National Assembly for Wales
Health, Social Care and Sport Committee

Mental health in policing and police custody

October 2019

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About the Committee

The Committee was established on 28 June 2016. Its remit can be found at: www.assembly.wales/SeneddHealth

Committee Chair:

Dai Lloyd AM
Plaid Cymru

Current Committee membership:

Jayne Bryant AM
Welsh Labour

Angela Burns AM
Welsh Conservatives

Helen Mary Jones AM
Plaid Cymru

Lynne Neagle AM
Welsh Labour

David Rees AM
Welsh Labour

The following Members attended as substitutes during this inquiry.

Vicki Howells AM
Welsh Labour

Darren Millar AM
Conservative Party

The following Members were also members of the Committee during this inquiry.

Dawn Bowden AM
Welsh Labour

Neil Hamilton AM
UKIP Wales

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Recommendation 4. The Welsh Government should work with Healthcare Inspectorate Wales to ensure its thematic review of crisis and out of hours care includes a review of the care pathway for people detained under section 136, looking at the quality, safety and responsiveness of the care provided to people detained under section 136. Page 25

Recommendation 5. The Welsh Government should work with its partners to develop additional health-based places of safety if required. It should also explore the benefits of adopting regional models to address the concerns raised about staff being drawn from other wards, and to ensure section 136 facilities are staffed appropriately to deal with those who may be intoxicated. Page 26

Recommendation 6. The Welsh Government should work with Regional Partnership Boards and the third sector to develop sanctuary provision in local areas for people experiencing mental health crisis. Page 26

Recommendation 7. We recognise that data collection is improving, and that the Welsh Government intend to publish a new section 135/136 data set, but there are still difficulties in getting a full picture of the use of section 136sbecause of the availability and quality of data. We recommend that the Welsh Government works with its partners to ensure the data set it publishes on the use of section 136

1. Background

1. During two recent Assembly Committee inquiries (the Emotional and Mental Health of Children and Young People, and Suicide Prevention), Assembly Members heard from police representatives that an increasing amount of police resource is being used on managing mental health crises. This was also raised in a thematic review[1] by Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) in November 2018.

2. The Committee therefore agreed to hold a short inquiry with a focus on partnership working between the police, health and social care services and others to consider how effectively services are working together in Wales to prevent people with mental health problems being taken into police custody, and to help ensure vulnerable people in mental health crisis get the care and support they need.

Terms of reference

3. The terms of reference for the inquiry were to consider:

- 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 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;
- 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;
- 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);

[1] Policing and Mental Health: Picking Up the Pieces, November 2018

- 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 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;
- 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.

4. Between 13 February and 15 March 2019, the Committee conducted a public consultation to inform its work, based on the agreed terms of reference. The Committee received 28 responses, which are published on the Committee's website.[2] In addition, the Committee heard oral evidence from a number of witnesses on 4 April. Details of those who gave evidence are also available on the Committee's website.[3]

[2] Evidence submitted in response to the consultation

[3] Witnesses to the inquiry

2. Mental health and police custody

5. The Policing and Crime Act 2017 made some significant changes to section 135 and section 136 of the Mental Health Act 1983. The legal changes introduced by the 2017 Act were intended to improve responses to people in mental health crises who need urgent help with their mental health in cases where police officers are the first to respond.

6. 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.

7. Police officers may use powers of entry under Section 135 of the Mental Health 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.

8. Section 136 of the Act 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.

9. Previously, section 136 of the Mental Health Act explicitly applied to people encountered in a public place, with section 135 requiring a magistrate-issued warrant for a police officer to enter private premises to remove a person to a place of safety for assessment. The 2017 Act introduced changes to allow an assessment to take place in the premises/home under certain circumstances (s135) and removing the need to be in a place to which the public has access (s136).

10. Other changes include:

- Police must consult mental health professionals, if practicable, before using section 136;
- police stations cannot be used as a place of safety for people under the age of 18;

- police stations can only be used as a place of safety in specific "exceptional" circumstances for adults;
- the period of detention for people held under S135/136 is reduced from 72hrs to 24hrs with the possibility of a 12hr extension under certain defined circumstances.

11. The purpose of the Committee's short inquiry was, in part, to satisfy ourselves that police custody is no longer being used as a place of safety for those detained under section 136 of the Mental Health Act except in exceptional circumstances. Whilst the Committee recognises that the police frequently respond to people with mental health problems, we have focused on the use of section 136s in particular, because these powers are usually exercised when people are at their most vulnerable.

