigolyn ei hun a'u rhwydwaith cefnogi/teulu.

1.2 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.

Nid Iechyd Cyhoeddus Cymru sydd yn y sefyllfa orau i ymateb i'r cwestiwn hwn ond byddem yn ceisio sicrwydd ynghylch darparu lle addas, diogel i rai dan 18 oed gan ein bod yn ymwybodol bod hyn hefyd yn amrywiol ledled Cymru.

1.3 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.

Nid oes gan Iechyd Cyhoeddus Cymru unrhyw sylw i'w wneud mewn perthynas â'r mater hwn.

1.4 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).

Nid oes gan Iechyd Cyhoeddus Cymru unrhyw sylw i'w wneud mewn perthynas â'r mater hwn.

1.5 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.

Er na all Iechyd Cyhoeddus Cymru ateb y cwestiwn hwn yn uniongyrchol, o safbwynt ACE, mae'r tirwedd o safbwynt ymyrraeth gynnar yn aneglur.

Yn ogystal, o safbwynt y rhaglen Camau Cynnar gyda'n Gilydd, rydym yn ymwybodol bod diffyg ymgysylltu ar draws pob maes rhaglen, o iechyd yn gyffredinol a iechyd meddwl oedolion yn benodol.

1.6 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.

Nid oes gan Iechyd Cyhoeddus Cymru unrhyw sylw i'w wneud mewn perthynas â'r mater hwn.

1.7 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.

Rydym yn ymwybodol o'r trefniadau llywodraethu presennol. Yr unig sylw y byddem yn ei wneud yw bod iechyd meddwl fel ACE mor gyffredin mewn cymunedau fel ei fod yn deilwng o gael staff perthnasol o fewn Llywodraeth Cymru i oruchwylio gweithredu'r cytundeb yn hytrach na bod hwn yn rhan fach ychwanegol o bortffolio ehangach o gyfrifoldebau ar lefel weithredol.

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu
HSCS(5) MHP04
Ymateb gan Iechyd Cyhoeddus Cymru

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

Evidence from Public Health Wales

Public Health Wales Response to the Health, Social Care and Sport Committee Inquiry into Mental Health in policing and police custody

Public Health Wales welcomes the opportunity to contribute to the Health, Social Care and Sport Committee inquiry into mental health in policing and police custody.

1 Response to the specific areas of inquiry

1.1 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.

Currently, the provision of mental health services for those experiencing mental health issues in the community can only be described as 'variable' across wales.

Critically, there is no common understanding or language as to what is deemed to be a 'mental health' issue; this could range from some displaying extreme grief following a bereavement (which is clearly not mental health related) to a diagnosed or undiagnosed mental health condition.

The level of confusion about what constitutes a mental health issue/condition/disorder for young people adds and additional layer of complexity. There is a wide gulf between what clinicians and other professionals – and citizens – perceive these to be.

Unsurprisingly, there is also a distinct lack of clarity concerning what early intervention options and opportunities exist for referral within the community.

An added challenge exists in terms of where those provisions do exist within a community setting and are indeed known to staff, who is able to make a referral into those services i.e. medical professionals only or members of the police and

criminal justice system and what is the accepted 'threshold' for accepting referrals.

The provision of Criminal Justice nurses within the custody setting is again variable with some health boards carrying vacancies for many months.

Additionally, the provision of custody nurses who have been dual trained (general and mental health) and would therefore have more knowledge of early intervention opportunities is minimal.

There would be value in a Wales wide scoping or 'understanding' exercise being carried out which mirrors the understanding piece of work that was carried out concerning vulnerability in the Police Innovation Funded pilot in Maesteg that preceded the Early Action Together Programme, which is looking at Adverse Childhood Experiences (ACE) and a trauma informed approach to policing vulnerability.

This evidence-based understanding piece would allow Wales to develop a universal cross partner understanding and language. It would allow us for the first time to understand the provision of service at all levels and, as importantly, identify where our gaps and therefore opportunities to develop early intervention services are.

Thereafter, the evidence and learning which is gleaned from this understanding exercise could contribute to the development of a joint training package for police officers and partners (e.g. multi-agency custody based staff, health/social care partners) around mental health and mental health provision within the community, focussing on support and advice for the individual themselves and their family/support network.

1.2 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.

Public Health Wales is not best placed to respond to this question but we would seek assurances as to the provision of a suitable place of safety for those under 18 years old as we are aware that this is also variable across wales.

1.3 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.

Public Health Wales has no comment in relation to this matter.

1.4 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).

Public Health Wales has no comment in relation to this matter.

1.5 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.

Whilst Public Health Wales cannot answer this question directly, from an ACE perspective, the landscape from an early intervention perspective is unclear.

Additionally, from the Early Action Together programme perspective we are aware that the there is a lack of engagement across all programme areas from health generally and adult mental health specifically.

1.6 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.

Public Health Wales has no comment in relation to this matter.

1.7 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 are aware of the current governance arrangements which exist. The only comment we would make is that mental health as an ACE is so prevalent within communities that it is worthy of this having relevant staffing within Welsh Government to oversee the implementation of the concordat rather than this being a small add-on part of a wider portfolio of responsibilities on an operational level.

Cynulliad Cenedlaethol Cymru Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu HSCS(5) MHP05 Ymateb gan Ysgrifennydd y Grwp Trawsbleidiol ar Blismona	National Assembly for Wales Health, Social Care and Sport Committee Inquiry into Mental health in Policing and Police Custody Evidence from Secretary of Cross Party Group on Policing

Annwyl gyfeillion,

Ymhellach i'r e-bost isod mae'r ddolen hon yn mynd â chi i'r cofnodion a gyhoeddir yn Gymraeg

http://www.senedd.cynulliad.cymru/documents/s82854/Cofnodion%2013%20Tachwedd%202018.pdf

Diolch yn fawr

Cerith Thomas

Cynghorydd Comisiynwyr yr Heddlu a Throseddu i Dîm Plismona Cymru Gyfan &

Ysgrifennydd y Grwp Trawsbleidiol ar Blismona

Cynulliad Cenedlaethol Cymru – Y Grŵp Trawsbleidiol ar Blismona, Ystafell Bwyllgora 5, Tŷ Hywel, Bae Caerdydd, Caerdydd,

Dydd Mawrth 13 Tachwedd 2018 am 18:40

1. Yn bresennol

Cynulliad Cenedlaethol Cymru

John Griffiths, AC – Cadeirydd

Becs Parker – Swyddog Cyfathrebu, Swyddfa John Griffiths AC

Y Comisiynwyr Heddlu a Throseddu

Jeff Cuthbert – Comisiynydd Heddlu a Throseddu Gwent a Chadeirydd y Grŵp Plismona Cymru Gyfan.

Dafydd Llywelyn – Comisiynydd Heddlu a Throseddu Dyfed-Powys

Alun Michael – Comisiynydd Heddlu a Throseddu De Cymru

Ann Griffith – Dirprwy Gomisiynydd Heddlu a Throseddu Gogledd Cymru

Cerith Thomas – Ymgynghorydd y Comisiynwyr Heddlu a Throseddu i'r Grŵp Plismona Cymru Gyfan, ac Ysgrifennydd y Grŵp

Sian Curley – Prif Weithredwr, tîm Comisiynydd Heddlu a Throseddu Gwent

Carys Morgans – Prif Weithredwr, tîm Comisiynydd Heddlu a Throseddu Dyfed-Powys

Claire Bryant - Ymgynghorydd Polisi a Sicrwydd, tîm Comisiynydd Heddlu a Throseddu Dyfed Powys

Prif Gwnstabliaid

Matt Jukes - Prif Gwnstabl, Heddlu De Cymru a Chadeirydd Grŵp Prif Swyddogion Cymru

Julian Williams - Prif Gwnstabl, Heddlu Gwent

Carl Foulkes – Prif Gwnstabl, Heddlu Gogledd Cymru

Richard Lewis – Prif Gwnstabl Cynorthwyol, Heddlu Dyfed-Powys

Robert (Bob) Evans – Dirprwy Brif Gwnstabl, Grŵp Plismona Cymru Gyfan

Jonathan Drake – Prif Gwnstabl Cynorthwyol, Heddlu De Cymru

Tony Brown – Prif Uwch-arolygydd, Uned Gyswllt yr Heddlu

Steve Thomas – Prif Arolygydd, Uned Gyswllt yr Heddlu

Gwahoddedigion

Steve Treharne – Cadeirydd, Ffederasiwn Heddlu De Cymru

Steve Chapman – Is-adran Diogelwch Cymunedol Llywodraeth Cymru, Cydgysylltydd Gwrthgaethwasiaeth

2. Croeso

Croesawodd Mr John Griffiths AC bawb i ail gyfarfod y grŵp. Gwahoddwyd Prif Gwnstabl Cynorthwyol Jonathan Drake, yr arweinydd plismona cenedlaethol ar gyfer iechyd meddwl, i roi cyflwyniad ar "iechyd meddwl a'r galw ar blismona yng Nghymru".

3. Cyflwyniad ar ‘Iechyd Meddwl a'r Galw ar Blismona yng Nghymru’ gan y Prif Gwnstabl Cynorthwyol Jonathan Drake – Arweinydd Plismona Cenedlaethol ar gyfer Iechyd Meddwl

3.1 Tynnwyd sylw at y datblygiadau allweddol sy’n effeithio ar wasanaeth yr heddlu ac iechyd meddwl yng Nghymru, sef:

- Y Concordat Gofal Mewn Argyfwng Iechyd Meddwl;
- Llywodraethu; a
- Deall y galw.

3.2 Roedd yn briodol dibynnu ar nifer y bobl a gedwir o dan adran 136 o’r Ddeddf Iechyd Meddwl i gael darlun cyflawn o natur y galw ar wasanaeth yr heddlu. Er mwyn deall y sefyllfa yn well, cynhaliwyd y digwyddiadau canlynol:

- Ymgyrch ‘Liberty’
- Diwrnod Mesur Galw Iechyd Meddwl Heddlu De Cymru – Hydref 2017
- Diwrnod Mesur Galw Iechyd Meddwl Cymru Gyfan – Ebrill 2018

3.3 Roedd Diwrnod Mesur Galw Iechyd Meddwl Cymru Gyfan yn mesur nifer yr achosion iechyd meddwl fesul ardal heddlu, ar draws y pedwar ardal, ac mae’r canlyniadau wedi’u nodi yn y tablau canlynol.

Achosion iechyd meddwl fesul ardal		
Ardal Heddlu	Cyfanswm yr achosion	Achosion iechyd meddwl
Dyfed-Powys	342	10 (3.42 y cant)
Gwent	348	33 (9.48 y cant)
Gogledd Cymru	513	45 (8.77 y cant)
De Cymru	908	112 (12.33 y cant)
Cyfanswm	2,111	200 (9.47 y cant)

Achosion yn ymwneud ag unigolion a oedd yn hysbys i wasanaethau iechyd meddwl		
Ardal Heddlu	Cyfanswm yr achosion lle'r oedd yr unigolyn eisoes yn hysbys i wasanaethau iechyd meddwl	Canran yr holl achosion iechyd meddwl
Dyfed-Powys	6	60.0 y cant
Gwent	19	57.6 y cant
Gogledd Cymru	27	60.0 y cant
De Cymru	56	50.0 y cant
Cyfanswm	108	54.0 y cant

3.4 Ar gyfartaledd, treulir 3½ awr o amser yr heddlu yn delio â phob achos, gyda chyfanswm o 802:52 awr ar draws Cymru a chost lawn o £16,330 y diwrnod. Mae hyn yn cyfateb i gost o bron i £6 miliwn y flwyddyn ar gyfer delio ag achosion yn ymwneud ag iechyd meddwl

3.5 Roedd y canlyniadau a'r casgliadau a ddaeth o'r Diwrnod Iechyd Meddwl Cymru Gyfan yn amhrisiadwy am eu bod yn rhoi gwell dealltwriaeth o lefel y galw a'r gost i blismona yng Nghymru.

3.6 Nododd Arolygiaeth Cwnstabliaeth a Gwasanaethau Tân ac Achub Ei Mawrhydi y problemau canlynol o ganlyniad i'w harolygiad nhw o'r maes hwn:

- Cafodd 80 y cant o'r cleifion a gadwyd o dan adran 136 eu rhyddhau yn dilyn asesiad heb angen gofal brys yn yr ysbyty.
- Cydnabyddiaeth fod gan 85 y cant o gleifion sy'n cael eu cadw o dan adran 135/136 gyflyrau iechyd meddwl (Betsi Cadwaladr).
- Diffyg argaeledd ambiwlans yn golygu bod cleifion yn cael eu cludo i man diogel ym mron pob achos adran 136.
- Amseroedd aros hir ar gyfer asesiadau ynghyd â chapasiti sydd ond yn caniatáu cynnal un asesiad ar y tro.

- Argaeledd gweithwyr iechyd meddwl proffesiynol, yn enwedig y tu allan i oriau gwaith arferol.
- Swyddogion yn gorfod aros gyda chleifion yn yr adran damweiniau ac achosion brys fel eu bod yn gallu derbyn triniaeth ar gyfer cyflyrau corfforol cyn cael asesiadau iechyd meddwl.

3.7 Nodwyd nifer o ffyrdd o fodloni'r galw, sef:

- System brysbennu lle lleolir nyrsys seiciatrig cymunedol mewn ystafelloedd rheoli. Mae'r trefniant hwn eisoes yn ei le yng Ngwent ac mae wedi arwain at leihad o 40 y cant yn nifer y galwadau.
- Rhannu gwybodaeth rhwng asiantaethau. Nodwyd bod Canolfannau Diogelu Amlasiantaeth (MASH) yn enghreifftiau da o hynny'n digwydd yng Nghaerdydd, Pen-y-bont ar Ogwr a Chwm Taf.
- Cydweithio gyda'r gwasanaethau tân ac ambiwlans o ran rhannu gwybodaeth.
- Ffurflen casglu data amlasiantaethol.
- Cyd-ganolfan Gwasanaethau Cyhoeddus gyda Gwasanaeth Tân ac Achub De Cymru.
- Dysgu o'r arfer gorau ym mwrdd iechyd Betsi Cadwaladr.
- ran gwella iechyd meddwl, byddai'r Rhaglen Gweithredu'n Gynnar Gyda'n Gilydd yn effeithiol yn y dyfodol fel rhan o'r dull gweithredu Profiadau Niweidiol Mewn Plentyndod (ACEs).
- Sicrhau bod y cynlluniau cyflenwi lefel uchel o gwmpas y concordat iechyd meddwl yn gyson ledled Cymru o ran cyllid priodol a mapio galw. Dylai hyn arwain at ryddhau'r galw.

3.8 Eglurwyd sail a manteision system brysbennu iechyd meddwl fel a ganlyn:

- Roedd yn golygu trosglwyddo ymarferydd iechyd meddwl, nyrs seiciatrig gymunedol, o fyrddau iechyd lleol i weithio yn y Ganolfan Gwasanaethau Cyhoeddus.
- Peilot i ddefnyddio canllawiau'r GIG ar gyfer trin a chyfeirio.
- Bydd y nyrs seiciatrig gymunedol yn gallu adnabod achosion lle nad oes angen gwasanaethu'r heddlu ar frys nac ymweliad i'r ysbyty neu'r adran damweiniau ac achosion brys wedi hynny.
- Amcangyfrifir y byddai nyrs seiciatrig gymunedol yn gallu rhoi cyngor ar hunanofal mewn 40 y cant o achosion ac isgyfeirio 40 y cant o alwadau o ganlyniad.

- Ryddhau 4,204 o oriau'r heddlu yn ôl i'r rheng flaen yng Nghymru bob blwyddyn, gyda llai o gleifion yn mynd i'r adran damweiniau ac achosion brys.

3.9 Wrth ddod â'r cyflwyniad i ben, dywedodd Prif Gwnstabl Cynorthwyol Drake fod angen model cyflawni ar gyfer Cymru gyfan yn seiliedig ar beth sydd yn wir yn gweithio er mwyn osgoi cylch dieflig o ran afiechyd meddwl

4. Sesiwn agored:

Cododd y pwyntiau trafod canlynol yn ystod y sesiwn agored.

4.1 Gwnaeth y Comisiynydd Alun Michael y pwyntiau canlynol:

- Cytunodd gyda'r hyn a ddywedodd Prif Gwnstabl Cynorthwyol Jonathan Drake am effaith y rhaglen ACEs a'r effaith ar bobl fregus.
- Roedd pryder ar y cychwyn fod hwn yn cael ei weld fel problem plismona h.y. cadw pobl yn y ddalfa pan fetho popeth arall.
- Sefydlwyd y Grŵp Concordat Gofal Mewn Argyfwng fel grŵp gorchwyl a gorffen am 18 mis yn y lle cyntaf ond roedd wedi parhau i weithredu ar gais ei aelodau.
- Cydnabu'r cynnydd da a wnaed ond nododd fod angen gwneud mwy er mwyn sicrhau mwy o gysondeb ledled Cymru.
- Roedd problem o ran diffinio afiechyd meddwl. Teimlai rheolwyr iechyd fod y term yn berthnasol i bobl y mae angen triniaeth seiciatrig arnynt. Roedd safbwynt yr heddlu yn un ehangach, yn gysylltiedig â llesiant unigolyn ac yn agosach at bolisi Llywodraeth Cymru.
- Roedd cyswllt â'r Rhaglen Gweithredu'n Gynnar Gyda'n Gilydd.
- Roedd byrddau iechyd hefyd yn profi problemau tebyg o ran adrannau damweiniau ac achosion brys yn nodi mannau diogel.
- Roedd diogelu unigolion ac ymyrraeth gynnar yn allweddol i lwyddiant yn y maes hwn.
- Roedd MASH Caerdydd yn gwneud cyfraniad sylweddol yn Ne Cymru ac roedd angen cynyddu lefel y gwasanaethau teuluol.

4.2 Nododd y cadeirydd nad oedd dadansoddiad yn edrych ar natur y digwyddiadau a'r amser a dreuliwyd arnynt. Dywedodd ACC Drake y byddai'n anodd dod i gasgliadau ynglŷn â hyn oherwydd ffactorau amrywiol megis ffyrdd gwahanol o drin digwyddiadau a'u lleoliad daearyddol.

4.3 Gofynnodd y Comisiynydd Dafydd Llywelyn pa fesurau y gellid eu cyflwyno i sicrhau cysondeb o ran darparu gwasanaethau ledled Cymru. Atebodd Prif Gwnstabl Cynorthwyol Drake ei fod yn teimlo mai buddsoddiad o £2.5 miliwn yn y system brysbennu byddai'n gwneud y gwahaniaeth mwyaf arwyddocaol yn syth. Roedd heddlu Gwent eisoes wedi buddsoddi £400,000 yn y system brysbennu a byddai De Cymru yn buddsoddi £1 miliwn. Cadarnhaodd y Prif Gwnstabl Julian Williams fod y system wedi gweithio yng Ngwent ac wedi lleihau'r galw yn sylweddol, gan olygu y gellid adleoli swyddogion i fannau eraill.

4.4 Tynnodd Jeff Cuthbert sylw at bwysigrwydd darparu gwasanaeth ar y cyd gyda'r GIG, yng nghyd-destun y ffaith nad yw'r gwasanaeth plismona wedi'i ddatganoli i Gymru. Roedd dull o weithio gydag adrannau datganoledig, gan gynnwys y gwasanaeth iechyd, eisoes wedi'i fabwysiadu, a byddai ceisiadau ar y cyd am gyllid yn fanteisiol. Cynlluniwyd cyfarfod cyntaf Bwrdd Plismona Cymru ar gyfer 19 Tachwedd 2018, pan fyddai'n briodol trafod y mater hwn a'i godi gydag ysgrifennydd y Cabinet ar gyfer Llywodraeth Leol a Gwasanaethau Cyhoeddus, Alun Davies AC. Mae'n bwysig sefydlu egwyddorion cyllido er mwyn rhannu adnoddau ariannol a sicrhau nad yr heddlu fyddai'n ariannu popeth. Dylai'r egwyddor o gael un gwasanaeth cyhoeddus ennill y dydd, ni waeth a ydynt wedi'u datganoli neu heb eu datganoli.

4.5 Cyfeiriodd y Prif Gwnstabl Matt Jukes at fwriad y Trysorlys i ryddhau £2.5 biliwn ar gyfer iechyd meddwl yn Lloegr a bod angen i'r ymrwymiad hwn gyrraedd Cymru drwy arian canlyniadol Barnett. Tynnodd sylw hefyd at y ffaith nad yr heddlu yw'r sefydliad mwyaf priodol i ymdrin â materion iechyd meddwl ac, mewn rhai achosion, roedd eu presenoldeb yn gwneud pethau'n waeth. Mae angen deall yn iawn beth rydym am i'r heddlu ei wneud, o ystyried eu bod yn gyfrifol am y gwasanaeth ar benwythnosau ac ar ôl 4pm yn ystod yr wythnos. Mae angen trafodaethau difrifol gyda Llywodraeth Cymru a'r Cynulliad Cenedlaethol ar drefniadau gofal cymdeithasol yng Nghymru.

4.6 Ategodd Steve Treharne, Cadeirydd Ffederasiwn Heddlu De Cymru, sylwadau blaenorol gan ddweud bod delio â digwyddiadau iechyd meddwl yn rhoi pwysau sylweddol ar amser yr heddlu. Roedd swyddogion yn treulio hyd at 7 awr yn delio ag achosion o'r fath ac roedd hyn yn golygu na ellid eu hanfon i weithio mewn mannau eraill. Cytunodd nad yr heddlu oedd yr asiantaeth fwyaf priodol i ddelio â phobl sydd â chyflyrau iechyd meddwl.

4.7 Cydnabu'r Cadeirydd yr effaith ar bolisi'r Cynulliad Cenedlaethol a chytunodd dosbarthu nodyn o'r materion a godwyd yn y cyfarfod i holl Aelodau'r Cynulliad.

4.8 Cytunwyd i wahodd Ysgrifennydd y Cabinet dros Lywodraeth Leol a Gwasanaethau Cyhoeddus, Alun Davies AC, i gyfarfod nesaf y grŵp trawsbleidiol er mwyn clywed ei farn ar gydweithio. Cadarnhaodd Jeff Cuthbert y byddai cyfle hefyd i godi'r mater ym Mwrdd Plismona Cymru ar 19 Tachwedd 2018.

4.9 Cytunwyd ei bod yn bwysig tynnu sylw at y ffaith bod angen cefnogaeth Llywodraeth Cymru i helpu i gyflymu'r cynllun cyflawni o'r cyfarfodydd concordat ac i gyflymu'r broses ar draws Cymru.

4.10 Teimlai'r Comisiynydd Dafydd Llywelyn y dylid ystyried a ellid dyrannu'r £2.5 miliwn sydd ei angen ar gyfer system brysbennu o'r arian ychwanegol sy'n dod i Gymru o ganlyniad i fformiwla Barnett.

4.11 Gwnaeth y Dirprwy Gomisiynydd Ann Griffiths bwynt ar ran ei Chomisiynydd, Arfon Jones. Dywedodd y gellid ystyried a ddylid gweld polisi cyffuriau fel mater iechyd (ac felly wedi'i ddatganoli) yn hytrach na mater a gedwir yn ôl i'r Swyddfa Gartref. Dylai hwn fod yn bwnc trafod i'r grŵp.

4.12 Gan gydnabod y cyfraniadau a wnaed i'r ddadl, cododd John Griffiths AC y pwyntiau a ganlyn:

- Mae iechyd meddwl yn fater anferth ac mae atal ac ymyrryd gynnar yn bwysig.
- Mae mwy o arian wedi'i ryddhau ar gyfer iechyd meddwl yng Nghymru ac mae hi'n amserol codi'r mater yn awr. Pwysleisiodd bwysigrwydd peidio â chymryd yn ganiataol y byddai cyllid ychwanegol yn cael ei ddyrannu'n awtomatig i wasanaethau iechyd meddwl, gan y byddai sefydliadau eraill yn gwneud ceisiadau tebyg am gyllid ychwanegol mewn mannau eraill.
- Cydnabu'r angen i gyflymu'r newidiadau fel y gellid gwneud arbedion effeithlonrwydd. Byddai hyn o fudd i lefelau gofal hefyd.
- Mae angen rhoi ystyriaeth i iechyd meddwl yng nghyd-destun pynciau eraill a ystyriwyd gan y grŵp e.e. digartrefedd, cysgu ar y stryd, camddefnyddio sylweddau ac ymyrraeth gynnar.

5. Pwnc i'w drafod yng nghyfarfod nesaf y Grŵp Trawsbleidiol ar Blismona

Cytunwyd mai gweithio ar y cyd gan ganolbwyntio ar ddigartrefedd, cysgu ar y stryd, camddefnyddio sylweddau ac iechyd meddwl byddai'r testun trafodaeth yng nghyfarfod nesaf y Grŵp.

6. Camau gweithredu

6.1 Bydd John Griffiths AC yn dosbarthu nodyn o'r materion a godwyd yn y cyfarfod i holl Aelodau'r Cynulliad.

6.2 Cam gweithredu: Bydd John Griffiths AC yn gwahodd Ysgrifennydd y Cabinet dros Lywodraeth Leol a Gwasanaethau Cyhoeddus, Alun Davies AC, i gyfarfod nesaf y Grŵp.

Daeth y cyfarfod i ben am 19.40

Cynulliad Cenedlaethol Cymru Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu HSCS(5) MHP05 Ymateb gan Ysgrifennydd y Grwp Trawsbleidiol ar Blismona	National Assembly for Wales Health, Social Care and Sport Committee Inquiry into Mental health in Policing and Police Custody Evidence from Secretary of Cross Party Group on Policing

Dear Sirs,

In response to the Committee's inquiry into mental health in policing and police custody you may be aware that this was the theme of a Cross Party Group on Policing meeting on the 13 November 2018. The minutes of that meeting are available on the Assembly's website via this link

http://www.senedd.assembly.wales/documents/s82854/Minutes of 13 November 2018.pdf

I would be grateful if the minutes could be accepted as a submission to the Committee's inquiry. I should emphasize they are not the formal police response which will be submitted to you separately and I'm forwarding them in my capacity as Secretary to the Cross Party Group on Policing.

Kind regards

Cerith Thomas

Police and Crime Commissioners Advisor to the All Wales Policing Team &

Secretary to the Cross Party Group on Policing

National Assembly for Wales - Cross Party Group on Policing, committee room 5, Ty Hywel, Cardiff Bay, Cardiff,

Tuesday 13 November 2018 at 18:40

1. Present

National Assembly for Wales

John Griffiths, AM/AC – Chairman

Becs Parker – Communications Officer, Office of John Griffiths AM/AC

Police and Crime Commissioners

Jeff Cuthbert – Police and Crime Commissioner for Gwent and Chair of the All Wales Policing Group.

Dafydd Llywelyn – Police and Crime Commissioner for Dyfed-Powys

Alun Michael – Police and Crime Commissioner for South Wales

Ann Griffith – Deputy Police and Crime Commissioner for North Wales

Cerith Thomas – Police and Crime Commissioners Advisor to the All Wales Policing Team and Group Secretary

Sian Curley – Chief Executive, Gwent Police and Crime Commissioner's team

Carys Morgans – Chief Executive, Dyfed Powys Police and Crime Commissioner's team

Claire Bryant – Policy and Assurance Advisor, Dyfed Powys Police and Crime Commissioners Team

Chief Constables

Matt Jukes – Chief Constable, South Wales Police and Chair of the Welsh Chief Officer Group

Julian Williams – Chief Constable, Gwent Police

Carl Foulkes – Chief Constable, North Wales Police

Richard Lewis – Assistant Chief Constable, Dyfed-Powys police

Robert (Bob) Evans – Deputy Chief Constable, All Wales Policing Team

Jonathan Drake – Assistant Chief Constable, South Wales Police

Tony Brown – Chief Superintendent, Police Liaison Unit

Steve Thomas – Chief Inspector, Police Liaison Unit

Invited attendees

Steve Treharne – Chair, South Wales Police Federation

Steve Chapman – Welsh Government Community Safety Division, Anti-Slavery Co-ordinator

2. Welcome

Mr John Griffiths AM/AC welcomed everyone to the second meeting of the Group and invited Assistant Chief Constable Jonathan Drake, policing lead for Wales on mental health, to deliver a presentation on "mental health and the demand on policing in Wales".

3. Presentation on Mental Health and the Demand on Policing in Wales by Assistant Chief Constable Jonathan Drake – Policing lead in Wales on mental health

3.1 The key developments impacting on the police service and mental health in Wales were highlighted as follows:

- The Mental Health Crisis Care Concordat
- The Policing and Crime Act 2017
- Governance and
- Understanding demand

3.2 It was appropriate to solely rely on the number of people detained under section 136 of the Mental Health Act to gain a complete picture of the nature of the demand on the police service. In order to better understand the situation the following events were held

- Operation Liberty
- South Wales Police mental health demand day – October 2017
- All Wales mental health demand day – April 2018

3.3 The all Wales mental health demand day measured the number of mental health related incidents by Force across the four Forces and the results are set out in the following tables.

Mental health incidents by Force		
Force	Total incidents	Mental health related incidents
Dyfed-Powys	342	10 (3.42%)
Gwent	348	33 (9.48%)
North Wales	513	45 (8.77%)
South Wales	908	112 (12.33%)
All Forces Total	2,111	200 (9.47%)

Incidents involving those known to Mental Health Services		
Force	Total incidents where subject was already known to mental health services	% of total mental health incidents
Dyfed-Powys	6	60.0%
Gwent	19	57.6%
North Wales	27	60.0%
South Wales	56	50.0%
All Forces Total	108	54.0%

3.4 On average each incident took 3 ½ hours of police time resulting in a total of 802:52 hours of all officers and staff involved with mental health incidents across Wales at a total cost of £16,330 per day equating to nearly £6 million a year dealing with mental health related incidents.

3.5 The results of the all Wales mental Health day were invaluable because they provided a better understanding of the level of demand and the cost to policing in Wales.

3.6 Her Majesty's Inspectorate of Constabulary, Fire and Rescue Service identified the following issues as a result of their inspection of this area:

- 80% of S.136 detentions resulted in patients being released following assessment with no need for immediate hospital care.
- A recognition that 85% of patients subject to S135/136 did have Mental Health issues (Betsi Cadwalladr).
- Lack of ambulance availability resulting in patients being conveyed in nearly all of S136 cases.
- Long wait times for assessments and capacity for only one assessment to be conducted at a time.

- Availability of mental health professionals, particularly out of hours.
- Officers having to wait with patients in A&E for treatment of physical conditions prior to mental health assessments.

3.7 A number of ways of breaking the demand were identified namely:

- A triage approach whereby a Community Psychiatric Nurse is located in control rooms. This arrangement was already in place in Gwent and had resulted in the de-escalation of calls by 40%.
- Information sharing between agencies. Multi Agency Safeguarding Hubs (MASH) were cited as good examples of that in action in Cardiff, Bridgend and Cwm Taf.
- Tri-service collaboration with Fire and Ambulance services around information sharing.
- A Multi-agency data collection form.
- Joint Public Service Centre with the South Wales Fire and Rescue Service.
- Learning from the best practice at Betsi Cadwaladr Health Board.
- The Early Action Together Programme would be effective in the future as part of the Adverse Childhood Experiences (ACEs) approach in terms of benefiting mental health.
- Ensure the high level delivery plans around the mental health concordat are consistent across Wales in terms of proper funding and mapping of demand which should result in freeing up capacity.

3.8 The basis and benefits of a Mental Health Triage approach were explained as follows:

- It involved the secondment of a Mental Health practitioner, a Community Psychiatric Nurse, from local health boards into the Public Service Centre.
- A Pilot to use the NHS treat and refer guidelines.
- The Community Psychiatric Nurse will be able to identify where a person has a condition which does not require immediate attendance by police or subsequent attendance at hospital or A&E.
- Estimated that in 40% of cases the Community Psychiatric Nurse will be able to give advice to self-care and de-escalate 40% of calls.
- Releasing 4,204 police hours back to front line in Wales each year and reduced A&E attendance of patients.

3.9 ACC Drake concluded by stating there was a need for an all Wales delivery model based on what works to prevent the revolving door of mental ill-health.

4. Open session

The following points and discussions took place during the open session.

4.1 Commissioner Alun Michael made the following points

- He was in agreement with ACC Drake on his points about the impact of the ACEs programme and the impact on vulnerable people.
- There was an initial concern that this was seen as just a policing problem i.e. detaining people as a service of last resort.
- The Crisis Care Concordat Group was set up as a task and finish group for 18 months however it had continued to operate at the request of its members.
- He acknowledged the good progress had been made however more needed to be done to ensure greater consistency across Wales.
- There was a problem with the definition of what was considered to be mental ill-health. Health managers felt it applied to persons requiring psychiatric treatment. The police took a broader view linked to the well-being of a person which was closer aligned to Welsh Government policy.
- There was a connection with the Early Action Together Programme.
- Health Boards were also experiencing similar problems in terms of A&E Departments identifying places of safety.
- Safeguarding and early intervention was key to success in this area.
- The Cardiff MASH was making a significant contribution in South Wales and there was a need to escalate the level of family services. 4.2 The chair noted that there no analysis between the nature of incidents and the time spent on them. ACC Drake advised that it would be difficult to draw conclusions about this because this can be due to variable factors such as different ways of handling incidents and their geographical location.

4.3 Commissioner Dafydd Llywelyn asked what measures could be introduced to ensure a consistency of service provision across Wales. In response ACC Drake felt that an investment of £2.5m in the triage approach would make the most significant and immediate difference. Gwent police had already invested £400k in the triage approach and South Wales would be investing £1m. Chief Constable Julian Williams confirmed the approach had worked in Gwent and dramatically reduced demand meaning that officers could be deployed elsewhere.

4.4 Commissioner Jeff Cuthbert highlighted the importance of a joint service provision with the NHS set in the context that policing is a non-devolved service in Wales. An approach had already been adopted of working with devolved Departments including the Health Service and joint bids for mental health funding would be advantageous. The inaugural meeting of the Policing Board for Wales was due to take place on the 19 November 2018 when it would be appropriate to discuss this matter and raise it with Cabinet secretary for Local Government and Public Services, Alun Davies AM. It was important to establish funding principles to share financial resources so the police did not fund everything. The principle of a single public service should prevail regardless whether they were devolved or non-devolved.

4.5 Chief Constable Matt Jukes referred to the Treasury announcement to release £2.5b for mental health in England and there was a need for a commitment for this to feed through to Wales via the Barnett consequential. He also highlighted that the police were not the appropriate organisation to deal with mental health issues and in some cases their attendance was making matters worse. There was a need to understand what we want the police to do given that they picked up the service at weekends and after 4pm during the week. There was a need for serious conversations with Welsh Government and the National Assembly on social care arrangements in Wales.

4.6 Steve Treharne, Chair of South Wales Police Federation, echoed previous comments in that the demand on police time to deal with mental health related incidents was considerable. Officers spent up to 7 hours at such incidents which meant they could not be deployed elsewhere and he agreed the police were not the most appropriate agency to deal with people suffering with mental health issues.

4.7 The Chair recognised the impact on policy for the National Assembly and agreed to circulate a note of the issues raised at the meeting to all Assembly Members.

4.8 It was agreed to invite Cabinet Secretary for Local Government and Public Services Alun Davies AM to the next meeting of the Cross Party Group to hear his views on joint working. Jeff Cuthbert confirmed there would also be an opportunity to raise the matter at the Policing Board for Wales on the 19 November 2018.

4.9 There was an agreement that it was important to highlight that the support of Welsh Government was needed to help speed up the delivery plan from the concordat meetings and to accelerate the process across Wales.

4.10 Commissioner Dafydd Llywelyn felt that consideration should be given as to whether the £2.5M funding required for a triage system could be allocated from the additional funding coming to Wales as a result of the Barnett consequential.

4.11 Deputy Commissioner Ann Griffiths made a point on behalf of her Commissioner, Arfon Jones, that in future we might consider whether a drugs policy should be dealt with as a health issue (and therefore devolved) rather than a reserved matter to the Home Office. This should be a theme of discussion for the Group.

4.12 John Griffiths AM in acknowledging the contributions to the debate made the following points:

- Mental health was a huge issue and early prevention was important.
- More funding had been made available for mental health in Wales and it was timely to raise the issue now. He stressed the importance of not presuming additional funding would be automatically allocated to mental health services as other organisations would make similar requests for additional funding elsewhere.
- He recognised the need to accelerate changes so that efficiencies could be made and levels of care would also benefit.
- There was a need to consider the issue of mental health in the context of other topics considered by the group e.g. homelessness, rough sleeping, substance misuse and early intervention.

5. Topic for discussion at the next meeting of the Cross Party Group on Policing

It was agreed that joint working focussing on homelessness, rough sleeping, substance misuse and mental health would be the topic for discussion at the next meeting of the Group.

6. Actions

6.1 John Griffiths AM to circulate a note of the issues raised at the meeting to all Assembly Members.

6.2 Action: John Griffiths AM to invite Cabinet Secretary for Local Government and Public Services, Alun Davies AM to the next meeting of the Group.

The meeting ended at 19:40

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

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

HSCS(5) MHP06
Ymateb gan Fwrdd Iechyd Prifysgol Aneurin Bevan

Evidence from Aneurin Bevan University Health Board

Aneurin Bevan University Health Board Response to the Health, Social Care and Sport Committee Inquiry into Mental Health in Policing and Police Custody

Executive Summary

This submission is made of behalf of Aneurin Bevan University Health Board and aims to provide relevant information in relation to the inquiry into mental health in policing and police custody.

Key points to note from this submission include;

- Crucial to this is that we have a shared language and understanding across agencies regarding 'mental health'.
- The majority of individuals do not require access to specialist mental health services, but agencies must work in partnership with communities to implement care and support that promotes emotional and psychological well-being for the entire population.
- Within Gwent a multi-agency approach is being taken to transform support for those with a mental health need who present in crisis. A number of initiatives within the programme aim to prevent people experiencing a mental health crisis having to be taken into police custody and these are described in the paper.
- In order to ensure individuals are conveyed to hospital in a manner that protects the individuals' privacy and dignity, the Gwent region has invested in a 24 hour conveyance service.
- Within Gwent the number of people arrested under section 136 of the Mental Health Act 1983, where police custody is being used as the first place of safety, is 17 people since the implementation of the Police and Crime Act in December 2017.

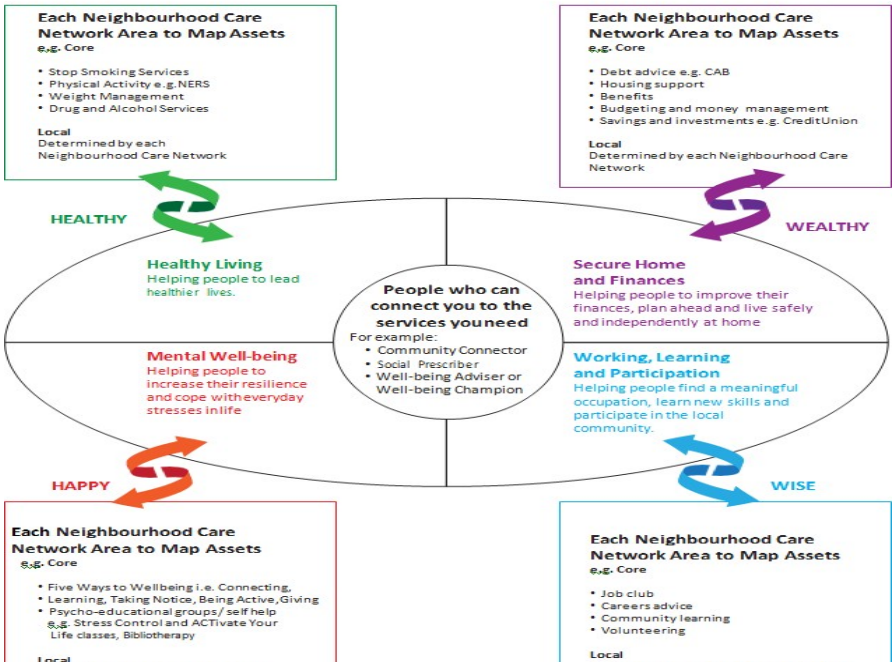
- Continued challenges within the region include the management of violent and intoxicated people in the designated health based place of safety.
- We believe that there are appropriate joint working and governance arrangements in place in order to implement the Mental Health Crisis Care Concordat.

Defining Mental Health Need and the Wider Context of Well-Being

In order to set the context for the current response, we believe it is important to recognise some of the different terminology used in agencies. Many people find it difficult to manage their emotions and engage in behaviours that areoften viewed as chaotic or engage in behaviours that may cause harm to themselves such as self-harm or substance misuse. Many of these individuals will have experienced Adverse Childhood Experiences and have been exposed to wider socioeconomic determinants of poor emotional well-being such as poverty, lack of access to meaningful occupational/learning opportunities, poor housing or loneliness. The majority of these individuals would not have a formal mental health diagnosis and do not access support from specialist secondary care mental health services. Whilst some statutory agencies would describe individuals who present in this way as having a "mental health need" it is vital that we collectively acknowledge the factors that contribute to the individuals' presentation and statutory and third sector agencies work in partnership with communities, to implement seamless care and support that improves overall population well-being building on the existing assets within communities.

A key initiative being taken forward within Gwent to promote the physical and psychological well-being of the population is the implementation of place based Integrated Well-being Networks (IWBN). The diagram below provides a summary of the key elements of an IWBN and the Regional Partnership Board has recently had Transformational Funding approved from the Welsh Government to support the further development of IWBNs.

Integrated Wellbeing Network



"Whole Person, Whole System" Acute and Crisis Model

Within the Gwent region, statutory agencies and third sector organisations are working together to transform support and service provision for those with a mental health need who present in crisis and also support for their carers. This programme of work focusing on a "Whole Person, Whole System" approach is overseen by the Mental Health and Learning Disability Strategic Partnership which in turn reports to the Gwent Regional Partnership Board. Agencies represented within the programme include the Health Board, the five Local Authorities, Gwent Police, Housing and the third sector.

The implementation of the Mental Health Crisis Care Concordat is one of the key drivers for the above programme alongside service user and carer feedback, stakeholder feedback across agencies, the need to develop sustainable models of support and broader Welsh Government strategic context such as the Social Services and Well-being Act, The Well-being of Future Generations Act and 'A Healthier Future'.

One of the key outcomes from a multi-agency Action Learning set that was jointly facilitated with the International Mental Health Collaborating Network in 2016 was the development of a proposed Gwent "Whole Person, Whole System" Acute and Crisis model and over the last two years partners have been working together to implement the model. It is important to emphasise that this model needs to be in addition to the wider population wide Integrated Well-being Networks described above that promotes emotional and psychological well-being for the entire population. The key elements of the model are described below in Figure One.

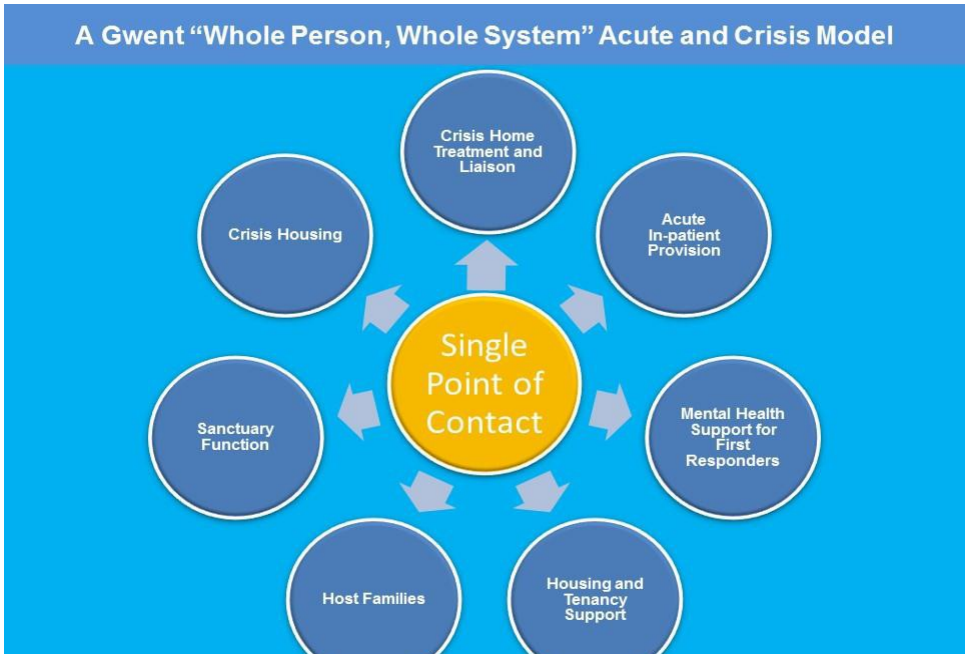


Figure One: Gwent "Whole Person, Whole System" Acute and Crisis model

It is envisaged that in order to fully implement the model it will take up to five years and the current document now provides a summary of some of the initiatives that have either been implemented or are in progress that will have the greatest impact on preventing people with a mental health difficulty experiencing a crisis being taken into police custody.

Re-designing Community Based Crisis Assessment Services – there are currently three Crisis Assessment and Home Treatment Teams in Gwent providing an assessment service until 10 pm at night. During 2018, the Health Board undertook a small test of change to separate the assessment function from the home treatment function with the aim of improving both elements of the service provision. In April 2019 a more extensive pilot will commence that will aim to offer a 24 hour assessment service from a single team, with three locality teams available to provide intensive home treatment. Additional investment from Welsh Government has facilitated the addition of an increase of multi-disciplinary practitioners.

Gwent Police Mental Health Triage Team - In September 2016, an 18-month pilot commenced to enable police officers to access timely specialist mental health advice whilst having face to face contact with a member of the public by having a mental health practitioner within the Police Force Control Room. Following a successful initial evaluation the service has now been expanded and since February 2018 a team of 6.0 wte staff having been providing a service 8am – 2am 7 days a week. In addition to providing support to manage "live incidents" an information sharing protocol has been developed to enable the practitioner to access health and social care information that can guide decision making to ensure appropriate support can be offered. This service is currently being evaluated by Swansea University.

Timely Access to Mental Health Care within Primary Care Settings - Many individuals with mental health need experience a crisis will initially present to primary care. The Health Board is working with Primary Care colleagues to pilot urgent access to mental health support for individuals who present to in hours primary care within 5 surgeries across the ABUHB region. A further pilot is also being undertaken to enable practitioners within the Out of Hours primary Care service to access timely specialist mental health advice.

Sanctuary Provision – the provision of a Sanctuary aims to support people in a self-defined or early stage of mental health crisis. It provides a safe place where people can go to talk to others and access self-help resources available to help people to manage the things that are causing them distress and worry. A work stream led by third sector organisations has been established to review the need for sanctuary provision with Gwent and is currently developing a proposal to seek funding to support a pilot of sanctuary provision in three different areas across Gwent.

Single Point of Contact and Access to Support – Work is starting to commence to explore the potential of developing a single point of contact within Gwent for individuals, carers or professionals who wish to seek advice and support at any point in the day or night 7 days a week. It is envisaged that the service will provide an opportunity for the individual to discuss their difficulties and agree and facilitate access to what support the individual may require.

Conveyance of individuals to hospital in a manner most likely to protect their dignity and privacy

There are a range of circumstances where people experiencing mental health crisis need to be conveyed from the community to hospital for assessment. In addition there are circumstances where patients need to be conveyed between hospitals, from and between places of safety, returned to a unit if they are absent without leave, or are subject to a Community Treatment order and are being recalled from the community. Many of these people will be detained under the Mental Health Act (MHA) 1983 amended 2007 and many will be voluntarily coming to hospital. The most common situations requiring conveyance are:

- taking a person to hospital who has been assessed and detained under the mental health act or agreed to a voluntary admission following the assessment
- taking a person to or between places of safety under S136 or S135 so an assessment can take place
- transferring a patient from one hospital to another so they can obtain appropriate assessment and treatment
- returning detained patients to hospital who are absent without leave
- returning people subject to Guardianship to the place they are required to reside
- taking Supervised Community Treatment (SCT) patients or conditionally discharged patients to hospital on recall
- transferring patients to and from court

A number of individuals and agencies have a key role to play to coordinate conveyance including the Approved Mental Health Professionals, Responsible Clinicians, hospital Managers, Ambulance staff and the Police. Those responsible for taking patients from one place to another must ensure the most humane and least restrictive method of conveying the patient is used, consistent with ensuring no harm comes to the patient or to others. There are a range of factors to be taken into account when deciding the most appropriate method for conveyance including:

- the guiding principles in Chapter 1 of the MHA Code of Practice for Wales (CoPfW)
- the wishes and views of the patient, including any relevant care plan or advanced statement
- the nature of the mental disorder and its current course
- any physical disability that the patient has
- the impact that any particular transport will have on the patient's relationship with the community to which he or she will return
- the availability of various transport options
- the distance to be travelled
- the patient's need for support and supervision during travel
- the availability of transport to return to home/office base for those who accompany the patient (including whether the professionals will need to return to their own vehicles)
- The risk of the patient absconding and the risk of harm in the event of the patient absconding before admission to hospital. (Chapter 9 MHA CoPfW 9.5)

In order to ensure timely access to transport that protects an individual's privacy and dignity, since April 2017, the Gwent region has funded a 24 hour conveyance response via the use of an ABUHB vehicle based at one of the acute mental health in-patient units. The 5.5wte staff who drive these vehicles are based on the inpatient psychiatric ward as an addition to the establishment in order to respond in a timely manner to requests for conveyance. At present the model requires that the person experiencing a mental health crisis must be escorted by a suitably competent person. This may be the AMHP, Health Professional and/or Police, dependent on the circumstances of the situation. For those whose presentation and risk assessment indicate they require a more specialist skilled paramedic response this continues to be accessed via WAST and only when the risk of significant harm to self or others necessitates the use of a police vehicle in order to manage the identified risk is a police vehicle used.

The benefits of the above provision include;

- Improved experience for service users in crisis
- Individuals being seen in the right place at the right time in order to receive care and /or assessment
- Reduced waiting time for transportation thereby freeing up key resources to respond to other demands in the wider system
- Safety benefits for those professionals involved as the response would be timely and reduce the likelihood of escalation
- Reduction in demand on ambulance usage and freeing up of emergency vehicles
- Assists in releasing police resources

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

Partners agencies within Gwent are fully committed to ensuring that police custody is only used as a place of safety for people experiencing a mental health difficulty when there are exceptional circumstances.

Within the Gwent Police area, partnership agencies have jointly agreed that the regional place of safety for the purpose of Section 136 of the Act is Adferiad Ward at St Cadoc's Hospital. The provision is a single suite outside the ward area for the purposes of assessment. It is currently supported by nursing staff from Adferiad Ward.

The graph below provides information relating to the use of Section 136 both prior to and post the implementation of the Police and Crime Act in December 2017).

Period	Total s136s for the period	Total s136s going first to Custody	How many Custody were Under 18s	Total s136s going direct to Hospital PoS	How many Hospital were Under 18s
1 Dec 16 - 30 Nov 17	**251**	39	2	212	11
1 Dec 17 - 30 Nov 18	**266**	13	0	253	29
1 Dec 18 - 28 Feb 19	**72**	4	0	68	5

Graph One: Gwent Section 136 Detentions

Of the 17 people who were first detained in police custody all of these people were subsequently transferred to St Cadoc's Hospital for assessment. Prior to December 2017, it would have been the case that some of these people would have been assessed by a Doctor and an Approved Mental Health Practitioner (AMHP) in police custody.

The graph below shows the reasons why police custody was used in the first instance and the length of time before arrival at a hospital based place of safety.

	Reason, if Police PoS Used First	Time until arrival at Hospital PoS
1	At Police Station when Arrested under S136	1 hour 25 mins
2	Arrested for Substantive Offence	6 hours
3	Violent behaviour	1 hour 30 mins
4	Arrested for Substantive Offence	20 mins
5	Arrested for Substantive Offence	2 hours 55 mins
6	Arrested for Substantive Offence	20 mins
7	Investigating missing person	1 hour
8	Arrested for Substantive Offence	25 mins
9	Arrested for Substantive Offence	1 hour 15 mins
10	Ambulance took too long	1 hour 45 mins
11	Arrested for Substantive Offence	30 mins
12	Violent behaviour	1 hour
13	Arrested for Substantive Offence	1 hour
14	Arrested for Substantive Offence	15 mins
15	Violent behaviour	6 hours 35 mins
16	Arrested for Substantive Offence	3 hours 55 mins
17	Located behind Police Station	45 mins

Graph Two: Number of People arrested under Section 136 with Police Custody being used as the first Place of Safety

In the majority of cases the use of the police station as the first place of safety it is because the individual has also been arrested for a criminal offence, is violent or is in close proximity to the police station at the time of detention under Section 136.

There are two occasions of note: the conveyancing delay attributed to ambulance delay and the use of police custody due to the investigation of a missing person.

In the fifteen months since the implementation of the Police and Crime Act (2017) there have been 338 detention under Section 136 of the Mental Health Act (1983). On average the single place of safety at St Cadoc's Hospital is used on 22 occasions each month, which suggests that the provision of a single suite is sufficient to meet this demand. Due to the unplanned nature of the use of Section 136, there are times when there is concurrent use of the suite. Concurrent use is defined as a Section 136 that occurs within 4 hours of a previous Section 136.

Since December 2017, there have been 19 instances of concurrent use of the suite. This means that 95% of all people detained under Section 136 are able to be immediately supported in the Section 136 suite at St Cadoc's Hospital, without waiting for the suite to be vacated.

Remaining Challenges

The implementation of the Police and Crime Act (2017) has resulted in an increase in the numbers of people detained in the designated suite at St Cadoc's Hospital. It has also resulted in a change in the profile of people with a subsequent increase in the numbers of people presenting with violent and intoxicated behaviour, which is not always in the context of a mental health problem. This has proven to be a challenge for Health Board clinical staff and is resulting in a review of how the designated 136 suite is staffed and supported through the 24 hour period.

Joint Working Arrangements

In addition to the governance structure established to oversee the implementation of the Gwent "Whole Person, Whole System" Acute and Crisis model described earlier Gwent has also established a multi-agency group to specifically focus on the implementation of the Mental Health Crisis Care Concordat. This group reports to the Gwent Mental Health and Learning Disability Criminal Justice Planning Forum which in turn reports to the Mental Health and Learning Disability strategic partnership. The most recent version of the delivery plan (see attachment) is currently being implemented and monitored.

In addition to local assurance mechanism senior representation from Gwent attend the Welsh Government National Mental Health Crisis Care Concordat Assurance Group. In addition to providing assurance regarding progress being made in implementing the delivery plan the national group also provides an opportunity for shared learning and this is welcomed.

At a practice level, Health Board practitioners work in partnership with the Police and AMHP colleagues to review individual cases where there is opportunity for learning. This provides an opportunity to review practice in order to prevent future incidents.

In addition to the formal structures described above a Crisis Support Community of Practice has also been established across Gwent that brings together people across Gwent who share a common interest in improving support for those with a mental health need who experience a crisis and their carers. The community of Practice is currently meeting three times a year and has over 100 people on the membership list.

Mental Health Crisis Call Concordat Delivery Plan:
Improving the care and support for people experiencing or at risk of mental health crisis in respect of 135/136 of the Mental Health Act.

Custodian of the Delivery Plan: Area - Mental Health Criminal Justice Partnership (Planning) Board

Mental Health Crisis Care Concordat: the joint statement

This Concordat is a shared statement of commitment, endorsed by senior leaders from the organisations most heavily involved in responding to mental health crisis.

The Welsh Government, its partners from the Police, NHS, the Welsh Ambulance Services NHS Trust, Local Authorities and third sector are committed to work together to improve the system of care and support for people in crisis due to a mental health condition and who are likely to be detained under section 135 and136 of the Mental Health Act 1983.

As partners we agree to work together and to intervene early, if possible, to reduce the likelihood of people presenting a risk of harm to themselves or others because of a mental health condition deteriorating to such a crisis point.

They will be helped to find the most appropriate support needed in whatever situation that need arose and whichever service they turn to. Assistance with personal recovery is paramount. We will work to ensure that any intervention is carried out without recourse to unnecessary or inappropriate placement; for example within police custody.

We agree to work together toward delivering this commitment across Wales.

Within the published Crisis Care Mental Health Concordat, area Mental Health Criminal Justice Partnership Boards (MHCJPB) are asked to revise their regional 'Section 136' delivery plans to include the following indicative performance indicators:

- % Reduction on overall rate of use of Section 136
- % Ratio – Achieve a Health/Police place of safety ratio of (85/15)
- No use of Police based place of safety for Children and Young People
- Strategic development of alternative places of safety (non Health/Police)

The previous template plans focussed mainly on the police and health service interactions during a mental health crisis. In order to move the work forward this template plan looks across the four main areas of the concordat and we are looking for MHCJPBs to align activity to deliver on those outcomes, namely:

  - Access to support before crisis
  - Urgent emergency access to crisis care
  - Quality treatment and care
  - Recovery from crisis and staying well

This approach also reflects the findings of the early review of the Concordat. The Concordat Assurance Group is also suggesting adding two further areas in relation to:

  - Data and analysis
  - Communications and partnerships

The purpose of these is to create a deeper understanding of the information available on a local level and how this can be used to inform local plans and to ensure that the local plans are being communicated to other partnerships that have a role to play.

Queries in relation to all delivery plans can be routed via

	How will we do it?		How will we know?	Who is Responsible?
Key Actions	**Planning and Commissioning**	**Improvement Approach/Training and Development**		**Lead Agency** **Time -scale**
Theme 1: Access to support before crisis				
Gwent' Whole Person, Whole System Acute and Crisis Model'	Crisis Support Programme Board established to oversee the ongoing development of the model. 4 Task and Finish work streams established and reporting to the programme board • Crisis Housing and Sanctuary provision • Shared Lives/Host Families • Review of In patient and Crisis and Home Treatment • Single point of contact	Regional partnership approach across Health, Social Care, Police, third sector. Building on strengths across the whole system and identifying gaps and areas for development. ➢ ICF bid for capital – Crisis House. Feasibility study commissioned and completed. ➢ Separating Crisis House and Sanctuary provision ➢ Coproduction with third sector on range of sanctuary provision-funding to be identified and bids progressed ➢ Engaged with Gwent Shared Lives service to explore opportunities for Host Families	Model implemented across the Gwent region. Opportunities to intervene earlier to avert crisis ↑ Network of sanctuary provision across the region ↑ Information, advice and assistance contained within CTP relapse and recovery plans for all secondary patients ↑ Staff across whole system aware of support and can signpost appropriately ↑ Uptake and satisfaction data Alternative to hospital admission resulting in improved outcomes for people. ↓ Bed occupancy ↓ Length of stay ↑ Use of shared lives/Host families	**ABuHB- Crisis Support Programme Board** **Ongoing – see Project Plan**

		➢ PDSA established for review of in patient and CRHT pathway ➢ Further consideration of SPoC	↑ Home treatment options ↑ Crisis House as an alternative ↑ Person centred outcomes and satisfaction	
Establish a Community of Practice to engage with the whole system and design together to coproduce solutions	Quarterly Community of Practice Workshops to engage and consult with people – people with lived experience, carers and supporters, staff across organisations, leaders.	Mechanism to coproduce and design Whole Person, Whole System Acute and Crisis Model for Gwent Engagement and Consultation Peer support and sharing ideas Test environment	Outcomes/Outputs from Community of Practice Workshops inform the ongoing design and delivery of the model People have confidence in the model and are engaged in its design Progress is reported and there is open and transparent communication	**ABuHB- Crisis Support Programme Board** **Ongoing – see Project Plan**
Mental Health Triage Practitioners in Force Control Room	Continue to evaluate this model and develop based on evaluation and evidence base	Provide opportunities for a normative experience for partner organisations across the region and nationally to share the learning	↓ Inappropriate use of S136 ↓ Repeat use of S136 for individuals ↑ Frontline staff confidence and shared risk assessment/ decision making	**Gwent Police and Caerphilly CBC** **In place and ongoing**

			↑ Positive feedback from service users and professionals	
	Access to information on which to make decisions and divert people from statutory services to sanctuary/third sector as appropriate	WASPI- ISP in place to be reviewed December 2018 and to be GDPR compliant	People are diverted away from statutory intervention to appropriate Information, advice and assistance- Data from MH Triage Team	
Build and develop accessible information for citizens to access such as finance and debt management, positive relationships, resilience and coping with life events, positive parenting support, health and wellbeing advice including drugs and alcohol as these support mental health and wellbeing and provide opportunities for people to self-manage and to build networks of support	Make the linkages between Public Service Board (PSB) and Regional Partnership Board(RPB) plans so that population needs assessment is understood as it relates to whole populations and communities the 7 Wellbeing Goals and 5 Ways of working in Wellbeing of Future Generations Act Linkages with Public Health and Wellbeing Networks	Senior Leaders are sighted on the Gwent MHCC Concordat Plan Presentation and approval of Gwent Concordat Plan by the Gwent MH/LD Partnership Board Plan is published on partners websites and is outward facing Partners use their internal governance structures to provide scrutiny and challenge on the delivery of the plans outcomes	Identified outcomes are delivered in a timely manner consistent with our collective commitment to the MHCC Concordat People reporting increased resilience and able to find their own solutions Peer support at a community level Outcomes in Together 4 MH plan and Talk to Me 2 are progressed	**Gwent MH/LD Partnership Board**

	Dewis Cymru online information directory populated and updated Use of Social Prescribers and Community Connectors to support people to navigate systems.			

	How will we do it?		**How will we know?**	**Who is Responsible?**
Key Actions	**Planning and Commissioning**	**Improvement Approach/Training and Development**		**Lead Agency** **Time-scale**
Theme 2: Urgent access to crisis care				
Mental Health Practitioners in Force Control Room	See Theme 1			

Timely availability of Health Base Place of Safety	Review of current availability and access to HBPoS (Adeferiad) with particular focus on **Access**- including demand/capacity **Built Environment-**privacy and dignity **Patient safety**- including suitability for all age **Staff-** knowledge, skills and experience **Policy/Procedures/Protocols**	Consideration of recent audit data/ outcomes Discussion on a review adopting a partnership approach and Vanguard Systems methodology ie Normative experience, What matters to the person, What would a perfect system look like, value work and waste in the system, system challenges and blockages	Report of review with options appraisal and recommendations to Partnership Board Development of an action plan to drive improvement as necessary	Chair Gwent MHCC Delivery Group with representation from partners and stakeholders
Alternative model of conveyance in a crisis	Pilot of an ABuHB conveyance solution on going until 31st March 2019	Relevant partners aware and engaged in the pilot. Evaluation/Feedback mechanism in place Dependant on the evaluation need to secure funding beyond the pilot.	People are conveyed in a dignified and appropriate manner appropriate to their needs and risks. Staff feedback is positive ↑ Use of the vehicle overtime leads to improved outcomes across the whole system ↑ Cost /benefit analysis positive and supports ongoing funding ↓ Demand on WAST and inappropriate use of police vehicles	ABuHB – Reporting to Gwent MH/LD partnership Board Autumn 2018

Access to Mental Health assessment from an appropriate clinician for people detained in police custody	Development of a pathway that enables the identification of appropriate clinicians to assess people experiencing a mental health crisis whilst in police custody. Agreement on funding responsibility and governance across ABuHB and Gwent Police	Consideration of upskilling custody nurses in mental health Consideration of access to primary and secondary clinicians in and out of hours Mental Health custody diversion service based in custody suite	↓ Blockages in the whole system as people are able to move through the system in a timely manner ↓ Pressure on ED and unscheduled care S136 is not used as a mechanism to obtain access to a mental health assessment for a person arrested and detained in custody due to system failures.	Gwent Police

	How will we do it?		How will we know?	Who is Respo nsible?
Key Actions	**Planning and Commissioning**	**Improvement Approach/Training and Development**		**Lead Agency Time-scale**
Theme 3: Quality treatment and care				
Relapse Prevent and Crisis Contingency Plans are developed and coproduced with all people as part of CTP in secondary MH / LD services and shared with primary care.	Refresh as part of ongoing care coordination training across HB and LA's	CTP audits/ quality assurance in place. Improvement plans as required Promote the benefit of contingency planning to people and their supporters to seek early support and review to avoid crisis.	↓ Crisis situations and improved outcomes ↑ Increased access to crisis and home treatment solutions ↑ Use of Crisis house and Sanctuary ↓ Use of S136/135 and powers under MHA ↓ Use of inpatient beds	ABuHB
Delivery of the Gwent Whole Person Whole System Acute and Crisis Care model which has Crisis Model, Recovery	Crisis Programme Board delivery plan	Ongoing see 1 above	All parts of the model are in place and the model functions as a whole system	ABuHB

Orientated services that prevent crisis and resilient communities which are self-supporting	Community of Practice to coproduce and design sustainable solutions Public Health and Wellbeing of Future generations 5 ways of working.			
Values and Principles of Social Services and Wellbeing Wales are understood and embedded into practice	We listen to understand and ensure people have voice and control (Advocacy) People are expert in their own lives with strengths and assets We support people to find their own solutions We engage by treating people with dignity and respect We uphold the principles of equality and diversity We support people to understand and exercise their rights and entitlements	Leaders across all organisations model the behaviours that demonstrate our collective values We seek opportunities to recruit people with lived experience and peer mentors We recruit staff who demonstrate a commitment to our organisational values CTP and care coordination is person centred , coproduced and recovery focussed Staff are have collaborative conversation training	Positive Audit and QA outcomes 🡻 Complaints and serious untoward incidents 🡻 Safeguarding ' duty to report' referrals in respect of people with MH problems 🡹 Compliments and satisfaction 🡹 Resilience and improved wellbeing outcomes 🡹 Improved staff morale and retention of staff	MH/LD Partnership Board

People have access to high quality care and support that adheres to Prudent Health and Social Care (Right person, Right Time, Right Place)	Review our ‘ front doors’ and strive to make access pathways clearer whilst we develop a single point of contact/access	As part of the Crisis Programme Board develop a T&F for single point of contact/access on a regional footprint Remove blockages and system conditions that exclude people from accessing care and support in a timely manner that promotes independence, positive risk taking and social inclusion. Review Delayed Transfer of Care data to understand what the blockages are and seek to find solutions in partnership. Improved knowledge and skills across all organisations in respect of MHA/MH Measure/ MCA/DoLs	↓ Delays in the system ↓ Complaints about access ↑ Integrated pathways and MOU ↓ DToC in mental health settings ↑ Multi agency working to find sustainable solutions to common problems that lead to delays such as housing options. ↑ People are afforded the appropriate rights and protections and are safeguarded	

	How will we do it?		How will we know?	Who is Responsible?
Key Actions	**Planning and Commissioning**	**Improvement Approach/Training and Development**		**Lead Agency Time-scale**
Theme 4: Recovery from crisis and staying well				
Gwent Whole Person Whole System Acute and Crisis Model	Crisis House Host families Sanctuary	See 1 above	Whole system model is in place and people and communities are resilient	ABuHB
People are discharged from secondary mental health services and have ongoing support from primary care that supports their recovery	People are able to flow easily through the system as required accessing the appropriate support Care Coordinators ensure people have relapse and contingency plans and know how to self-refer under MH Measure Work with Primary and secondary services to ensure seamless response	Development of pathways between primary and secondary care that are responsive and supportive to recovery Refresh care coordination and MH measure	Appropriate flow through the system ↓ People being re referred or self-referral to secondary services ↓ S117 Aftercare planning is effective in supporting people to stay well ↓ Reduction in readmission to hospital	ABuHB
Range of meaningful opportunities available in the community that support wellbeing and universal access	Dewis website is populated locally and regionally with information and advice that supports recovery and wellbeing	Third sector organisations work together across Gwent to enhance and develop a wellbeing offer that promotes and supports recovery	Evidence of third sector consortia/partnership working. Joint projects that have recovery outcomes as a measure.	Third Sector

		Community Connectors and Social Prescribers are able to support people to access their community and universal services to support recovery and staying well	Range of information available on Dewis that is regularly updated. Use of website by public Data from CC and Social prescribers	

	How will we do it?		**How will we know?**	**Who is Responsible?**
Key Actions	**Planning and Commissioning**	**Improvement Approach/Training and Development**		**Lead Agency Time-scale**
Theme 5: Data and analysis				
Nationally agreed performance measures and performance information to enable benchmarking and comparison	Single data collection tool for all agencies with appropriate and relevant data	National tool /Regional tool is developed and agreed Tool is rolled out Quarterly reporting data is analysed and where indicated partners act on the system to seek improvement	Performance against the indicators across partners is tracked and supports improved performance. Audits provide quality assurance and governance	Welsh Government then Area MH/CJ partnership boards

	How will we do it?		How will we know?	Who is Responsible
Key Actions	**Planning and Commissioning**	**Improvement Approach/Training and Development**		**Lead Agency Time-scale**
Theme 6: Communications and partnerships				
Gwent MHCC Concordat delivery group complete template population and agree highlanders to take forward key actions	MHCC Concordat Delivery Plan template is shared with Community of Practice for views and consultation. Template updated following consultation MHCJPB approves the delivery plan and monitors progress against key actions quarterly via exceptions reporting from the Chair of the Delivery Group. Identify suitable/appropriate digital platform to publish the plan across the region	Opportunities to present the Delivery Plan across Gwent are identified and a presentation is designed. Link with training and workforce development leads across the region and across partnerships to raise awareness of the new plan with staff Third sector to consider promoting with people and carers Use national days such as World MH Day and others to promote Whole Person Whole System Acute and Crisis Model Continue to work with International Mental health Collaborating Network to learn and communicate with /from others nationally and internationally	Awareness of the MHCC Concordat and regional plan at all levels across organisations, partnerships and stakeholders	All

	How will we do it?		How will we know?
Key Actions	**Planning and Commissioning**	**Improvement Approach/Training and Development**	
Theme 7: *Other ongoing initiatives*			

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu
HSCS(5) MHP07
Ymateb gan yr Athro Keith Rix

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

Evidence from Professor Keith Rix

I apologise for the late submission of this response. I am the Mental Health and Intellectual Disability Lead, Faculty of Forensic and Legal Medicine of the Royal College of Physicians. Faculty members include forensic physicians, custody nurses and some paramedics.

I have no knowledge of the situation in Wales but I am familiar with issues relating to mental health in policing and police custody in England and Wales as a whole.

The position of the FFLM is that police custody is not a safe place for people with mental disorder (or intellectual disability). Therefore, the challenge is for the NHS and the mental health services to provide such readily accessible and appropriate mental health care that it is unnecessary for all but a tiny minority of people with mental disorder (or intellectual disasbility) to depend on the police as a point or means of access to mental health care.

The recent amendment to s 136 of the Mental Health Act should reduce the need for people detained under s 136 to be taken into police custody as a 'place of safety' (but arguably not a place of safety for people with mental disorder). The use of police custody as a place of safety under s 136 should be wholly exceptional and my own view is that when police custody has to be used as a place of safety there should be an investiagtion by the police and the NHS to ascertain why this has happened. My personal experience of assessing people detained under s 136, and not just those taken to a police station as a place of safety, is that in a significant proportion of cases one or more opportunities for intervention by the NHS mental health services has been missed. I am familiar with research which has identified some of the explanations of which one of the most common is the failure of the NHS mental health services to provide round the clock, 7 day a week crisis services. I also have experience of cases where NHS mental health services are so fragmented into functional and speciality teams which, because they are also insufficiently funded, implement such tight or restrictive entry criteria that people fall between the gaps between services and teams leaving the police to pick up the pieces when avoidable deterioration has occurred.

It is encouraging to read of the positive reports about mental health care for people in police custody in Wales. However, it may well be that more can be achieved. The FFLM has recently had a president to president meeting with the Royal College of Psychiatrists and we believe that both the mental health services and the providers of healthcare in custodial settings will benefit from closer

working relationships especially in the form of joint training and the involvement of specialty trainees in general and forensic psychiatry (i.e. next year's consultant psychiatrists) in the assessment of people in police custody who have mental disorder. My own personal experience as a newly appointed consultant psychiatrist in Leeds in the 1980's was of there being much to be gained by being prepared to assist police surgeons, as they were then known, in the assessment and care of detainees with, or suspected of having, mental disorder and I introduced several generations of on call psychiatric senior registrars to working with the police and police surgeons to the benefit of all concerned and importantly for the benefit of the detainees.

Probably the most serious concern of the FFLM is the failure of the government (do I mean England or Wales or both) to bring custody health care into the NHS. I do not know if this applies in Wales but some police authorities commission their custody health services from independent providers which do not deploy sufficiently well qualified health care professionals to provide safe and sufficient health care in police custody. Providing health care in a custodial setting poses many challenges and particular training and experience are necessary to meet those challenges. Doctors and nurses in the various categories of membership of the FFLM have such training and experience but for some providers it is cheaper to deploy health professionals who do not have that training and experience and who are not supported as FFLM members are by peer support, agreed standards, a raft of guidance and appropriate supervision. Given the positive reports to which your invitation to consultation refers, perhaps you do not have this problem in Wales. It is certainly a problem in parts of England. Some tragic and high profile cases involving inadequately trained doctors working in the police custodial settings are illustrative of this problem.

If I can be of assistance in answering specific questions, please get in touch with me.

Professor Keith JB Rix,

MPhil, LLM, MD, FRCPsych, Hon FFFLM,

Honorary Consultant Forensic Psychiatrist, Norfolk and Suffolk NHS Foundation Trust,

Visiting Professor of Medical Jurisprudence, University of Chester,

Mental Health and Intellectual Disability Lead, Faculty of Forensic and Legal Medicine of the Royal College of Physicians

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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.

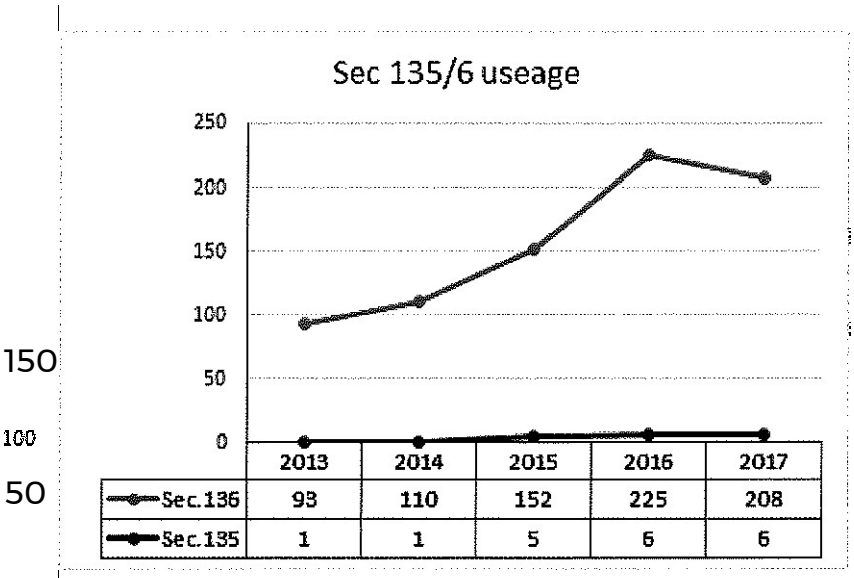
Our commissioned services are developing improved support and are assisting with developing non-health based places of safety in line with our Transforming Mental Health programme. We recognise that we need more direct access services in the day and evening times. We also need more flexible outreach 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 (ee 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 safely 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.



150

100

50

	2013	2014	2015	2016	2017 208
c. 135	1	110 1	152 5	225	 6

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

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu
HSCS(5) MHP09
Ymateb gan Samaritans Cymru

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

Evidence from Samaritans Cymru

Cynulliad Cenedlaethol Cymru: Iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu

Ymateb Samariaid Cymru

Gweledigaeth y Samariaid yw y bydd llai o bobl yn marw trwy hunanladdiad. Rydym yn gweithio i wireddu'r weledigaeth hon trwy arddel cenhadaeth i leihau trallod emosiynol a nifer yr achosion o deimladau ac ymddygiad hunanladdol. Un o'r prif bethau rydym yn canolbwyntio arnynt yn ein gwaith yw canfod grwpiau sydd â risg uchel am hunanladdiad a chydweithio ar draws Cymru i estyn allan a helpu'r rheiny sy'n cael trafferth i ymdopi.

Yng Nghymru a'r Deyrnas Unedig, mae mwy o risg hunanladdiad a hunan-niwed yn ystod cyfnodau yn y ddalfa ac rydym yn gweithio gyda heddluoedd ar draws Cymru i liniaru hyn.

Yn 2017/18, cafwyd 57 hunanladdiad ymddangosiadol yn dilyn cyfnod yn nalfa'r heddlu yng Nghymru a Lloegr.[1] O'r rhain, dynion oedd 55 a menywod oedd 2. 40 oedd oed cyfartalog y rhai a fu farw a'r oed mwyaf cyffredin oedd rhwng 41 a 50, a'r mwyaf cyffredin ond un oedd rhwng 31 a 40. 18 oed oedd y person ifancaf. Arwyddocaol yw nodi bod gan bron tri chwarter o'r bobl hyn bryderon hysbys ynghylch iechyd meddwl a bod dau wedi cael eu cadw yn y ddalfa o dan Adran 136 o'r Ddeddf Iechyd Meddwl. Roedd pryderon eraill ynghylch iechyd meddwl yn cynnwys: iselder, sgitsoffrenia, anhwylder straen ôl-drawmatig, anhwylder deubegwn, seicosis, meddyliau hunanladdol blaenorol neu achosion blaenorol o ymgeisiau at hunanladdiad a hunan-niwed. Digwyddodd 14 o'r hunanladdiadau ymddangosiadol ar ddiwrnod rhyddhau'r unigolion o ddalfa'r heddlu, roedd 28 un diwrnod ar ôl rhyddhau'r unigolion, a digwyddodd 15 deuddydd ar ôl rhyddhau'r unigolion. Ni ddywedir wrth heddluoedd bob amser am hunanladdiad ar ôl i unigolyn gael ei gadw yn y ddalfa ac felly gallwn dybio bod yna fwy o farwolaethau na'r rhai sydd wedi'u cynnwys yn y data hyn.

[1] Deaths during or following police contact: Statistics for England and Wales 2017/18 (Swyddfa Annibynnol Ymddygiad yr Heddlu (IOPC) a'r Swyddfa Ystadegau Gwladol (ONS))

Astudiaeth Achos y Samariaid – Gweithio mewn partneriaeth â'r Gwasanaeth Heddlu

Ceir yng Nghymoedd y De gymunedau gyda rhai o'r lefelau uchaf o amddifadedd economaidd gymdeithasol yng Nghymru ac yn y Deyrnas Unedig gyfan. Gwyddom fod yna rwystrau sy'n atal pobl ar incwm isel rhag defnyddio gwasanaethau'r Samariaid ac mai'r rheiny sydd â'r angen mwyaf sy'n lleiaf tebygol, yn aml, o geisio cymorth gan wasanaeth o unrhyw fath.

Yn 2015, rhoddodd Sefydliad Waterloo arian i'r Samariaid i ddatblygu 'Prosiect Peilot Cymoedd y De' dros dair blynedd. Ar yr adeg honno, nid oedd gan y Samariaid gangen yn ardal Cymoedd y De. Nod y prosiect oedd:

- Deall yn well anghenion cymunedau'r Cymoedd o ran cymorth emosiynol
- Cynyddu ymwybyddiaeth o wasanaethau'r Samariaid oedd yn bodoli eisoes
- Cynyddu mynediad at ac argaeledd gwasanaeth cymorth emosiynol y Samariaid trwy ei ddarparu'n lleol
- Cynyddu ymwybyddiaeth o bwysigrwydd ceisio cymorth ac o ffyrdd i wella gwydnwch emosiynol; a
- Rhannu'r hyn a ddysgwyd yn helaeth fel y gellid ei ddefnyddio i ddatblygu gwasanaeth y Samariaid ledled y Deyrnas Unedig ac Iwerddon

Yn ystod blwyddyn gyntaf y prosiect, sefydlasom bartneriaeth hynod werthfawr gyda Heddlu De Cymru. Gweithiodd staff y prosiect gyda Heddlu De Cymru i ddatblygu system o atgyfeiriadau o gelloedd yn nalfa gorsaf heddlu Bridewell ym Merthyr Tudful.

- Os yw swyddog yn amau y byddai rhywun sy'n cael ei gadw yn y ddalfa yn cael budd o gael cymorth emosiynol, gall gynnig galwad ffôn at y Samariaid i'r unigolyn yn uniongyrchol yn y gell dros intercom y gell.
- Gall rhingylliaid y ddalfa gynnig i'r rheiny sy'n gadael y ddalfa alwad ffôn oddi wrth y Samariaid yn y 24 i 48 awr nesaf, yn ogystal â deunydd hyrwyddol y Samariaid i fynd ag ef gyda nhw.
- Yn ogystal â'r gwasanaeth atgyfeirio, mae shifftiau cymorth emosiynol wythnosol yn cael eu cynnal gan y prosiect lle mae gwirfoddolwyr yn ymweld â'r ddalfa i roi cymorth emosiynol wyneb yn wyneb i bobl yn y ddalfa sydd eisiau'r gwasanaeth hwn.
- Mae rhif ffôn y Samariaid a'n prif neges wedi cael eu paentio â chwistrell ar waliau pob un o'r 42 o gelloedd yng ngorsaf heddlu Bridewell ym Merthyr Tudful (ariannwyd hyn gan Brif Gwnstabl Heddlu De Cymru).

Mae'r bartneriaeth hon wedi bod yn llwyddiannus iawn. Ym mis Chwefror 2017, cynhyrchodd Channel 4 News raglen deledu nodwedd[2] am y prosiect, a arweiniodd at adborth cadarnhaol iawn a rhagor o gydweithio. Rhoddwyd inni gyfle i gysylltu â phobl y mae arnynt angen taer am gymorth emosiynol ar adeg anodd iawn. Golyga hyn y gallwn fod yno iddynt pan fo arnynt angen hynny, sydd mor bwysig i'r grŵp risg uchel hwn.

*"Dwi'n gwirfoddoli gyda'r Samariaid ers mwy nag 20 mlynedd a'r shifftiau yn y ddalfa yw'r rhai mwyaf ystyrlon dwi erioed wedi'u gwneud"– **un o wirfoddolwyr y Samariaid***

Mae'r prosiect yn werthfawr iawn gan nad yw'r bobl sy'n dod i gysylltiad â ni o angenrheidrwydd yn rhai a fyddai fel arfer yn codi'r ffôn neu'n mynd at ein canghennau lleol i gael cymorth emosiynol. Mae gwirfoddolwyr o'r prosiect yn siarad â mwy o unigolion sy'n mynegi teimladau hunanladdol na chyfartaledd cenedlaethol y Samariaid (30% o gymharu â 22%). Oherwydd ein bod ni yma iddynt ar yr adeg hon yn eu bywydau, mae'n golygu y gallwn gynnig cymorth ac weithiau agor y drws iddynt geisio cymorth emosiynol yn y dyfodol, ac felly cynyddu'r tebygrwydd o feithrin gwydnwch.

Tynnwyd sylw at y bartneriaeth â Heddlu De Cymru yn y gwerthusiad gan Brifysgol Abertawe o Brosiect Cymoedd y De y Samariaid. Nododd fod cydweithio gyda Heddlu De Cymru wedi arwain at roi cymorth gan y Samariaid yn uniongyrchol i unigolion bregus mewn dalfeydd ond hefyd "newid diwylliannol" posibl yn agwedd swyddogion heddlu at faterion yn ymwneud ag iechyd emosiynol.

*"Roedden ni'n siarad am gyfarfod a gafodd [aelod o'r prosiect] gyda Heddlu De Cymru; a sut roedd yr heddlu erbyn hyn, dwi'n meddwl o ganlyniad i rai o'r pethau rydyn ni wedi'u gwneud, yn siarad yn rhwydd iawn yn nhermau breguster y bobl maen nhw'n ymdrin â nhw. Mae hwnnw'n newid diwylliannol mawr iawn. Mawr iawn, iawn … o'r prif gwnstabl i lawr, erbyn hyn mae pobl yn siarad am freguster y rheiny sy'n dod i mewn i'r ddalfa … ac yn fodlon buddsoddi amser ac ymdrech a hyfforddiant i wneud rhywbeth ynghylch hynny."– **Un o wirfoddolwyr y Samariaid***

Cafodd y newid agwedd hwn ei gadarnhau gan un swyddog heddlu oedd wedi cael profiad uniongyrchol o weithio gyda'r prosiect. Pwysleisiodd y swyddog hwn hefyd sut yr oedd y cydweithio o fudd dwbl i'r heddlu, oherwydd nid yn unig roedd yn helpu'r rheiny yn y ddalfa yr oedd arnynt angen cymorth emosiynol, ond roedd hefyd yn tynnu pwysau oddi ar y staff:

"Roedden ni'n naïf iawn ynghylch beth oedd eu hamcanion a beth roedden nhw'n ei wneud. Felly, wyddoch chi, roedd yr hyfforddiant a gawsom ni gan [aelod o'r prosiect] yn dda iawn wrth, ym, wella ein dealltwriaeth a gweld sut y

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[2] The police and the Samaritans – offering a helping hand (5 Chwefror 2017 – Channel 4 News)

gallen nhw ffitio i mewn gyda ni a sut y gallen ni gydweithio, mewn gwirionedd, un i un, i leddfu'r pwysau ar staff yr heddlu, ond hefyd wedyn i gynorthwyo'r bobl yn y celloedd, oherwydd llawer o'r amser mae'n fater, wyddoch chi, o siarad trwy eu problemau … Llawer o'r amser mae'n, wyddoch chi, mae'n ymyriadau lefel isel y gall y Samariaid eu rhoi trwy siarad â phobl dros y ffôn. Bydd yn gwneud eu hamser yn y ddalfa'n haws ei oddef, cymaint yn haws … mae'n gwneud i'r holl broses redeg yn llawer iawn mwy llyfn, mae'n ddigon posibl ei fod wedi atal pobl rhag hunan-niweidio yn y celloedd – felly mae'n cael effaith fawr wedyn ar staffio yn ogystal ag i'r heddlu, oherwydd os ydyn ni – mae cael ymyriadau lefel isel yn atal y math o ymddygiad mwy difrifol a fyddai'n cymryd llawer o amser y staff." – ***Swyddog heddlu***

Oherwydd llwyddiant Prosiect y Cymoedd ym Merthyr Tudful, mae'r fenter hon hefyd wedi cael ei hymestyn a'i chyflwyno yn ardaloedd canghennau eraill yng Nghymru, gan gynnwys Gwent, Abertawe, y Rhyl, Powys a Phen-y-bont ar Ogwr.

At hynny, mae nifer o ganghennau, gan gynnwys Bangor, Abertawe a Phowys, yn darparu cymorth emosiynol i'r Mangreoedd a Gymeradwywyd yn eu hardal leol. Oherwydd risg uwch trallod emosiynol, hunan-niwed a hunanladdiad yn y ddalfa, mae'n hanfodol inni hybu gweithio mewn partneriaeth yn lleol a chydweithio rhwng yr heddlu, iechyd ac asiantaethau'r trydydd sector. Hefyd mae angen inni ymestyn y ddarpariaeth hyfforddiant o ansawdd da ar ymwybyddiaeth o iechyd meddwl a hunanladdiad i'r holl staff er mwyn hybu diwylliant gweithio tosturiol lle gallant ymateb yn well i'r rheiny sydd mewn trallod.

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Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu
HSCS(5) MHP09
Ymateb gan Samaritans Cymru

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

Evidence from Samaritans Cymru

National Assembly for Wales: Mental Health in policing and police custody

Samaritans Cymru response

Samaritans' vision is that fewer people die by suicide. We work to achieve this vision by making it our mission to alleviate emotional distress and reduce the incidence of suicidal feelings and suicidal behaviour. A core focus of our work is the identification of high-risk groups for suicide and working collaboratively across Wales to reach out and help those who are struggling to cope.

In Wales and the UK, there is an increased risk of suicide and self-harm during periods of detention and we are working with police forces across Wales to mitigate this.

In 2017/18, there were 57 apparent suicides following police custody in England and Wales. Of these, 55 were men and 2 were women. The average age of those who died was 40 and the most common age was between 41 and 50, followed by 31 to 40 . The youngest person was 18-years-old. Significantly, nearly three-quarters of the people had known mental health concerns and two had been detained under Section 136 of the Mental Health Act. Other mental health concerns included; depression, schizophrenia, post-traumatic stress disorder, bi-polar, psychosis, previous thoughts or incidents of suicide attempts and self-harm. 14 apparent suicides happened on the day of release from police custody, 28 were one day after release, and 15 happened two days after release. Police forces are not always told about a suicide after detention in custody and therefore we can presume there may be more deaths than those included in this data.

Samaritans Case Study – Partnership working with the Police Service

The South Wales Valleys include communities with some of the highest levels of socioeconomic deprivation in Wales and the whole of the UK. We know there are barriers to the use of Samaritans' services by those on low incomes and those in most need are often the least likely to seek help from any type of service.

In 2015, the Waterloo Foundation funded the Samaritans to develop the 'South Wales Valleys Pilot Project' over three years. At this time, Samaritans currently had no branch located in the South Wales Valleys area. The project aimed to:

- Improve understanding of the emotional support needs of the Valleys' communities
- Increase awareness of existing Samaritans services
- Increase access to and availability of the Samaritans emotional support service by providing it locally
- Increase awareness of the importance of help-seeking and of ways to enhance emotional resilience; and
- Share its learning widely so it could be used to develop a UK and Ireland wide Samaritans service

During the first year of the project, we formed an invaluable partnership with South Wales Police. Project staff worked with South Wales Police to develop a system of custody cell referrals in Merthyr Tydfil Bridewell Suite.

- If an officer suspects that a detainee may benefit from receiving emotional support, they can offer the individual a phone call with Samaritans directly in the holding cell over the cell's intercom.
- Custody sergeants are able to offer those leaving custody a phone call from Samaritans in the next 24 to 48 hours, as well as Samaritans promotional material to take with them.
- In addition to the referral service, weekly emotional support shifts are run by the project in which volunteers visit the custody suite to provide face to face emotional support to detainees wanting this service.
- All 42 cells in Merthyr Bridewell have been spray-painted with our Samaritans phone number and key message (funded by Chief Constable of South Wales Police).

This partnership has proven to be highly successful. In February 2017, Channel 4 news produced a television feature of the project which resulted in very positive feedback and further collaboration. We have been given access to people who are desperately in need of emotional support at a very difficult time. This means we can be there for them when they need it which is so important for this high-risk group.

"I've been a Samaritans volunteer for over 20 years and the shifts in custody are the most meaningful I have ever done"– **Samaritan Volunteer**

The project is very worthwhile as the people coming into contact with us aren't necessarily those who would usually pick up the phone or approach our local branches for emotional support. Volunteers from the project speak to more

individuals who express suicidal feelings than the national Samaritans average (30% compared to 22%). Because we're here for them at this stage of their lives, it means that we can offer support and sometimes open the door to them seeking emotional support in the future, therefore increasing the chance of building resilience.

The partnership with South Wales Police was highlighted in the Swansea University evaluation of the Samaritans South Wales Valleys Project and stated collaboration with the South Wales Police 'had resulted in direct Samaritans support given to vulnerable individuals in custody suites but also a possible "cultural shift" in the attitude of police officers towards matters of emotional health.

"We were talking about a meeting [project member] had with South Wales Police; and how the police were now as a result of, I think some of the things we've done, talking very easily in terms of the vulnerability of the people they are dealing with. And that's a cultural change that is immense. Absolutely immense… … right from the chief constable down, people are now talking about the vulnerability of those who come into custody… …..and are willing to invest time and effort and training in doing something about that."– **Samaritans volunteer**

This change in attitudes was affirmed by a police officer who had direct experience of working with the project. This officer also highlighted how, for the force, the collaboration was doubly beneficial, in that it not only helped to those in custody in need of emotional support, but also relieved pressure on staff:

"We were very naive about what their aims were and what they did. Um, so, you know, the training that we had from [project member] was very good in–in, um, increasing our understanding and seeing how they could fit in with us and we could work together, really to–One, to alleviate, uh, pressure on police staff; but also then assist the people in the cells, 'cause a lot of the time it is just about, um you know, talking their problems out… … [A] lot of the time is–is–you know, a low level intervention that Samaritans can give just by speaking to people over the phones–um, will–will make their time whilst they're in custody that much bearable [sic], that much easier… … it makes the whole process run a lot smoother, it may well have prevented people self-harming in the cells–so it has big impact [sic] then on staffing as well for police, 'cause if we–if by having a low level intervention then it prevents, uh sort of escalated behaviour that would tie up staff for a great deal of time." – **Police officer**

Due to of the success of the Valleys Project in Merthyr Tydfil, this initiative had also been rolled out and extended in other branch areas in Wales, including Gwent, Swansea, Rhyl, Powys and Bridgend.

In addition to this, a number of branches, including Bangor, Swansea and Powys, provide emotional support to their local Approved Premises (AP). Due to the increased risk of emotional distress, self-harm and suicide during detention, it is crucial we encourage local partnership working and collaboration between police, health and third sector agencies. We also need to extend the provision of quality

mental health and suicide awareness training for all staff in order to promote a compassionate working culture in which they are better able to respond to those in distress.

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HSCS(5) MHP10
Ymateb gan Fwrdd Iechyd Prifysgol Cwm Taf

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

Evidence from Cwm Taf University Health Board

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 manged 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	710	518	192	171
2016/17	680	658	22	171
2017/18	839	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 wihtion the last year.

Cwm Taf University Health Board

Year	Total	To Hospital	To Custody	Sectioned MHA	Conveyance
2015/16	115	95	20	21	4 ambulance

					111 Police
2016/17	146	146	3	30	9 Ambulance 88 police
2017/18	176	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.

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu
HSCS(5) MHP11
Ymateb gan Cais, Hafal, ac Academi Morgan

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

Evidence from Cais, Hafal and Morgan Academy

Mental health in policing and police custody – inquiry by the Health, Social Care and Sport Committee

A joint response by Cais, Hafal and the Morgan Academy

About us

Cais aims to empower positive changes in the lives of people affected by addiction, adverse mental health, unemployment, offending and other life challenges, through a range of services and support delivered by skilled and experienced staff and volunteers.

Hafal supports people with mental health problems - with a special emphasis on those with a serious mental illness - and their carers and families; we also support others with a range of disabilities and their carers and families.

The Morgan Academy is a research-based think tank created to deal with the pressing 'wicked issues' of public policy in Wales and the wider world; as well as promoting critical thinking, we work collaboratively to promote innovative evidence-based policy.

The three organisations have drawn on their distinctive experience and perspectives to develop this response.

Comments on the inquiry's areas of consideration

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.

- Our direct experience, both as providers of general services and as specialist providers of Appropriate Adult services, is that there are insufficient services in terms of location, availability, and capacity
- There is a specific problem in not having sanctuary facilities in Wales, the nearest being in Bristol. One attempt to develop this service in Cardiff had

wide support but could not obtain commitment from one agency; other initiatives are now in hand in Swansea and Llanelli

- Lack of sanctuary or similar services means that some individuals, having no alternative out-of-hours service to turn to, repeatedly come into contact with police but are not assessed as being in crisis

- There is an additional problem of police services not having consistent and up-to-date information about what services are available; a new App has been developed in South Wales which may provide a solution

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.

- We have observed considerable progress in reducing use of police custody for those arrested under section 136 from a poor start three years ago

- A challenge remains to ensure this practice is fully implemented and maintained

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.

- As above we observe progress in compliance but progress is patchy and we know that access to health-based places of safety has been compromised by a lack of available beds in acute care. This means that unless suitable accommodation is found for those taken to a health-based place of safety, that unit quickly turns into another acute admission ward and the place of safety is unavailable for further admissions

- The legal duty is a limited lever for change: we are concerned that legal compliance is not a substitute for good practice within places of safety wherever located

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).

- We do not know enough about current practice to assess the extent to which the Code is being adhered to but anecdotally we are aware that availability of ambulances is frequently an issue

- We believe this is an area where the Code should be revisited and more flexibility considered. Our experience suggests that patients and families are most concerned about speed of response - and dignity can be

compromised as much by delay as by the mode of transport: but any change should be led by the views of patients and families

- Use of other vehicles and (where unavoidably police vehicles are used) unmarked cars (and perhaps police officers in plain clothes), might form part of a more flexible approach

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.

- Our experience in providing Appropriate Adult services suggests that there have been improvements in police management of vulnerable people in custody, including more routine call-out of an Appropriate Adult

- However, there remain inconsistencies: it is not uncommon to find people in custody with obvious mental health problems who have not had an Appropriate Adult requested by custody staff nor had engagement with mental health and other services

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.

- Wales' Mental Health Measure, alongside the distinctive Welsh Code of Practice for the Mental Health Act, prescribes holistic Care and Treatment Plans for people with a serious mental illness. This requirement forms a basis in law for care planning which is unique in the UK

- However, current practice falls short. In July 2018 the NHS Wales Delivery Unit published its *National Report on The Quality of Care and Treatment Planning - Assurance Review of Adult Mental Health & Learning Disability Services*. The report found that, although Care and Treatment Plans were widely now in place, "the quality of CTPs is generally poor. CTP outcomes are not routinely: specific, measurable, attainable, realistic and time-bound (SMART). As such CTPs outcomes are frequently not measurable…Importantly the Measure is not being used as the central document to coordinate and review treatment and care, nor are service users or carers being routinely engaged in the formulation of their CTP as the Measure intended. This is leading to frustration by staff and service users alike"

- Our own experience reflects this: we see some good examples of care planning but many people who have been detained do not have meaningful Plans and often receive minimal support

- We have observed particular problems with “revolving door” repeat detentions of individuals which requires special attention on a multi-agency basis

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.

- In our experience effective joint working has depended on local relationships and on local initiative and good will more than on national leadership. The result is great inconsistency and in many instances police and health staff still effectively work in isolation

- The Crisis Care Concordat Assurance Group is tasked with leading implementation of the Concordat but we question whether the Group has the authority and capacity to drive improvement and hold organisations to account

- The Concordat does not have “high status” in mainstream targets for health and social care agencies or for the police

- We understand that the leadership for the Assurance Group is shortly to change to a health lead role. While we welcomed the involvement of the Third Sector in leading the original group it was clear that without statutory authority this was unable to properly exercise an assurance function.

Other issues

- We have noted wide variation in consistency and quality across Wales in respect of both police and mental health services in relation to this issue

- We know that helping people with complex problems – especially co-occurring mental health and substance misuse problems – increases the challenge for effective joint working because this requires cooperation between professionals *within* health and social care as well as with the police. We are concerned that this client group may be disproportionately represented among those whose treatment falls short of best practice

- The special vulnerability of people with autism spectrum disorder (ASD) requires specific attention, including training of first responders. Stress reactions of people with ASD may be misinterpreted as acute mental illness, setting in train damaging consequences and inappropriate treatment. Consideration should be given to this in the context of wider policy on ASD as well as general health and well-being

- We recognise that the risks for staff as well as of patients must be a key consideration in decisions about places of safety, transport and other matters *in addition* to the availability of services

- We believe that imaginative use of technology – including people safe devices, mobile phone alerts, and monitoring live interventions - could offer the means of reducing risks and improving flexibility
- Improved staff training could also enhance safety and increase flexibility
- There should be recognition and a focus on the best practice which already exists: where agencies are cooperating effectively and resources are deployed efficiently clients *are now* receiving excellent support which keeps them safe, protects their dignity, and puts them on a pathway to recovery
- There is a need to evaluate mental health triage pilot services in police control rooms and the availability of services for onward referral: this may indicate a need for a new approach to commissioning including greater use of non-statutory providers

Suggested actions

- Welsh Government should make full implementation of the Concordat an overall priority (that is, not just in mental health) for Health Boards and Local Authorities, requiring them to report progress on explicit targets to the Minister of Health and Social Services whose sustained leadership and engagement is needed
- Police and Crime Commissioners should similarly make the Concordat a priority for their forces, collectively agreeing targets and deadlines for full implementation
- A formal bench-marking project could identify existing best practice within Wales and use this systematically to improve all services. The project could identify and benchmark best practice in joint working arrangements but also in co-occurring needs, "revolving door" clients, people with ASD, training, safety, and use of technology
- A fresh and *continuing* dialogue should be established with service-users and carers with *direct experience* (general experience of mental health services is not sufficient) of contact with the police, custody, and the use of the relevant sections of the Mental Health Act: this should focus on their priorities – which may not always be as traditionally assumed - as well as their ideas for improving services
- A review of commissioning arrangements should be undertaken, including both consideration of pooled resources across police, local authority, and health services and also greater use of non-statutory providers which in many instances could be more cost-effective
- Consideration should be given to ensuring consistency of practice and approaches to improvement in the context of the broader health and well-being laws and policies in Wales, which emphasise human rights

obligations and the underpinning values of autonomy, dignity and equality. This might be taken forward in the context of the current review of the Mental health Act itself

Further information and resources

Our web-sites: http://www.cais.co.uk/ http://www.hafal.org/ https://www.swansea.ac.uk/morganacademy/

Reducing Risk - Achieving Recovery: An action plan for people with severe mental illness who come into contact with the Criminal Justice System sets out a broader range of short and long-term actions identified by service-users and carers with direct experience: http://www.hafal.org/wp-content/uploads/2017/12/Reducing-Risk.pdf

Jo's Criminal Justice Survival Guide provides practical advice for service-users and carers: http://survivalguide.hafal.org/

Availability to provide further evidence

The three organisations are available to give further evidence including evidence in person; we also have service-users and carers with direct experience available to give evidence in person.

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HSCS(5) MHP12
Ymateb gan Fwrdd Iechyd Addysgu Powys

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

Evidence from Powys Teaching Health board

The Health, Social Care and Sport Committee has agreed to undertake a short inquiry into mental health in policing and police custody.

This spotlight inquiry will focus 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.

What the inquiry will consider	Powys Response	Any supporting documentation
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.	Since 2015, the Partnership work through the multi agency Powys Sec 136 Mental Health and Criminal Justice Group under the auspices of the Powys Mental Health Planning and Development Partnership focussed its attention on changing the culture and working practises in supporting and dealing with a person in crisis. The priority was to focus on the individual's needs and to identify the least impactive and best solution for the person at the time, which was often not to use Mental Health Act powers. It was made clear from the start, that Police Custody was not an appropriate environment for a person requiring mental health support. However, there have	

	been a small number of occasions when the risk of harm was such that Police Custody was the only safe location for someone to be detained for an assessment to be carried out. This was to prevent serious harm. As can been seen below, the number of persons taken to Police Custody was low to begin with, but was been reduced significantly since. The multi-agency training for mental health proved to be worthwhile in raising the profile of each agency involved and making clear what they could each realistically do to work together to prevent persons from being taken to Police Custody and to ensure that sec 136 Powers were used effectively and appropriately in the circumstances following consultation. Over 300 Police and Partnership staff across sectors have been trained. The training included an input from CMHTs, CRHTTs, AMHPs and the Social Care Emergency Duty Team, Psychiatry, Ward staff and a person using services.	
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.	2014/15 – 16 cases of Sec 136 with Police Custody being used on 4 occasions. 2015/16 – 18 cases of sec 136 with Police Custody being used on 4 occasions. 2016/17 – 22 cases of sec 136 with Police Custody being used on 1 occasion.	Annex 1

	2017/18 – 16 cases of sec 136 with no cases of Police Custody being used. 2018/19 April – December – 11 cases of Sec 136 with Police Custody being used on 1 occasion. Police Custody at Powys is only being used when there is a risk of serious harm.	
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.	Powys currently have three Places of Safety: • Wrexham Maelor Hospital, Croesnewydd Rd, Wrexham LL13 7TD which services cases from North Powys. • Bronllys Hospital, Bronllys, Brecon, Powys. LD3 0LU which services cases for the Mid and South Powys. • Neath Port Talbot Hospital, Baglan Way, Port Talbot SA12 7BX which services cases from Ystradgynlais. The Powys 136 Protocol includes the responsibility of the relevant Place of Safety to provide alternative Places of Safety should their respective unit be in use. There was one example of this in April 2016, where Wrexham Maelor could not provide the S136 suite and alternative arrangements were made to attend the Place of Safety at Bangor. There has been only one occasion (September 2016)	

	where Wrexham was not available and no alternative premises was made available, so the patient had to be transferred to A&E. There have been no occasions since 2016 where the relevant Place of Safety has not been made available, when required. In 2019, a single Place of Safety is being implemented for Powys based at Bronllys Hospital, except for Ystradgynlais which will remain to be Neath Port Talbot.	
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).	Upon each case and when appropriate in the circumstances, an Ambulance is requested to undertake a medical examination prior to the patient being transferred to the Place of Safety. This is not always practicable due to the circumstances and urgency at the time and on occasions when there is no Ambulance available. Police vehicles remain to be the mode of transport to the Place of Safety and this is recognised as an area of concern and risk. To address this, a Powys Conveyance Strategy Group was establish in 2018 and would in on-going to identify more suitable solutions.	
How effectively police forces in Wales work with partners (such as health or social care services) to safeguard vulnerable people in police custody, and	The Police rely on a detailed risk assessment which is completed when any person arrives at Police Custody. This identifies any areas of concern. There is a Custody Nurse provision provided for Custody	Annex 2

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.	where there will be an assessment for suitability for detention and interview. Should the Nurse become aware of the need for a mental health Act assessment, then the Dyfed Powys Police Doctor will attend Custody to medically examine the person and to confirm whether a Mental Health Act assessment is required. If so, the AMHP is contacted who makes suitable arrangements. A recent review was undertaken at Powys for persons arrested for offences and then subsequently deemed to require a Mental Health Act Assessment. The findings identified delays during office hours in securing the services of a sec 12 Doctor, but there being lesser delays during out of hours. The number of persons detained at Police Custody under Sec 136 is low. The response from Health and Social Services has been effective for these cases. There was a case in 2018 where a person was detained for 23 hours at Police Custody whilst arrangements were made to obtain secure accommodation. All cases where areas of concern are identified are reviewed both in real time terms and slow time via the S136 Criminal Justice meeting. There is a recommendation from Police that when someone is detained in Police	

	Custody under Sec 136 that the Local Heath Board will provide a Mental Health Professional to be present until the person is released. It would be difficult for PTHB to accommodate this due to available resources, especially out of hours however, there is also debate regarding the need for the professional to be present and so requests should be considered on a case by case basis. However, liaison and advice can still be offered.	
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.	Once there is a potential risk of harm identified for a person leaving Police Custody, the Force Doctor is asked to attend and to undertake a 'Fitness to Release' review. This is a detailed risk assessment which considers what support is available such as family. The Community Mental Health Teams and Crisis Resolution Home Treatment Teams work effectively to prevent persons from becoming subject to repeat Sec 136 cases. There are strong partnership links with the Police and a multi-agency approach is taken to prevent reoccurrences. Each S136 case is also reviewed/discussed at the quarterly Powys S136 Mental Health and Criminal Justice Group.	
Whether effective joint working arrangements are in place, with a specific	The multi agency Powys Section 136 Mental Health and Criminal Justice Group has been in place for some time	Annex 3

focus on implementation of the Mental Health Crisis Care Concordat, including whether the Welsh Government is providing sufficient oversight and leadership.	under the accountability structure of the Powys Mental Health Planning and Development Partnership. In line with National Delivery Planning they have developed a local MH Crisis in Care Concordat delivery plan prioritising activity for Powys. The group, which includes representation from people using services, reviews progress quarterly and reports directly to the Mental Health Planning and Development Partnership. Reports are also provided to the Welsh Government Mental Health Crisis in Care Concordat Assurance Committee for each meeting.	Annex 4 Annex 5

Dyfed Powys Police 2018

Community & Partnerships

Annex 1

Dyfed-Powys Police

Sec 136 Mental Health Review

Powys

Annual Report 2017/2018

Insp Brian Jones – Community & Partnerships

Louisa Kerr – Powys Teaching Health Board

Date: 15th June 2018

To improve the care and support for people experiencing or at risk of mental health crisis in respect of Section.135/136 of the Mental Health Act.

Whatever the presenting concern – whether suicidal behaviour, walking and distress by someone with dementia, extreme anxiety, psychotic episodes or behaviour which appears out of control and likely to cause harm to the person or others – a speedy, appropriate and supportive response is crucial.

Section 136 of the Mental Health Act 1983 (amended 2007 by the Policing and Crime Act 2016) and allows police officers to arrest and remove to a place of safety "any person found in a place to which the public have access, who appears to a police officer to be suffering from a mental disorder and to be in immediate need of care and control". Section 136 enables an individual to be detained for a period not exceeding 24 hours for assessment. Codes of Practice are clear that a police station should only be used as a place of safety in exceptional circumstances as this is not the most appropriate environment for somebody who is already at their most vulnerable.

The main focus of the Powys S136 Criminal Justice Group is to is to provide clear pathways for frontline staff dealing with persons in crisis whilst maintaining a patient centred approach throughout, overseen by Mental Health Planning and Development Partnership.

The Section 136 Criminal Justice Group has been successful in reducing the inappropriate use of Section 136 of the Mental Health Act 1983.

This is being achieved through improving:

• prevention and early intervention

• awareness of alternatives

• new innovative collaborative approaches

• appropriate information sharing

• access to specialist advice

• collaborative risk assessment and case management

The group's delivery plan incorporates a series of outcomes and actions which are aimed at developing a high standard of practice in Powys. A reduction in the inappropriate use of Section 135 &136 (powers under the Mental Health Act 1983), increasing health based places of safety for the purposes of assessment whilst reducing the use of police custody are core imperatives as well as acknowledging the improved experience of individuals in crisis for which documented case studies have been produced.

During 2016-17 the group developed an action plan to ensure Powys is delivering on the priorities of the Mental Health Crisis in Care Concordat.

Annex 1

Partner agencies from PTHB, PCC, Dyfed-Powys Police, CAMHs, WAST, Third Sector and involvement form individual representatives of people using services prioritised a range of improvement activity to be delivered.

The first point of contact is critical in providing an effective police response and incidents are now dealt with by providing greater consideration to alternative options that may be more appropriate for an individual than being transported a considerable distance to a Hospital. The options are discussed with partner agencies at the time and with the sharing of relevant information to identify suitable solutions. The Section 136 Criminal Justice Group introduced a *procedure where upon identifying alternative solutions, the police Inspector's authority is required before the mental health powers are used*.

This change in working practice was an overwhelming success and a partnership approach to decision making has helped to ensure that individuals in crisis receive the right support at the right time.

The group has also reviewed, implemented and updated a local Section 136 Protocol with regard to the use of Section 135 and 136 of the Mental Health Act 1983 (as amended 2007). As part of its approach it has ensured that the voice of people using services and those close to them are part of Section 136 Group action planning and delivery where appropriate i.e. training.

The group works hard to deliver an up to date local action plan to assist in the development of services and care pathways, with both a regional and national focus, utilising its multi-agency membership.

One of the key achievements of last year was improving local practice through multi agency training. Over five sessions, 98 Police officers and 55 partner agencies working in Powys attended the training with input from Psychiatry, CMHTs, CRHTTS, Felindre Ward and the Emergency Duty Team, and the view of a person using services on their experience. Including a further 5 sessions held during 2015-16 the total number of staff provided with Mental Health Awareness and a working knowledge of Section 135 and 136 of the Mental Health Act now totals 305.

During the 12 month period April 2017 – March 2018, there were only twenty three occasions where Section 136 mental health powers were utilised. On sixteen of these occasions, the person was admitted to Hospital (70 per cent). This is clearly evidencing the correct decision is being made to utilise the mental health powers from the first point of contact.

In addition, during this period, no adult has been detained to a police custody and no young people have been detained on a Section 136.

Both real and slow time case reviews are undertaken to ensure that each occasion where a Section 136 is considered, partner agencies work well together to ensure the best outcome for a person in crisis. Learning is therefore constant and practice amended as a result of collaborative evaluation. Further work is due to take place with individuals who have been in crisis and experienced the process

of Section 136 to evaluate their experience and ensure they have been treated with dignity and respect.

Annex 1

Year End - - April 2017 – March 2018

Powys Mental Health Incidents

Demand

30,644 total incidents recorded for Powys.

759 incidents were associated with Mental Health (2.5 per cent)

Sec 136 Mental Health Act Powers

- There were 23 incidents where Sec 136 Mental Health powers were used.
- 16 of these were admitted to Hospital following assessment (70% admission).
- No persons were detained at Police Custody under Sec 136 Powers (Violence).
- 9 Female cases.
- 14 Male cases.
- No youths were detained under Sec 136.

Calls were made by the following:

- 254 by the person themselves
- 178 from family or friends
- 145 from Health and Social Care
- 89 from Public
- 50 from Ambulance
- 19 from Police
- 6 Careline
- 4 Housing
- 3 Schools
- 3 Job Centre Plus
- 3 Kaleidoscope
- 2 Childline
- 2 Fire
- 1 Action Fraud

Nature of Call:

- 552 calls for Concern for Safety
- 78 Missing Persons
- 59 Crime
- 25 Domestic
- 18 Suspicious incidents
- 13 ASB
- 10 Administration
- 2 RTC

Annex 1

Vulnerabilities;

- 78 incidents involved missing persons
- 91 incidents involved self-harm or threats to commit suicide.
- 54 involved persons living with Dementia.

Threat/Harm/Risk – Self-Harm - 90 incidents involving the threat, harm or risk of injury.

50 Female 40 male	7 Under 18 years of age 29 x 19 – 30 years 19 x 31 – 40 years 21 x 41 – 50 years 9 x 51 – 60 years 5 x 61 – 70 years	32 Threats to self-harm/suicide 21 Thoughts of self-harm/suicide 16 Cuts to body 13 Overdose 2 Pipe to car exhaust 1 Lay on road 1 Threat to jump from bridge 1 jumped from bridge 1 Swallowed glass 1 Threat to hang 1 Walk along train line

Powys Places of Safety

Redwoods is not a Powys Place of Safety. This was a case of a missing person from Powys being located by West Mercia Police in their area and there was an agreement between Agencies to utilise their Place of Safety.

Year End - - April 2017 – March 2018			**Area** - Powers Used April 2017 – March 2018	

Annex 1

Powys Mental Health Incidents				
Bronllys	15		Brecon	8
Wrexham	4		Welshpool	2
Neath, Port Talbot	3		Newtown	6
Redwoods	1 (WMP)			
			Llandrindod Wells	4
DN Custody	0		Ystradgynlais	3
DB Custody	0			

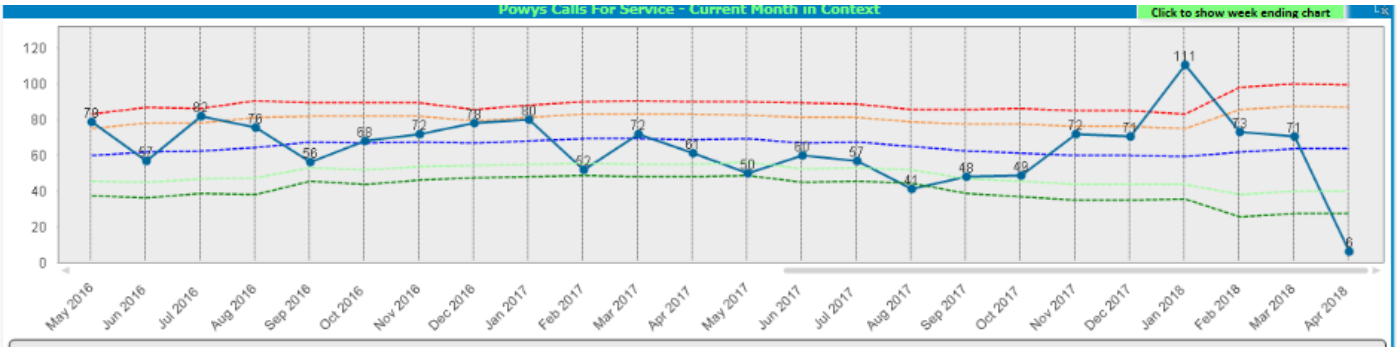
Mental Health Data Quality

A data quality concern was identified in August 2017, where demand decreased significantly Force wide. This was as a result of sickness and new staff at ICAT who are responsible for the disposal of incidents and the inputting of the Mental Health qualifier (Q26)

This problem was addressed through raising awareness, and briefings and the Powys review of incidents.

There is no identified reason for the peak in January 2018, where incidents rose significantly. All 111 incidents have been reviewed.

Annex 1


Powys Calls For Service - Current Month in Context
Click to show week ending chart
120
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Annex 1

Total Number of MH Related Incidents on Mental Health Demand Day by Force

The four Welsh Forces carried out a second exercise to review Mental Health demand over a 24 hour period commencing 7am Monday 9th April to 7am Tuesday 10th April 2018.

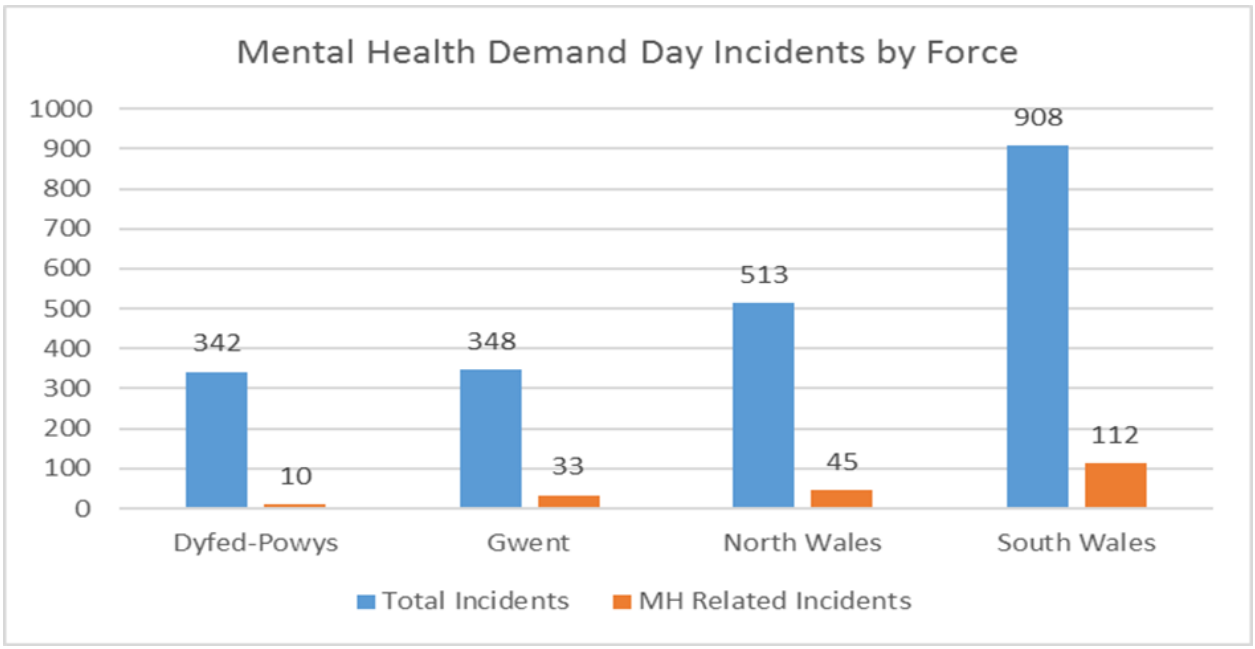
Across Welsh Forces on Mental Health Demand Day, 200 Mental Health incidents requiring Police involvement were recorded. This represents 9.5% of all Police incidents during the Demand Day period. South Wales Police had the highest proportion of Mental Health incidents at 12.3%, with Gwent and North Wales marginally less around 9% and Dyfed-Powys at 2.9%.

Dyfed-Powys Police accrued a total of 39 hours and 31 minutes dealing with ten Mental Health incidents on the

Demand Day.

In order to quality assure the data, all incidents from the call category, 'Concern for Safety', for the same 24 hour period were reviewed to assess whether there were missed opportunities to record incidents being linked to mental ill-health. There were 74 incidents in total and four of these should have had the Mental Health qualifier, but did not. Details were passed to ICAT for development.

DP-20180409-83, DP-20180409-096, DP-20180409-218 & DP-20180409-236.



Annex 1

Custody Mental Health Assessments

During 2017/18, there were 15 Mental Health Act assessments carried out at Powys Custody for persons who had been arrested for offences. Eight were from Newtown and nine from Brecon.

The average time between requesting a Mental Health Act assessment and the assessment being carried out was 3 hours, 35 minutes. There were seven cases where the time between request and assessment exceeded 4 hours.

These were not Sec 136 Mental Health Act detainees. However, the Powys Sec 136 Protocol stipulates that the assessment should commence within 4 hours from the time of the first notification.

If any person cannot be assessed within the agreed time, then a management meeting shall be called within 28 days between the parties involved, to discuss the reasons for not achieving the target. It is recommended that the same procedure be followed for non Sec 136 assessments at custody.

Annex 1

Developments for 2018/2019

- The Powys Sec 136 Mental Health Act Protocol has been updated in line with the changes implemented through the Police and Crime Act 2017. This work involved all members of the Powys 136 Mental Health and Criminal Justice Group.

1. The final version will be signed off once details are confirmed around youth provisions. CAMHS management is now being transferred to Powys teaching Health Board and a resolution is expected soon.

2. The Protocol has been loaded to SOTI, so accessible through mobile devices.

- The Risk Enablemenent Panel (REP) has been established with Powys teaching Health Board, providing enhanced risk management for people who are considered at risk of harm to themselves. This will now provide a single point of contact via a dedicated email address. Referrals will be assessed by one of the panel members and dealt with at the time, if appropriate, or will be referred for a multi-agency response through IRIS.

3.

- The Powys Integrated Risk Intervention Support (IRIS) will be launched at the meeting planned for 5th July 2018.

  Powys IRIS has been established to support the regular sharing of personal information, to ensure safe management of individuals in communities who are involved in anti-social or offending behaviour and pose a risk to themselves or others or are in Mental Health crisis.

  The IRIS approach formalises collaboration between the various agencies involved ensuring that these individuals are appropriately and adequately protected by timely and approved interventions to ensure that their vulnerability is safeguarded and to facilitate their wellbeing and recovery.

4. The Police will be able to refer cases to IRIS through REP, e.g. Community problem solving, Integrated Offender Management, MAPPA.

5. The Partnership Insp will chair this Group and PtHB will provide administrative support.

6. Dyfed Powys Police Information Management Security is currently developing a Regional Information Sharing Protocol (WASPi) which will be used by IRIS.

- Powys Teaching Health Board is actively working on a Regional Conveyance Strategy. This will provide clarity of who transports patients in various circumstances, with the expectation on the Police being reduced considerably. This group is also considering alternative options internally and externally.

Annex 1

- Evaluations are to be carried out with persons using Mental Health services. The Powys Sec 136 Mental Health & Criminal Justice Group has a member who is also a user of Mental Health services and he is in agreement to support this valued engagement.

7. A funding application was not successful through the Police & Crime Commissioner, so alternative funding options are being sort.

- Multi-Agency training events have been held over the last two years with the objective of enhancing the understanding and response to people with mental ill-health in line with the Police & Crime Delivery Plan 2017-2021. Further events are to be held in 2018/19 to capture all staff.

- In 2017, the management of Mental Health provision for Powys returned to Powys Teaching Health Board.

- The current Place of Safety provisions for Powys are Wrexham for Montgomeryshire cases, Bronllys for Breconshire and Radnorshire and Neath Port Talbot for Ystradgynlais. This will change in due course, with a new Sec 136 Unit being built at Bronllys Hospital and this will become the Place of Safety for Powys, with the exception of Ystradgynlais, which will remain as Neath Port Talbot. Building work commenced March 2018. A completion date is not known at this stage.

Powys Mental Health Demand

&

Sec 135/136 Mental Health Act

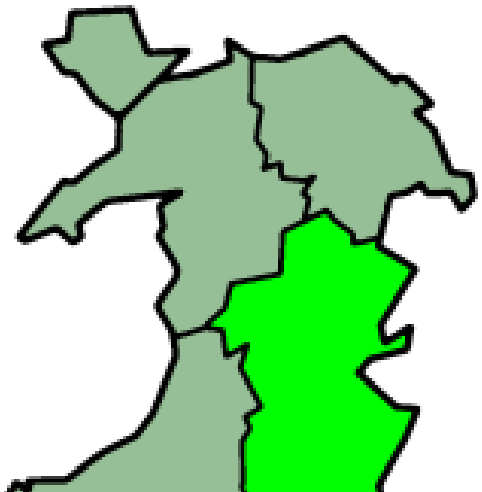
2018/2019

&

Mental Health Act Assessments at Custody

Quarter 3

October – December 2018 and Year to Date



Annex 2

Q3 - October – December 2018 Powys Mental Health Incidents

Demand

7455 total incidents recorded for Powys.

388 incidents were associated with Mental Health (5.2 per cent)

Sec 136 Mental Health Act Powers

- There were three incidents where Sec 136 Mental Health powers were used.
- Two persons were admitted to Hospital and one person was referred to the Crisis Resolution Home Treatment Team.
- No persons were detained at Police Custody under Sec 136 MHA.
- No youths were subject to Sec 136 MHA.

Calls were made by the following:

- 114 by the person themselves
- 93 from family or friends
- 64 from Health, Social Care & Care
- 49 from Public
- 27 from Ambulance
- 16 from Police
- 6 from School
- 3 from Delta-Wellbeing
- 2 from Kaleidoscope
- 2 from a Bank
- 2 from Housing
- 1 from Action Fraud
- 1 from External Council
- 1 from Job Centre Plus
- 1 From National Resources Wales
- 1 from Women's Refuge
- 1 from Careline
- 1 from Defra
- 1 from Fire
- 1 from MIND
- 1 Youth Services

Nature of Call:

- 239 calls for Concern for Safety
- 49 Missing Persons
- 43 Crime
- 21 Domestic Violence
- 14 Suspicious circumstances
- 12 Anti-Social Behaviour
- 6 Admin
- 3 P- Suicide.
- 1 RTC

A new incident category of 'Suicide' has been created. The data quality at this stage is not to be relied upon, as a number of calls under the other categories involved persons threatening suicide or self-harm.

Vulnerabilities;

- 69 incidents involved self-harm or threats to commit suicide.

Annex 2

- 49 incidents involved missing persons

Dementia data was being captured, but is unreliable, as dependant on the incident being endorsed accordingly.

Annex 2

High Demand Repeat Callers – Vulnerable Persons (October – December 2018)

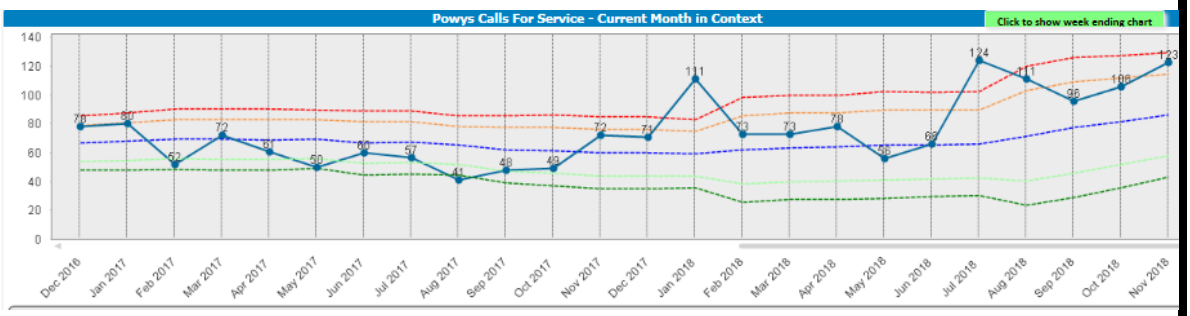
Subject 1 – 19 calls. Known to all Services. Referred to IRIS.

Subject 2 – 9 calls. Known to all Services. Has been in Hospital and assessed and not admitted. CID reviewed and now a MAPPA Nominal and has moved address.

Subject 3 – 8 calls. Referred to NPT , MAVIS raised and a Partnership Problem Solving approach is being taken. Learning difficulties, rather than mental health.

Subject 4 – 6 calls. Currently under review.

Powys Mental Health Demand. December 2016 – November 2018.



Suicide / Self Harm . Quarter 3. October – December 2018.

Threat/Harm/Risk – Self-Harm

- 69 45 incidents involving the risk of self-harm

34 Female 35 male	7 Under 18 years of age 17 x 18 – 30 years	20 Threat Suicide 10 Cuts to body

Annex 2

	18 x 31 – 40 years 17 x 41 – 50 years 9 x 51 – 60 years 0 x 61 – 70 years 1 over 71 years of age.	11 Overdose 16 Threats to self-harm 7 Thoughts of Suicide 3 Threat to jump from bridge 1 Attempt hanging 1 burnt arms.

Year to Date -April – December 2018

Demand

23,866 total incidents recorded for Powys.

913 incidents were associated with Mental Health (3.8 per cent)

Sec 136 Mental Health Act Powers

- There were eleven incidents where Sec 136 Mental Health powers were used.
- 6 cases involved persons being admitted to hospital following assessment (54.5 per cent)
- 4 persons were referred to CMHT, CRHTT.
- 1 person was returned to the community, once sober.
- 1 person was detained at Police Custody having been transferred from a Health Place of Safety, due to Violence.
- No youths were subject to Sec 136 MHA.
- 7 Female cases.
- 4 Male cases.

Calls were made by the following:

- 283 by the person themselves
- 210 from family or friends
- 150 from Health, Social Care & Care
- 137 from Public
- 1 from External Council
- 1 From National Resources Wales
- 1 from Women's Refuge
- 1 from Defra
- 1 from MIND
- 1 from Solicitor

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- 58 from Ambulance
- 26 from Police
- 8 from School
- 7 from Housing
- 5 from Kaleidoscope
- 3 from Action Fraud
- 3 from Delta-Wellbeing
- 2 from Job Centre Plus
- 2 from Careline
- 2 from Fire & Rescue
- 2 from a Bank
- 2 from Youth Services

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- 1 Powys Association of Voluntary Organisations
- 1 from Childline
- 1 from Customs & Excise
- 1 from Dentist
- 1 Mountain Rescue
- 1 from Probation
- 1 from Ebay

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Nature of Call:

- 543 Calls for Concern for Safety
- 126 Missing Persons
- 111 Crime
- 36 Anti-Social Behaviour
- 39 Domestic Violence
- 34 Suspicious circumstances
- 11 P- Suicide.
- 12 Admin
- 1 RTC

A new incident category of 'Suicide' has been created. The data quality at this stage is not to be relied upon, as a number of calls under the other categories involved persons threatening suicide or self-harm.

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Vulnerabilities;

- 155 incidents involved self-harm or threats to commit suicide.
- 31 incidents involved missing persons
- 14 involved persons living with Dementia

Dementia data was being captured, but is unreliable, as dependant on the incident being endorsed accordingly.

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Annex 2

Places of Safety utilised for Sec 136 MHA.				
April – December 2018 **Powys Mental Health 136 Cases**			**Area** - Powers Used April – December 2018	
Bronllys	9		Brecon	5
Wrexham	0		Welshpool	0
Neath, Port Talbot	1		Newtown	1
			Llandrindod Wells	4
DN Custody	0		Ystradgynlais	1
DB Custody	1			

Annex 2

Powys Custody Demand and Management for Mental Health Act Assessments

Persons arrested for criminal offences are arrested when it can be shown that the arrest is necessary and a proportionate response.

When felt appropriate, the Custody Nurse will examine the person for welfare, medical and suitability for detention. One outcome from this examination can be to recommend a Mental Health Assessment. The Doctor will examine the person to negate any medical conditions and will confirm either way whether a Mental Health Act Assessment is required.

Between April and December 2018, nine Mental Health Act Assessments have been carried out at Powys Custody. There were four Assessments at Brecon Custody and five at Newtown.

Concerns and best practice identified from review:

The times recorded by Health & Social Care for the Police requesting an Assessment and the Assessment being carried out are different to the times recorded on the Custody records. To be discussed with PtHP and PCC Management. Police records indicate longer delays.

There were delays in securing the services of a Sec 12 Doctor, as he had clinics booked during the day. He then attended Custody once the clinics were finished. Accessing a Sec 12 Dr is a common theme for delays. Powys Teaching Health Board is addressing this to ensure that in these circumstances, Custody must take priority.

Police were told by the out of hours AMHP to call the day-time Mental Health Team to arrange Assessment. This will be raised through the EDT meeting, as OOH should arrange this at Hand-Over.

AMHP asked how long was left on the detention clock and what time the police would have to release the person. This was irrelevant and should not have formed part of the conversation. The AMHP mentioned expected delays in contacting a Sec 12 Dr and then further delays in securing a bed and suitable transport which was likely to come from Wolverhampton. This was again irrelevant and should not have formed part of the conversation. The priority should have been to agree attendance for the Assessment. This will be taken up through PtHP and PCC Management.

A request for a Mental Health Act Assessment was made at 05.55Hrs and 06.16Hrs through Careline. An agreement is required for the most suitable time to request an Assessment, as this is likely to be 09.00Hrs.

Annex 2

A person remained in Custody for three hours waiting for an Ambulance to transfer from Brecon to Bronllys (12 miles). In two other cases, Police conveyed the person from Custody to Bronllys. Brecon to Bronllys is only 12 miles. However, Newtown to Bronllys is 50 miles. Another person was conveyed from Newtown to Redwoods Hosp which is 32 miles. An agreement is required for using a Police vehicle in these circumstances in order to release the person from Custody. Newtown to Bronllys and Redwood may be considered too far. This will also be raised through the Powys Conveyance Group.

An AMHP asked whether the person's alcohol levels had been checked and Dr wanted to know before he attended. This was an inappropriate request. The person had been considered fit for Assessment.

In four of the nine cases, the AMHP and Sec 12 Doctor responded promptly and were undertaking the assessment within two hours.

Annex 2

Custody Ref	Place of Assessment	Time of Request	Time of assessment	Time between request and Assessment	Outcome of Assessment	Time between end of Assessment and leaving Custody	Comments to address identified concerns and identify best practice.
DB-000176-2018 Sec 136 MHA	Brecon Custody	10.35	16.35	6 hours	Sec 3	10 hours 17.00 – 03.00	Initial delay in accessing Sec 12 Dr. PtHB are addressing this. Secure accommodation had to be found and transport.
DN-000329-2018 Fail to provide Breath Test	Newtown Custody	09.47 10.58 12.18	13.42	3 hours 55 minutes	Not admitted. Referred to Home Treatment Team. Not fit for interview.	N/A	Delay in accessing Sec 12 Dr.
DB-000349-2018 Threat to damage property.	Brecon Custody	05.55 Careline. 10.13 11.22	13.24	7 hours 29 minutes.	Not admitted. Fit for interview.	N/A	Initial delays as request not dealt with by out of hours. Daytime AMHP stated there was only one Sec 12 Dr and he was committed.
DB-000442-2018	Brecon Custody	19.49	21.50	1 hour 59 minutes	Sec 2	49 minutes	Promt response by AMHP and Sec 12 Dr. Transported to Bronllys by

Annex 2

Threats to Kill						23.04-23.53	Police, as quicker than waiting for Ambulance.

Annex 2

Custody Ref	Place of Assessment	Time of Request	Time of assessment	Time between request and Assessment	Outcome of Assessment	Time between end of Assessment and leaving Custody	Comments to address identified concerns and identify best practice.
DB-000504-2018 Possession of a Bladed Article	Brecon Custody	14.58	16.31	1 hour 33 minutes.	Sec 3	3 hours, 10 minutes. 17.16 -20.26	Promt response by AMHP and Sec 12 Dr. 3 hour delay in transferring from Brecon to Bronllys Hosp (12 miles), waiting Ambulance.
DN-000683-2018 Drunk & Disorderly	Newtown Custody	6.16 09.08 10.44	13.03	6 hours 47 minutes	Not admitted. Referred to Home Treatment Team. Not fit for interview.	N/A	Delays in accessing Sec 12 Dr.
DN-000745-2018 Stalking	Newtown Custody	10.48 11.59	14.20		Sec 2	18 minutes 16.21 – 16.39	Initial delay in accessing Sec 12 Dr and AMHP. Further delays due to the person not cooperating. Local decision made for

Annex 2

							Police to convey persons from Newtown to Bronllys Hosp, rather than wait 4 hours for an Ambulance.

Annex 2

Custody Ref	Place of Assessment	Time of Request	Time of assessment	Time between request and Assessment	Outcome of Assessment	Time between end of Assessment and leaving Custody	Comments to address identified concerns and identify best practice.
DN-000792-2018 Drunk & Disorderly	Newtown Custody	01.37	03.28	1 hour 51 minutes	Sec 2	41 minutes 04.23 – 05.04	Promt response by AMHP and Sec 12 Dr. Local decision for Police to convey to Redwoods (32 miles) to avoid a delay waiting for an ambulance.
DN-000804-2018 Breach of the Peace	Newtown Custody	10.23	11.34	1 hour 11 minutes.	Not admitted. Referred to Home Treatment Team. Not fit for interview.	N/A	Promt response by AMHP and Sec 12 Dr.

Annex 3

Crisis Care Concordat National Delivery Plan for Wales

Delivering the plan and providing assurance

1. This paper sets out a suggested process for providing assurance that the new Crisis Care Concordat delivery plan is being implemented, is making a positive difference, and that people in crisis, or who are at risk of reaching a crisis, are receiving timely help, support, advice, treatment and care. It also proposes a template to be used to provide such assurance.

2. The new delivery plan sets out 20 actions to be implemented to support the following six core principles:

   8.
   - People have effective access to support before crisis point
   - People have urgent and emergency access to crisis care when they need it
   - People receive improved quality of treatment and gain therapeutic benefits of care when in crisis
   - People are supported in their recovery, stay well, and receive effective support after crisis
   - Better quality and more meaningful data and effective analysis is secured
   - Effective communications and partnerships are maintained and improved

3. Multi agency 'Mental Health and Criminal Justice Partnership Boards' (MHCJPB), or equivalent boards/committees, have been established across each of the 4 police force areas in Wales to oversee and monitor their own regional action plans developed to address the core principles of the Concordat and the actions set out in national delivery plan. These regional plans should set out in more detail what each area is doing to implement each of the 20 actions within the national delivery plan as well as any other actions agreed at a regional level. Regional boards/committees should have arrangements in place for receiving assurance from each of the partners that actions set out in regional plans are being implemented and are making a positive difference.

4. Regional boards/committees should provide assurance to the national Concordat Assurance Group on a quarterly basis that progress is being made and that successful outcomes are being achieved. The Concordat Assurance Group will provide a written assurance report to Welsh Government every 6 months that the delivery plan is being implemented and is effective and if not the reasons why and what remedial action is being taken. The Chair of the Concordat Assurance Group will meet with the Cabinet Secretary for Health and Social Services and the Cabinet Secretary with responsibility for criminal justice matters at least once a year to also provide direct assurance on behalf of the group.

5. Successfully implementing the delivery plan is likely to throw up some challenges, issues and perhaps unintended consequences, and it is therefore important for mechanisms to be in place to address these, to find solutions, and to overcome any barriers. Many of these issues or challenges have already been identified, such as safe and appropriate conveyance/transport of people in

crisis to places of safety or other services; ensuring effective prevention and/or early intervention services are in place; having effective diversion from criminal justice services to health and social care services in place, etc. and having a process or mechanism in place to solve challenges and/or problems is crucial for the successful implementation of the delivery plan.

6. Many of these challenges or problems are likely to be best addressed through the regional partnership boards responsible for overseeing the delivery of their regional action plans or regional delivery plan. But there may be some challenges or problems that are consistent across all areas of Wales that may be better addressed at an all Wales level through establishing short time limited task and finish groups tasked with finding solutions. It will be for the national Concordat Assurance Group to determine where and for what there is a need to establish such task and finish groups, but where any are established they should, wherever possible, be operative for no longer than 3 months and report back findings and recommendations to the next assurance group meeting.

7. As well as the issues identified in paragraph 5 above, other potential areas of work the Concordat Assurance Group may wish to consider appropriate for a Task and Finish group to look at are:

   - The need for pooled or joint training across health, social care and criminal justice agencies
   - The need to ensure genuine and meaningful service user involvement and that people's wishes and choices are at the forefront of service planning and delivery
   - Making sure that effective protocols are in place across and between health, social care and criminal justice agencies
   - Looking at ways to pool budgets and to jointly fund new initiatives

8. As well as determining what challenges or issues there are that need further consideration, and whether these are best addressed at a regional or national level, the Concordat Assurance Group also needs to agree what template should be used by regional partnership boards to provide assurance to the national Concordat Assurance Group on a quarterly basis. Attached is a proposed template that could be used.

Annex 3

Mental Health Crisis Care Concordat - Assurance Report			
Partnership area:	**Powys**	**Reporting period:**	
Date completed:	**11/01/2019**	**Completed by:**	Xxx, Mental Health Partnership Manager, PTHB

Key achievements	**Challenges and remedial action**
A. Multi agency mental health 'Working Together' awareness number trained totals 305 personnel from across agencies in the statutory and third sector mental health service providers. Evaluation of the impact of training is ongoing and operational practice has notably improved as a result. The training has been quality assured in line with the College of Policing Guidance, found to be effective and Dyfed-Powys Police have made it mandatory for all police staff. B. Work to maintain the reduction of inappropriate use of Section 136 continues and ongoing case reviews occur as a core part of the business of the Section 136 Criminal Justice group. C. An escalation process has been developed to support practitioners when there is a dispute over the S136 protocol that cannot be resolved at an operational level. This will form part of the Protocol itself as an Appendix. D. Powys Integrated Risk Intervention and Support (IRIS) was launched by the Mental Health Planning and Development Partnership to support the regular sharing of personal information to ensure safe management of individuals in communities who are involved in anti-social or offending behaviour and pose a risk to themselves or others, or are in mental health crisis, by Dyfed Powys Police and Powys Teaching Health Board and Powys County Council. The IRIS approach formalises collaboration between the various agencies involved in ensuring that these individuals are appropriately and adequately protected by timely and approved interventions to ensure that their vulnerability is safeguarded and to facilitate their wellbeing and recovery.	A. For consistency purposes Dyfed-Powys Police have been revising the training package that can be used across both Dyfed and Powys. Mental Health Practitioners from PTHB and Hwyel Dda Health Board were invited to speak with the Police trainer in September regarding the draft package, to provide feedback on whether it felt relevant, accurate and fit for purpose. Discussions regarding how this will meet needs for Powys are still ongoing therefore training has not been delivered during 2018/19 so far but this is hoped to be resolved in the near future.

Annex 3

Key output and outcome data	Next period
Sec 136 Mental Health Act Powers - Year to Date, April – November 2018 (data is being reported in line with PTHB data sharing rules therefore as numbers are low, a further breakdown is not provided to ensure there are no identifiable factors) : • There were 9 incidents where Sec 136 Mental Health powers were used. • Cases involved persons being admitted to hospital following assessment, persons referred to CMHT / CRHTT / return to community once sober. Police Custody has been used but appropriately, due to Violence. • No youths were subject to Sec 136 MHA.	Priority areas: • Opening of new S136 suite in Felindre Ward, Bronllys Hospital in Powys. There will be an official opening with multi agency invites issued. • Agreement of further roll out of mental health training programme • Local revision of the MHCCC Delivery plan in line with National revisions.

Annex 4

Mental Health Crisis Call Concordat Delivery Plan: April 2018-March 2019

Improving the care and support for people experiencing or at risk of mental health crisis in respect of Section.135/136 of the Mental Health Act. The main focus of the Delivery Plan is to provide clear pathways for frontline staff dealing with persons in crisis whilst maintaining a patient centred approach throughout, overseen by Mental Health Criminal Justice Partnership (planning) Boards (MHCJPB). This incorporates a series of outcomes and actions which are aimed at developing a common standard across Wales that assist agencies in delivering the plan whilst allowing scope for local protocols. A reduction in the inappropriate use of section. 135 &136 (powers under the Mental Health Act 1983), increasing health based places of safety for the purposes of assessment whilst reducing the use of police custody are core imperatives.

The response in Powys: Local Delivery Plan

Purpose of the Section 136 Criminal Justice Group

The aim of this work is to reduce the inappropriate use of Section 136 of the Mental Health Act 1983. This will be achieved through improving:

- prevention and early intervention
- awareness of alternatives
- new innovative collaborative approaches
- appropriate information sharing
- access to specialist advice
- collaborative risk assessment and case management

Section 136 allows police officers to arrest and remove to a place of safety “any person found in a place to which the public have access, who appears to a police officer to be suffering from a mental disorder and to be in immediate need of care and control”. Section 136 enables an individual to be detained for a period not exceeding 72 hours for assessment. Codes of Practice are clear that a police station should only be used as a place of safety in exceptional circumstances.

Current Arrangements in Powys

Powys has a population of approximately 133,000. Powys is a highly rural area spanning over 100 miles north to south. 48% of the population is in Montgomeryshire.

Annex 4

Dyfed Powys Police (DPP) covers the whole county.

Powys County Council (PCC) provides the Approved Mental Health Professional (AMHPs) 24/7 for the whole county and holds the list of "section 12" approved doctors (which is a mixture of GPs and Psychiatrists). Powys teaching Health Board - PtHB directly provides community child and adolescent mental health services. In-patient services are commissioned from neighbouring health boards and specialist units. There is a published flow chart for arrangements outside office hours. There is no DGH within the county. The main patient flows are eastwards.

Shrop Doc provides the out of hours GP service for the whole county, for all ages.
There are a variety of "places of safety" for the Powys population.

Adult mental health services (including older people) have recently been provided by three main neighbouring health boards. North Powys residents may be taken to Wrexham Maelor Hospital as a place of safety. Betsi Cadwaladr University Health Board (BCUHB) was commissioned to provide mental health services in Montgomeryshire – including a dedicated Crisis Resolution Home Treatment Team (CRHTT). Services for Ystradgynlais (8% of the population) were commissioned from Abertawe Bro Morgannwg University Health Board (ABMUHB) – including access to a CRHTT. Ward F in Neath Port Talbot Hospital is available 24/7 as a place of safety for this population. Mental health services for Brecknockshire and Radnorshire (except for Ystradgynlais) are commissioned from Aneurin Bevan Health Board (ABHB) – including a dedicated CRHTT. Felindre ward on the Bronllys Hospital site is available 24/7 as a place of safety for assessment. As of December 2016, management arrangements have transferred back into PtHB for BCUHB and ABMUHB and it is anticipated that the same will occur for ABHB during 2016/17.

For the situations which are both a medical and psychiatric emergency the main A&Es covering Powys are in Shrewsbury; Hereford; Abergavenny; Swansea; and Bronglais.
Welsh Ambulance Service NHS Trust (WAST) covers the whole of Powys.

Third sector. A range of services are available, including those commissioned by local statutory agencies, such as in relation to alcohol and substance misuse.

Annex 4

Outcome 1: Appropriate use of Section136 by improving liaison between Police and Mental Health Practitioners for decision making at point of crisis ***(Concordat -Part 4. Four core principles and expected outcomes – section C: Training to deliver the right response)***				
Action	**How will we do it?**		**How will we know?/Progress**	**Who is Responsible?**
	Planning and Commissioning	Training and awareness		Lead Agency /Time-scale
1.1 Training- Police Forces to Implement new training packages consistent with College of Policing Approved Professional Programme (APP) and Welsh Mental Health Concordat	Powys Section 136 group to develop bespoke package based on local need whilst meeting APP requirement	Circulate content of APP to partners; to include familiarisation of local mental health and substance misuse services (and how to engage them)	Trainers to inform partners on training activity including examples of changes practice 'on the ground' as a result: Package developed and quality assured in line with APP. 3 sessions held so far (2 remaining). Minimum 160 trained 60% police, 40 % partners stat mental health services and third sector.	S136 group 3 sessions held 15/16 2 sessions 16/17 5 sessions 17/19 **Total no (304)**
1.2 To reduce the occasions when S136 MHA powers are inappropriately utilised – this includes identifying innovative projects and practice where appropriate	Consultation with partners; ongoing options appraisal based on local data and evidence from across UK	Alternatives to arrest based on using live antecedent history of service user; consider utilising other/third sector provisions as a place of safety (regional/national workstream)	Analysis of Quarterly data (15/16 annual report for S136 activity to be inserted here)	S136 group/MHP&DP

Annex 4

1.3 Improve health based Information Access: Accurate flagging of intelligence markers and updates on those with MH issues on Police database/ Improve information flow regarding Out of Hours arrangements	Development of local S136 Information Sharing Protocol. Awaiting integration of PCC and PTHB systems (CCISW) mental Health module. Working with Powys Mental Health Officers Group - strengthen Crisis Planning for CTPs	Remove impediments for information being appropriately stored and accessed	Clear evidence of informed decision making at the point of crisis as monitored by S136 group. Inspectors Authority pilot now embedded enhancing access to real time advice leading to a reduction in arrest rates WCCIS due to be implemented March/Apr 2017	Police/PTHB/PCC
1.4 Increase availability of real time advice/clinical support within police control rooms	Monitor outcomes of Control room pilots happening elsewhere (Powys triage in alternative ways)	Resource deployment in new locations; changes to operational planning	Feed data into Dyfed-Powys Police considerations	LHB/WG-CALL Centre/ Police control rooms

Annex 4

Outcome 2: Suitable alternatives to Section 136 at the point of crisis (*Concordat -Part 4. Four core principles and expected outcomes – section D: The right help and the right time)*				
Action	**How will we do it?**		**How will we know?**	**Who is Responsible?**
	Planning and Commissioning	Improvement Approach/Training and Development		Lead Agency /Time-scale
2.1 Board Commitment to support development of alternative places of safety	Review and consider regional opportunities – includes work under Mid Wales Healthcare Collaborative	Partnership approach in developing sanctuary style 'safe house' as an alternative place of safety. Work with Mid Wales Healthcare Collaborative	Planned availability of new provision based on local coherent plan. *Example: Review and consider how to implement the recommendations SWP-PCC's upstream intervention plan (applicable pan-Wales)*	MHP&DP Welsh Government-Third sector to host workshop on ideas
2.2 Transportation of persons in crisis to alternative places of safety	Review local protocols and legality of transport where S.136 is not invoked. Ensure transport issues form part of training where appropriate. Transport issues to be highlighted as part of regular case reviews.	Consider alternative modes of transport most suitable for people in crisis to avoid undue stress		Police/WAST/Third sector/LA

Annex 4

2.3 Ensure suicide and self-harm agenda is taken account of where links are relevant	Include suicide and self harm figures as part of data analysis and share any identified issues with other relevant work streams preventing and reducing these incidents	Engage in 'Talk to me 2' launch Event		

Outcome 3: Ready availability of health based places of safety where S136 is the only option. (*Concordat -Part 4. Four core principles and expected outcomes – section H. Supporting people in crisis in a health based place of safety)*				
Action	**How will we do it?**		**How will we know?**	**Who is Responsible?**
	Planning and Commissioning	Improvement Approach/Training and Development		Lead Agency/Time-scale
3.1 Improving access to S.136 suites within health sector to manage patients who present with moderate violent intent and/or are suffering from substance misuse intoxication	Critical appraisal of local/regional facilities and operational protocols	Agreed framework of admissions/reception protocol Consensus of moderate violent intent: role of Police and LHB	% (85/15) ratio of health based place of safety (using 2014/15 baseline)	MHCJPB/LHB/LA

Annex 4

3.2 Children and Young people are not detained within police custody suites under section 136	Access to appropriate facilities for C&YP are available within health based setting; review of facilities	Bed/placement availability reviewed daily by LHB to aid police access	100% reduction in police based place of safety for all C&YP	MHCJPB/Police/LHB/YJB

Outcome 4: A dynamic joint review process to ensure concordat failures are identified and addressed in quick time. (*Concordat -Part 4. Four core principles and expected outcomes – section 5:Delivery through governance)*				
Action	**How will we do it?**		**How will we know?**	**Who is Responsible?**
	Planning and Commissioning	Improvement Approach/Training and Development		Lead Agency/Time-scale
4.1 Fast time critical case review where significant concerns have arisen in the arrest and detention under section 136 powers.	Agreed a fast case review process to review cases of inappropriate detentions Process to be applied within 7 days with Children/Adult Safeguarding Boards notified of outcomes	Protocol sets out convening/secretariat process; format of meeting/review and communication plan	Reports to safeguarding boards will reflect area activity Material effect on reducing C&YP being held in police custody	S136 group

Annex 4

4.2 Periodic slow time reviews across Police/LHB/LA areas to examine section 136 data trends 4.3 Establish Demand and use multi-agency data to inform the Section 136 Action Planning/ associated service delivery	Quarterly S136 meetings Collate Section 136 data in accordance with Welsh Government guidance/requirements	Use data to inform/change operational approach with a particular focus on episodes/volumes of detentions	Improvement in relation to understanding what the data is saying; responsiveness to unwelcomed increases in S.136 rate of detentions	Police/LHB/LA/YJB

Outcome 5: Frame an outline specification for a commissioned local/national evaluation study that will provide evidence of impact and effectiveness of the Concordat.				
Action	**How will we do it?**		**How will we know?**	**Who is Responsible**
	Planning and Commissioning	Improvement Approach/Training and Development		Lead Agency/Time-scale
5.1 Agree a regional methodology, through co-production, to evaluate the impact of the Concordat.	The Board, through its partners, will commission a regional evaluation study on effectiveness of delivery, impact and applied lessons.	Study to provide objective critique of whether the Board has delivered its responsibilities under the Concordat.	Delivery of work product with recommendations, presented in a timely manner	Work with Hywel Dda MHCJPB

Annex 4

5.2 Contribute to a national evaluation, pan Wales study of the impact of the Concordat.	Provide resource investment – financial, intellectual capital – as apart of a commissioned study through the national Task and Finish Group.	Identification of national strategic improvement imperatives that will improve outcomes.	Present findings to Welsh Ministers and National Mental Health Partnership Board and respond accordingly.	National Task and Finish Board -All Partners

Outcome 6: Prepare a Communication Strategy designed to convey the key purpose and effect of the Concordat				
	How will we do it?		**How will we know?**	**Who is Responsible**
Action	**Outcome 8:** *(Delivery of local initiatives if appropriate)*	**Outcome 8:** *(Delivery of local initiatives if appropriate)*		Lead Agency/Time-scales
6.1 Agree a regional communication strategy that will inform stakeholders and partners about the Concordat and its impact.	Work with the MHP&DP Engage to Change sub group to ensure Communication strategy takes criminal justice and S136 issues into account.	The strategy will focus on reporting outcomes with key messages being conveyed to 'internal' and external stakeholders.	Written product produced Regional events designed to appraise the Concordat, held jointly led by Police/LHBs	MHCJPB

Annex 4

6.2 A regional and national practice based seminar is convened annually to share and promote 'best practise; critique impact of the Concordat; identification of improvements	The **Welsh Government** will convene a national seminar, targeted at relevant stakeholders that will consider area wide impact of the Concordat; the focus will be on practice lead performance and outcomes	What has worked/is working; what needs attention and by whom; assessment of stakeholder commitment	Assessment of performance data and outcomes. Service user critique Best Practise development	MHCJPB/LHB/Police/WG

FOR INFORMATION

MENTAL HEALTH PLANNING AND DEVELOPMENT PARTNERSHIP
11th December 2018
AGENDA ITEM: 6.1.2

Section 136 Sub Group Report

Report of	Section 136 Sub Group
Paper prepared by	Louisa Kerr/Insp Brian Jones
Purpose of Paper	To update the Mental Health Planning and Development Partnership of activity and progress of the Section 136 sub group for the period October – November 2018.
Action/Decision required	For Information.
Link to Hearts and Minds: Together for Mental Health Strategy Outcome	*The Section 136 agenda is also a national imperative closely monitored by Welsh Government and the Mental for Wales. A local delivery plan for the Concordat is in place and delivered via the S136 sub group.*
Link to Hearts and Minds: Together for Mental Health specific Delivery Plan Action	To deliver the Mental Health Crisis in Care Concordat for Wales
Acronyms and abbreviations	CJ – Criminal Justice S136 – Section 136 (of the Mental Health Act 1983 amended 2007) *S136 is a power which allows police officers to arrest and remove to a place of safety "any person found in a place to which the public have access, who appears to a police officer to be suffering from a mental disorder and to be in immediate need of care and control". Section 136 enables an individual to be detained for a period not exceeding 72 hours for assessment.* MH – Mental Health MHPDP – Mental Health Planning and Development Partnership D-PP – Dyfed-Powys Police PTHB – Powys Teaching Health Board T4MH – Together for Mental Health

Section 136 Sub Group Report

1. Summary

1.1 This report has been produced to update the MHPDP on activity undertaken since the last reporting period. The full Quarter 3 report will be available in January 2019.

2. Delivery of the Powys Mental Health Crisis in Care Concordat Delivery Plan

2.1 Mental Health Awareness Training

As the Partnership will be aware from previous reports, the multi agency mental health awareness training held during 2016 involved 171 attendees from the statutory and third sector and evaluations were hugely positive. The training has now become mandatory for all police staff and so a further three one day sessions were held in July and two in September 2017 to ensure those unable to attend at previous sessions will receive the training. The number of staff trained now totals 305.

However, Dyfed-Powys Police quality assured the training in Powys and have used the programme to inform a package that can be used across both Dyfed and Powys. Mental Health Practitioners from PTHB and Hwyel Dda Health Board were invited to speak with the Police trainer in September regarding the draft package, to provide feedback on whether it felt relevant, accurate and fit for purpose. Discussions regarding this are still ongoing for the Powys area.

2.2 Demand/Data Year to Date

Year to Date -April – November 2018

Demand

21,504 total incidents recorded for Powys.

754 incidents were associated with Mental Health (3.5 per cent)

Sec 136 Mental Health Act Powers

- There were 9 incidents where Sec 136 Mental Health powers were used.
- Cases involved persons being admitted to hospital following assessment, persons referred to CMHT, CRHTT and a return to community once sober.
- Police Custody has been used but appropriately, due to Violence.
- No youths were subject to Sec 136 MHA.

Calls were made by the following:

- 235 by the person themselves
- 177 from family or friends
- 124 from Health, Social Care & Care
- 115 from Public
- 39 from Ambulance
- 23 from Police
- 6 from Housing
- 5 from Kaleidoscope
- 4 from School
- 3 from Action Fraud
- 2 from Job Centre Plus
- 2 from Careline
- 2 from Fire & Rescue
- 2 from Delta-Wellbeing
- 1 from a Bank
- 1 from External Council
- 1 From National Resources Wales
- 1 from Women's Refuge
- 1 from Defra
- 1 from MIND
- 1 from Solicitor
- 1 Powys Association of Voluntary Organisations
- 1 from Childline
- 1 from Customs & Excise
- 1 from Dentist
- 1 from Children's Team
- 1 Mountain Rescue
- 1 from Probation
- 1 from Ebay

Nature of Call:

- 138 Calls for Concern for Safety
- 31 Missing Persons
- 26 Crime
- 8 Anti-Social Behaviour
- 9 Domestic Violence
- 10 Suspicious circumstances
- 3 P- Suicide.
- 3 Admin
- 1 RTC

A new incident category of 'Suicide' has been created. The data quality at this stage is not to be relied upon, as a number of calls under the other categories involved persons threatening suicide or self-harm.

Vulnerabilities;

- 45 incidents involved self-harm or threats to commit suicide.
- 31 incidents involved missing persons
- 14 involved persons living with Dementia

The Dementia data is reliant on the condition being endorsed within the log. The actual demand would be far greater.

2.3 Closed Case review

2.3.1 Work to maintain the reduction of inappropriate use of Section 136 continues and ongoing case reviews occur as a core part of the business of the Section 136 Criminal Justice group.

2.3.2 An escalation process has been developed to support practitioners when there is a dispute over the S136 protocol that cannot be resolved at an operational level. This will form part of the Protocol itself as an Appendix.

3. Mental Health Crisis in Care Concordat Delivery Plan

As Partnership members will be aware, the Mental Health Crisis Care Concordat (the 'Concordat') was published by the Welsh Government and partners in 2015. The Concordat set out the ways in which partner agencies should work together to deliver a high-quality response to this group of people who require assessment and/or intervention, and who may be in contact with the police, and potentially detained under section 135 or section 136 of the Mental Health Act 1983 (MHA).

This National Delivery Plan lists the actions that should be implemented in support of each of the Concordat's four core principles plus the two additional principals added (see below). It is consistent with current Welsh policies, strategies and legislation, and specifically cross references the 'Together for Mental Health' (T4MH) Delivery Plan to assist facilitation and monitoring of its delivery.

The National plan has recently been updated, Welsh Government still expects to see delivery of the actions set out in the revised document measured and accounted for

through implementation of the T4MH Delivery Plan via the Local Partnership Boards for Mental Health.

The Section 136 Criminal Justice Group in Powys has been consulted on the draft plan. The deadline for receiving comments was the 27th November 2018. Once formally approved there is an expectation that local plans should be updated and the Section 136 Criminal Justice Group will carry out this work on behalf of the MHPDP.

4. Integrated Risk, Intervention and Support (IRIS)

Following the launch of IRIS by the Partnership at its meeting in July, work has continued to develop the approved framework and test cases have been identified for October and November 2018 for enhanced partnership risk management. The next IRIS meeting is in January 2019.

Recommendation	**Reason for Recommendation**
To receive the report for information	To be assured of the ongoing delivery of the ongoing delivery of the Mental Health Crisis in Care Concordat Delivery Plan and other priority workstreams.
Date By When Decision To Be Implemented	Person(s) To Implement Decision
n/a	n/a
Contact Name:	[redacted]
Contact Email:	[redacted]

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu
HSCS(5) MHP13

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

Ymateb gan Swyddfa Comisiynydd Yr Heddlu a Throseddu Gwent

Evidence from the Office of the Police and Crime Commissioner for Gwent

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Health, Social Care and Sport Committee 13th March 2019

National Assembly for Wales

By e-mail

Dear Sirs,

Re: Consultation - Mental Health in policing and police custody

Further to the above inquiry, please find below a response on behalf of the Office of the Police and Crime Commissioner for Gwent.

Statement: 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.

Response: In spite of improvements in recent years with the introduction of the Crisis Care Concordat and Policing and Crime Act (PACA) 2017, none go far enough to address the fundamental problem of lack of funding in mental health services and social care. The numbers of people actually ended up in a police cell may have reduced, but not the number of people needing to be detained under sec 136 in the first place. This number continues to grow. It could be argued that this is due to insufficient early intervention for people in mental health crisis. If health and/ or social care had greater resources to get ahead of the problem, fewer people may reach the point of crisis that leads to sec 136 detentions being necessary.

In Gwent, persons that are unwell and are in-patients in mental health settings are often discharged far too early to make space for new patients arriving. There does not appear to be a problem with bed occupancy in Gwent, but this is part of the reason for that. Social services provision, especially out of hours, compounds this issue. Out of hours provision consists of a maximum of two social workers covering

the whole of Gwent (one of whom will be staffing the phone line). This causes issues for social services support in cases of sec 135 warrants, severely limiting, or even preventing, this occurring. Consequently, in these cases, police are more often than not involved and which may result in (avoidable) detentions being made.

Statement: 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.

Response: Between April 2018 and the end of Jan 2019, Gwent saw 234 sec 136 detentions compared to 200 in the same period during the previous year (an increase of 12%). However the use of police custody units in the same periods has dropped from 26 to 10 (61.5%).

Statement: 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.

Response: Gwent has one Place of Safety provided by Health which currently, is sufficient for the numbers of detentions we have. However, many would argue that the facility (called *Adferiad* located at St Cadoc's hospital) is far from appropriate. There are no dedicated staff for the unit; it is staffed by nurses from an adjacent ward when a sec 136 comes in and they are more often the most inexperienced or junior staff. There are no proper waiting facilities should more than one sec 136 come in at the same time, meaning police have to remain with the detainee, sometimes for hours. The facility is a small room with a small sofa on which intoxicated detainees have to rest to sober up before assessment and the room is not particularly secure for such occurrences.

Statement: 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).

Response: Ambulances conveying sec 136 detainees to the place of safety is almost unheard of in Gwent. Out of the 234 detentions made this financial year, 209 of them were transported to the place of safety in a police vehicle, with the remaining 25 being transported in either an ambulance or the dedicated mental health vehicle that we have in Gwent. The reasons for not using an ambulance included it not being available or readily available to respond within 30 minutes, or the behaviour of the detainee deemed too risky for ambulance transport.

Statement: 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.

Response: In instances where custody units are used as a place of safety for those detained under sec 136, we am confident that they are safeguarded well. Gwent Police has dedicated custody nurses working in custody units along with Criminal Justice Liaison Teams between the hours of 9am to 5pm, Monday to Friday. In the 10 cases that were brought to custody this year, 9 of them were transferred to the Health based place of safety as soon as it was possible to do so.

What is more concerning is the lack of provision to look after vulnerable people who may have mental health problems and have been arrested for criminal matters. There have been numerous examples in Gwent where we have been unit has not been possible to get a sec 12 doctor to attend the custody unit to carry out a mental health assessment, either in a timely manner, or at all. This is partly to do with lack of sec 12 doctors and sometimes doctors who are simply unwilling and not wanting to attend custody units. Despite this being brought up with Health numerous times, the perception was that this is a problem for Gwent Police and not a Health; i.e. it was the police's responsibility to ensure there were adequate doctors available to see detainees when necessary. As a result of this problem, which is still on going, the use of sec 136 detentions in the custody unit with persons detained for criminal matters is on the rise. Many custody Sergeants feel this to be the only way that they can ensure the detainee gets a mental health assessment quickly.

Statement: 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.

Response: Currently, this appears to be highly ineffective. The Criminal Justice Liaison Team (CJLT) in Gwent has been based in the custody unit as a pilot scheme for around 7 months. Although this improves matters, it is a long way off the gold standard as envisaged by Lord Bradley in his 2009 report. The CJLT will see people in custody where there are concerns about their mental health and they may offer signposting to them prior to them being released, but the support goes no further. In England, many CJLTs offer a far more comprehensive service with direct follow up with health and social groups to ensure the person gets ongoing support to try and prevent re-offending. That does not occur in Gwent. Additionally, Gwent Police have recently opened a second custody unit and the CJLT are stating they are not able to offer a service in the second custody unit because of staffing numbers.

Statement: 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.

Response: Gwent has a robust partnership working group that oversees the Mental Health Crisis Care Concordat. This is a very proactive group with excellent working relationships. However, its ability to influence across all agencies at the levels required is limited due to a lack of consistent and cohesive partnership outcomes. Major blockages often remain unresolved; e.g. the issues around transportation, sec 12 Doctors, and CJLTs to name but a few. This could perhaps be better supported by increased and robust WG oversight or leadership in this area and increased accountability by agencies to achieve, or at least attempt to achieve the objectives and aims of the Concordat.

I trust that you will consider the responses in the context of the inquiry.

Yours faithfully,

XXXX
Policy Officer

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu
HSCS(5) MHP14
Ymateb gan Mind Cymru

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

Evidence from Mind Cymru

Mind Cymru's evidence to the Health, Social Care & Sport Committee Inquiry into Policing & Police custody

Introduction

We wholeheartedly welcome this inquiry. Preventing mental health crisis and improving the help and support people receive during a crisis is a key priority for Mind Cymru, our beneficiaries and supporters. We continue to work proactively and in partnership with Welsh Government, health services, Police and other agencies to achieve this aim.

Providing excellent crisis care requires a resolute focus on the person experiencing crisis, recognising them as an individual in-need and responding in a person-centred way. As the Concordat makes clear, supporting individuals experiencing crisis is a multi-agency responsibility that requires a joined-up approach. Discussions that seek to identify who the responsible agency is in any given incident run the risk of detracting from the core principles of the Concordat and losing sight of the key issue; the needs of the person experiencing a mental health crisis.

The use of Section 136 in Wales

Since 2016, the UK Home Office has collected and published detailed data on the use of Section 136 in Wales, including the number of detentions, type of place of safety used and method of transportation.[1] The most recent publication covers the financial year 2017-18.

Whilst there is limited evidence available prior to 2016, the National Police Chiefs' Council previously published data on the number of detentions and type of place of safety used in 2014-15 & 2015-16[2]. Where possible the following tables collate data from both sources.

[1] https://www.gov.uk/government/statistics/police-powers-and-procedures-england-and-wales-year-ending-31-march-2017

[2] https://news.npcc.police.uk/releases/use-of-police-cells-for-those-in-mental-health-crisis-more-than-halves

However, the datasets contain significant gaps, with high numbers of items recorded as 'other' or 'not known', which limits our ability to accurately understand the use of Section 136 in Wales. Better data collection going-forward is crucial to ensuring effective policy interventions. Moreover, priority must be given to understanding and acting upon the experiences of people detained under Section 136, many of whom will be experiencing a mental health crisis and in need of urgent and compassionate support, regardless of where they turn to for support.

Detentions by police force area

The below table outlines the number of Section 136 detentions by police force area from 2014-18. Whilst the general trend is of increasing detentions, 2015-16 saw a significant reduction. This coincides with development and publication of the Crisis Care Concordat in December 2015 and provides evidence of the Concordat's immediate success in reducing the overall use of Section 136 in Wales.

When taking into account population estimates for each police force area, it is clear that some forces account for a disproportionate number of detentions in relation to others. However, further evidence and analysis is required to identify the reasons behind the significant geographical variations.

	2014-15	**2015-16**	**2016-17**	**2017-18**
Dyfed-Powys	197	226	270	239
Gwent	310	266	287	237
North Wales	466	323	589	680
South Wales	749	710	679	799
Total	1,722	1,525	1,825	1,955

Type of place of safety used

The use of police stations as places of safety has fallen significantly over the past four years. The publication of the Crisis Care Concordat in 2015 and subsequently the passage of the Policing and Crime Act in 2017 marked significant reductions in the use of police stations as places of safety, despite the general trend of rising Section 136 detentions. This reduction is to be welcomed and demonstrates the

Police commitment to avoiding using police stations as places of safety wherever possible.

In the majority of cases, people detained under Section 136 are brought to a health-based place of safety. Evidence gaps for 2017-18, namely the significant number of 'not known' locations makes it impossible to accurately compare changes since 2016-17.

	Health-based Place of Safety	**Police Station**	**A&E**	**Private Home**	**Other**	**Not known**	**Total**
2014-15	1181	541					1722
2015-16	1189	336					1525
2016-17	1536	117	41	29	6	96	1825
2017-18	1333	53	96	0	2	471	1955

Reason for using a police station as a place of safety

Since 2016-17 the UK Home Office has collected data on the reason why a police station was used as a place of safety. The available data shows that only a very small number of those taken to a police station following a Section 136 had been arrested for a substantive offence. The most frequent reason is the result of a joint risk assessment, followed by health-based places of safety refusing admission or lacking sufficient capacity. The latter, despite the available figures being small, demonstrates the need for greater capacity within health-based places of safety, be they statutory or third-sector commissioned alternatives.

	Joint risk assessment	Health-based place of safety - no capacity	Health-based Place of Safety refused admission	Arrested for substantive offence	Other	Not known	Total
2016-17	28	5	16	4	42	22	117
2017-18	20	7	9	1	14	1	53

Method of transportation to first place of safety following detention

Data on the method of transportation used to convey a person to a place of safety has been collected since 2016-17. Despite a significant number of 'not known' methods, it is clear that in the vast majority of instances police vehicles are used. Ambulances and other health vehicles are rarely used by comparison.

	Ambulance	Police vehicle	Other health vehicle	Other	None (already at POS)	Not known	Total
2016-17	124	1314	10	20	3	354	1825
2017-18	62	1166	13	5	6	703	1955

Reason for using a police vehicle following detention

The available data suggests that the most frequent reason a police vehicle is used to convey a person to a place of safety is the result of a risk assessment. Followed by an ambulance not being requested or being unavailable within a reasonable timeframe. Previous difficulties in accessing ambulances may also be a factor in Police decisions not to request one.

Greater provision of other health vehicles should be prioritised to ensure people detained under Section 136 are conveyed to a place of safety in the most appropriate way, without creating additional pressures on ambulances.

	Ambulance not available within 30 minutes	**Ambulance not requested**	**Risk assessment**	**Ambulance crew refused to convey**	**Ambulance re-tasked to higher priority call**	**Not known**	**Total**
2016-17	226	367	493	17	46	165	1314
2017-18	273	215	429	5	9	235	1166

Outcomes of completed Mental Health Act assessments in hospital under Section 136

The below table brings together data from the most recently available Welsh Government 'Admission of patients to mental health facilities' statistical releases, which contain information on the outcome of mental health assessments undertaken at hospitals following a detention under Section 136.[3] The majority of Section 136 assessments are undertaken at hospital - either in a health-based placed of safety, such as a designated Section 136 suite or in A&E – and this data provides a key insight into the use of Section 136 detentions in Wales.

Crucially, the majority of people detained under Section 136 are discharged following assessment. In 2016-17, for example, 68% of those assessed were not admitted to hospital for treatment, this accounted for two thirds of the overall number of Section 136 detentions that year. This could be for a number of reasons, including people experiencing high levels of distress or under the influence of alcohol or other substances, being detained under Section 136, who, following assessment, are not deemed to need urgent mental health inpatient treatment.

[3] https://gov.wales/statistics-and-research/admission-patients-mental-health-facilities/?lang=en

Similarly, high thresholds for access to informal hospital treatment may be a factor, whilst this isn't an issue in and of itself it is compounded by limited access to community-based services. Without greater evidence, both from a service and service-user perspective, it is impossible to fully understand the reasons why the majority of people detained under Section 136 are discharged following assessment and to develop policy interventions accordingly.

However, we know that the police only detain someone under Section 136 when they believe the person is experiencing a mental health crisis and needs immediate care for their own safety, or that of others. Moreover, where possible, a police officer will consult with a health professional for their views before a Section 136 is used. Clearly, those detained under Section 136, regardless of whether they are admitted to hospital following assessment, are in need of some form of help and support; be it short-term or longer-term interventions. Greater availability of other services, for example out-of-hours crisis support in the community or alcohol and substance misuse services, may help to ensure those discharged from Section 136 following assessment go on to receive the help and support they need. Ensuring processes for hospitals to record the support and/or signposting offered to those discharged from Section 136 following assessment would enable policy makers to target interventions most effectively. Similarly, better data collection could allow services to identify any individuals repeatedly detained under Section 136, this would provide an opportunity for learning and to ensure adequate preventative support is put in place for the individual.

	Discharged from Section 136	**Informally admitted to hospital**	**Detained under Section 2**	**Detained under Section 3**	**Other**	**All outcomes**
2014-15	861	292	209	16	20	1398
2015-16	976	271	207	14	11	1479
2016-17	1211	245	296	16	11	1779

Access to urgent crisis care mental health services

We know that access to crisis care services in Wales is limited and geographically varied. In recent years the number of people referred for support from mental health crisis teams has risen sharply. FOI responses, outlined in the table below, demonstrate the increasing pressure on crisis teams across Wales, with a 17% increase in referrals over the four years to 2018.

	2014/15	**15/16**	**16/17**	**17/18**
Total	16508	17938	18079	19269

A recent report by Health Inspectorate Wales (HIW) and Care Inspectorate Wales (CIW), *Joint Thematic Review of Community Mental Health Teams*, published in February 2019, confirms the difficulties people often experience when trying to access crisis services. The report found variability across Wales in the response to people experiencing crisis and whilst some received immediate intervention others experienced delayed responses, including struggling to contact services out-of-hours or having to attend A&E for support on more than one occasion. Overall, the report found that people accessing services in a mental health crisis "cannot be assured that their needs are always responded to appropriately and in a timely manner."

In preparing the report HIW/CIW surveyed current and former service-users and family members or carers. They received responses from over 150 current and former users of Community Mental Health services. Only two fifths (42%) of respondents who had contacted their Community mental Health team in a crisis in the previous 12 months got the help they needed. Similarly, less than half (45%) of family members or carers surveyed felt they got the help they needed when contacting their CMHT in a crisis or with a serious concern.

HIW/CIW also found that initial access to services required improvement across Wales. This is particularly significant for those who may not be known to services before coming into contact with Police. Specifically, the report identifies the need to simplify referral and assessment processes and suggests integrated single points of contact for mental health services as a means of improving processes. This was also highlighted by the recent Health, Social Care & Sport Committee report on suicide prevention, which recommends that a single point of access for specialist services be implemented with pace to ensure timely and appropriate access to support, urgent or otherwise. The inquiry also recommended that Welsh Government outline what more needs to be done to deliver a safe and cost-effective 24/7 crisis care service in all areas of Wales, how this will be done and by when; a recommendation we wholeheartedly support.

Improving access to crisis care services, particularly out-of-hours services, is crucial to both reducing the overall use of Section 136 and ensuring those discharged from Section 136 following assessment go on to receive adequate care and support in the community. Current service provision is inadequate and greater urgency is needed to ensure there are sufficient services in all areas of Wales.

Care & treatment planning

As noted above, there is limited available evidence on the support provided to those discharged from Section 136 following assessment including to which services, if any, they are signposted. However, there is significant evidence available on the effectiveness of care & treatment planning; a key element of the Mental Health Measure 2010. Any person in receipt of secondary mental health services has a right to a Care and Treatment Plan (CTP). This means that anyone admitted to hospital for treatment following a Section 136 detention should receive an individualised CTP, if they do not already have one, which Local Health Boards (LHBs) and Local Authorities (LAs) have a joint duty to implement. Similarly, anyone discharged from Section 136 who goes on to receive support from secondary mental health services, such as a CMHT or CRHT, would also be entitled to a CTP.

CTPs have a specific section dedicated to crisis planning which should outline what action a person should take if they feel that their mental health is deteriorating to the point of crisis. An additional section outlines the signs and symptoms a person might experience if they are becoming more unwell, these are known as relapse signatures and are intended to support an individual to better recognise when their mental health is deteriorating with a view to preventing crisis.

However, there is clear evidence that care and treatment planning is not being conducted effectively. A national audit of the quality of care and treatment planning, published by NHS Wales Delivery unit in July 2018, found that whilst LHBs and LAs are meeting their statutory requirements to produce CTPs, their quality is “generally poor” across Wales. The report also found that “the Measure is not being used as the central document to coordinate and review treatment and care, nor are service users or carers being routinely engaged in the formulation of their CTP as the Measure intended.” In relation to crisis planning, the audit found that “the quality of crisis planning within CTPs was poor” and “where crisis plans were produced, in the vast majority of cases they contained no contingency planning or any clarification of the response the service user or their family might expect in a crisis.”

In preparing their report the Delivery Unit held focus groups to better understand patient and family or carer experiences of care and treatment planning, the findings of which were incorporated into the report alongside evidence from the national case note audit. However, there is still relatively limited evidence on people’s experiences of care and treatment planning. Whilst service users will

regularly complete satisfaction surveys for care and treatment planning, the results of these surveys are not published. This is despite the Duty to Review post legislative assessment of the Measure, published in 2015, recommending that all health boards report on the findings of care and treatment planning satisfaction surveys annually from 2016. As such, there is no evidence that the results of these surveys are being used to improve services and inform national policy.

The report on CMHTs in Wales conducted by HIW/CIW, referred to earlier, supports the findings of the Delivery Unit Report. Particularly in relation to crisis planning, the HIW/CIW survey of current and former service-users found that half (51%) of respondents did not know how to contact the CMHT out-of-hours service. Similarly, less than two thirds (60%) of family members or carers said that they would know who to contact in the event of a crisis or serious concern. As part of our own work to improve crisis care services as Mind Cymru, we wanted to better understand the effectiveness of care and treatment planning for people who had experienced acute mental illness or a mental health crisis. We surveyed over 150 people who had been treated as a mental health inpatient either formally under the Mental Health Act or as a voluntary patient. More than half (52%) of respondents told us that their CTP did not set out how they could access support if their mental health deteriorated or they experienced crisis. In the following month after discharge from hospital, 1 in 10 (13%) of respondents attended A&E as a result of their mental health.

There is little evidence of the effectiveness of care and treatment planning that relates specifically to people detained under Section 136. However, there is overwhelming evidence both from services and service-users that multi-agency care planning for people with mental health problems is not being delivered effectively. In particular, care and treatment planning is not being used as an opportunity to effectively prevent crisis, as intended by the Measure. Improving the quality of CTPs would help prevent mental health crises occurring as well as reducing repeat detentions and the overall use of Section 136. We would recommend that staff receive regular training on producing quality CTPs and that LHB's conduct regular audits with a view to improving processes.

Police response to people experiencing crisis

As noted above, more evidence is needed to understand how people supported by police or at risk of detention under Section 136 feel about the support they receive. However, anecdotally, many of those we have consulted with have been grateful for the support they received from Police during crisis. This challenges the general assumption that people experiencing a mental health crisis have negative views of being detained by police.

Whilst being detained may feel stigmatising for some people, our experience is that many are simply grateful to receive the support they need; so long as it is handled appropriately and sensitively. However, we know that in some cases this is undermined by the lack of provision following assessment; particularly if the person is discharged and signposted back to services they have struggled to access previously.

Mind Cymru's Blue Light Program, which was launched in Wales in 2017, offered support to emergency services staff and volunteers in the police and other services. The Program provided training to staff to help them manage the situations they face, as well as training for managers to offer support to their teams. As part of the program Mind Cymru also established a network of Blue Light Champions to support and advocate for colleagues, as well as a wider peer support network within the emergency services in Wales. Research published in 2018, which looked at the impact of the Blue Light Program on the public across England and Wales, highlighted evidence that providing training in mental health awareness in the workplace is helpful in reducing stigma and also in changing people's attitudes. Those who completed training were shown to have increased knowledge in recognising signs of distress and attitudes shifted towards becoming more compassionate. Ensuring that police staff receive adequate mental health support and training alongside tackling mental health stigma will have the added benefit of enabling police to better support people experiencing a mental health crisis.

The Crisis Care Concordat

The Mental Health Crisis Care Concordat is an ambitious agreement between Welsh Government and partners to improve care and support for people experiencing or at risk of a mental health crisis. The Concordat is underpinned by the following four core principles and expected outcomes:

Effective access to support before crisis point

Urgent and emergency access to crisis care

Quality treatment and care when in crisis

Recovery and staying well

Mind Cymru has actively supported the work of the Concordat, in particular through having chaired its Task and Finish Group Board (on behalf of the Wales

Alliance for Mental Health) and assisting in its coordination. The Group had a focused remit on tangible improvements that could be made in support of achieving the ambitions set-out in the Concordat, including reducing the use of police cells in favour of health-based places of safety. This initial approach rightly focused on the moment of crisis as this was where problems were most acute and inter-agency working wasn't as effective as it could be. This contributed to some immediate successes, including vastly reducing the number of people detained in police cells during a mental health crisis and largely ending the practice for those under the age of 18. However, the use of Section 136 only makes up part of the Concordat agreement and significant improvements are still required to realise the overall commitments it sets out.

Mind Cymru have since further supported the delivery of the Concordat, in particular through having chaired the Welsh Government Crisis Care Concordat National Assurance Group, and through providing ongoing co-ordination support with Welsh Government funding. The Group is made up of representatives from local implementation groups and key partners including Welsh Government, Police and health services, and is responsible for ensuring joint-working and the overall delivery of the Concordat, reporting directly to the Minister for Health and Social Services. This work is now underpinned by a three year delivery plan, covering 2018-2021. The delivery plan is guided by the Concordats key principles and expected outcomes whilst adding a further two:

Securing better quality and more meaningful data, with effective analysis to better understand whether people's needs are being met in a timely and effective manner

Maintaining and improving communications and partnerships between all agencies/organisations, encouraging ownership, and ensuring people receive seamless and coordinated care, support and treatment

Whilst progress has been made, a focused approach and greater urgency is needed if we are to truly deliver the Concordat in full and transform the way in which we help those experiencing a mental health crisis. There continue to be issues at the moment of crisis that require effective partnership working and focus but crucially this must be matched by significant improvements to prevention, follow-up support and recovery.

Conclusion

The use of Section 136 in Wales continues to rise in-line with increased pressures on mental health services. Further investigation is needed to understand the reasons underpinning the substantial regional variance in the numbers of people detained. Significant progress has been made in reducing the use of police stations as places of safety however, pressures on ambulances and the lack of alternative health vehicles means that police cars are most frequently used to convey people to a place of safety following detention.

Crucially, the majority of people detained under Section 136 are discharged from hospital following assessment. Understanding the reasons behind this and what signposting and support is provided to those discharged is central to reducing repeat detentions, the overall use of Section 136 and, most importantly, ensuring that those experiencing a mental health crisis get the help and support they need. Better data collection generally, and in particular in relation to those discharged from Section 136, will enable decision-makers to target interventions most effectively.

Moreover, priority must be given to understanding and acting upon the experiences of people who have experienced a mental health crisis. Citizen 'voice' is one of 10 National Principles in A Healthier Wales yet it is clear that the voice of those who experience crisis is not currently being heard effectively or used to inform services.

Access to mental health services, particularly out-of-hours, needs to be urgently improved. Recommendations for improving services have been made by both the Health, Social Care & Sport Committee and HIW/CIW and should be taken forward with pace. This includes the provision of a 24/7 crisis care service and single points of contact for mental health services. Greater resources are required to ensure that people who contact mental health services in a crisis receive timely care and support. Similarly, there is clear evidence that care and treatment planning is not being used as intended by the measure, particularly in relation to preventing crisis. Improving care and treatment planning must be urgently taken forward.

Responding to mental health crisis is a multi-agency issue that requires a multi-agency response. This should apply the principles of the Future Generations Act by placing the person in the centre of public services to provide the best support possible. Partnership-working must focus on how this is achieved and avoid detractive discussions that focus on which agency is most responsible.

The development of the Concordat and subsequent related work has been successful in reducing the use police cells, encouraging better partnership-working, increasing the priority afforded crisis care, securing additional funding and crucially, raising awareness of the key issues. The focus now must be on implementation and driving through the delivery of the Concordat.

Ultimately, delivering on the ambitious goals set-out in the Concordat requires transformative change to mental health services with a much greater focus on prevention, early-intervention and recovery. This will require innovation, partnership-working and adequate resourcing and in-turn will lead not only to reduced detentions under Section 136 but ensure compassionate and effective support is provided to anyone experiencing a mental health problem.

Recommendations:

All partners to commit to the full delivery of the Crisis Care Concordat National Delivery Plan 2018-21

Improved data collection in relation to Section 136 including the signposting and support provided to those discharged following assessment

All partners to ensure that the voice of those who experience crisis is effectively captured and used to improve services

Welsh Government to outline a route-map and timeframe for the delivery of an effective 24/7 crisis care service across Wales.

Concordat Assurance group to develop plans to increase capacity of health-based or alternative places of safety and non-ambulance health vehicles for conveyancing

Local health Boards to implement with pace and in a uniform way across health boards a single point of access for specialist services and ensure timely and appropriate access to support, urgent or otherwise.

Mental Health Service staff to receive regular training on producing quality care and treatment plans and Local Health Boards conduct annual audit to provide assurance and with a view to improving practice

Mental Health Services to ensure that service-users know how to contact them in the event of a crisis

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu
HSCS(5) MHP15
Ymateb gan Goleg Brenhinol y Seiciatryddion yng Nghymru

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

Evidence from The Royal College of Psychiatrists Wales

Y cefndir

Yn ystod dau ymchwiliad diweddar gan bwyllgorau'r Cynulliad, mae Aelodau'r Cynulliad wedi clywed gan gynrychiolwyr yr heddlu bod swm cynyddol o adnoddau'r heddlu yn cael eu defnyddio i reoli argyfyngau iechyd meddwl.

Dalfa'r heddlu

Mae Arolygon o ddalfeydd yr heddlu yng Nghymru wedi dangos, yn gyffredinol, bod y ddarpariaeth gofal iechyd yn dda. Mae tystiolaeth hefyd yn sgîl arolygon ar y cyd o ddalfeydd yr heddlu bod gweithio mewn partneriaeth yn gwella, gan gynnwys gwaith ar y cyd i fynd i'r afael â phryderon am bobl a gedwir dan adran 136 o'r Ddeddf Iechyd Meddwl sy'n cael eu rhoi yn y ddalfa.

Mae adran 136 o Ddeddf Iechyd Meddwl 1983 yn galluogi swyddog heddlu i symud unigolyn o fan cyhoeddus, pan mae'n nhw'n credu bod yr unigolyn yn dioddef o anhwylder meddwl a bod arno angen gofal a rheolaeth ar unwaith, ac i'w gludo i fan diogel, er enghraifft, cyfleuster iechyd neu gyfleuster gofal cymdeithasol. Mewn amgylchiadau eithriadol (er enghraifft, pe bai ymddygiad y person yn peri risg uchel, na ellir ei reoli, i eraill), gall y man diogel fod yn ddalfa'r heddlu. Mae Adran 136 hefyd yn nodi mai pwrpas cadw person yw, i'w alluogi i gael ei asesu gan feddyg a gweithiwr iechyd meddwl proffesiynol cymeradwy (er enghraifft, gweithiwr cymdeithasol neu nyrs wedi'i hyfforddi'n arbennig), ac i wneud unrhyw drefniadau angenrheidiol ar gyfer triniaeth neu ofal ar gyfer yr unigolyn.

Yr hyn a wyddom ar sail adroddiadau arolygu yw bod rhai pobl yn cael eu cadw yn y ddalfa oherwydd eu bod yn berygl iddynt hwy eu hunain neu i eraill, nid oherwydd eu bod wedi cyflawni trosedd. Mae llawer o'r achosion hyn yn cynnwys plant, pobl â phroblemau iechyd meddwl, neu bobl hŷn sy'n dioddef o ddementia. Mae'r heddlu bron yn gwbl ddibynnol ar asiantaethau eraill, sef y gwasanaethau iechyd a'r gwasanaethau cymdeithasol yn bennaf, i ddarparu gwasanaethau sy'n dargyfeirio pobl mewn gwendid i ffwrdd o'r ddalfa, neu i ddarparu mesurau diogelu pan fydd pobl agored i niwed yn y ddalfa (fel gofal iechyd, neu lety arall ar gyfer plant).

Tystiolaeth ysgrifenedig gan Goleg Brenhinol y Seiciatryddion yng Nghymru

Coleg Brenhinol y Seiciatryddion yng Nghymru (y coleg) yw'r corff meddygol proffesiynol sy'n gyfrifol am ddatblygu a chefnogi Seiciatryddion drwy gydol eu gyrfaoedd, ac wrth osod a chodi safonau seiciatreg ledled Cymru.

Nod y coleg yw gwella'r canlyniadau i bobl sydd ag anhwylderau meddwl ac iechyd meddwl unigolion, eu teuluoedd a'u cymunedau. Er mwyn cyflawni hyn, mae'r Coleg yn gosod safonau ac yn hyrwyddo rhagoriaeth mewn seiciatreg; Arwain, cynrychioli a chefnogi seiciatryddion; Gwella'r ddealltwriaeth wyddonol o salwch meddwl; Gweithio gyda chleifion, gofalwyr a'u sefydliadau ac eiriolwyr drostynt. Mae hefyd yn gweithio ar hybu iechyd a diogelwch yn y gymuned gydag asiantaethau eraill, gan gynnwys awdurdodau lleol, yr heddlu a'r gwasanaethau prawf. Mae gan y Coleg rôl hanfodol o ran cynrychioli arbenigedd proffesiynol seiciatrig i lywodraethau ac asiantaethau eraill.

Byddai'r Coleg yn hapus iawn i ddarparu unrhyw dystiolaeth bellach y mae ar y Pwyllgor ei hangen, yn ysgrifenedig neu'n bersonol.

Dystiolaeth

1. concordat gofal argyfwng iechyd meddwl

1.1 Mae'r Coleg yn eistedd fel aelod o fudiad y concordat ar ofal argyfwng.

1.2 Mae cynllun cyflawni'r concordat yn cael ei roi ar waith ar hyn o bryd. Ei fwriad yw sicrhau bod pobl mewn argyfwng, neu sydd mewn perygl o wynebu argyfwng, yn cael help, cefnogaeth, Cyngor, triniaeth a gofal prydlon. 1.3 The delivery plan sets out six core principles:

- Mae gan bobl fynediad effeithiol i gymorth cyn adeg argyfwng
- Mae pobl yn cael mynediad brys i ofal argyfwng pan fo'i angen
- Mae pobl yn cael gwell ansawdd o ran triniaeth ac yn cael budd therapiwtig o ofal pan fyddant mewn argyfwng o caiff pobl eu cefnogi yn eu hadferiad, yn aros yn dda, ac yn cael cymorth effeithiol ar ôl argyfwng
- bod pobl yn cael gwell ansawdd o ran triniaeth ac yn cael buddion therapiwtig o ofal pan fyddant mewn argyfwng
- caiff data o ansawdd gwell ac sy'n fwy ystyrlon a dadansoddiadau effeithiol eu sicrhau
- Mae cyfathrebu a phartneriaethau effeithiol yn cael eu cynnal a'u gwella

1.4 Sefydlwyd byrddau partneriaeth iechyd meddwl a chyfiawnder troseddol amlasiantaethol (MHCJPB), neu fyrddau/pwyllgorau cyfatebol, ledled pob un o'r pedair ardal heddlu yng Nghymru i oruchwylio a monitro eu cynlluniau gweithredu rhanbarthol eu hunain a ddatblygwyd i fynd i'r afael â'r egwyddorion craidd y concordat a'r camau gweithredu a nodir yn y cynllun cyflawni cenedlaethol.

1.5 Dylai Byrddau/pwyllgorau rhanbarthol fod â threfniadau ar waith i gael sicrwydd gan bob un o'r partneriaid bod y camau a nodir yn y cynlluniau rhanbarthol yn cael eu rhoi ar waith a'u bod yn gwneud gwahaniaeth cadarnhaol.

1.6 Dylai Byrddau/pwyllgorau rhanbarthol hefyd ddarparu sicrwydd i grŵp sicrwydd y concordat Cenedlaethol bob chwarter bod cynnydd yn cael ei wneud a bod canlyniadau llwyddiannus yn cael eu cyflawni.

1.7 Bydd grŵp sicrwydd y concordat yn darparu adroddiad sicrwydd ysgrifenedig i Lywodraeth Cymru bob 6 mis bod y cynllun cyflawni yn cael ei roi ar waith a'i fod yn effeithiol ac, os nad yw, y rhesymau pam a pha gamau adferol sy'n cael eu cymryd.

1.8 Mae'r materion neu'r heriau a nodwyd eisoes drwy gydol y broses o weithredu'r concordat gofal argyfwng yn cynnwys:

- defnyddio cludo/cludo pobl mewn argyfwng i fannau diogel neu wasanaethau eraill yn ddiogel ac yn briodol;
- sicrhau bod gwasanaethau atal a/neu ymyrraeth gynnar effeithiol ar waith;
- cael dargyfeirio effeithiol o wasanaethau cyfiawnder troseddol i wasanaethau iechyd a gofal cymdeithasol, ac ati.
- Mae cael proses neu fecanwaith yn ei le i ddatrys heriau a/neu broblemau yn hanfodol er mwyn rhoi'r cynllun cyflawni ar waith yn llwyddiannus.

1.9 Yn ogystal â'r materion a nodwyd uchod, mae meysydd posibl eraill ar gyfer ystyried grŵp gorchwyl a gorffen priodol yn cynnwys:

- yr angen am hyfforddiant cyfun neu ar y cyd ar draws asiantaethau iechyd, gofal cymdeithasol a chyfiawnder troseddol
- Yr angen i sicrhau y caiff defnyddwyr gwasanaethau eu cynnwys mewn modd dilys ac ystyrlon a bod dymuniadau a dewisiadau pobl ar flaen y gad o ran cynllunio a darparu gwasanaethau
- Sicrhau bod protocolau effeithiol ar waith ar draws a rhwng asiantaethau iechyd, gofal cymdeithasol a chyfiawnder troseddol
- edrych ar ffyrdd o gyfuno cyllidebau a chyllido mentrau newydd ar y cyd

1.10 Yn ogystal â phenderfynu pa heriau neu faterion y mae angen eu hystyried ymhellach, ac ai'r ffordd orau o ymdrin â'r rhain yw ar lefel ranbarthol neu

genedlaethol, mae angen i grŵp sicrwydd y concordat hefyd gytuno ar ba dempled y dylid ei ddefnyddio gan bartneriaeth ranbarthol Byrddau i ddarparu sicrwydd i grŵp sicrwydd y concordat Cenedlaethol bob chwarter.

2. Cael gwared ar unigolyn i fan diogel

2.1 Mae Deddf Plismona a throseddu 2017 a Rheoliadau Deddf Iechyd Meddwl 1983 (man diogel) 2017, sydd hefyd â grym y gyfraith, wedi cyflwyno rhai newidiadau sylweddol i adran 135 (s.135) ac adran 136 (s.136) o Ddeddf Iechyd Meddwl 1983 (DCS). Cyhoeddwyd canllawiau ar y cyd gan yr adran iechyd a'r Swyddfa Gartref hefyd. Daeth y newidiadau hyn i rym ar 11 Rhagfyr 2017.

2.2 Mae adrannau 135 a 136 o'r Ddeddf iechyd meddwl yn rhoi pwerau i swyddogion yr heddlu mewn perthynas ag unigolion sydd ag anhwylder meddwl, neu sy'n ymddangos fel pe baent yn sâl. Gall swyddogion yr heddlu ddefnyddio pwerau mynediad dan adran 135 y Ddeddf i gael mynediad at unigolyn sydd ag anhwylder meddwl nad yw mewn man cyhoeddus. Os bydd angen, gall swyddog yr heddlu symud y person hwnnw i le diogel. Gall man diogel fod yn gell yr heddlu, cyfleuster wedi'i leoli mewn ysbyty neu ' unrhyw le addas arall y mae meddiannydd y lle yn fodlon derbyn y claf iddo dros dro ' Mae adran 136 o'r Ddeddf yn caniatáu i swyddogion yr heddlu gadw unigolyn y maent yn ei ganfod mewn man cyhoeddus y mae'n ymddangos bod ganddo anhwylder meddwl ac y mae angen gofal neu reolaeth arno ar unwaith. Yn ystod y cyfnod hwn, cynhelir asesiad i weld a oes angen derbyn claf i'r ysbyty, neu unrhyw gymorth arall. Defnyddir adran 136 yn sylweddol fwy aml nag adran 135.

2.3 Ar gyfer y rhan fwyaf o asesiadau'r Ddeddf iechyd meddwl a gwblhawyd o dan adran 135 a 136 yn 2016-17, ysbyty oedd y cyntaf a'r unig le diogel. Roedd 33 o asesiadau'r Ddeddf iechyd meddwl wedi'u cwblhau o dan adran 136 a oedd wedi'u trosglwyddo o orsaf yr heddlu, sef gostyngiad o 70 y cant, o'i gymharu â'r 108 a gwblhawyd yn 2015-16.

2.4 Mae'r concordat gofal argyfyngau iechyd meddwl yn strategaeth ac yn ymrwymiad gan Lywodraeth Cymru ac asiantaethau partner. Un o amcanion allweddol hyn yw rhoi'r gorau i ddefnyddio dalfeydd yr heddlu fel man diogel i'w ddisgwyl mewn amgylchiadau eithriadol. Yn amlwg, mae'r fenter hon wedi cael effaith sylweddol ar y maes hwn ac mae gwelliannau mawr wedi'u gwneud.

2.5 Ym Mehefin 2018, datblygodd y Coleg adroddiad ' cwestiynau cyffredin ar adrannau 135 a 136 o'r DCS Cymru a Lloegr, CR213 ' er mwyn darparu canllawiau mynediad hawdd i glinigwyr a gweithwyr iechyd meddwl proffesiynol eraill ar y newidiadau diweddar i ddeddfwriaeth Adran 135/136 gan Deddf Plismona a throsedd 2017 a Rheoliadau Deddf Iechyd Meddwl 1983 (man diogel) 2017. Ysgrifennwyd y ddogfen ar gyfer ymarferwyr sy'n gweithio mewn lleoliadau diogelwch ym maes iechyd (HPOS) a'r rhai sy'n gyfrifol am gomisiynu a llywodraethu'r gwasanaethau hyn.

2.6 Mae'n hanfodol bod yr holl ymarferwyr a rheolwyr gwasanaethau sy'n ymwneud â'r rheini sydd wedi'u cadw o dan s.135/s.136 yn ymwybodol o'r newidiadau deddfwriaethol gan y gallent, mewn rhai ardaloedd, gael effaith sylweddol ar y gwasanaethau a ddarperir o ystyried amrywioldeb daearyddol darparu a threfnu'r gwasanaethau hyn.

2.7 Dim ond i swyddogion yr heddlu y mae'r pwerau hyn ar gael a hwy sy'n gyfrifol am benderfynu a yw'r person mewn man lle y gellir arfer y pwerau hyn.

2.8 Newidiadau allweddol i ddeddfwriaeth drwy Ddeddf Plismona a throseddu 2017 a Rheoliadau Deddf Iechyd Meddwl 1983 (man diogel) 2017, cyflwynwyd rhai newidiadau sylweddol i adran 135 (s.135) ac adran 136 (s.136) o Ddeddf Iechyd Meddwl 1983 (MHA). Daeth y newidiadau hyn i rym ar 11 Rhagfyr 2017.

- rhaid i'r heddlu ymgynghori ag ymarferydd meddygol cofrestredig, nyrs gofrestredig neu weithiwr iechyd meddwl proffesiynol cymeradwy neu bersonau eraill a nodir yn y Ddeddf neu ei reoliadau, os yw'n ymarferol, cyn defnyddio s.136 (s.136(1C)). Mae'r Rheoliadau'n nodi y gellir ymgynghori â therapydd galwedigaethol neu barafeddyg hefyd.

- Mae'r ddeddfwriaeth newydd wedi dileu'r cyfeiriad at le y gall y cyhoedd fynd iddo ac felly nid yw'r fersiwn o'r hen ddeddfwriaeth sy'n gofyn i'r person fod ' mewn man cyhoeddus ' er mwyn i'r heddlu ei defnyddio s.136 yn berthnasol mwyach. Mae'r ddeddfwriaeth ddiwygiedig yn datgan (s.136(1)): ' os yw person yn ymddangos i gwnstabl ei fod yn dioddef o anhwylder meddwl a bod arno angen gofal neu reolaeth ar unwaith, caiff y cwnstabl, os yw'n credu bod angen gwneud hynny er budd y person hwnnw neu er mwyn diogelu personau eraill (a) tynnu'r person hwnnw i le diogel ... neu (b) os ... eisoes mewn man diogel ... cadw'r person yn y lle hwnnw neu dynnu'r person i fan arall o ddiogelwch. ' Bellach, gellir defnyddio adran 136 mewn unrhyw fan ac eithrio annedd breifat neu'r ardd breifat neu adeiladau sy'n gysylltiedig â'r lle hwnnw (s.136 1A).

- caiff y cwnstabl, os yw'n angenrheidiol, ddefnyddio grym o dan bwerau s.136 i fynd i mewn i unrhyw fan lle y caniateir i'r pŵer gael ei arfer (s.136(1B)).

- ni chaiff plentyn (h.y. person o dan 18 oed), o dan unrhyw amgylchiadau, gael ei symud i swyddfa heddlu, na'i gadw yno, na'i roi mewn man diogel o dan s.136 (s.136A(1)).

- dim ond fel man diogel i oedolion mewn amgylchiadau penodol y gellir defnyddio gorsafoedd heddlu. Nodir yr amgylchiadau hyn yn y Rheoliadau (s.136A(2)(a)).

- Mae gostyngiad yn y cyfnod cadw a ganiateir o 72 awr i 24 awr (s.136(2A)) gyda phosibilrwydd o estyniad 12 awr (s.136B). Er mwyn ymestyn y cyfnod asesu, rhaid i'r ymarferydd meddygol cofrestredig benderfynu bod yr estyniad yn angenrheidiol oherwydd bod cyflwr y person wedi golygu na fu'n ymarferol cwblhau'r asesiad yn ystod y 24 awr gyntaf.

- Mae adran 136C yn caniatáu i swyddog heddlu chwilio person sy'n ddarostyngedig i adran 135, 136 (2) neu 136 (4) os oes gan y swyddog sail resymol dros gredu y gallai'r person fod yn berygl iddynt ei hun neu eraill ac y gallai fod yn celu rhywbeth yn eu cylch y gellid ei ddefnyddio i anafu eu hunain neu eraill yn gorfforol.

2.9 Am s.136 i'w ddefnyddio rhaid cael ' angen gofal neu reolaeth ar unwaith '. Os yn wir, mae'n golygu ar unwaith mewn gwirionedd, felly ni ddylai fod amser i ymgynghori, oherwydd hyd yn oed y gwasanaeth mwyaf effeithlon Mae'n debygol y bydd mynediad i un o'r gweithwyr iechyd proffesiynol rhagnodedig a nodi gwybodaeth berthnasol yn debygol o gymryd rhai Cofnodion.

2.10 Yn aml, daw swyddogion yr heddlu ar draws sefyllfaoedd lle nad oes angen gofal na rheolaeth ar unwaith a lle y gallai gwybodaeth bellach am y person fel gwybodaeth gefndir, hanes risg neu gynllun argyfwng fod o gymorth wrth wneud penderfyniadau. Os nad oes angen gofal na rheolaeth ar unwaith, efallai y byddai'n briodol, os yw'n ddiogel gwneud hynny, i wasanaethau iechyd meddwl gynnig ymateb gwahanol i'r argyfwng iechyd meddwl. Gall hyn gynnwys asesiad brys gan y tîm iechyd meddwl os yw'r person yn gallu rhoi caniatâd i'r asesiad neu drefnu cymorth/adolygiad cymunedol pellach os yw'r person yn adnabyddus i'r gwasanaeth a bod ymateb o'r fath yn cael ei nodi'n glinigol.

2.11 Dylid sicrhau bod trefniadau lleol ar gael i gael un pwynt mynediad at weithwyr proffesiynol ym maes iechyd meddwl, sy'n gallu ymateb ar unwaith. Dylid cael protocolau rhannu gwybodaeth clir ac, fel bob amser, dylid dogfennu unrhyw drafodaeth yn y nodiadau. Mae angen i ardaloedd egluro pa ffurf y dylai'r ddogfennaeth hon ei chymryd os nad yw'r person yn hysbys i'r gwasanaeth.

2.12 Dylai'r penderfyniad i ddefnyddio gorsaf heddlu fel man diogel fod yn un eithriadol a dylai fod yn seiliedig ar asesiad risg trylwyr sy'n ystyried y posibilrwydd mai'r hyn sy'n ymddangos yn anhwylder meddyliol yw'r cyflwr meddygol a allai fod yn angheuol. Dylai fod systemau monitro lleol i barhau i adolygu unrhyw ddefnydd o orsafoedd heddlu.

2.13 Gallai'r HPOS ar gyfer pobl ifanc sydd wedi'u cadw o dan s.135 a s.136 o'r MHA fod yn gyfres adran 136 ar uned cleifion mewnol i oedolion, mewn uned iechyd meddwl cleifion mewnol i'r glasoed, neu gyfleuster ar wahân, er enghraifft, wedi'i gysylltu â damwain ac argyfwng.

2.14 Mae angen bod yn ofalus wrth sefydlu cyfleusterau adran 136 pwrpasol nad ydynt yn gysylltiedig ag uned cleifion mewnol. Mae hyn er mwyn sicrhau bod y cyfleuster yn ddiogel a bod darparu nifer ddigonol o staff sydd wedi'u hyfforddi'n briodol 24 awr y dydd yn ddichonadwy ac yn gynaliadwy.

2.15 Mae'n rhaid i'r amgylchedd fod yn briodol o ran datblygiad yn unol â'r safonau a nodir yn rhwydwaith ansawdd Coleg Brenhinol y Seiciatryddion ar gyfer CAMHs cleifion mewnol. (Rhwydwaith ansawdd ar gyfer safonau CAMHS cleifion mewnol. 8ED. 2016)

2.16 Yn absenoldeb cyfleuster i'r glasoed yn benodol, rhaid i HPOS oedolion dderbyn a darparu ar gyfer asesu pobl ifanc.

References

Health Inspectorate Wales (2018) *Mental Health Hospitals, Learning Disability and Mental Health Act Inspections. Annual Report 2016-2017.*

Royal College of Psychiatrists (2018) *FAQ's on sections 135 and 136 of the MHA 1983 England and Wales* CR213

Royal College of Psychiatrists (2016) *Quality Network for Inpatient CAMHS Standards. 8th Ed. 2016* www.rcpsych.ac.uk/pdf/QNIC_Standards_2016_AW.pdf

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu
HSCS(5) MHP15

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

Ymateb gan Goleg Brenhinol y Seiciatryddion yng Nghymru

Evidence from The Royal College of Psychiatrists Wales

Background

During two recent Assembly Committee inquiries 'the Emotional and Mental Health of Children and Young People' and 'Suicide Prevention', Assembly Members have heard from police representatives that an increasing amount of police resource is being used on managing mental health crises.

Police custody

Recent inspections of police custody in Wales have generally found the provision of healthcare to be good. There is also evidence from joint inspections of police custody that partnership working is improving, including joint work to address concerns about people detained under section 136 of the Mental Health Act being taken into custody.

Section 136 of the Mental Health Act 1983 enables a police officer to remove, from a public place, someone who they believe to be suffering from a mental disorder and in need of immediate care and control, and take them to a place of safety – for example, a health or social care facility. In exceptional circumstances (for example if the person's behaviour would pose an unmanageably high risk to others), the place of safety may be police custody. Section 136 also states that the purpose of detention is to enable the person to be assessed by a doctor and an approved mental health professional (for example a specially trained social worker or nurse), and for the making of any necessary arrangements for treatment or care.

What we know from inspection reports is that some people are being held in custody because they are a risk to themselves or others, not because they have committed a crime. Many of these cases involve children, people with mental health problems, or older people suffering from dementia. The police are almost entirely dependent on other agencies – primarily health and social services – to provide services that divert people with vulnerabilities away from custody, or to provide safeguards when vulnerable people are in custody (such as healthcare, or alternative accommodation for children).

Written evidence from the Royal College of Psychiatrists in Wales

The Royal College of Psychiatrists in Wales (The College) is the professional medical body responsible for developing and supporting psychiatrists throughout their careers, and in setting and raising standards of psychiatry throughout Wales.

The College aims to improve outcomes for people with mental disorders and the mental health of individuals, their families and communities. In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. It also works on the promotion of health and safety in the community with other agencies, including local authorities, the police and probation services. The College has a vital role in representing psychiatric professional expertise to governments and other agencies.

The College would be very happy to provide any further evidence the Committee needs, in writing or in person.

Submission

1. Mental Health Crisis Care Concordat

1.1 The College sits as a member organisation of the Crisis Care Concordat.

1.2 The concordat delivery plan is currently being implemented. It's intended to ensure that people in crisis, or who are at risk of reaching a crisis, are receiving timely help, support, advice, treatment and care.

1.3 The delivery plan sets out six core principles:

- People have effective access to support before crisis point
- People have urgent and emergency access to crisis care when they need it
- People receive improved quality of treatment and gain therapeutic benefits of care when in crisis
- People are supported in their recovery, stay well, and receive effective support after crisis
- Better quality and more meaningful data and effective analysis is secured
- Effective communications and partnerships are maintained and improved

1.4 Multi agency 'Mental Health and Criminal Justice Partnership Boards' (MHCJPB), or equivalent boards/committees, have been established across each of the 4 police force areas in Wales to oversee and monitor their own regional action

plans developed to address the core principles of the Concordat and the actions set out in national delivery plan.

1.5 Regional boards/committees should have arrangements in place for receiving assurance from each of the partners that actions set out in regional plans are being implemented and are making a positive difference.

1.6 Regional boards/committees should also provide assurance to the national Concordat Assurance Group on a quarterly basis that progress is being made and that successful outcomes are being achieved.

1.7 The Concordat Assurance Group will provide a written assurance report to Welsh Government every 6 months that the delivery plan is being implemented and is effective and if not the reasons why and what remedial action is being taken.

1.8 Issues or challenges that have already been identified throughout the implementation of the Crisis Care Concordat include:

- Use of safe and appropriate conveyance/transport of people in crisis to places of safety or other services;
- ensuring effective prevention and/or early intervention services are in place;
- having effective diversion from criminal justice services to health and social care services in place, etc. and
- having a process or mechanism in place to solve challenges and/or problems is crucial for the successful implementation of the delivery plan.

1.9 As well as the issues identified above, other potential areas for consideration of an appropriate Task and Finish group include:

- The need for pooled or joint training across health, social care and criminal justice agencies
- The need to ensure genuine and meaningful service user involvement and that people's wishes and choices are at the forefront of service planning and delivery
- Making sure that effective protocols are in place across and between health, social care and criminal justice agencies
- Looking at ways to pool budgets and to jointly fund new initiatives

1.10 As well as determining what challenges or issues there are that need further consideration, and whether these are best addressed at a regional or national level, the Concordat Assurance Group also needs to agree what template should be used by regional partnership boards to provide assurance to the national Concordat Assurance Group on a quarterly basis.

2. Removal of an individual to a place of safety

2.1 The Policing and Crime Act 2017 and The Mental Health Act 1983 (Place of Safety) Regulations 2017, which also have the force of law, introduced some significant changes to section 135 (s.135) and section 136 (s.136) of the Mental Health Act 1983 (MHA). Joint guidance from the Department of Health and Home Office has also been published. These changes came into force on 11 December 2017.

2.2 Sections 135 and 136 of the Mental Health Act give police officers powers in relation to individuals who are, or appear, to be mentally disordered. Police officers may use powers of entry under Section 135 of the Act to gain access to a mentally disordered individual who is not in a public place. If required, the police officer can remove that person to a place of safety. A place of safety may be a police cell, a hospital based facility or 'any other suitable place, the occupier of which is willing temporarily to receive the patient' Section 136 of the Act allows police officers to detain an individual who they find in a public place who appears to be mentally disordered and is in immediate need of care or control. During this time period an assessment is undertaken to determine whether hospital admission, or any other help, is required. Section 136 is used significantly more often than Section 135.

2.3 For the majority of completed Mental Health Act assessments under both Section 135 and 136 in 2016-17, a hospital was the first and only place of safety. There were 33 completed Mental Health Act assessments under Section 136 that had been transferred from a police station, this is a 70 per cent reduction, compared with the 108 completed in 2015-16.

2.4 The Mental Health Crises Care Concordat is a Welsh Government and partner agency strategy and commitment. A key objective of this is to stop using police custody suites as a place of safety expect in exceptional circumstances. Clearly this initiative has had a significant impact upon this area and great improvements have been made.38

2.5 In June 2018, The College developed a report *'FAQ's on sections 135 and 136 of the MHA England and Wales, CR213'* in order to provide clinicians and other mental health professionals with easy access guidance on the recent changes to section 135/136 legislation by the Policing and Crime Act 2017 and the Mental Health Act 1983 (Place of Safety) Regulations 2017. The document was written for practitioners working in health- based places of safety (HPOS) and those responsible for the commissioning and governance of these services.

2.6 It is essential that all practitioners and managers of services concerned with those detained under s.135/s.136 are aware of the legislative changes as they could, in some areas, have a significant impact on service provision given the geographical variability of the provision and organisation of these services.

2.7 These powers are only available to police officers and they are responsible for deciding if the person is in a place where these powers can be exercised.

2.8 Key Changes to legislation through the Policing and Crime Act 2017 and The Mental Health Act 1983 (Place of Safety) Regulations 2017, introduced some significant changes to section 135 (s.135) and section 136 (s.136) of the Mental Health Act 1983 (MHA). These changes came into force on 11 December 2017.

- Police must consult a registered medical practitioner, a registered nurse or an approved mental health professional or other persons specified in the Act or its regulations, if practicable, before using s.136 (s.136(1C)). The regulations specify that an occupational therapist or a paramedic may also be consulted.

- The new legislation has removed reference to a place to which the public have access and therefore the often-paraphrased version of the old legislation requiring the person to be 'in a public place' in order for police to use of s.136 is no longer relevant. The amended legislation states (s.136(1)): 'If a person appears to a constable to be suffering from mental disorder and to be in immediate need of care or control, the constable may, if he thinks it necessary to do so in the interests of that person or for the protection of other persons (a) remove that person to a place of safety... or (b) if ... already at a place of safety ...keep the person at that place or remove the person to another place of safety.' Section 136 can now be used in any place other than a private dwelling or the private garden or buildings associated with that place (s.136 1A).

- The constable may, if necessary, use force under the powers of s.136 to enter any place where the power may be exercised (s.136(1B)).

- A child (i.e. a person under 18 years) **may not, under any circumstances**, be removed to, kept at, or taken to a police station as a place of safety under s.136 (s.136A(1)).

- Police stations can only be used as a place of safety for adults in specified circumstances. What these circumstances constitute is specified in the regulations (s.136A(2)(a)).

- There is a reduction in the permitted period of detention from 72 hours to 24 hours (s.136(2A)) with the possibility of a 12-hour extension (s.136B). To extend the period of assessment, the registered medical practitioner must decide that the extension is necessary because the condition of the person has meant it has not been practicable to complete the assessment in the first 24 hours.

- Section 136C allows a police officer to search a person subject to section 135, 136(2) or 136(4) if the officer has reasonable grounds to believe that the person may be a danger to themselves or others and may be concealing something on them which could be used to physically injure themselves or others.

2.9 For s.136 to be used there must be an 'immediate need for care or control'. If indeed immediate really does mean immediate then there should be no time to

consult, as in even the most efficient service it is likely that access to one of the prescribed health professionals and the identification of relevant information is likely to take some minutes.

2.10 Police officers frequently come across situations where there is no immediate need for care or control and where further information about the person such as background information, risk history or crisis plan may help their decision making. In the absence of an immediate need for care or control it may be appropriate, if safe to do so, for mental health services to offer an alternative response to the mental health crisis. This may include an emergency assessment by the mental health team if the person is able to give consent to the assessment or arrange further community support/review if the person is well known to the service and such a response is clinically indicated.

2.11 There should be local arrangements to have a single point of access to mental health professionals who are able to provide an immediate response. There should be clear information-sharing protocols and, as always, any discussion should be documented in the notes. Localities need to clarify what form this documentation should take if the person is not known to the service.

2.12 The decision to use a police station as a place of safety should be exceptional and be based on a thorough risk assessment that has regard to the possibility that underlying what appears to be a mental disorder is a potentially and rapidly fatal medical condition. There should be local monitoring systems to keep any use of police stations under review.

2.13 The HPOS for young people detained under s.135 and s.136 of the MHA may be a section 136 suite on an adult in-patient unit, on an adolescent mental health in-patient unit, or a separate facility, for example, linked to an accident and emergency.

2.14 Caution is needed when establishing bespoke section 136 facilities that are not linked to an inpatient unit. This is to ensure that the facility is safe and that the provision of a sufficient number of appropriately trained staff 24 hours a day is feasible and sustainable.

2.15 The environment must be developmentally appropriate in accordance with standards set out in the Royal College of Psychiatrists Quality Network for Inpatient CAMHs. (Quality Network for Inpatient CAMHS Standards. 8th Ed. 2016)

2.16 In the absence of an adolescent specific facility, an adult HPOS must accept and provide for the assessment of young people.

References

Health Inspectorate Wales (2018) Mental Health Hospitals, Learning Disability and Mental Health Act Inspections. Annual Report 2016-2017.

Royal College of Psychiatrists (2018) FAQ's on sections 135 and 136 of the MHA 1983 England and Wales CR213

Royal College of Psychiatrists (2016) Quality Network for Inpatient CAMHS Standards. 8th Ed. 2016 www.rcpsych.ac.uk/pdf/QNIC_Standards_2016_AW.pdf

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu
HSCS(5) MHP16
Ymateb gan The Wallich

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

Evidence from The Wallich

Iechyd meddwl a phlismona: ymateb gan Y Wallich

Deunydd a gyflenwyd gan staff a chleientiaid Wallich

Cydlynwyd yr ymateb gan XXXX Cydlynydd Ymchwil

Yn Y Wallich, mae cysylltiad staff a chleientiaid â'r heddlu'n amrywio, yn ddibynnol ar natur y ein prosiect. Gall ein grŵp cleientiaid ddod i gysylltiad â swyddogion gorfodi'r gyfraith yn rheolaidd, ac mae'n hanfodol bod pobl agored i niwed yn cael eu trin yn briodol yn ystod y cysylltiadau hyn, boed hwy yn y ddalfa neu beidio.

Mae'r ymateb hwn i'r ymgynghoriad yn cyflwyno gwybodaeth a gafwyd gan wahanol aelodau staff ac mae'n seiliedig ar eu profiad o weithio i'r Wallich.

Ymatebion o Abertawe:

1). Mae gennym un cleient ar hyn o bryd ag anghenion diagnosis deuol a phroblemau iechyd meddwl difrifol. Mae wedi bod yn rhoi ei hun mewn perygl, ac arweiniodd hynny at ei chadw o dan Adran 136 o'r Ddeddf Iechyd Meddwl; fodd bynnag cafodd ei rhyddhau am ei bod wedi bod yn yfed alcohol. Mae hyn wedi digwydd sawl gwaith, ond nid yw'r heddlu wedi ei harestio oherwydd gorchymyn y Rhingyll ar ddyletswydd.

Ar un achlysur, defnyddiodd yr heddlu efynnau dwylo a thraed ar y cleient, cyn mynd â hi'n ôl i'w fflat am nad oeddent yn gallu defnyddio gorsaf yr heddlu fel man diogel. Yn anffodus, nid yw timau iechyd meddwl, am ryw reswm (capasiti fwy na thebyg), yn dod i wybod am yr achosion dylent fod yn gwybod amdanynt, sy'n rhoi pwysau ar yr heddlu, sydd heb yr wybodaeth na'r ddealltwriaeth angenrheidiol am y grŵp cleientiaid. Mae'r prosiect yn ceisio cryfhau'r berthynas â'r heddlu, gydag ymweliadau rheolaidd gan Swyddog Cymorth yr Heddlu a chysylltiadau rheolaidd â'r rhingyll lleol.

2). Roedd gan gleient mewn prosiect preswyl yn Abertawe broblemau iechyd meddwl difrifol ac roedd yn gwneud bygythiadau rhyfedd yn aml i'r staff. Oherwydd ei ymddygiad bygythiol, ac ar ôl i feddyg teulu'r cleient wrthod dod i'w asesu, cafodd yr heddlu eu galw. Daeth dau blismon ac aethpwyd ag ef i'r swyddfa i siarad ag ef, heb ddim staff yn bresennol, yna aethpwyd ag ef i'r swyddfa heddlu leol. Ychydig oriau'n ddiweddarach cafodd ei ddychwelyd i'r prosiect fel pe na bai dim wedi digwydd.

3). Yn ddiweddar, bu'n rhaid i staff prosiect y Wallich yn Abertawe alw'r tîm iechyd meddwl brys i ymweld â phreswylydd benywaidd. Mae gan y cleient broblemau iechyd meddwl sydd gan amlaf yn arddangos ei hun ar ffurf sylwadau a storïau rhyfedd. Nid yw'n fodlon gwneud dim â'r tîm iechyd meddwl lleol, na chaniatáu i staff ei hatgyfeirio, am nad yw'n credu bod ganddi broblemau iechyd meddwl. Mae staff y Wallich yn deall nad yw'n ddoeth i herio ei storïau na'r hyn mae'n ei gredu sy'n wir.

Galwyd ar yr heddlu yn y gobaith y byddai'r preswylydd yn cael ei chadw o dan y Ddeddf Iechyd Meddwl, gan fod ei symptomau'n gallu achosi trafferthion mawr yn y prosiect. Cyrhaeddodd yr heddlu'n hwyr fin nos pan oedd y cleient yn gwylio'r teledu; nid oedd dim problemau ar y pryd, felly gadawodd yr heddlu. Dywedodd y staff nos a oedd ar ddyletswydd nad oedd gan yr heddlu unrhyw syniad pam eu bod wedi'u galw.

Mae staff yn Y Wallich yn datblygu dealltwriaeth dda o'n preswylwyr ar ôl i ni gael yr amser i feithrin perthynas waith dda â hwy; nid ydym yn weithwyr iechyd meddwl, ond rydym yn ymgysylltu â phobl o ddydd i ddydd ac yn cael syniad da o'u problemau. Byddai deall yn well sut mae unigolion yn cael eu helpu gan dimau iechyd meddwl, a sut mae'r heddlu'n delio â hwy, yn fantais fawr i ni. Rydym yn sylweddoli bod rôl yr heddlu'n wahanol i'n rôl ni, a bod y cyfyngiadau ar eu hadnoddau'n wahanol.

Mae asiantaethau iechyd meddwl yn gwrthod asesu oni bai bod client yn fodlon cael ei atgyfeirio; gall cleientiaid fod mewn trallod ac o dan ddylanwad sylweddau pan fyddant yn gofyn am help. Fodd bynnag, mae gwasanaethau iechyd meddwl yn disgwyl iddynt fod yn 'lân' – sy'n golygu pan fydd rhywun eisiau ac angen y gwasanaeth fwyaf, nid ydynt yn ei gael. Mae'r rhestrau aros yn fisoedd ac erbyn y bydd apwyntiadau ar gael, efallai na fydd y cleient mewn argyfwng. Byddwn yn tybio bod yr heddlu'n profi'r un problemau ac anawsterau. Mae angen i ni i gyd gydweithio'n fwy effeithiol.

Ymateb gan brosiect BOSS yn Ne Cymru:

Mae prosiect BOSS yn gweithio â rhai sy'n gadael y carchar, a phobl sy'n dynesu at ddyddiad eu rhyddhau o'r carchar. Mae staff BOSS yn helpu cleientiaid i ddod o hyd i waith. O ganlyniad mae staff prosiect BOSS yn ymgysylltu â chleientiaid yn y carchar ac yn y gymuned. Mae'r sylwadau hyn yn seiliedig ar brofiadau o ddelio â chleientiaid yn y carchar yn hytrach na gyda'r heddlu, ond bydd rhai pwyntiau perthnasol sy'n gymwys i'r ddau gyd-destun.

Drwy ein profiad o weithio mewn carchardai, rydym yn gweld bod prinder triniaethau iechyd meddwl priodol ar gael. Rydym wedi gweld hyn drosom ein hunain; a thrwy sgyrsiau ag eraill rydym wedi clywed bod mynediad at wasanaethau iechyd meddwl a meddyginiaethau priodol yn wael. Mae'r broses o gael apwyntiad gyda gwasanaethau iechyd meddwl ar gyfer diagnosis posibl pan yn y carchar yn un faith. Ar ôl cyrraedd carchar y tro cyntaf gall gymryd sawl wythnos i gael presgripsiwn, hyn yn oed os oedd y carcharor yn ei gael cyn mynd i'r carchar, ac mae hyn yn rhwym o waethygu cyflwr eu hiechyd meddwl.

Rydym hefyd wedi gweld dynion yn y carchar sy'n amlwg yn dioddef o byliau seicotig yn cael eu gadael heb feddyginiaeth, sy'n cael eu bwlio gan garcharorion eraill a staff, yn ogystal â chael eu gwahanu yn hytrach na bod eu problemau craidd yn cael sylw.

Mae staff wedi cael eu clywed yn dweud bod y rhai sydd ar ACCT (Asesu Gofal yn y Ddalfa a Gwaith Tîm) yn 'chwilio am sylw' a'u bod yn cymryd llawer o amser gwerthfawr y staff am eu bod yn gorfod gwneud gwaith papur a chynnal asesiadau.

Mae Swyddogion PPO gyda'r Gwasanaeth Prawf wedi holi am sefydliadau sy'n delio'n benodol â gwasanaethau iechyd meddwl, ond mae diffyg gwybodaeth am y gwasanaethau sydd ar gael; gellid gwella hyn drwy hyfforddiant, rhwydweithio a chysylltiadau addas ag asiantaethau.

Mae diffyg cynllunio 'drwy'r giatiau', cymorth a mynediad at asiantaethau perthnasol i'r rhai hynny sy'n cael eu rhyddhau â phroblemau iechyd meddwl. Mae rhai'n cael eu gadael i ymdopi ar eu pen eu hunain, yn enwedig o ran cael gafael ar lety a gwasanaethau iechyd meddwl. Mae gweithwyr proffesiynol wedi eu clywed yn dweud 'mae'r cleientiaid yma'n boen' ac 'mi fyddwn yn eu gwahardd o swyddfeydd am eu bod yn ymosodol'. Mae hyn wedi arwain at alw'n ôl ac aildroseddu. Yn amlwg, mae sylwadau o'r fath yn annerbyniol, beth bynnag fo'r cyd-destun.

Yn gyffredinol, rydym yn gweld bod llawer o achosion iechyd meddwl yn mynd heb ddiagnosis (mewn carchardai ac yn y gymuned), mae mynediad at driniaeth yn gyfyngedig ac mae gwybodaeth gweithwyr proffesiynol i roi sylw i iechyd meddwl yn annigonol.

Ymatebion o Sir Gaerfyrddin:

Bu dau ddigwyddiad diweddar lle bu'n rhaid cysylltu â'r heddlu.

1). Roedd y cyntaf yn ymwneud â chleient ifanc, benywaidd a Heddlu Sir Gaerfyrddin. Roedd yn ymddangos bod y cleient yn cael pwl seicotig ac roedd yn hunan niweidio. Gwrthododd ymwneud â staff y prosiect, ac wrth i'r staff geisio'i helpu, dechreuodd fandaleiddio'r swyddfa.

Cyrhaeddodd yr heddlu'n gyflym ar ôl cael galwad 999 a symudwyd y cleient o dan Adran 136, gan sicrhau staff y byddent yn ei chludo i'r ysbyty lleol. Fodd bynnag, dywedodd yr heddlu wrth y staff nad oedd yn debygol y byddai'r cleient yn cael 'unrhyw help realistig' a'i bod yn hysbys iddynt ers blynyddoedd. Roeddent yn teimlo y dylai gael ei chadw o dan Adran 136 er mwyn ei diogelwch ei hun, ond na fyddai gwasanaethau iechyd meddwl yn gwneud hynny oherwydd 'diffyg cydymffurfiad blaenorol y client gyda meddyginiaethau a ragnodwyd iddi a'i bod wedi defnyddio canabis'. Aeth yr heddlu â'r cleient i'r ysbyty am nad oedd ambiwlans ar gael a chafodd y cleient ei rhyddhau adref o'r ysbyty dair awr yn ddiweddarach.

Digwyddodd yr ail ddigwyddiad fin nos yn ystod penwythnos, gyda Heddlu De Cymru. Roedd y cleient preswyl wedi cael ei dychwelyd i'r prosiect gan yr heddlu yn dilyn galwadau 999 gan sawl aelod o'r cyhoedd a oedd yn cwyno am ymddygiad gwrthgymdeithasol (gweiddi a dawnsio yn y stryd).

Mae'n debyg bod y client wedi bod yn defnyddio iaith anweddus a bygythiol ac wedi ymosod ar yr heddlu, a roddodd hi mewn gefynnau coes. Ar ôl siarad â staff y prosiect cytunwyd y byddai'r heddlu'n trefnu i'w chludo i'r ysbyty i gael asesiad iechyd meddwl, ond pan wrthododd yr uned iechyd meddwl ei gweld 'oherwydd hanes o gam-drin sylweddau', dywedodd y Rhingyll ar Ddyletswydd wrth yr heddlu bod yn rhaid iddynt ei gadael yn y prosiect yng ngofal y staff ac na fyddai'n gadael i'r heddlu ei harestio. Nid oedd hyn oherwydd yr 'ymosodiad' arnynt, na'r ASB; y farn oedd na fyddai'r heddlu'n gallu cael unrhyw gymorth iechyd meddwl i'r cleient. A bod yn deg â'r swyddogion dan sylw, buont yn y prosiect am sawl awr er mwyn ceisio sicrhau nad oedd y cleient, y preswylwyr eraill nac aelodau'r staff mewn unrhyw berygl ychwanegol.

Rwyf wedi gweld dibyniaeth gynyddol ar yr heddlu i gael gafael ar gymorth iechyd meddwl i gleientiaid yn ystod y pump neu chwe blynedd diwethaf. Yn ddiweddar, fodd bynnag, mae'n ymddangos bod gwasanaethau iechyd meddwl yn codi rhwystrau ychwanegol; nid yw'n amlwg i'r rhai hynny ohonom 'ar y tu allan' beth yw'r rhesymau am hyn. Rwyf wedi siarad â swyddogion unigol sy'n dweud bod yr heddlu'n cael eu llethu gan yr holl ddigwyddiadau lle mae problemau iechyd meddwl a / neu gamddefnyddio sylweddau'n gysylltiedig â hwy.

2). Yn fy mhrofiad i, mae'r heddlu bob amser yn barod i wrando arnom ni'r staff yn achos ein cleientiaid, ac maent yn eu trin yn briodol. Ni allaf ddweud a yw'r un peth yn wir pan nad ydym o gwmpas i godi llais. Ond mi fyddwn yn dweud bod disgwyl i'r heddlu fod yn arbenigwyr mewn llawer o bethau, gan gynnwys iechyd meddwl, a'u bod yn cael hyfforddiant yn y maes, ond oni ddylai gweithwyr iechyd meddwl proffesiynol fod ar gael i roi cyngor a chymorth ar unrhyw adeg o'r dydd neu nos? Rwyf wedi clywed am achos lle'r oedd cleient yn bygwth lladd ei hun a bod yr heddlu wedi mynd â'r client i'r ysbyty a'u trin ag urddas. Yn anffodus, dywedodd y Tîm Argyfwng Iechyd Meddwl nad oedd y cleient mewn perygl, ac anfonwyd y cleient adref.

Ymateb o Ben-y-bont ar Ogwr:

Yn ystod y flwyddyn ddiwethaf, dim ond ar ddau achlysur ym Mhrosiect Pobl Ifanc Pen-y-bont ar Ogwr mae cleientiaid wedi cael eu cadw gan yr heddlu dan y Ddeddf Iechyd Meddwl.

Y tro cyntaf, roedd yr heddlu wedi delio'n sensitif iawn â'r person ifanc ac aethpwyd ag ef o'r hostel. Yr unig beth negyddol oedd eu bod wedi cymryd peth amser i gyrraedd ar y noson.

Yr ail dro dihangodd y person ifanc rhag cael ei gadw o dan y Ddeddf a dychwelodd i'r prosiect. Cafodd yr heddlu eu galw ac roeddent wedi cyrraedd mewn dim o dro. Eto, roeddent yn sensitif iawn ac wedi trin y cleient â pharch.

Ymateb o Wrecsam:

Rwyf yn delio â'r heddlu bob wythnos os nad bob dydd fel rhan o fy rôl; maent yn ymddwyn yn barchus bob amser ac yn barod i helpu.

Ymatebion o Geredigion:

1). Yn ystod y cyfnod diweddar, mae'r heddlu wedi bod yn dda iawn ar y cyfan gyda'n cleientiaid

2). Nid wyf wedi bod mewn llawer o sefyllfaoedd yn y gwaith lle'r oedd perygl y byddai'n rhaid cadw cleient o dan Adran 136 – yr unig ddigwyddiad y gallaf ei gofio a allai fod wedi cyrraedd sefyllfa o'r fath oedd un pan oedd cleient yn bygwth lladd ei hun ac yn awgrymu ei fod yn bwriadu defnyddio cyffuriau i wneud hynny.

Daeth tri phlismon ato a thawelu'r sefyllfa heb orfod gwneud dim arall heblaw siarad â'r cleient. Gwrthododd y cleient gael ei gludo i'r ysbyty, a phenderfynodd yr heddlu nad oedd risg ar y pryd am fod staff yn bresennol i wneud yn siŵr bod y cleient yn ddiogel. Roedd yr heddlu'n fedrus iawn yn y ffordd roeddent yn siarad â'r cleient ac yn egluro'r gwahanol ffyrdd oedd ar gael iddo gael help a chymorth dilynol. Roedd yr heddlu wedi delio â'r cleient mewn ffordd urddasol a pharchus dros ben.

3). Rwyf wedi gweld yr heddlu'n rhyngweithio ag ambell un o'n cleientiaid erbyn hyn; ac maent yn dangos parch cynyddol tuag atynt. Rwyf wedi cysylltu â hwy pan oedd un o'n cleientiaid yn bygwth lladd ei hun ac er bod y cleient wedi gwneud bygythiadau tebyg fwy nag unwaith o'r blaen, roedd yr heddlu wedi ymateb gyda gofal a pharch, gan chwilio am y cleient nes dod o hyd iddo'n cerdded ar hyd y rheilffordd – cafodd y cleient ei gadw o dan Adran 136. Roedd gan ddau gleient penodol gyflyrau iechyd meddwl dwys a pharhaol a phan oeddent yn sâl, gallai eu hymddygiad fod yn rhyfedd ac yn wrthgymdeithasol – roedd yr heddlu'n delio â'r ddau unigolyn dan sylw mewn ffordd dawel a pharchus gan ddangos sensitifrwydd tuag at eu hurddas a'u llesiant.

Roedd grwpiau o blismyn newydd yn arfer dod i'r swyddfa i weld y gwaith rydym yn ei wneud ac roedd yn amlwg eu bod yn dysgu am leihau niwed/caethiwed/problemau iechyd meddwl yn ystod eu hyfforddiant. Roedd yn ymddangos bod plismyn iau wedi'u hyfforddi'n well i ddelio â phroblemau iechyd meddwl a chaethiwed ac roeddent yn llai beirniadol o ddigartrefedd. Mi wn fod yr heddlu'n pwyso am ddarpariaeth 136 gwely mewn prosiect gwahanol – ein huned iechyd meddwl lleol – gan nad oes un wedi bod yno ers rhai blynyddoedd; mae'r heddlu wedi bod yn cludo pobl i Gaerfyrddin.

Mae'n ymddangos mai'r hyn mae'r tîm argyfwng yn ei wneud yw trosglwyddo cyfrifoldeb yn ôl i asiantaethau am nad ydynt yn awyddus iawn i ddelio â

chleientiaid â diagnosis deuol, lle mae'r heddlu ar y llaw arall yn barod i ddelio â phobl beth bynnag fo'r amgylchiadau a beth bynnag fo'u symptomau. Mae'r heddlu wedi gorfod ymyrryd ar sawl achlysur gan mai dyna'r ffordd gyflymaf fel arfer o wneud yn siŵr bod rhywun yn cael ei weld.

4). Y prif bwynt i'w nodi yn fy marn i oedd diffyg cefnogaeth y Tîm Argyfwng ar ôl i mi atgyfeirio rhywun roeddwn yn bryderus yn ei gylch. Dywedwyd wrthyf os oedd yr heddlu'n codi'r cleient y byddent yn ei weld yng ngorsaf yr heddlu ar unwaith. Dywedwyd wrthyf mai dyma'r ffordd gyflymaf o gael help, ac i mi mae hynny'n annog pobl â phroblemau iechyd meddwl i gael eu gweld fel troseddwyr. Oni ddylai timau iechyd meddwl fod yn ymdrechu i ganfod pobl cyn iddynt gyrraedd y pwynt lle mae'n rhaid i'r heddlu ymyrryd?

Ar y llaw arall, mae agweddau tuag at ein grŵp cleientiaid wedi gwella ar y cyfan ac maent yn cael eu trin yn fwy trugarog a sensitif, a hynny er bod modd gweld eu hymddygiad fel un ymosodol.

5). Fel rwyf fi'n gweld pethau, dyma drefn digwyddiadau fel arfer:

- Staff yn pryderu am iechyd meddwl cleient
- Y preswylydd yn gwrthod gweld meddyg teulu na mynd i'r Adran Damweiniau ac Achosion Brys
- Staff yn cysylltu â'r Tîm Argyfwng; weithiau bydd ateb, dro arall, dim ateb. Y Tîm Argyfwng yn gwrthod dod i'r prosiect i asesu'r preswylydd;
- Y preswylydd yn mynd yn fwy a mwy cythryblus ac mae pryderon wedyn am ddiogelwch preswylwyr eraill
- Staff yn ffonio am ambiwlans – gall y preswylydd adael i gael ei asesu ar yr adeg hon, neu fe'i hysbysir na fydd y Tîm Argyfwng yn barod i'w weld os yw'n feddw
- Mae'r preswylydd yn dychwelyd i'r prosiect heb gael ei asesu gan ei fod yn gorfod aros yn rhy hir cyn gweld y Tîm Argyfwng neu am eu bod yn cael eu hysbysu eu bod yn rhy feddw
- Mae ymddygiad y preswylydd yn achos pryder i breswylwyr eraill
- Mae'r heddlu'n cael eu galw; os gallant ddarbwyllo'r Rhingyll bod yr unigolyn mewn perygl neu fod trosedd wedi'i chyflawni (neu'n debygol o gael ei chyflawni) gellir eu cludo i Gaerfyrddin i gael eu hasesu
- Os nad yw'r preswylydd yn ateb y meini prawf i gael ei gludo i Gaerfyrddin, yna gall yr heddlu hefyd fynd â hwy i'r orsaf fel man diogel, yn ddibynnol ar yr amgylchiadau.

Yn fy mhrofiad i mae'r heddlu wedi bod yn help ac yn gymwynasgar iawn pan fydd preswylydd mewn argyfwng, ond mae'n amlwg eu bod yn teimlo'n rhwystredig gyda'r ffordd yr ymdrinnir â phroblemau iechyd meddwl. Mae'r heddlu'n llawer mwy o help ac yn fwy ymatebol na'r Tîm Argyfwng pan fydd cleient mewn argyfwng. Mae'r heddlu'n helpu staff i chwilio am atebion er mwyn i'r unigolyn mewn argyfwng gael triniaeth. Mae'n ymddangos mai'r unig beth mae'r Tîm Argyfwng yn ei wneud yw codi rhwystrau sy'n atal pobl mewn angen rhag cael mynediad at eu gwasanaethau.

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu
HSCS(5) MHP16
Ymateb gan The Wallich

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

Evidence from The Wallich

Mental health and policing: response from The Wallich

Material provided by Wallich staff and clients

Response co-ordinated by ***xxxx***, Research Co-ordinator

At The Wallich, staff and clients have varying amounts of contact with the police, depending on the nature of the Wallich project. Our client group can have frequent interactions with law enforcement, and it is vital that vulnerable people are treated properly during these interactions, whether in custody or not.

This response to the consultation presents information provided by different members of staff based on their experiences working for The Wallich.

Responses from Swansea:

1). There is one current client with dual diagnosis needs and severe mental health issues. She has been putting herself in danger, which resulted in her detainment under Section 136 of the Mental Health Act; however, she was discharged because she'd been drinking alcohol. This has occurred several times, but the police have not arrested her under orders from the duty Sergeant.

On one occasion, the police handcuffed and used leg restraints on the client, before returning her to her flat as they were not able to use the police station as a place of safety. Unfortunately, mental health teams, for whatever reason (most likely capacity), are not picking up the cases they need to, which puts stress on the police, who do not have the knowledge or understanding of the client group. The project is trying to strengthen the relationship with the police, with regular visits from the PCSO and regular contact with the local sergeant.

2) A client at a Swansea residential project had serious mental health issues and made frequent bizarre threats to staff. Due to his intimidating behaviour, and after the client's GP refused to come and assess him, the police were called. Two officers came and took him into the office to speak with him, with no staff present, then took him to the local police station. A few hours later he returned to the project like nothing happened.

3) Recently, staff at a Wallich project in Swansea called the emergency mental health team to visit a female resident. The female client has mental health issues which most commonly manifest in bizarre comments and stories. She will not engage with the local mental health team, or allow staff to refer her, as she doesn't believe she has mental health issues. Staff at The Wallich are mindful not to challenge her stories or beliefs.

The police were called in the hope that the resident could be sectioned, as her symptoms could create huge issues in the project. Police arrived late in the evening while the client was watching television; there weren't any issues at the time, so the officers left. Night staff on duty said the police had no idea why they'd been called out.

Staff at The Wallich develop a good understanding of our residents once we've had time to build a good working relationship with them; we are not mental health workers, but we engage with people on a daily basis and build up an insight into their issues. Knowing more about how individuals are supported by mental health teams, and how the police deal with them, would be a huge positive for us. We understand the police have a different role to us, and different resource constraints.

Mental health agencies refuse to assess unless a client wants a referral; clients might be in turmoil and under the influence of substances when they ask for help. However, MH services expect them to be 'clean' – meaning that when someone most wants or needs support, they don't get it. Waiting lists are months-long and by the time appointments are available, clients might not be in crisis. I'd imagine the police have similar issues and difficulties. We all need to work together more effectively.

Response from BOSS project in South Wales:

The BOSS project works with prison leavers, and people nearing their release date from prison. BOSS staff support its clients in finding employment. As such, BOSS project staff engage with clients in custody and in the community. These comments are based on dealing with clients in prison custody rather than the policy setting, but there will be some pertinent points that apply in both contexts.

Through our experience of working in a custodial setting, we see that there is a lack of appropriate treatment for mental health. This has been observed directly; additionally, through conversations with others we have been informed that access to mental health services and appropriate medications is poor. To receive an appointment with mental health services for a possible diagnosis whilst in prison is also a lengthy process. Upon first entering custody it can take several weeks to obtain a prescription, even if they were receiving this prior to entering custody - this only worsens their mental health condition.

We have also observed men in custody who are clearly suffering from psychotic episodes being left without medication, bullied by inmates and staff, as well as being put into segregation rather than having the core issues dealt with.

Staff have been witnessed saying that those on an ACCT (Assessment Care in Custody and Teamwork) Order are ‘attention seeking’ and that they use up valuable staff time when completing paperwork and assessments.

PPO Officers based in Probation Services have enquired about organisations who specifically deal with mental health services, but there is a lack of knowledge of available services; this could be improved through training, networking and suitable links to agencies.

There is limited ‘through the gates’ planning, support and access to relevant agencies for those who are released with mental health issues. Some are left to fend for themselves, especially around access to housing and mental health services. Professionals have been overheard saying that ‘these clients are a nuisance’ and ‘we will ban them from offices as they are aggressive’. This has led to recalls and reoffending. Clearly, remarks like these are unacceptable whatever the context.

In general, we find that a lot of mental health goes undiagnosed (both in custody and the community), access to treatment is limited and the knowledge of professionals to address mental health is lacking.

Responses from Carmarthenshire:

Two specific incidents occurred recently that required police involvement.

1). The first involved a young, female client and Carmarthenshire Police. The client seemed to be experiencing a psychotic episode and was self-harming. She refused to engage with project staff, and as staff tried to help her, she began vandalising the office.

Police promptly attended after the 999 call and removed the client under Section 136, assuring staff they would transport her to the local hospital. However, the officers did inform staff that it would be unlikely that the client would receive ‘any realistic help’ and that she had been known to them for a number of years. They felt she should be placed under Section 136 for her own safety, but that mental health services would not do this due to the client's ‘previous non-compliance with prescribed medication and use of cannabis’. Police took the client to hospital as no ambulances were available and the client was discharged home within three hours.

The second incident occurred in the evening on a weekend, with South Wales Police. The resident client had been returned to the project by the police following 999 calls by a number of members of the public complaining of anti-social behaviour (screaming and dancing in the street).

The client had apparently been verbally abusive and attacked police officers, who handcuffed her and put her in leg restraints. After speaking with the staff on project it was agreed that the police would arrange to transport her to hospital for a mental health assessment, but when the MH Unit refused to see her ‘due to a history of substance misuse’, the Duty Sergeant advised that the police had to

leave her at the project in care of the staff and would not allow the officers to arrest her. This wasn't because of the 'assault' on them, or the ASB; it was felt that the police would not be able to access any mental health support for the client. In fairness to the individual officers, they remained at the project for several hours to try and ensure the client, other residents and staff members were not placed at any additional risk.

I have seen an increasing reliance on the police to access mental health support for clients over the past five or six years. Recently, however, the mental health services appear to be putting additional barriers in place: it is unclear to those of us 'on the outside' as to what the reasons are behind this. I have spoken with individual officers who say that the police are overwhelmed in dealing with incidents where mental health issues and/or substance misuse issues are involved.

2). I have always found the police listen to us staff members regarding our clients, and treat them appropriately. I can't say whether or not this is the same when we are not around to have a say. I would say though that the police are expected to be experts in lots of things including mental health issues, and they are given training in it, surely there should be mental health professionals available to give advice and support at any time day or night? I have known a case where a client was suicidal and was taken to the hospital by the police who treated them with dignity. Unfortunately, the mental health Crisis Team explained that the client wasn't at risk; the client was sent home.

Response from Bridgend:

Over the last year, there have only been 2 occasions in the Bridgend Young Person's Project where clients have been sectioned by the police.

The first time, the police were very understanding with the young person and he was removed from the hostel. The only downside was that they took a while to arrive on the night.

The second time the young person absconded from sectioning and returned to the project. The police were called and arrived quickly. Again, they were very understanding and treated the client with respect.

Response from Wrexham:

I deal with the police weekly if not daily in my role; I have found them to be very respectful and helpful.

Responses from Ceredigion:

1). In recent times, the police are generally very good with our clients.

2). I've had few work situations that could lead to 136 detainment – the only incident I can think of that could have escalated would be a situation in which a client was suicidal and suggesting he was planning to use drugs to kill himself.

Three police officers attended and deescalated the situation without the need for anything other than talking to client. Client declined conveyance to hospital, and police decided there was no immediate risk because staff were still present to make sure the client was safe. The police were skilful when talking with the client and explained multiple routes through which the client could seek help and follow-up support. The police dealt with the client in a very dignified and respectful way.

3). I've seen the police interact with a few of our clients now; they are becoming more and more respectful towards them. I liaised with them when one of our clients was threatening suicide and even though these threats had been made a few times prior to, the police responded with a great deal of concern and caution, looking for this client until they were found walking on the railway line – the client was detained under Section 136. Two clients in particular had lasting and profound mental health conditions and when they were unwell, their behaviours could be both bizarre and anti-social - the police treated both of these people both gently and respectfully showing concern for their dignity and welfare.

Groups of new officers used to come to the project to see what we do and it was obvious that they were learning about harm reduction/addiction/mental health issues in training. The younger officers seem better trained in dealing with mental health and addiction issues and appear less judgemental of homelessness. I know that the police are behind the push for the provision of a 136 bed in a different project – our local mental health unit - as we haven't had one there for a few years; police have been transporting people to Carmarthen.

Crisis team involvement has mainly seemed to consist of passing responsibility back to referring agencies as they are not keen to deal with dual diagnosis clients, whereas the police will engage with people whatever the circumstances and whatever their presentation. Police have had to intervene several times as it's usually the quickest way of getting someone seen.

4). The main point worth noting for me was the lack of support from the Crisis Team when I referred a person I was concerned for. They told me if the police picked the client up then they would see them in the police station straight away. They told me this was the quickest way of getting help, which I think encourages the criminalisation of people with mental health issues. Surely mental health teams should be looking to pick people up before it gets to the point that the police need to intervene?

On the other hand, attitudes to our client group in general have improved and they are treated with more compassion and understanding even when their own behaviour could be classed as confrontational.

5). As I see it, this is the usual cycle of events:

- Staff become concerned for a resident's mental health
- Resident refuses to attend GP or A&E

- Staff call Crisis Team; sometimes there is an answer, sometimes not. Crisis team refuses to attend project to assess resident
- Resident becomes more agitated and becomes a safety concern to other residents
- Staff call an ambulance - the resident may leave to be assessed at that point, or told that the Crisis Team will not see them while intoxicated
- Resident returns to the project without being assessed as the wait to access Crisis Team is too long or they are told they are too intoxicated
- Resident's behaviour causes issues for other residents
- Police are called; if they can satisfy their Sergeant that the person is at risk or a crime has been committed (or is likely to be committed) they can be transported to Carmarthen for assessment
- If the resident does not fit the criteria to be taken to Carmarthen, then the police can also take them to the station as a place of safety depending on the circumstances

In my experience the police have always been very helpful when a resident is in crisis, but they are obviously frustrated with the way mental health issues are handled. The police are far more helpful and responsive when a client is in crisis than the Crisis Team. Police help staff to look for solutions so that a person in crisis can access treatment. The Crisis Team just seem to put up barriers preventing people in need from accessing their services.

Cynulliad Cenedlaethol Cymru Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu HSCS(5) MHP17 Ymateb gan Fwrdd Iechyd Prifysgol Abertawe Bro Morgannwg	National Assembly for Wales Health, Social Care and Sport Committee Inquiry into Mental health in Policing and Police Custody Evidence from Abertawe Bro Morganwwg University Health Board

Thank you for the opportunity to provide input into the Committee's enquiry into mental health in policing and policy custody.

A number of your questions are relevant to NHS Health Boards. I understand you also sought evidence from the Welsh Ambulance Services Trust and from Local Authorities. The following responses focus on an Abertawe Bro Morgannwg University Health Board (AMBU) perspective or position on the questions that relate to the Health Boards' areas of responsibilities:

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.

ABMU has a number of ways in which police officers can access support:

- The police can contact our 24 hour Crisis Teams in Swansea, Neath Port Talbot & Bridgend to discuss patients.
- We have supported the pilot of placing Psychiatric Nurses in Police Call Centres to improve management of mental health calls.
- Criminal Justice Liaison Nurses work in the South Wales Police Bridewell Suites in Swansea & Bridgend Monday – Friday.

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.

There are 3 places of Safety in the ABMU Health Board area. These are in Cefn Coed Hospital and the mental health units in Neath Port Talbot and Bridgend Hospitals. The number of individuals brought into these places of safety in 2018 were: Bridgend – 78; Neath Port Talbot – 84; and Swansea – 94.

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.

There is a Memorandum of Understanding between South Wales Police and the Health Board's Medium Secure Service. The Police can request a mental health assessment of people in custody via the On Call Consultant Psychiatrist for the relevant locality. A Consultant Psychiatrist will assess anyone who is arrested on suspicion of murder in order to give an opinion about mental health and fitness to be detained and questioned.

More broadly, there is regular contact between our Emergency Department clinical and operational leaders and police colleagues to discuss how we can continually improve the police and hospital interface.

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.

As noted above, the police can call on the advice of a Consultant Psychiatrist when assessing the needs of vulnerable people in police custody.

When individuals are assessed by one of our Crisis Teams they will often be referred or signposting to ongoing care or support, whether that be into secondary care, to their own GP or to a 3rd sector voluntary service for support.

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 South Wales Mental Health, Learning Disability & Criminal Justice Planning Group (SWP) is chaired by an ABMU Consultant Psychiatrist and attended by the Nurse Director or Deputy.

The Wales Mental Health Crisis Care Assurance Group oversees the delivery of the Crisis Care Concordat.

Yours sincerely

TRACY MYHILL

CHIEF EXECUTIVE

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu
HSCS(5) MHP18
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 with 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 MAPPA meetings attended by a senor nurse from mental health
- Level 2 MAPPA 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 with 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.

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Feedback from Conwy Social Care Department

We agree that:

- We need to Improve understanding is needed of what is and isn't a Mental Health crisis and when to use S135 / 136.
- We need to ensure that police and other agencies know what to do in S135 / 136 situations and that the police don't work in isolation (as a team or individuals).
- We need to work more effectively in partnership with other Agencies (including Third Sector). This includes understanding each other's roles and responsibilities.
- Ensure sufficient services are available to support the Police.

We also think that:

The Whole focus should be about better partnerships. There should be sufficient services to support the Police in North Wales. There is a lack of understanding of each other's roles and responsibilities. Need to work together - hence the creation of the Concordat in England.

Assessments

- We need to Improve and speed up the time taken to undertake assessments.

Communication

- Improve communication in terms of sharing information and also being able to get hold of other teams (this may include considering where teams / individuals are located).
- We need better awareness about existing Welsh Concordat – need to publicise this more widely. There is a Concordat in England. There is a similar arrangement in Wales and BCUHB, & Police are signed up – no Local Authority sign up ? Should this be reviewed as Local Authorities are partners in MH Services with the Health Board.
- We need to share information more effectively.

Transport & Places of Safety

- There is an issue re safe conveyance of people with MH issues. Local Authorities do not have the power to convey. The Health Board appear reluctant to take part in discussions about it (S135 / 136 discussion groups).
- Better transport provision for people in crisis is needed for improvement, e.g. provision of dedicated private ambulance/taxi would be an improvement (which should be more cost effective, more suitable and speedier).
- Acute ambulances are needed for more urgent physical casualties. Dangerous situation for everyone. If funding was made available for alternative mode of transportation ie we understand that there are areas of England that utilise private ambulance services.
- Approved Mental Health Practitioners have cited examples of some situations that are quite clearly not suitable for an ambulance yet the Police still ask for one.
- The police have a process in terms of risk management – in order to make the decision for the police to convey – it is the decision of the individual officer.
- Improve how to deal with Young People in crisis situations, and ensure they go to the most suitable safe places. Can we use the CAMHS buildings as a place of safety ? (Not allowed at present – do not allow emergency admissions).
- Defining more safe places, ensuring people (e.g. police) are aware of them and ensuring they are available and used appropriately.
- S136s arrests are not going to custody in the daytime. This is appropriate as long as the people are referred on to a place of safety. Overall they seem to go to the correct place.
- Young People are an issue. Individuals in distress are sometimes taken to children's wards.
- The CAMHS building is not a designated place as no emergency admissions accepted there. But could CAMHS building be used as adult mental health units are not suitable environments for young people under the age of 18.
- Sometimes confusion over places of safety. Incidences of individuals being taken to Community Mental Health Team Base as a place of safety – which it is not.

Safeguarding Models

- Some people are arrested because risk to themselves / others but not because they have committed a crime. Police are dependent on other agencies to help.
- Consider Safeguarding aspect e.g. a multi agency safeguarding hub model may work better i.e. a MASH.
- Expand 'I CAN' centre type of provision.
- We don't have a forensic medical examiner in custody situation any more.

Language & Terminology

- Be aware of, and avoid, inappropriate terminology in our work.

- ‘Arrested’ under 136 – is also a terminology issue. Need to consider appropriateness of application of 136.

Care Planning

- Ensure effective care planning once released – we need to improve on this.
- Define what should happen when things go wrong.

CID16s

- Following up CID16s – we need to improve on this. We receive CID16 reports but no follow up with the Police. It doesn’t give us the right to bring people in. More liaison work re CID16 s to determine whether individuals need further assessments.
- The Police don’t want to criminalise people when they’ve not committed crimes.
- There is a lack of health based alternatives. If individuals are arrested and taken to A & E - 2 police officers have to remain with the person. Under S136 – the Police can leave. Access to a swift assessment to accept people would be useful.

Service User Involvement

- We should encourage users of service to get involved in planning and introduction of better models of work for this area.

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Evidence from an individual

Background

I was an operational police officer for 23 years until my retirement in June last year. During my service I was a Divisional Supervisor responsible for providing the initial response to incidents and also worked as a custody sergeant. Many of the incidents I supervised had a mental health element to it; and a large proportion of the 1,000s of prisoners I was responsible for suffered from mental health conditions; not all of them obvious or diagnosed.

My daughter was detained under the Mental Health Act (MHA) and I was involved in a parental capacity in those situations.

Operational Issues

There will always be a role for the police to play in dealing with people who are in crisis, and it is naive to think there will ever be a situation where the police will never have involvement with anyone who has been diagnosed or suspected of having a mental health problem. Officers deal with all members of the public. However once the immediate emergency has passed the police are often left abandoned by others agencies caring for a person without the relevant training, skills or resources. This does not mean the police should be given more training or resources; the gaps need to be filled by the correct and proper agencies. To illustrate this point I will provide two examples.

The family of a 14 year old autistic boy who was suffering a seizure called for police assistance as they had been restraining him for a prolonged period. He had also been given the maximum amount of medication allowed. The restraint was no more than gentle pressure to prevent him from harming himself or others as he was unable to control his limb movements. Because it was said he was kicking and punching he was classed as being violent and the Children and Adolescent Mental Health Services (CAMHS) refused to send anyone and the family were instructed to call the police. His punches and kicks were the jerking spasms of his seizure. My officers assisted the family in keeping him safe whilst I spoke with the ambulance service and mental health services on the phone. They refused to come out as he was "violent". It was only when I insisted it was a medical

emergency an ambulance was sent. Even then the crew had been instructed to tell the police to take the boy to hospital in a caged van. Once I had explained that the police had no more powers than any other member of the public in this situation and we did not have the same medical expertise or equipment as an ambulance crew they relented and he was taken to hospital.

My daughter was in crisis and intent on harming herself, either with an overdose or by cutting. She was trying to leave the house but was prevented by my wife and I. The police were called, and I have no issue with the officers attending, as they were correct agency to deal with the emergency. Because the incident had happened in our home she was detained under common law to prevent a breach of the peace. This meant that, because she had not been detained under Section 136 MHA, she was not allowed to be taken to Bro Cerwyn to be assessed and the only option available was for the police to take her to custody. Wrongly the staff at Bro Cerwyn were of the belief that the only place she could be taken to was police custody for an assessment.

Custody Issues

Persons are brought to custody for a number of reasons and broadly they fall into 2 categories - criminal and non-criminal. However, they all have differing needs depending on their personal situation. If they are detained under the MHA then it is a requirement for an assessment to be carried out. If they have been detained for other reasons the custody sergeant will be the decision maker on what level of care and support the detainee will require. To assist the in the decision making process the sgt will seek information from intelligence systems, the arresting officer and the detainee. There are scripted questions in the risk assessment and the use of trigger words often bring a scripted response, which ignores the situation at that particular time. When the words “self-harm” “suicide attempt” are mentioned it can provoke a response for the detainee to have their clothing removed and placed in an anti self-harm suit. Consider two prisoners with the same risk factors which causes the custody sgt to remove their clothing. For one detainee it could be beneficial as they feel they are being looked after and the risk of self harm is removed from them. For the other it could be devastating as they can be made to feel that once their clothing has gone they have nothing left and upon release from custody they will take their own life.

For many who work in custody, police and support staff, there is the fear of an adverse incident which will impact on their career and they take the most risk averse approach to their duties, however inappropriate it may be. This is not helped when organisations, such as Inquest, and politicians use headline figures linking the number of deaths in police custody and the number of prosecutions arising from those deaths. Not every death can be avoided. I have had many prisoners take ill whilst in my care and because of the expert first aid provided by detention officers this prisoners survived. The impact of lengthy blame seeking investigations benefits no one.

Missing Persons & Preventable situations

When a person is admitted to hospital as a voluntary patient they must be allowed to leave as voluntarily as they entered. On many occasions a person may be detained by the police and as part of the assessment they are given the option of being a voluntary patient or being sectioned; that is not consent; it's a threat. When that person decides to leave, because they are not subject to the MHA there is no legal power for the police to force them back to the ward. This causes legal problems for officers as they will be aware that a recent assessment has been conducted whereby the person was not detained under section, and there is no lawful authority to remove them against their will. If they utilise section 136 MHA and the person is admitted voluntarily, then is reported missing again we are back to square one, and so it goes on.

Many of those missing persons reports are avoidable but are not prevented by mental health services. xxxxxxxxx died in 2012 after she was allowed to leave Bro Cerwyn and at the subsequent inquest the coroner highlighted the lack of security of the ward. Over subsequent years there were hundreds of reports missing person reports from the same ward. The police raised concerns regarding the ease with which patients were able to abscond over the fence, yet nothing was done. Every time such a report is made police resources are deployed at some considerable cost to locate and return the person.

Planned operations

There needs to be greater collaboration between agencies at an early stage when it is known that the mental state of the person involved is a significant factor in any planned operations. Too often police are left picking up the pieces due to a lack of preparation or reluctance from other services.

Police will be asked to assist in executing a warrant issued under section 135 MHA and I will give an example I was personally involved in where poor information sharing, planning and execution caused excess and unnecessary work for the police. It also made the situation worse for the person involved.

A request was received for police to attend and assist in conducting an assessment of a person their own home and when I asked for the legal authority upon which the request was based it became obvious there was none and they were hoping to be gain consent. My response is if you have consent you don't need the police, we will assist if there is a requirement to use force. The following day I was informed they had a warrant and I was asked to have a couple of officers to meet them there. Only after I asked some questions when conducting a risk assessment I was informed the subject had access to a weapon and had made threats. This changed the dynamics and it took some time for a firearms response to be put in place. By the time that had happened the assessing doctors and social worker had gone home, resulting in armed officers arresting the subject on the basis of the threats previously made. He was kept in custody for 24 hours

before a MHA assessment was conducted. It transpired he had no weapon nor any mental health issues. It was false information from an ex-wife. Had there been earlier consultation this fact could have easily been discovered.

It is not unusual for the police to be contacted at the point where doctors and social workers are at the house wanting police assistance, where there has been little or no planning and no transport organised.

Patients as victims

Where a patient reports a crime or incident access to the patient is hindered or prevented with the reasons given that they lack capacity or have mental health issues, or their complaint isn't taken seriously. As well as a police supervision matter it is an issue for the staff on the wards. A recent example is where a patent reported being assaulted on the ward and as the report was being made a staff member spoke with the police on the phone stating it did not happen, yet that person was not on duty when the incident is alleged to have happened.

Summary

Many of the concerns I have about demands on policing are the result of matters outside the control of the police and the focus can become on the actions of police when they have been placed in a situation which should never have occurred on the first place. I hope this submission highlights some of these concerns and I would be willing to provide more evidence if required.

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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.

There are currently some opportunities to provide support and/or guidance to North Wales Police officers, who can then make informed decisions regarding diverting a person with mental disorder from police custody. Across North Wales, BCUHB currently operate a dedicated telephone number to enable access to a mental health practitioner who can consult with officers prior to use of S136. This consultation is available 24 hours a day, 7 days a week.

However, there is scope to build on this availability. Therefore, it is pleasing to report that BCUHB have been successful in being awarded funding from Welsh Government to develop, with North Wales Police (NWP), a mental health telephone triage service within the Joint Communications Centre. BCUHB have also provided an additional mental health triage resource across the region as part of the Health Board's annual Winter resilience planning, and for large public events (Armed Forces Day 2018) in partnership with NWP and WAST.

As part of our wider 2018/19 Winter resilience planning, BCUHB provided a mental health practitioner in a dedicated police vehicle to support the emergency services across the region, to provide the right response in the right place at the right time. During the eight nights, practitioners responded to 38 incidents, undertaking 21 face-to-face assessments and 6 incidents through effective collaboration in the police control room. Whilst the activity is low, importantly some conveyance and application of S136 was prevented. We will continue to explore such opportunities with partners when operational pressures indicate a perceived need, as the service user experience of being detained under a S136 can have a significant impact on individuals.

We are also working with the Third Sector to provide support to people who may ordinarily access the local emergency departments for emotional and welfare support. The ICAN Centres have now been

operationalised across each BCUHB district general hospital, and are staffed by volunteers to support individuals in need of non-medical support.

During the setup of the centres, which was in a short time scale, 200 volunteers have been recruited, which demonstrates the commitment of our North Wales population to support such initiatives. Dependant on evaluation we believe there is significant further scope to scale up this project and to replicate this approach in local communities. North Wales' Together for Mental Health Partnership Board will continue to oversee future developments in terms of developing a range of alternative crisis response initiatives in line with our strategy. The CALL Helpline is also available to members of the public and police staff to provide advice and guidance on how best meets the needs of people in distress, or seeking support 24/7. BCUHB and NWP are also piloting an approach to reduce the number of vulnerable people informally conveyed by police to local ED, who subsequently leave without an assessment. This approach will be evaluated in July 2019.

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.

Between January and December 2018, North Wales Police utilised powers under S136 on 719 occasions (10.27 per 10,000 population). On 8 occasions police custody was used as a place of safety (1.1%). Further detailed data for all S136 activity is available, broken down by area if required. All of BCUHB Mental Health Act data including S136 is scrutinised at our Mental Health Act Committee which is chaired by our Vice Chair. Unlike other areas, there has been an historic culture of not utilising police custody for S136 in North Wales, and numbers have always been very low. However, our S136 activity remains high and places significant operational pressures on both BCUHB and NWP, which is why crisis development is one of our strategic priorities for mental health developments in North Wales.

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.

BCUHB currently provides three health based places of safety across the region. Each facility is a dedicated and purpose built room that meets the requirements for the detention of a person under S136[i] (National Institute for Clinical Excellence 2005 and Royal College of

Psychiatrists 2013). There are occasions when demand for access to these facilities exceeds capacity and this presents operational challenges for both organisations, and is managed jointly via our on call and escalation procedures to keep the person safe and provide dignified care. We have recently experienced a significant reduction in under 18s S136 activity, from 52 in 17/18 to 20 in the comparable period for 18/19. However, this remains an area of concern for both BCUHB and NWP, especially in relation to detention of young people under 16. We continue to work proactively with partners, particular Social Services, to improve our joint offer to young people who are in distress but who may not have a mental disorder and therefore do not meet the criteria for detention under the Mental Health Act. We are striving to develop alternative pathways and options, hence our joint Parliamentary Review bid with our six Local Authorities, which focuses on out multi agency response to young people who are on the edge of care.

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).

Our Mental Health Act data reports that North Wales Police conveyed people detained under S136 on 96.6% of occasions (January to December 2018). Part of the explanation for this is likely to be delays in accessing ambulance services. BCU has been working as part of our plan to improve urgent care services to reduce ambulance delays and have delivered sustained improvement. For example, comparing Feb 2019 to February 2018 delays have reduced by just over 72%

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.

North Wales Police work positively with BCUHB to meet competing and shared operational challenges with a shared strategic view (Together for Mental Health in North Wales). During 2018 BCUHB funded and seconded a full time mental health practitioner to work with NWP on a range of joint initiatives. This is an example of our will to address the ongoing operational pressures that both organisations face from this agenda and to improve the experience for our service users. This post has now been made substantive and will oversee the

development of future initiatives such as the provision of mental health practitioners in the joint control room and the significant training agenda for frontline police staff.

NWP have also recruited a mental health lead working with all partners to improve the response to vulnerable people who encounter the police. As part of the Day in Their Shoes programme North Wales Police have released officers to spend time shadowing mental health practitioners. North Wales Police are also active members of the Local Implementation Teams, exploring local solutions to community based challenges North Wales Police identify vulnerable people within police custody and access custody nurses to provide a physical health check. Police will identify when a person may require a face to face mental health assessment and will access appropriate mental health assessment, either through Psychiatric Liaison, S.136 or requesting a formal assessment under MHA in custody. Re-launch of our Criminal Justice Liaison Service will provide additional resources to provide primary mental health care assessment in custody. In addition, BCUHB and NWP have jointly developed a mental health training programme that will be jointly delivered to improve the competencies of frontline police officers in a range of mental health topics.

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.

As previously indicated following a review of S136 use over four years in North Wales (2018) there is evidence that very few people are detained in police custody under S.136. Of those people detained under S.136, on average, 26% of people detained under S.136 require inpatient admission following assessment, 15% of people do not have a mental disorder and 59% of people had a mental disorder and required referral or follow by mental health services. The developments described previously and our future actions planned with partners, under our joint mental health strategy, are all designed to have a positive impact on the regions use of s136 and improve the experience for our service users and staff across both organisations.

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.

In relation to implementation of the Mental Health Crisis Concordat the approach adopted in North Wales is to embed this activity within the governance of our Together for Mental Health Partnership Board. This demonstrates an efficient use of resources, and ensures all our regional developments and policy drivers are aligned.

Yours sincerely

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Prif Weithredwr

Chief Executive

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

Evidence from Equality and Human Rights Commission

Consultation response from the Equality and Human Rights Commission

Consultation details

Title: Mental health in policing and police custody
Source of consultation: Health, Social Care and Sport Committee
Date: March 18, 2019

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Introduction and summary

The Equality and Human Rights Commission (the Commission) welcomes the opportunity to respond to the Committee's Inquiry into mental health in policing and police custody.

The Commission's Is Wales Fairer? 2018 report found that the inappropriate use of police stations as a 'place of safety' for people with mental health conditions has decreased considerably, but there has been a slight increase in detentions under the Mental Health Act 1983.

The Commission's evidence to the UK Government-commissioned Independent Review of the Mental Health Act 1983 highlighted four key priorities for reform:

- Reducing the scope for crises to occur through improved provision of early interventions and support in the community;

- Ensuring greater patient agency and autonomy in decisions to admit and treat people with mental health conditions and the ongoing provision of such treatment;
- Reducing the ill-treatment of people detained under the MHA and improving investigations into ill-treatment and non-natural deaths in mental health settings; and
- Improving data collection to facilitate targeted action to tackle disproportionality in the use of the MHA.

The Commission's Inquiry into non-natural deaths of adults with mental health conditions in prisons, police custody and psychiatric hospitals in England & Wales in the years 2010 to 2013 found that repeated basic errors; a failure to learn lessons; and a lack of rigorous systems and procedures have contributed to the non-natural deaths of hundreds of people with mental health conditions detained in psychiatric hospitals, prisons and police cells.

Is Wales Fairer? 2018 evidence on the Mental Health Act 1983, detention, and the inappropriate use of police stations as a 'place of safety'

The Commission's Is Wales Fairer report (2018)[1] finds that the inappropriate use of police stations as a 'place of safety' for people with mental health conditions has decreased considerably, but there has been a slight increase in detentions under the Mental Health Act 1983.

Use of Mental Health Act and supervised community treatment

Use of Mental Health Act and supervised community treatment In 2016/17, admissions under the Mental Health Act 1983 (excluding place of safety detentions) and other legislation had increased by 3% from 2015/16 to 1,766. Of this number, 94% were detained without the involvement of criminal courts (under Part II of the Mental Health Act 1983). Of those detained without the involvement of criminal courts, 75% were admitted for assessment, with or without treatment (under section 2 of the Mental Health Act 1983). Section 2 admissions increased (in terms of numbers) between 2015/16 and 2016/17, rising from 1,211 to 1,246 (35 or 3%). In 2016/17, there were 206 patients subject to supervised community treatment (SCT) including 17 for whom an independent hospital was responsible. Of this total, 117 were men and 89 were women. There is no breakdown by ethnic group or other protected characteristics (Welsh Government, 2018f)

Detentions under the Mental Health Act

Under section 136 of the Mental Health Act 1983, the police in England and Wales may remove people from where they are and take them to a place of safety if they

[1] Is Wales Fairer? 2018, see here.

appear to be 'suffering from mental disorder' and it is considered that their behaviour poses an imminent risk of serious injury or death to themselves, or to another person.

In 2016/17, the rate of adults (aged over 16) per 10,000 detained under the Mental Health Act was 6.95 in Wales and higher for men (7.9) than women (6.1). Between 2010/11 and 2016/17, the rate of adults per 10,000 detained under the Mental Health Act increased slightly from 6.89. 78 In 2016/17, an average of 53 young people were held in youth custody in establishments in Wales, indicating that several young people attached to Youth Offending Teams in England were held in these establishments.

The use of police cells as a place of safety under section 136 is declining. In 2016/17, a police cell was used as a place of safety 117 times in Wales (Home Office, 2017b), compared with 541 times in 2014/15 (National Police Chiefs' Council, 2015).

In 2016/17, there were no cases of a police cell being used as a place of safety for a person aged under 18 in Wales (Home Office, 2017c), compared with 16 uses in 2014/15 (National Police Chiefs' Council, 2015). In 2016/17, 4% of those detained in police stations in Wales were taken there because there was no capacity in a health-based place of safety. For more than half the cases in 2016/17 (55%), the reason was recorded as 'other' or 'not known' (Home Office, 2017c). This contrasts sharply with the situation in England, where 'no capacity' was recorded as a reason in 52% of cases and 'other' or 'not known' was recorded as a reason in 31% of cases.

Is Wales Fairer? 2018 recommendation:

Police forces in Wales should keep accurate and detailed reports on the use of police cells as a 'place of safety' under the Mental Health Act.

Our Findings and recommendations to the Independent Review of the Mental Health Act 1983

In November 2018 (updated in December 2018), the Commission submitted evidence to the UK Government-commissioned Independent Review of the Mental Health Act 1983 (MHA), which was set up to look at how the legislation in Act is used and how practice can improve.

The Commission has previously highlighted our concerns about equality and human rights issues arising under the MHA. These concerns are broader than the Committee Inquiry's specific Terms of Reference that relate to policing and police custody, but remain relevant.

In our submission to the Review, we highlighted four key priorities for reform:

- Reducing the scope for crises to occur through improved provision of early interventions and support in the community;

- Ensuring greater patient agency and autonomy in decisions to admit and treat people with mental health conditions and the ongoing provision of such treatment;
- Reducing the ill-treatment of people detained under the MHA and improving investigations into ill-treatment and non-natural deaths in mental health settings; and
- Improving data collection to facilitate targeted action to tackle disproportionality in the use of the MHA.

Our full submission is available no our website, which the Committee may wish to consider[2].

Legal Framework

Domestic human rights and equality law

Through its incorporation of the European Convention on Human Rights, the Human Rights Act 1998 requires that the following rights must be complied with in the operation of the MHA:

- The right to life (Article 2), which requires the State and public bodies to protect life; act on positive obligations to protect life, for example where a public authority is aware of a real or imminent threat to someone's life or where the person is under the care of a public authority; and in particular circumstances carry out official investigations into deaths, especially deaths in State institutions or police custody.
- The prohibition of torture, inhuman or degrading treatment (Article 3), which requires the State and public bodies to refrain from the most intrusive and risky forms of control and treatment used in care and treatment settings, such as use of physical restraint and medication without informed consent; refrain from subjecting anyone to torture, treatment or punishment that is inhuman or degrading; act on obligations to prevent, and protect those at risk against this type of treatment; and investigate allegations of torture and inhuman or degrading treatment.
- The right to liberty (Article 5), which requires the State and public bodies to ensure there is a clear procedure prescribed by law before authorising a deprivation of liberty (and permits a person to be lawfully detained if they are of "unsound mind"); ensure the deprivation of liberty is necessary and proportionate; provide for a speedy determination of the lawfulness of the detention by a court and to compensation in the event of unlawful detention; and ensure there is a procedure for regular review of the necessity for the detention.

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[2] For our full submission, see here under December 2018.

- The right to respect for a private and family life (Article 8), which requires the State and public bodies to protect the right to personal autonomy, dignity, physical and psychological integrity; and ensure that any restrictions on these rights are limited to occasions where they can be legally justified. Acts undertaken in relation to the care and treatment of a person who lacks capacity to consent will almost invariably interfere with these rights sufficiently to engage Article 8, even if the acts are considered to be in the individual's best interests.
- The right not to be discriminated against in the enjoyment of ECHR rights (Article 14).

The Equality Act 2010 protects people with protected characteristics (age, disability, race, sex etc.) against direct and indirect discrimination, failure to make reasonable adjustments for disabled people, discrimination arising as a consequence of disability, harassment and victimisation.[3] It also requires government and public bodies (including NHS commissioners in England, service planners in Wales, and public services provided by private providers) to have due regard to the need to eliminate discrimination, to promote equality of opportunity for people with protected characteristics and to foster good relations between people who share a protected characteristic and those who do not. Where adverse impact for people sharing a particular protected characteristic(s) is detected, having considered these three aims, public bodies need to consider whether there are ways they could reasonably mitigate that impact.

International human rights framework

The UK is also a signatory to a number of international human rights treaties. Largely the treaties have not been incorporated into domestic law, so they are not directly enforceable in UK courts, but they represent legally binding obligations in international law.

Under the International Covenant on Economic, Social and Cultural Rights (ICESCR),[4] the UK State is expected to recognise everyone's right to the enjoyment of the highest attainable standard of physical and mental health and create conditions to ensure medical services provide for this (ICESCR Article12). Paragraph 8 of General Comment 14 on ICESCR[5] states that the right to health includes "the right to control one's health and body (…) and the right to be free from interference, such as the right to be free from torture, non-consensual medical treatment and experimentation".

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[3] For more information, please see here.

[4] For more information, please see here.

[5] UN Committee on Economic, Social and Cultural Rights, General Comment 14 – Right to the highest attainable standard of health (2000). Available here:

Under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD),[6] the UK State is expected to: involve service user organisations in the development and running of services (Article 4(3)) and provide for peer support (Article 26); ensure disabled people are equally entitled as non-disabled people to all legal protections (Article 5); provide support to people who are disabled to ensure they can exercise their legal capacity (Article 12); ensure that the existence of a disability shall in no case justify a deprivation of liberty (Article 14); secure the right for disabled people to live independently (Article 19); and secure the highest attainable standard of health (Article 25).

Under the United Nations Convention on the Rights of the Child (UNCRC),[7] the UK State is expected to: respect and ensure every child can enjoy all UNCRC rights without discrimination (Article 2); ensure that the best interests of a child must be the primary consideration of all actions concerning children (Article 3); ensure that a 'mentally disabled child' should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community (Article 23); and recognise the right of a child who has been placed by the competent authorities for the purposes of care or health treatment to a periodic review (Article 25 CRC).

Under the United Nations Convention for the Elimination of All Forms of Racial Discrimination (UNCERD),[8] the UK State is expected to eliminate racial discrimination and, when necessary, take steps to ensure the adequate development and protection of certain racial groups or individuals belonging to them, for the purpose of guaranteeing them the full enjoyment of their human rights (Art 2).

Under the United Nations Convention Against Torture (CAT),[9] the UK State is expected to ensure that any person who alleges they have been subjected to cruel, inhuman or degrading treatment has the right to complain to, and to have their case promptly and impartially examined by, its competent authorities (Article 13); and ensure victims of cruel, inhuman or degrading treatment are fairly compensated, including the means for as full rehabilitation as possible (Article 14).

Under the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW),[10] the UK State is expected to take all appropriate measures to eliminate discrimination against women in the field of

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[6] For further information, please see here.

[7] For further information, please see here.

[8] For further information, please see here.

[9] For further information, please see here.

[10] For further information, please see here.

health care in order to ensure, on a basis of equality of men and women, access to health care service (Article 12).

Preventing deaths in detention of adults with mental health conditions

In 2015, the Commission published a report of our Inquiry into non-natural deaths of adults with mental health conditions in prisons, police custody and psychiatric hospitals in the years 2010 to 2013[11]. Our report included a range of recommendations.

The Inquiry found that repeated basic errors, a failure to learn lessons and a lack of rigorous systems and procedures have contributed to the non-natural deaths of hundreds of people with mental health conditions detained in psychiatric hospitals, prisons and police cells in England and Wales.

As a result, the Commission created, for the first time, an easy-to-follow Human Rights Framework[12], aimed at policy makers and front-line staff across all three settings, which includes 12 practical steps to help protect lives

About the Equality and Human Rights Commission

The Equality and Human Rights Commission (the Commission) is a statutory body established under the Equality Act 2006. It operates independently to encourage equality and diversity, eliminate unlawful discrimination, and protect and promote human rights. It contributes to making and keeping Britain a fair society in which everyone, regardless of background, has an equal opportunity to fulfil their potential. The Commission enforces equality legislation on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. It encourages compliance with the Human Rights Act 1998 and is accredited by the UN as an 'A status' National Human Rights Institution. Find out more about the Commission's work at:www.equalityhumanrights.com.

[11]For full report, see here.

[12] To view the Framework, see here.

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu
HSCS(5) MHP23
Ymateb gan Ymddiriedolaeth GIG Gwasanaeth Ambiwlans Cymru

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

Evidence from Welsh Ambulance Services NHS Trust

Welsh Ambulance Service NHS Trust

Evidence submission

National Assembly for Wales Health and Sport Committee

Inquiry into mental health in policing and police custody

Introduction

1. The Welsh Ambulance Services NHS Trust (WAST) welcomes the opportunity to submit evidence to the Committee's inquiry into mental health in policing and police custody. We hope that this evidence supports the Committee in its inquiry and we would welcome the opportunity to provide further evidence in person should the Committee require it.
2. Our Mental Health Improvement Plan aims to improve our response to people in mental health crisis through better training of our people, developing better pathways for the public and improved mental wellbeing in our staff. We have already trained a fifth of front line staff in mental health interventions, we have rapid access to mental health intervention for our staff in place and we work in partnership with police colleagues to improve our response to people in crisis.
3. Our evidence will focus on our capacity to respond to people in crisis, the challenges of identifying mental health demand across the system, existing conveyance arrangements and our proposals for supporting and working towards a single crisis care model for Wales.

Capacity to respond

4. In October 2015, WAST changed the way it responds to 999 calls with the Clinical Response Model (CRM) in line with the five-step model for emergency services known as the Ambulance Service Care Pathway. This has not specifically impacted on our response to mental health calls.
5. This model aims to deliver a fit for purpose, safe and high quality clinical response that improves patient flow, outcomes and experiences of care, and supports the change to a clinically focused organisation that contributes to addressing the wider challenges facing the NHS Wales' unscheduled care system.

6. A review of amber category calls undertaken by the Emergency Ambulance Service Committee (EASC), which includes the majority of mental health calls, identified that the "the overriding factor" in improving the response times for Amber incidents is "the availability of ambulance resources and not the categorisation of those patients as Amber." Amber availability is the product of various factors: how much resource is available in the first place (levels of investment), unplanned abstractions from rosters e.g. sickness, post production lost hours e.g. vehicle defects and time lost at hospitals handing over patients or clearing for the next job.[1]
7. Across Wales from February 2018 to January 2019, 72,077 hours were lost to delays in handover of care from ambulances to hospitals compared to 59,965 hours in the same period the previous year. Improvements have been seen in winter months (2018/19) compared to last winter; however, the overall trend is increasing and the number of lost hours remains a significant concern.
8. WAST has been working with our partners across the system to reduce time lost at hospitals, which frees up more ambulance resources to respond to patients who are waiting in the community. The work involves reducing patients conveyed to major emergency departments, where it is clinically safe and appropriate to do so, and improving patient flow in hospitals.

Assessing mental health demand

9. It is challenging to get a full and accurate picture of mental health demand across the crisis care system in Wales.
10. In WAST, our approach to assessing demand in the 999 system relies on our prioritisation of calls and the category we assign to them. The two key mental health categories that can be assigned by 999 call takers are category 23 (overdose/poisoning) and category 25 (psychiatric/abnormal behaviour), but mental health conditions can be a contributory factor in many calls made to 999, and can be allocated to many other categories.
11. For example, if someone is having respiratory difficulty they will be allocated to protocol 6 - breathing problems, even if the source of their difficulty later transpires to be a panic attack. Whilst this ensures that we respond to the most serious and life threatening cases, it does mean that we cannot easily identify all mental health calls from our data.
12. Of the circa 470,000 calls to 999 that WAST responds to every year, at least 6% of these calls are allocated to codes 23 and 25 (roughly 3% each) i.e. have mental health as a primary concern. The EASC review of amber calls identified that around 3.3% of amber calls to WAST were in protocol 23—psychiatric/abnormal behaviour, which is broadly in line with the Trust`s estimates.

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[1] EASC 2018 A review of calls to the Welsh Ambulance Service categorised as amber

13. However, a 2013 study of the mental health demand in ambulance services looked at a random sample of WAST patient records and found that nearly 11% of calls where an ambulance was dispatched to an incident had a narrative relating to mental health problems.[2]
14. Looking at the wider crisis care system, a 2016 international study of emergency departments (including some UK EDs) estimates the total mental health demand to be circa 4% of all episodes in a year, with suicide and self-harm together comprising the largest categories.[3]
15. Her Majesty's Inspectorate of Police and Fire & Rescue Services report "Picking up the Pieces" found that 3% of police incidents were logged as 'mental health' during a demand exercise that was completed by 22 police forces in England and Wales.[4] They also found that

    "Overall, we found that many forces don't have a clear picture of their mental health demand. [...] Identifying the nature and scale of demand that the police face in dealing with mental ill-health is difficult. Many types of incidents that police attend can be mental health-related in some way."

16. Some of the challenge arises from a lack of conceptual clarity e.g. being clear about what is (and what is not) a mental health presentation, how we record these cases and how we develop shared means of analysing and interpreting information. We also need to assess the level of co-response to demand e.g. where WAST and Police Services respond to calls jointly, or call on another service to respond instead. These issues are not new, and are not unique to Wales.
17. Developing a clear, system-wide picture of mental health demand is a priority, and we are exploring how we can approach this work with Welsh Government and EASC.

Conveyance of people detained under Section 135 or 136

18. The Mental Health Crisis Care Concordat (CCC) is a shared statement of commitment from the crisis care system, with the aim of reducing use of Sections 135 and 136 of the Mental Health Act. Sections 135 and 136 are powers under the Act used to take people to a place of safety (section 135 from a

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[2] Whitfield et al 2013 Development of a pre-hospital mental health model-of-care for application and testing in the Support and assessment for Emergency Referral (SAFER 4) trial

[3] Barratt H et al. 2016 Epidemiology of Mental Health Attendances at Emergency Departments: Systematic Review and Meta-Analysis. PLoS ONE 11(4): e0154449. doi:10.1371/journal.pone.0154449

[4] HMICFRS 2019 Picking up the Pieces

private residence, section 136 from a public place). Section 136 is used by police if they think someone has a mental illness, and is in need of 'care or control'.

19. The CCC states that:

    Police vehicles will rarely be used to convey people in crisis save for the most violent of individuals and only exceptionally to transport people between NHS facilities. NHS Transport or other health vehicles (not necessarily an ambulance) should be commissioned to convey people to hospital who are in mental health crisis.[5]

20. The National Crisis Care Concordat Delivery Group, and several regional and local groups have been established to further define how this commitment would be delivered. As a national organisation, WAST is clear that a 'once for Wales' needs to be commissioned, with some local flexibility as required e.g. for rural areas. However, there continues to be significant variation across Wales.

A crisis care model for Wales

21. The current crisis care model in Wales has developed organically over a number of years, and is based on traditional patterns of service and additional evidence, and has had some investment. This model is largely focused on meeting the needs of people who have a mental illness and are using or have used mental health services in the past. We believe that a focus on this group has led to some improvement over a number of years, though there is still some way to go to improve crisis services across Wales e.g. by having 24 hour crisis teams available to everyone who might need them.
22. We believe some of the police and WAST demand arises when people 'fall through the cracks' in these and other mental health services e.g. when services are 'out of hours'. However, we also believe that there is probably a larger group of people who do not have a mental illness diagnosis, have not used mental health services or do not reach thresholds for access, but nonetheless end up in crisis and require a response.
23. There is no clearly defined pathway, or clear service offer and no 'safety net' for this group, leaving WAST, the Police Services, primary care, Emergency Departments and others to offer some form of crisis response. We acknowledge that the system's response is not currently designed to help people to address the root cause of their crisis, or in preventing its recurrence.
24. In response to this, we have started discussions with Welsh Government, Commissioners, Health Boards, the Voluntary Sector and Police Services on developing a different model of crisis care that could offer different responses

[5] Welsh Government 2016 Mental Health Crisis Care Concordat

and approaches to people in crisis. We think it vital that there is a single, 'once for Wales' crisis care model (with local flexibility) so that there is equity of access across the country, and ease of navigation for the public wherever they might be.

25. This model needs to be stepped i.e. offer services at the right level for people when they need them, some of which could be by telephone, would include voluntary sector provision, would enable shared learning for police, ambulance and health board staff, and would seek to improve outcomes for everyone.
26. We see great potential for shared routine data collection that would help us to eliminate some of the issues identified earlier in this submission, and would help us to further target services at people who need them.

Summary and conclusion

27. People in mental health crisis, and other forms of crisis, are an integral part of the population of Wales and deserve a timely response of our services as anyone else. However, we acknowledge the challenges in understanding the totality of the demand, and in ensuring that people receive the right response.
28. WAST is focused on improving outcomes for people in crisis through our mental health improvement plan. We are enhancing our practice and pathway development to respond better to people in crisis, however, system wide improvements are far more likely to be sustained and to deliver better outcomes and experiences for people in crisis.
29. We think that a single model of crisis care, with additional funding to establish it, support it and monitor its impact would be transformational and would ensure that people receive the services they need in a timely manner.

Cynulliad Cenedlaethol Cymru Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu HSCS(5) MHP24 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 circusmtances 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-harn 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 healh, 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 opporuntiy 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 Concrodat, 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 Concrodat 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 lead 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.

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu
HSCS(5) MHP25
Ymateb gan Ffederasiwn Heddlu Cymru a Lloegr

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

Evidence from Police Federation of England and Wales

Mental health in policing and police custody

#PatientsNotPrisoners

The Police Federation of England & Wales (*The Federation*) welcomes the opportunity to provide evidence to the Health Committee considering '*Mental health in policing and police custody'.*

This issue has long been a matter of significant concern to The Federation, indeed it is fair to state that the current changes that have been brought about have been guided and directed by The Federation, often at a tangent to the policies of Chief Officers and moreso that of the UK Central Government.

The formulation of the *Wales Mental Health Crisis Concordat* was an initiative pressed for and stressed upon Welsh Ministers by The Federation in the lead-up towards the legislative route of the 2010 Wales Mental Health Measure.

The issue of mental health and its relationship with the criminal justice system is consistently being discussed as it is a matter of grave concern to those charged with the responsibility of providing an effective service delivery to the public and/or those who may suffer from a psychiatric disorder or illness.

It has been the policy of The Federation since 1996 to have 'police stations' removed from the definition of a 'place of safety' as defined within the Mental Health Act and ultimately that would be our preferred option. That said, within the scope of the current devolved settlement and fiscal constraints placed upon it, we believe that substantial progress can still be made to benefit the rights and the care of mentally disordered persons who come into contact with the police.

The Federation has previously welcomed the bold move made by the Welsh Assembly in creating separate Wales-only Mental Health legislation, law that we helped shape, and this is illustrative of how serious this issue is taken by the front-line-police and we are fully committed to reviewing those processes and policies that govern this complex issue.

We therefore welcome this short inquiry, and submit advice, based upon evidence that encompasses all of Wales' four police forces, namely North Wales Police, Dyfed Powys Police, Gwent Police and South Wales Police.

We would suggest that this issue is revisited periodically as an issue to be rescrutinised, especially so, as we are advised that it is quite possible that the UK Government will wish to progress a new Mental Health Act, as such, any Act may/may not have Legislative Consent implications upon how S136 is dealt with for those in Police Custody in Wales.

Background

The Police Federation was formed by an Act of Parliament and, in Wales, it represents over 6,500 police officers, or 98% of all uniformed and CID ranks from Constable to Chief Inspector. The Superintendents Association and Association of Chief Police Officers form the remaining 2%. Our membership comes from each of Wales' four police forces. Its National Representatives are elected serving officers.

The Federation was established to protect and promote the 'welfare & efficiency' of police officers and in its discharge of functions as laid down by statute.

The Police have a duty of care to the public. They are essentially discharging their duty 'to preserve life'. That is a principle which is, of course, also underwritten by other emergency services and, indeed, by the NHS itself.

Mental health: prisoners & patients

Nye Bevan 1952: *"The collective principle asserts that no society can legitimately call itself civilized, if a sick person is denied medical aid because of the lack of means"*

Essentially, for the purposes of this short inquiry we are not concerned with patients who have been sectioned under the Mental Health Act and are thereby confined to a place of safety with full medical support in either a specialist medical unit or hospital.

The Federation is primarily concerned with the use of police officers when, as part of their core role, they are used as a first-line-response to a member of the public who comes to their notice and who may, or may not, be

mentally disordered and suffering such crisis, and, thereafter, how they are dealt with and cared for by the NHS and the police.

The Federation believe that it cannot be right, that a person who is 'mentally disordered' (howsoever it is defined) should be detained in a police cell. Custody suites in Wales are neither equipped nor staffed to deal with the specific needs of a person who has mental health issues.

Without question these people are *patients not prisoners*.

Police custody suites are designed as areas to hold prisoners who have allegedly committed criminal acts with a view to ensuring their security, to assist in the gathering of evidence and to facilitate the administration of justice at that early stage, whether through interviewing, charging or releasing.

It is an unfortunate fact that, all too often, those who die in police custody emanate from vulnerable groups, including, it must be said, those suffering mental health crisis. Coroners and human rights groups are then forced to express their concerns retrospectively, with all agreeing that these vulnerable persons should never have been placed in the first place, into a police cell.

This stance is fully supported by The Police Federation, mental health charities, The National Police Chiefs Council, The Superintendents Association and importantly also, The Independent Office for Police Conduct.

Despite this consensus of agreement and the improvement of provision of 'places of safety' in the health care setting, mentally disordered 'patients' are sometimes initially brought into police custody/safety and custody sergeants are then required – by law - to provide what care they can for these people, with little training, and few resources whilst they await an assessment by an appropriately qualified person.

Whilst it is a welcome development that mental health services now identify places of safety that police can immediately transport individuals to for assessment, experience shows that police resources are required to stay with that individual until a mental health assessment has been conducted by the relevant professional. This can take a many hours to arrange and complete, which involves police officers remaining with the patient, thereby impacting upon their operational availability and effectiveness.

When an individual, is thought to be suffering from a mental health crisis but also displaying the influences of alcohol, drugs, or a combination of both he/she may be detained in a police cell until 'sober' as these substances may affect the assessment process. That, of course, may take

many hours, stretches police resources, places the staff within the custody suite under increased risk of legal jeopardy and, most importantly, places the detained person at a continued, avoidable, high-risk.

The custody-safety route

Any person brought into a custody suite by a police officer, for either a crime or their own safety, has to satisfy basic criteria of law. This is to establish that their continued detention is both lawful and necessary. Such criteria may include:

- Available evidence of wrong-doing;
- The legal necessity for their detention;
- The ultimate purpose of their detention (gathering further evidence, questioning/assessment etc).

Essentially the circumstances are considered by the Custody Sergeant as required by the Police and Criminal Evidence Act, 1984 (PACE) which was initiated to rightly, strengthen and formalise the rights of those detained in police custody and to provide suitable safeguards for their well-being. That Sergeant will also consider the further needs of the investigation as well as those of the prisoner.

PACE states that a person detained under sect 136 must be assessed *'as soon as possible'* by approved social worker and registered practitioner.

In reality, they are initially assessed by a police appointed medical professional who conducts a general health assessment, then calls on the mental health services if they believe there is an issue.

Some custody suites are routinely visited by mental health care professionals, but this does not provide a meaningful 24/7 service, to provide assessment under the Act and is more about looking at all persons in custody at the relevant time, to identify anyone who may already be known to the mental health services.

If the prisoner is the subject of a criminal enquiry then, clearly, that 'crime' needs to be investigated. However, for those deemed (in lay terms) to be mentally ill, a doctor is called to asses that person.

There are advisory guidelines, but no statutory 'timescales' for how long a 'prisoner' can be detained without them seeing - on first referral by the police – to a doctor or any other qualified medical staff, such as a nurse. It is at this stage that those detained are at their most vulnerable; and indeed there are deaths in police custody attributable.

The holding of a person in such a condition may last for many hours awaiting either the attendance of a doctor to carry out a basic assessment or for the 'prisoner' to be suitably free of any intoxicant to enable the assessment to take place. The timeliness of such an assessment may, of course, be further hampered by the need to obtain the services of a language translator.

> Mental Health Act, Section 3.16 states that *"It is imperative that a mentally disordered or otherwise mentally vulnerable person, detained under the Mental Health Act 1983, section 136, be assessed as soon as possible. If that assessment is to take place at the police station, an approved social worker and a registered medical practitioner shall be called to the station as soon as possible in order to interview and examine the detainee. Once the detainee has been interviewed, examined and suitable arrangements made for their treatment or care, they can no longer be detained under section 136. A detainee must be immediately discharged from detention under section 136 if a registered medical practitioner, having examined them, concludes they are not mentally disordered within the meaning of the Act"*

It is a fact, that police resources are not suitably equipped to deal with mentally disordered prisoners – including children - who may need care as opposed to simple restraint. We have 'police cells' as opposed to 'secure units' and police officers or contracted civilian detention officers, as opposed to 'medically trained personnel'. Access to medically trained personnel is, of course, available but such prisoners could, currently, be taken to any custody suite in Wales, often across wide rural areas, with no guarantee of permanent or *ad hoc*, medical staff being in attendance.

Inquiry Objectives

The Federation will give advice in respect of the areas being considered by the Committee.

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.

Whilst we recognise that there have been improvements in identifying health care settings as places of safety to allow S.136 assessments to be conducted, we still have significant concerns that police resources are required to facilitate those assessments, tying officers up for significant periods of time, for what is essentially a healthcare issue. This is neither costed, scrutinised or audited.

Of no less concern is our observation that the police service routinely receive inappropriate calls for service, to conduct welfare checks on individuals who

are being managed by mental health services, either in a care or community setting.

Anecdotally, we can give numerous examples of patients being allowed home-leave from a mental health unit, failing to return to the relevant unit and the police being requested to conduct welfare checks and/or return the individual to the unit.

Similarly, we receive calls for service when patients are allowed to leave a unit having intimated to staff that they are intent on self-harming.

Often, these misplaced calls for service to the police from mental health teams, or other care settings, are the direct result of working practices within mental health units or staffing issues related to their working hours.

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.

Available data will show that this number has remained constant and certainly so since 2017 and irrespective of whether or not such people in crisis are detained, it is a fact, that in the main, NHS and Social Services as public services use the police as its backstop, often releasing people back into the public domain, having been given advice to seek medical care from say a GP, only for them to once again – and often shortly thereafter – be re-arrested under s136.

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 availability of places of safety, in a health care setting, has improved but the ability to conduct the relevant assessment has not. This results in police resources being required to remain with the patient often for protracted periods, so whilst the setting may be more appropriate, the demands on the police service remain the same.

The Federation remains deeply concerned that 'reception areas' are not always fit for purpose to safely accommodate patients who are essentially still in the care/custody of police officers, which causes significant safety issues for those accompanying officers and we believe that these areas should be subject to statutory inspection.

We note that there is a *Nurse Staffing Levels (Wales) Act* which places a legal duty on Health Boards and NHS Trusts in Wales to ensure they employ enough nurses to provide sensitive patient care in certain settings and specifically an appropriate number of nurses are on shift in adult care

settings. We submit that if necessary, this could be a piece of legislation which could be extended to cover mental health units and would be welcomed.

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).

There is a significant shortage of ambulance resilience. The police experience this on a daily basis, often using highly unsuitable police vehicles to transport acutely injured persons to A&E Units. Despite some twelve years of advising The Welsh Government on this issue, we are no further forward in having this matter resolved.

As such, varied police vehicles are being used to take patients to hospitals which often thereafter have to be taken-out-of-service, from their core role, due to bodily fluids being present. That aside, the transportation of mentally disordered persons creates its own problems. It may well be inappropriate to allow such a prisoner to be unaccompanied in the 'rear cage' of a police van, as may be the case for criminal prisoners, but, due to the uncertainty of the person's psychiatric condition, transporting the person even in the rear of a police car has inherent dangers.

It is by no means unusual for 'prisoners/patients' to attempt to escape, to attack the escorting officers or to interfere with the driver in a bid to force the vehicle to crash. In such circumstances, police restraint techniques, including hand-cuffing, will have to be used which may well differ from those used by psychiatric professionals and which may not be in the best interests of a person who requires medical care, as opposed to simple restraint.

Undoubtedly, cases exist where those suffering from a mental disorder have been released from police custody only to then harm themselves, or others within their own family, or wider public community. The Police have a duty of care to not only those they detain, but also to those that they interact, or have contact with. It is therefore vital, that appropriate safeguards are put in place to allow them to do just that.

We have found that transport can be made available, but during this time it does not detract away from the fact that the person is still in police custody.

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 service forms part of a public service delivery mechanism and have minimal training in this regard. Where medical care is provided in a police environment, this is *ad hoc* and there are no statutory levels set on how long a doctor should be given to arrive to assess a patient, or a time limit set for the transportation to a medical unit. The Royal College of Psychiatrists guidance states a period of 3 hours to attend a detained person, we believe that is wholly insufficient, as during this time, a person who is deemed mentally ill is in the sole legal and medical care of a Custody Sargeant, who it must be remembered is also dealing with often a very busy, noisy, violent custody suite area, holding criminals arrested for varied alleged crimes.

It should be noted that, in the current public services environment, the police service is unable to effectively hold other partner agency service providers to account, for unnecessary or inappropriate calls for service, which are due to the service failure of that partner agency.

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 Police Federation are unable to comment on this question, it being outside of their remit. Our only observation being that the police service regularly and routinely receive repeated calls for service involving individuals who are already known to or under the care mental health services.

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 Concordat is not law, it therefore succeeds only where compliance through mutual understanding exists. In parallel with front-line policing, it is neither costed, measured or scrutinised by The National Assembly for Wales.

It states:

"As partners we agree to work together and to intervene early, if possible, to reduce the likelihood of people presenting a risk of harm to themselves or others because of a mental health condition deteriorating to such a crisis point".

We believe the Concordat should be revisited and aspects of it drawn into statutory legislative clauses in as much as albeit it is an important statement

it should be drawn down into law, so as to place upon public bodies levels of service agreements.

For example, it should be noted that for those detained for 'their own safety' in police custody there are no timescales for any assessments to be made by the NHS. The Federation submit that this requires statutory guidelines for those brought into a police station for their own safety. The same exists on ambulance transportation to a mental health unit.

The interpretation of such 'mentally disordered persons' clearly includes persons who are suffering *any disorder* or *disability* of the mind. It is the Federation's view, therefore, that this is a human right and, as such, any person brought to the attention of the police who may/or may not be 'mentally disordered' should be given the same rights.

Similarly, in order to transport such persons – who are in legal terms now classified as

'prisoners' - for assessment to, say, a hospital, may require the use of police vehicles which have never been designed or adapted for such use and the journey distances may well cover many miles, and hours of travel, particularly in the rural areas of Wales.

Inevitably, the use of such transportation requires that at least two police officers will be taken from their normal core duties, to escort the person 'in safety' (a lay term). This could and, indeed, has been, entirely in vain where the staff at the hospital or psychiatric unit then refuse to assess the individual on the grounds of intoxication. In such cases, the prisoner is returned to the custody suite and kept in detention until an assessment can be completed.

A large number of those subsequently assessed are then released with no further formal action being taken. This is often due to the fact that they <u>may</u> previously have used alcohol to excess, illicit or prescribed drugs or a combination of each or that they no longer appear to form a threat to either themselves or a member of the public.

In such cases, that person may be advised by the doctor to attend at a psychiatric clinic as a voluntary patient. The police will have no legal reason to detain this person further and they will then be released back into the public domain with at that stage no further police contact (this figure stands at about 83%) or importantly the person will have no support from the authorities, unless it is voluntarily sought. All too often, that person will, at some stage - and often very soon thereafter - come back to the attention of the police and, once again, be taken back into police custody.

It must also be advised that where some 'voluntary agreements' exist, between Health Authorities and the Police, these have in the past assisted in dealing with some humanity with the mentally ill/disordered. However, The Federation firmly believe that *statutory protection* for the mentally ill is now more appropriate not only in terms off clarity in public service delivery terms, but to ensure clarity also in legal terms. The financial constraints both within the Health service and the police service has made the up-keep of such 'voluntary arrangements' almost impossible with no control, measures or configured management possible.

Death in custody/police contact

Whenever a person dies in either police custody, or following *any* police contact (up to fourteen days thereafter), the Independent Office of Police Complaints have a statutory duty to investigate the circumstances. This could result in the officers engaged within the custody suite, as well as those responsible for conveying the person there, or who have, or may have had contact, being placed under formal investigation where their every action, whether routine or otherwise, will be scrutinised with finite detail. This process creates excessive stress and deep anxiety in officers, who are simply attempting to do a professional job in difficult circumstances and with very limited, or no other professional resources.

Further advice: There are a myriad of sources that the PFEW will have to access and analyse to get statistics to cover the areas we have identified, and indeed a protracted period of time to collate such information, as such this advice is currently unavailable in the timescale allocated to this 'short-inquiry'. If the Committee is happy to do so PFEW can provide such figures at a later date. This submission has been submitted in English only.

The recommendations of the Police Federation

- That *designated* custody suites have the permanent attendance of a fully trained NHS nurse where officers in each police force can, if absolutely necessary, take a person for their own safety.

- It is accepted that if a person is *arrested for a criminal offence* and there are concerns that there may be mental health issues and that a police surgeon attends to examine. However, if a person is *arrested under section 136,* the assessment should be carried out by the appropriate people in the appropriate place, being a hospital or secure unit and not a police cell.

- That statutory limits are set which require a doctor, trained in assessments of mental health and a social worker to attend a designated custody suite within one hour of arrival.

- That transportation of any person brought to the attention of the police and who is to be taken from a designated custody suite to a hospital or specialist unit, is to be transported by ambulance only and for statutory time limit of 30 minutes set from being seen by a doctor.

- The Mental Health Crisis Care Concordat should be drawn down into law, so as to place upon public bodies levels of service agreements.

- Reception areas at places-of-safety are not always fit for purpose to safely accommodate patients in the 'care/custody' of accompanying police, which causes safety issues for those accompanying officers and that such areas should be subject to statutory inspection to facilitate patient/officer safety.

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

Evidence from Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services

Health, Social Care and Sport Committee: Inquiry into mental health in policing and police custody

Written evidence from HMICFRS

Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) independently assesses the effectiveness and efficiency of police forces and fire and rescue services – in the public interest.

In preparing our reports, we ask the questions that citizens would ask, and publish the answers in an accessible form, using our expertise to interpret the evidence and make recommendations for improvement.

We provide authoritative information to allow the public to compare the performance of their police force – and, in future, their fire and rescue service – against others. Our evidence is used to bring about improvements in the services they provide to the public.

People with mental health problems need expert support that can be provided whenever it is needed and in an appropriate setting. The welfare of these vulnerable individuals when they come into contact with the police is a principal concern of the inspectorate. We look at this important element of policing primarily in our annual inspections of Police Effectiveness, Efficiency and Legitimacy (PEEL), and our joint (with HMI Prisons) inspections of treatment and conditions in police custody.

Annex A (pp.4-5) is submitted jointly with HMI Prisons (HMIP) and provides more information about the joint custody inspections and our main findings for the Welsh forces.

In November 2018 we also published our first policing and mental health thematic report: *Policing and Mental Health: Picking Up the Pieces*. This report makes it clear that whilst the police service is doing a good job in difficult circumstances, there are concerns over whether the police should be as frequently involved in responding to mental health problems as they currently are. The report concludes that there needs to be a radical rethink and a longer-term solution to

what has become a national crisis. Annex B (pp.6-8) provides more detail about this thematic report, which draws on PEEL findings.

All the HMICFRS inspection reports referenced here have been published. In the sections that follow (pp.2-3) we summarise findings from these reports related to those areas that the Committee has expressed an interest in.

Are there sufficient services to support people with mental ill health in custody?

In general, our inspections showed gaps in mental health services to support the police in diverting mentally unwell people away from custody, and to obtain prompt Mental Health Act assessments for detainees in custody.

Use of section 136 detentions

Partnership working in the three forces inspected as part of the joint custody inspection programme in the last 3 years (see Annex A). All three forces had multi-agency mental health protocols setting out the respective responsibilities of partners when managing individuals detained under Section 136 of the Mental Health Act 1983.

Our inspections noted that numbers of people detained under section 136 and taken to custody were reducing but remained too high. There were not enough health-based places of safety to meet demand. This led to individuals being taken to custody when diversion would have been more appropriate. We were consistently told by frontline officers from all forces of the long waits they had with mentally unwell people, either in police vehicles or at mental health facilities, waiting for Mental Health Act assessments.

Mental health assessments in custody

Detainees arrested for an offence but who subsequently required a Mental Health Act assessment were often held in custody for long periods while waiting for assessments. There were also delays in transfers to a mental health bed.

Since our most recent custody suite inspections of Welsh forces, the Policing and Crime Act has come into force in relation to prohibiting the use of custody for section 136 detainees, other than in exceptional circumstances, and for children. Our inspections of forces in England since that date have shown few people detained under section 136 in custody, but there are indications of emerging problems in trying to deal with mentally unwell people outside of custody.

Partnership working, including the mental health crisis care concordat

In some ways, our inspections have found that the Welsh forces are better than their English counterparts in developing and working within partnership arrangements to support individuals in mental health crisis to divert them away from custody. However, this has not always resulted in achieving any better outcomes.

There were some effective partnership arrangements in place, though the support from mental health services varied across and within forces, depending on any local arrangements in place.

Police forces are heavily dependent on partner agencies when dealing with mentally unwell individuals, either on the street or in custody. However, many partners lack the capacity to respond effectively.

The mental health crisis care concordat

We recognise the considerable work all services and agencies have done to improve the approach to those with mental health problems. The concordat is an excellent first step and an early evaluation indicates that it has made some improvements. The most significant is the reduction in the use of police cells as a place of safety. This is undoubtedly positive. We fully support the range of work the police service does for people who have mental health problems.

However, people with mental health problems need expert support, and all too often this isn't available when people need it. The concordat is a step in the right direction, but there still needs to be a rethink.

Further information

We are very happy to discuss this briefing in more detail or provide further information if this is required.

Annex A: Findings from joint inspections of police custody conditions

There is a six-year rolling programme of police custody inspections which are carried out jointly by HMICFRS and HMI Prisons (HMIP), both of which are members of the UK's National Preventive Mechanism (NPM). The NPM was established pursuant to UN Optional Protocol against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, which recognises that a system of regular, independent inspection of places of detention serves as a safeguard against ill-treatment.

We inspected Dyfed Powys Police and Gwent Police in 2017, and South Wales Police in 2016. A summary of relevant findings for each is given below. To note: as North Wales Police has not been inspected since 2014, we do not include findings from this inspection here. The report is however available on the website.[1]

The inspection team includes a health care professional responsible for assessing both physical and mental healthcare services for detainees. In addition, in England, a Care Quality Commission (CQC) inspector is invited to join the team to provide additional expertise around mental health care and broader regulatory experience and perspective. In Wales, Healthcare Inspectorate Wales (HIW) are consulted during inspection planning stages to inform local arrangements and a HIW inspector is invited to participate.

Dyfed-Powys Police

www.justiceinspectorates.gov.uk/hmicfrs/publications/dyfed-powys-joint-inspection-of-police-custody/

Although not 24/7, Dyfed-Powys Police had mental health practitioners in their control rooms providing advice and assistance to officers dealing with incidents. They also operated a street triage system (not 24/7) to attend incidents using an unmarked vehicle equipped as a consultation/assessment room, which we regarded as good practice. Frontline officers told us these services provided them with invaluable support and helped divert individuals away from custody. Officers also had telephone access to a community mental health team but there were no consistent arrangements across the forces to ensure an effective response. There was a particular problem with the availability of Section 12 (MHA) approved doctors (one case took 57 hours for an assessment and transfer to hospital).

Gwent Police

www.justiceinspectorates.gov.uk/hmicfrs/publications/gwent-joint-inspection-of-police-custody/

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[1] https://www.justiceinspectorates.gov.uk/hmicfrs/publications/north-wales-joint-inspection-of-police-custody-suites/.

Although not 24/7, Gwent had mental health practitioners in their control rooms providing advice and assistance to officers dealing with incidents. Gwent were not monitoring information to show how long detainees waited for assessments.

South Wales Police

www.justiceinspectorates.gov.uk/hmicfrs/publications/south-wales-joint-inspection-of-police-custody/

South Wales Police had piloted having mental health practitioners in their control rooms providing advice and assistance to officers dealing with incidents. We observed some vulnerable people being brought into police custody, some of whom were visibly unwell and who later received mental health interventions while in police custody.

The force operates the Keep Safe Cymru scheme with partner agencies, which has been well promoted by the force. This scheme offers vulnerable individuals, including those with mental health issues, learning disabilities, or dementia the opportunity to carry a card which provides information to alert officers to their vulnerabilities should they come to police attention.

Annex B: Findings from PEEL inspections

All police forces receive an annual inspection of their effectiveness, efficiency and legitimacy. For the first time in 2017 forces were inspected on how they responded to people with mental health problems. Each force had a separate report detailing their mental health and partnership approaches. We have now moved to an integrated inspection approach in our PEEL programme. We will still examine mental health as an important part of this integrated inspection.

Dyfed-Powys Police

www.justiceinspectorates.gov.uk/hmicfrs/publications/peel-police-effectiveness-2017-dyfed-powys/

Dyfed-Powys Police has worked with the Hywel Dda local health board to establish a mental health triage service. Since the introduction of the triage service in 2014, the number of detentions under section 136 of the Mental Health Act13 has fallen by 83 percent. The force is working effectively with other organisations to reduce the need to use police cells as places of safety for vulnerable people awaiting mental health assessments. In the 12 months to 30 June 2017, Dyfed-Powys Police detained 12 individuals under section 136 of the Mental Health Act. This is very low when compared to the rate in England and Wales per population.

Triage arrangements are also in place in the control room, with health service practitioners available to assist with the identification of mental health conditions at initial point of contact.

Gwent Police

www.justiceinspectorates.gov.uk/hmicfrs/publications/peel-police-effectiveness-2017-gwent/

A mental health triage pilot has been running in the control room for a year. This consists of a mental health practitioner who has access to local authority and health board systems. so they can find relevant information as well as speak to callers, if appropriate.

Gwent Police has a high use of custody as a place of safety. Data provided to HMICFRS as part of this inspection showed that custody was used as a place of safety 63 times in the 12 months to 30 June 2017, which represents 107.9 uses as a place of safety per 100,000 population (compared with an England and Wales rate of 17.5). There is only one mental health bed in Gwent which the force can use and the force understands custody is not the most appropriate place for someone with mental health problems. It is actively working with health partners to try to resolve this.

North Wales Police

www.justiceinspectorates.gov.uk/hmicfrs/publications/peel-police-effectiveness-2017-north-wales/

The force's command and control system has only a limited ability to record all types of vulnerability, including those relating to mental health problems. As a result, the number of recorded incidents flagged with mental health concerns in North Wales is low in comparison with other forces in England and Wales. This means there is a risk that the force is under recording mental health cases. The force is aware of these recording problems and is updating its telephone system at a cost of £2.3m.

While frontline staff understand their responsibilities, trained medical professionals are also available to help them identify and assist those people that may require additional or specialist support. For example, medical professionals from the Welsh Ambulance Service Trust (WAST) are co-located in the force control centre.

The force is working also with Betsi Cadwaladr University Health Board (BCUHB) to co-locate mental health professionals in the force control centre. At present, this resource only operates at times of seasonal high demand, such as at Christmas and New Year.

North Wales Police is detaining a high number of individuals using section 136 of the Mental Health Act, and in particular a high number of children. The force is detaining more adults and children using section 136 than most forces in England and Wales. The force has analysed its use of section 136, and while hospital admission was not required in 65 percent of the cases it examined, most individuals received some form of treatment or support.

HMICFRS found that most such detentions occur in the evenings or weekends, which is when access to out-of-hours mental health services is reduced. Partner organisations told us that the force had limited options when trying to identify local health or social care facilities in North Wales and, as a result, police had little choice but to convey adults and children to hospital, using section 136.

South Wales Police

www.justiceinspectorates.gov.uk/hmicfrs/publications/peel-police-effectiveness-2017-south-wales/

South Wales Police needs to do more to support those experiencing a mental health crisis when they first contact the police.

To deepen its understanding of mental health problems, the force carried out an analysis of 999 and 101 calls to assess if incidents were associated with mental health problems. The data are being analysed and will contribute to the development of a mental health problem profile.

Thematic findings: *Policing and Mental Health: Picking Up the Pieces*

This thematic report looked at the national themes in the force reports in greater detail and identified good practice and partnership activity.

https://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/policing-and-mental-health-picking-up-the-pieces.pdf

Five recommendations were made. Recommendation 2 was a direct result of a demand-related piece of work carried out by Welsh forces – a 24-hour snapshot of mental health demand. This is being led by the Chief Constable of Dyfed-Powys police, Mark Collins (the NPCC lead).

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Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu
HSCS(5) MHP27
Ymateb gan Arolygiaeth Gofal Iechyd Cymru

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

Papur briffio: Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Ymchwiliad byr i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu.

Arolygiaeth Gofal Iechyd Cymru, Mawrth 2019

A Ein rôl mewn perthynas â gwasanaethau iechyd meddwl i bobl mewn argyfwng

Arolygiadau iechyd meddwl

1. Mae AGIC yn asesu a yw'r GIG yn cyrraedd y Safonau Iechyd a Gofal Cymdeithasol drwy ei harolygiadau. I ddarparwyr annibynnol y ddeddfwriaeth sylfaenol yw Deddf Safonau Gofal 2000 ac mae AGIC yn ystyried cydymffurfiaeth â Rheoliadau Gofal Iechyd Annibynnol (Cymru) 2011 sy'n gysylltiedig â'r Ddeddf honno a sut mae darparwyr yn cyrraedd y Safonau Gofynnol Cenedlaethol i Gymru.

Monitro Deddf Iechyd Meddwl 1983

2. Mae AGIC hefyd yn gyfrifol am fonitro'r ffordd y mae gwasanaethau yn arfer eu pwerau ac yn cyflawni eu dyletswyddau mewn perthynas â chleifion a gedwir o dan Ddeddf Iechyd Meddwl 1983, ar ran Gweinidogion Cymru. Mae hyn yn cynnwys

   - Darparu gwasanaeth o dan y Ddeddf lle mae ymarferwyr meddygol cofrestredig yn awdurdodi ac yn adolygu triniaeth arfaethedig cleifion o dan amgylchiadau penodol
   - Adolygu'r ffordd y caiff pwerau'r Ddeddf eu harfer mewn perthynas â chleifion sy'n cael eu cadw a'r rhai a allai gael eu cadw

- Sicrhau bod byrddau iechyd unigol a darparwyr cofrestredig annibynnol yn cyflawni eu dyletswyddau fel bod y Ddeddf yn cael ei gweinyddu'n gyfreithlon ac yn briodol ledled Cymru

- Ymchwilio i gwynion ynghylch y ffordd y caiff y Ddeddf ei chymhwyso.

3. Mae AGIC yn cyflawni ei swyddogaeth drwy ei phrosesau arolygu, lle mae'n monitro'r ffordd y mae gwasanaethau yn defnyddio'r Ddeddf mewn amrywiaeth

   o feysydd megis cleifion mewn ysbyty neu'r rhai sy'n destun Gorchmynion Triniaeth Gymunedol neu sydd dan warcheidiaeth. O fewn ein proses arolygu rydym yn adolygu'r gwaith papur cyfreithiol er mwyn sicrhau ei fod yn cydymffurfio â'r Ddeddf a'r Cod Ymarfer diwygiedig.

Gweithio gydag eraill

4. Mae AGIC hefyd yn gweithio mewn partneriaeth â nifer o sefydliadau mewn perthynas â gwasanaethau iechyd meddwl.

5. Mae AGIC yn aelod o Fecanwaith Ataliol Cenedlaethol y DU sy'n cynnwys 21 o gyrff sy'n gyfrifol am ymweld â dalfeydd a'u harolygu. Mae Protocol Dewisol y Cenhedloedd Unedig i'r Confensiwn yn erbyn Arteithio (OPCAT) yn darparu fframwaith i'r Mecanwaith Ataliol Cenedlaethol ganolbwyntio ar atgyfnerthu'r gwaith o fonitro dalfeydd. At hynny, mae AGIC yn aelod o'r grŵp llywio a'r isgrwpiau ar gyfer plant a phobl ifanc ac iechyd meddwl.

6. Mae AGIC yn cymryd rhan mewn arolygiadau ar y cyd o dimau Troseddau Ieuenctid ledled Cymru, gydag Arolygiaeth Prawf EM. Mae nifer o asiantaethau eraill hefyd yn cymryd rhan yn yr arolygiadau hyn gan gynnwys Arolygiaeth Gofal Cymru (AGC), Estyn ac Arolygiaeth Cwnstabliaeth a Gwasanaethau Tân ac Achub EM. Yn ystod y cydarolygiadau hyn mae AGIC yn canolbwyntio ar y ffordd y mae anghenion gofal iechyd y troseddwyr ifanc yn cael eu diwallu. Mae'r rhain yn cynnwys: anghenion corfforol a seicolegol, cynnwys

   Gwasanaethau Iechyd Meddwl Plant a'r Glasoed (CAMHS), iechyd rhywiol a strategaethau triniaeth ar gyfer cyffuriau ac alcohol.

7. Rydym hefyd yn gweithio gydag Arolygiaeth Cwnstabliaeth a Gwasanaethau Tân ac Achub EM i ystyried sut mae anghenion corfforol ac anghenion iechyd meddwl unigolion dan gadw yn cael eu hasesu a'u diwallu yn nalfeydd yr heddlu. Fel arfer, cynhelir yr arolygiadau hyn unwaith y flwyddyn yng

Nghymru ac mae AGIC wedi bod yn bresennol yn ystod dau o'r pedwar arolygiad diwethaf fel sylwedydd.

Gwaith arfaethedig

8. Mae'r Concordat Gofal Mewn Argyfwng Iechyd Meddwl yn ddatganiad ar y cyd o ymrwymiad i wella'r gofal a'r cymorth a roddir i bobl sy'n wynebu argyfwng iechyd meddwl neu sydd mewn perygl o wynebu argyfwng o'r fath, ac sy'n debygol o gael eu cadw o dan adran 135 neu adran 136 o Ddeddf Iechyd Meddwl 1983. Cefnogir y datganiad o ymrwymiad gan nifer o asiantaethau gan gynnwys: Llywodraeth Cymru, y GIG, yr Heddlu, Gwasanaethau Ambiwlans Cymru, Awdurdodau Lleol a'r trydydd sector. Mae gan AGIC ac Arolygiaeth Cwnstabliaeth a Gwasanaethau Tân ac Achub EM rôl i'w chwarae wrth graffu ar effaith y Concordat.

9. Mae rhanddeiliaid iechyd meddwl AGIC wedi codi pryderon ynghylch argaeledd ac effeithiolrwydd gwasanaethau gofal mewn argyfwng ac mae AGIC wedi penderfynu cynnal adolygiad thematig yn y maes hwn yn ystod 2019/20. Disgwylir i'r gwaith hwn ddechrau ar ddechrau'r flwyddyn newydd a chaiff grŵp rhanddeiliaid cyffredinol ei gynnull i lywio'r astudiaeth.

B Yr hyn rydym yn ei ganfod

10. Nid oes gennym rôl i'w chwarae o ran arolygu'n uniongyrchol y gofal a ddarperir gan yr heddlu na'r gofal a ddarperir i bobl sy'n agored i niwed yn y ddalfa. Fodd bynnag, mae rôl iechyd yn rhan o'n cylch gorchwyl a gall ddarparu gwybodaeth gyd-destunol ddefnyddiol i'r Pwyllgor. Mae'r adrannau isod yn crynhoi canfyddiadau perthnasol gwaith diweddar a all fod o ddiddordeb.

B.1 Canfyddiadau ein hadolygiad o Dimau Iechyd Meddwl Cymunedol, 2019

11. Ym mis Chwefror 2019, gwnaethom gyhoeddi canfyddiadau ein hadolygiad cenedlaethol o dimau iechyd meddwl cymunedol a gynhaliwyd ar y cyd ag AGC. Rydym yn parhau i ymweld â Thimau Iechyd Meddwl Cymunedol fel rhan o'n rhaglen barhaus o waith.

12. Yn ystod ein hadolygiad gwnaethom ganfod yn aml fylchau ac amrywioldeb o ran safonau, cysondeb ac argaeledd y driniaeth, gofal a chymorth a ddarperir gan Dimau Iechyd Meddwl Cymunedol ledled Cymru.

13. Mae Mynediad at Wasanaethau yn faes yr oedd angen ei wella ledled Cymru. Nodwyd gennym fod angen atgyfnerthu cysylltiadau rhwng Ymarfer Cyffredinol (meddygon teulu) a Thimau Iechyd Meddwl Cymunedol, am fod diffyg eglurder ynglŷn â'r meini prawf ar gyfer atgyfeirio unigolion at Dimau

Iechyd Meddwl Cymunedol, yn ogystal â diffyg gwybodaeth am yr amrywiaeth o wasanaethau sydd ar gael er mwyn i bobl gael eu hatgyfeirio atynt. Er bod rhai meysydd yn symud tuag at un pwynt cyswllt mwy integredig ar gyfer gwasanaethau iechyd meddwl, a fydd yn gwella'r sefyllfa, mae'r sefyllfa ledled Cymru yn amrywio.

14. Yn arwyddocaol, nodwyd gennym fod anghysondeb ledled Cymru o ran yr ymateb i bobl sy'n wynebu argyfwng iechyd meddwl neu y mae angen cymorth arnynt ar frys. Mae rhai defnyddwyr gwasanaeth yn cael ymyriad neu gymorth ar unwaith ond mae eraill yn profi oedi cyn cael ymateb, er enghraifft maent yn gorfod mynd i adrannau damweiniau ac achosion brys ar fwy nag un achlysur neu'n ei chael hi'n anodd cysylltu â gwasanaethau y tu allan i oriau. Nid oedd nifer sylweddol o bobl yn gwybod gyda phwy y dylent gysylltu y tu allan i oriau,

    ac nid oeddent yn fodlon ar yr help a gynigiwyd iddynt. Golyga hyn na all pobl sy'n defnyddio gwasanaethau mewn argyfwng fod yn sicr yr ymatebir i'w hanghenion yn briodol ac yn amserol bob amser.

15. Er bod cynlluniau gofal a dogfennaeth ddeddfwriaethol, yn y rhan fwyaf o

    Dimau Iechyd Meddwl Cymunedol, yn cael eu cwblhau'n amserol, nid ydym wedi cael sicrwydd bod defnyddwyr gwasanaeth na'u teuluoedd/gofalwyr bob amser yn cael eu cynnwys yn y broses o ddatblygu'r cynllun gofal a thriniaeth i'r graddau yr hoffent gael eu cynnwys. Er bod y rhan fwyaf o wasanaethau yn bodloni'r amserlenni gofynnol ar gyfer cynnal asesiadau a chynllunio gofal, nodwyd gennym nad oedd hyn bob amser yn cyfateb i gynlluniau gofal o ansawdd da. Nid yw pob Tîm Iechyd Meddwl Cymunedol yn canolbwyntio ar ansawdd cofnodion na dogfennau, na'r manylion ynddynt.

16. Nododd ein harolygiad fod angen gwella amgylcheddau gwaith yn y rhan fwyaf o Dimau Iechyd Meddwl Cymunedol ac nad yw rhai meysydd clinigol yn addas at y diben. Er bod staff yn ceisio gweithio yn effeithiol ac yn effeithlon yn glinigol ac yn gydweithredol, nid yw eu hamgylchedd gwaith bob amser yn hwyluso hyn. Mae angen gwneud mwy i ddatrys y problemau hyn.

17. Hefyd, nododd nifer o'n harolygiadau bryderon ynghylch y trefniadau ar gyfer rheoli meddyginiaethau a bod angen datblygu gwell prosesau archwilio, canllawiau a chymorth gan fferyllwyr cymunedol iechyd meddwl penodedig.

18. Er i ni gael sicrwydd bod gan fyrddau iechyd ac awdurdodau lleol drefniadau pendant ar gyfer goruchwylio ansawdd y gofal a ddarperir yn eu Timau Iechyd Meddwl Cymunedol perthnasol, mae llawer o fyrddau iechyd yn mynd

drwy gyfnod o newid. Clywsom am lawer o feysydd pwysig o waith datblygu gwasanaethau strategol. Fodd bynnag, mae dyletswydd o hyd i sicrhau bod defnyddwyr gwasanaeth yn cael y gofal priodol gan yr unigolyn priodol ar yr adeg briodol, tra bod y gwaith o drawsnewid gwasanaethau yn fwy cyffredinol yn mynd rhagddo.

19. Mae ein hadolygiad wedi nodi bod llawer o wasanaethau cymorth gwahanol yn cael eu cynnig ledled Cymru, y mae llawer ohonynt wedi'u teilwra at ranbarthau penodol. Fodd bynnag, mewn rhai ardaloedd ceir problemau sy'n gysylltiedig â chael gafael ar rai gwasanaethau cymorth yn y trydydd sector a rhai gwasanaethau cymorth eraill. Gall hyn fod yn rhwystr i ofal ataliol rhagweithiol. Credwn y gall y trydydd sector gynnig cymorth amhrisiadwy wrth ddiwallu anghenion pobl ag iechyd meddwl gwael a bod hwn yn adnodd y dylid ei groesawu a'i ddefnyddio'n amlach lle y bo ar gael.

20. Mae ein gwaith wedi nodi heriau sylweddol mewn perthynas â chael gafael ar wasanaethau seicolegol neu therapiwtig gydag amseroedd aros hir yng Nghymru; hyd at 24 mis mewn rhai ardaloedd. Mae hyn yn gofyn am weithredu

    ar frys er mwyn mynd i'r afael â'r diffygion o ran y gwasanaethau a ddarperir. Bydd hyn yn cynnwys ystyried ffyrdd mwy arloesol o ddiwallu'r angen hwn yn ogystal â recriwtio rhagor o unigolion i'r disgyblaethau hyn. Rhaid i fyrddau iechyd ac awdurdodau lleol ystyried anghenion nas diwallwyd a nodwyd er mwyn llywio gwaith comisiynu a chynlluniau gweithredol yn y dyfodol.

21. Mae technoleg gwybodaeth a mynediad cyffredinol at gofnodion cleifion/defnyddwyr gwasanaeth yn broblem fawr o hyd mewn gwasanaethau iechyd a gofal cymdeithasol. Bydd hyn yn anodd iawn i wasanaethau integredig megis Timau Iechyd Meddwl Cymunedol. Mae gan Lywodraeth Cymru rôl i'w chwarae wrth ddatblygu systemau sy'n darparu ar gyfer hyn a phrosesau cadw cofnodion cydweithredol mwy diogel, mwy effeithlon a mwy effeithiol.

B.2 Canfyddiadau ein gwerthusiad o Adolygiadau o Ddynladdiadau, 2016

22. Nododd yr adolygiad, a edrychodd ar 13 o adolygiadau annibynnol o ddynladdiadau a gynhaliwyd gan AGIC, fod anghysondebau o ran y ffordd y caiff cynlluniau gofal a thriniaeth eu rhoi ar waith yng Nghymru, a'r dull o asesu'r risg i gleifion a'r rheoli risg, wedi bod yn ffactor mewn 11 o ddynladdiadau. Roedd diffyg cyfathrebu effeithiol neu'r ffaith nad oedd gwybodaeth yn cael ei rhannu yn fater allweddol, a oedd yn tanseilio gallu gweithwyr proffesiynol i wneud diagnosis yn seiliedig ar wybodaeth lawn.

23. Nododd chwech o'n hadolygiadau nad oedd cynlluniau effeithiol i ryddhau cleifion yn cael eu llunio ac nad oedd trefniadau ôl-ofal wedi'u rhoi ar waith. Nodwyd gennym fod safon y ddogfennaeth yn wael mewn sawl achos ac mai prin yw'r wybodaeth sydd wedi cael ei rhannu â phartïon perthnasol am ddangosyddion ailwaelu. Mae hyn yn arwyddocaol iawn am fod gan y rhan fwyaf o'r unigolion a astudiwyd yn ystod ein hadolygiadau hanes o ailwaelu, hanes o gael eu derbyn i'r ysbyty dro ar ôl tro ac amharodrwydd i ymgysylltu â gwasanaethau. Yn yr achosion hyn, mae angen trefniadau rhyddhau cadarn er mwyn sicrhau parhad gofal.

C.3 Canfyddiadau ein hadolygiad o wasanaethau camddefnyddio sylweddau, 2018

24. Nododd ein hadolygiad fod angen i'r sector gofal eilaidd, y sector gofal sylfaenol, gwasanaethau cymdeithasol ac, yn arbennig, wasanaethau iechyd meddwl gydweithio'n fwy. Dywedodd pobl yn aml eu bod yn ei chael hi'n anodd cael help gyda'u problemau iechyd meddwl a gwnaethant ddisgrifio sut roeddent yn cael eu symud nôl ac ymlaen rhwng gwasanaethau camddefnyddio sylweddau a gwasanaethau iechyd meddwl. Mae llawer o bobl yn troi at gamddefnyddio sylweddau oherwydd eu problemau iechyd meddwl, ond ni allant gael help gyda'u hiechyd meddwl nes iddynt roi'r gorau i gamddefnyddio'r sylweddau hyn.

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National Assembly for Wales
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Evidence from Healthcare Inspectorate Wales

Briefing paper: Health, Social Care and Sport Committee

Short inquiry into mental health in policing and police custody.

Healthcare Inspectorate Wales, March 2019

A Our role in relation to mental health services for people in crisis

Mental health inspections

1. HIW assesses whether the NHS is meeting the Health and Social Care Standards through its inspections. For independent providers the primary legislation is the Care Standards Act 2000 and HIW considers compliance with the associated Independent Health Care (Wales) Regulations 2011 and how providers meet the National Minimum Standards for Wales.

Monitoring the Mental Health Act 1983

2. HIW also has responsibility for monitoring how services discharge their powers and duties in relation to patients detained under the Mental Health Act 1983, on behalf of Welsh Ministers. This includes

- Providing a service under the Act where registered medical practitioners authorise and review proposed treatment of patients in certain circumstances
- Reviewing the exercise of the powers of the Act in relation to detained patients and those liable to be detained
- Ensuring individual health boards and independent registered providers discharge their duties so that the Act is lawfully and properly administered throughout Wales
- Investigating complaints relating to the application of the Act.

3. HIW discharges its function through its inspection processes, where it monitors how services use the Act in a variety of areas such as patients within a hospital setting or those that are subject to a Community Treatment Order (CTO) or guardianship. Within our inspection process we review the legal paperwork to ensure it complies with the Act and the revised Code of Practice.

Working with others

4. HIW also works in partnership with a number of organisations in relation to mental health services.

5. HIW is a member of the UK's National Preventative Mechanism (NPM) which is made up of 21 bodies that have responsibility to visit and inspect places of detention. The United Nations' Optional Protocol to the Convention Against Torture (OPCAT) provides a framework for the NPM to focus on strengthening the work of monitoring places of detention. In addition, HIW is a member of the steering group and the sub groups for children and young people and mental health. .

6. HIW takes part in joint inspections, with HMI Probation, of Youth Offending teams throughout Wales. A number of other agencies are also involved with these inspections including Care Inspectorate Wales (CIW), Estyn and Her

   Majesty's Inspectorate of Constabulary and Fire and Rescue Services

   (HMICFRS). HIW's focus during these joint inspections is on how the healthcare needs of the young offenders are being met. These include; physical and psychological needs, involvement of CAMHS, sexual health and drug and alcohol treatment strategies.

7. We also work with HMICFRS to consider how the physical and mental health needs of detainees are being assessed and met in police custody suites. Typically these inspections take place once a year in Wales and HIW has attended two out of the last four inspections in an observer capacity.

Forthcoming work

8. The Crisis Care Mental Health Concordat is a joint statement of commitment to improve the care and support for people experiencing, or at risk of, mental health crises and who are likely to be detained under section 135 or section 136 of the Mental Health Act 1983. The statement of commitment is supported by a number of agencies including; Welsh Government, the NHS,

the Police, Welsh Ambulance Services, Local Authorities and the third sector. HIW and HMICFRS have a role in the scrutiny of the impact of the Concordat.

9. HIW's mental health stakeholders have raised concerns around the availability and effectiveness of crisis care services and HIW has decided to undertake a thematic review in this area during 2019/20. This work is due to start early in the new year and an overarching stakeholder group will be convened to inform the study.

B What we find

10. We do not have a role in directly inspecting the care provided by the police or to vulnerable people in custody. However, the role of health does fall within our remit and can provide useful contextual information for the Committee. The sections below summarise relevant findings from recent work which may be of interest.

B.1 Findings from our review of Community Mental Health Teams, 2109

11. In February 2019 we published the findings of our national review of community mental health teams which was conducted jointly with CIW. We are continuing to visit Community Mental Health Teams as part of our ongoing programme of work.

12. Over the course of our review we frequently found disparity and variability in the standards, consistency and availability of treatment, care and support provided by Community Mental Health Teams (CMHTs) across Wales.

13. Access to Services is an area that required improvement across Wales. We found that linkages between General Practice (GPs) and CMHTs needed strengthening, with a lack of clarity regarding the referral criteria into CMHTs, as well as a lack of knowledge of the range of services available for people to be referred to. Whilst some areas are moving towards a more integrated single point of contact for mental health services, which will improve the situation, the picture across Wales is variable.

14. Significantly we found there to be inconsistency across Wales in the response to people experiencing mental health crisis or in urgent need. Some service users receive immediate intervention and support but others experience a delayed response, for example having to attend A&E departments on more than one occasion or having difficulty contacting services out of hours. A significant number of people did not know who to contact out of hours and were not satisfied with the help offered. This means that people accessing services in a crisis cannot be assured that their needs are always responded to appropriately and in a timely manner.

15. Whilst care planning and legislative documentation is, in most CMHTs, being completed in a timely manner, we are not assured that service users and their families / carers are always as involved in developing the care and treatment plan as they would like to be. Whilst most services are meeting the required timescales for assessments and care planning, we found that this did not always equate to good quality care plans. Not all CMHTs are focusing on the quality of, and detail within, records and documentation.

16. Our inspections noted that working environments within most CMHTs needs improvement with some clinical areas not fit for purpose. Whilst staff attempt to work effectively and efficiently both clinically and collaboratively, their working environment does not always facilitate this. More needs to be done to resolve these problems.

17. Several of our inspections also noted concerns regarding the arrangements for medicines management, with the need to develop better audit, guidance and support from dedicated mental health community pharmacists.

18. Whilst we are assured that health boards and local authorities have clear oversight of the quality of care provided within their relevant CMHTs, many health boards are in a time of transformation. We heard of many significant areas of strategic service development, however, there remains a duty to ensure service users receive the appropriate care from the appropriate person at the appropriate time, whilst wider transformation of services takes place.

19. Our review has found that there are a range of different support services being offered across Wales, many tailored for particular regions. However, in some areas there are issues regarding the ability to access some third sector and other support services. This can be a barrier to proactive preventative care. We believe that the third sector can offer invaluable support in addressing the needs of people experiencing poor mental health and that this is a resource that should be embraced and used more frequently where available.

20. Our work has identified significant challenges in relation to access to psychology or therapeutic services with long waiting times in Wales; up to 24 months in some areas. This requires urgent action to address the shortfall in service provision. This involves not only increased recruitment in these disciplines, but looking at more innovative ways of meeting this need. Health boards and local authorities must consider identified unmet needs to inform future commissioning and operational plans.

21. Information technology and universal access to patient/service user records remains a considerable problem in health and social care services. This is

particularly challenging for integrated services such as CMHTs. There is a role for Welsh Government in developing systems that allow for this and to enable safer, more efficient and effective collaborative record keeping.

B.2 Findings from our evaluation of Homicide Reviews, 2016

22. The review, which looked at 13 independent homicide reviews conducted by HIW, found that inconsistencies in the implementation of care and treatment planning in Wales, and of approach in relation to patient risk assessment and risk management, had been a factor in 11 homicides. A key issue was a lack of effective communication or sharing of information, undermining the ability of professionals to make a fully informed diagnosis.

23. Six of our reviews highlighted a lack of effective discharge planning, or aftercare arrangements being in place. We found the standard of documentation to be poor in several cases and that there has been limited information shared with relevant parties in regards to relapse indicators. This is particularly significant as most of the individuals examined during the course of our reviews had a history of relapse, history of repeat admissions and reluctance to engage with services. In these instances, strong discharge arrangements are imperative to ensuring continuity of care.

C.3 Findings from our review of substance misuse services, 2018

24. Our review found that greater joint working is needed between secondary care, primary care, social services and, in particular, mental health services. People often said they found it difficult to get help with their mental health problems and described being 'bounced around' between substance misuse and mental health services. Many people turn to substance misuse because of their mental health problems, but cannot get help with their mental health until they are clean of these substances.

Healthcare Inspectorate Wales

March 2019

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu
HSCS(5) MHP28
Ymateb gan Gymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru

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

Evidence from Association of Directors of Social Services

National Assembly's Health, Social Care and Sport Committee

Mental health in policing and police custody

Written Evidence by ADSS Cymru

The Association of Directors of Social Services (ADSS Cymru) is the professional and strategic leadership organisation for social services in Wales and is composed of statutory Directors of Social Services and the Heads of Service who support them in delivering social services responsibilities and accountabilities; a group of more than 80 social services leaders across the 22 local authorities in Wales.

As the national leadership organisation for social services in Wales, the role of ADSS Cymru is to represent the collective, authoritative voice of Directors of Social Services, Heads of Adult Services, Children's Services and Business Services, together with professionals who support vulnerable children and adults, their families and communities, on a range of national and regional issues of social care policy, practice and resourcing. It is the only national body that can articulate the view of those professionals who lead our social care services.

As a member-led organisation, it is uniquely placed as the professional and strategic leadership organisation for social services in Wales, to lead on national service development initiatives to ensure a consistent efficient and high standard of delivery for people who access care services across Wales.

ADSS Cymru is committed to using the wealth of its members' experience and expertise, working in partnership with other agencies, to influence important decisions around social care to the benefit of the people it supports and the people who work within care services.

This report outlines some of the difficulties that we are experiencing concerning Mental Health Act assessments, particularly in relation to conveyancing but also regarding bed availability. The implications of this are far reaching as we are increasingly seeing a decline in the number of Social Workers to operate as AMHPS. This is an issue across the UK at the moment.

In terms of the Welsh Ambulance Service Trust (WAST), the code of practice is clear however, the perception of AMHPs is that WAST do not consider a psychiatric emergency to have the same gravitas as a physical health issue even though the consequences can be very serious for the individual, the family and the AMHP.

Community assessments where the police are not involved are more problematic for AMHP's because they can be left alone for hours waiting for transport. There are also concerns regarding the suitability of some designated places of safety. The following examples from across Wales illustrate the extent of the problems we are facing:

- Carmarthenshire has an increase in delays following MHA assessments due to lack of admission beds resulting in individuals being sent out of county or to private hospitals in England where transport has had to be arranged. There have been a number of incidents where WAST have been unable to provide an ETA. This has resulted in using Health Board vehicles to convey, with detained patients being escorted by the AMHP and health staff (at least ten recent occasions). When WAST have conveyed, the average waiting time has been between 4 and 6 hours.
- Case example for Carmarthen: arrangements were made for ambulance to arrive at a certain time. Following several hours and three further calls to WAST (including a blue light request) the police conveyed the individual with the assistance from the fire brigade.
- Case example for Carmarthen: AMHP carried out two community assessments in Ammanford. Police assisted and ambulance was booked ahead. The ambulance did not arrive despite further calls also from the police; the police conveyed the individuals.
- Case example for Pembrokeshire : an individual was waiting for several hours and was eventually transported by a relative.
- Case example for Swansea: a recent case where the ambulance took 15hrs to arrive. The lady had been standing mute in her bathroom throughout declining food and water.
- Case example for Conwy: older person who required conveyance to hospital; ambulance was called at 16.40pm and arrived at 2am.
- Case example for Denbighshire: ambulance requested for community patient who was detained under S2 of the MHA. Ambulance requested at 3pm which didn't arrive by 10pm; so it was cancelled until the following day. The following day the person refused to get into the ambulance and the police refused to attend. After a further 3 hour delay the police attended following the intervention of senior management.

- Case example for Bangor: police requested to transport an individual due to the risk involved. North Wales Police refused to participate; an ambulance was called at 4pm but didn't arrive until 11pm.

The above are some of the examples faced by AMHPs on a daily basis. This is resulting in LAs struggling to maintain an AMHP service. This is a risk for LAs who will be unable to sustain their statutory responsibilities.

Furthermore, the above scenarios do not result in positive outcomes for the individuals concerned or their families. It is distressing for all those involved in what can be highly complex and high-risk situations.

XXXX

ADSS Cymru Business Unit Manager

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