12. Witnesses to our inquiry were clear, and in agreement, that it is unacceptable to hold mentally ill individuals in police custody, and that the practice of detaining people under section 136 of the Mental Health Act should only occur in exceptional circumstances. The Royal College of Nursing (RCN) Wales made the point that "people in mental health crisis are amongst the most vulnerable in our society, and sufficient investment must be made in services to meet their needs".[4]

13. The use of police custody 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.

14. In written evidence, Dr Gaynor Jones, Consultant Forensic Psychiatrist and Chair of South Wales Police Partnership Group, provided assurance that police custody being used as a place of safety for people in mental health crisis, "is now a rare event and when it happens is discussed at senior levels".[5]

15. Sara Moseley, Chair of the Mental Health Crisis Care Concordat Assurance Group (MHCCCAG) told us that there has been a 90 per cent reduction in the number of individuals detained in police cells who are in mental health crisis since the introduction of the Concordat.[6]

[4] Written evidence, MHP02

[5] Written evidence, MHP01

[6] RoP, 4 April 2019, paragraph 352

16. Written evidence submitted by the National Police Chief Council also confirmed that "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".[7]

17. Assistant Chief Constable (ACC) Jonathan Drake told us:

> "... one of the significant things that has progressed is the detention of people in police custody with mental health issues. Even for as large a force as ourselves, that's into single figures for the year—you know, under 1 per cent of people would end up in police custody, and normally it's because of extreme violence or it could be that they present with something slightly different than mental health to begin with. So, it's very, very rare."[8]

18. In a joint written submission, Cais, Hafal and Morgan Academy welcomed the progress that had been made in reducing the use of police custody for those arrested under section 136, but stated that "a challenge remains to ensure this practice is fully implemented and maintained".[9]

19. Specifically in relation to children and young people under the age of 18, the Minister told us that although the law changed in 2017 to prevent a police station being used as a place of safety for anyone under the age of 18:

> "... in Wales, this policy intention was realised much sooner and no child or young person has been taken to a police station as a place of safety since 2015."[10]

Our view

20. Too often and for too long vulnerable people experiencing mental health crisis, who have committed no crime, have found themselves in a police cell because there is nowhere else to go.

21. We therefore welcome the assurances we have received from senior police officers, inspectors and Welsh Government officials that police custody is no

[7] Written evidence, MHP03

[8] RoP, 4 April 2019, paragraph 99

[9] Written evidence, MHP11

[10] HSCS Committee, 4 April 2019, Paper 7

longer being used as a place of safety for those detained under section 136 of the Mental Health Act, apart from in exceptional circumstances.

22. Further, we were reassured to hear that there have been no cases of a police cell being used as a place of safety for a person aged under 18 in Wales since 2015.

23. We were pleased to hear from Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) and Healthcare Inspectorate Wales (HIW) that their joint inspections of police custody in Wales have generally found that where adults are detained in police custody for exceptional circumstances, the provision of mental health care is good.

3. Use of section 136 of the Mental Health Act 1983

25. While the number of people in mental health crisis being held in police custody has decreased, the number of detentions under section 136 of the Mental Health Act 1983 appears to be increasing. According to data published by the Home Office[11], there were 2,256 detentions in Wales under section 136 in 2018/19, compared to 1,955 in 2017/18. The police also report an increase in demand from people in mental health crisis.

26. According to the National Police Chiefs Council:

> "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."[12]

27. ACC Jonathan Drake on behalf of the National Police Chiefs Council told us:

> "… most of the cases we deal with—up to 98 per cent—don't actually result in section 136 detentions. They're much more around health and welfare concerns, but the police—we're an agency that are there 24/7, and often the first people to be phoned about issues or come across issues in the street. [ ] … in summation, I'd say that the police, at present, are involved in too many issues that are purely health concerns, or may be linked to social care, as opposed to fitting that definition of an immediate risk to themselves or others."[13]

28. Dr Gaynor Jones, Consultant Forensic Psychiatrist and Chair of the South Wales Police Partnership Group agreed that "many hours of police time is taken up with mental health issues and those in crises".[14] Written evidence from the RCN Wales points to data collected across all Welsh police forces as part of Mental

[11] Detentions under the Mental Health Act (1983) - Police powers and procedures, year ending March 2019

[12] Written evidence, MHP03

[13] RoP, 4 April 2019, paragraph 89

[14] Written evidence, MHP01

Health Demand Day in 2018, where 200 mental health incidents requiring police involvement were recorded, representing 9.5% of all police incidents that day.[15]

29. However, the Minister for Health and Social Services told us:

> "I don't think it's as simple as drawing a line and saying, 'Police on this side, health on the other.' It's actually about, when someone presents with a potential crisis, depending on where they present as well, what the role and responsibility is."
>
> "... we are reviewing current provision, so I'd say it's an open question, but one for partners to address together, rather than pointing the finger at each other and saying, 'It's you, not me,' because that's actually the wrong approach to take for the agencies, and crucially the wrong approach to take for the person in the middle of it."[16]

30. Figures show the use of section 136 varies by police force in Wales. Data compiled by Mind Cymru from the National Police Chiefs' Council (2014-15 and 2015-16) and published by the Home Office (2016-17 to 2018-19) shows the number of section 136 detentions by police force area from 2014-15 to 2018-19:

Number of section 136 detentions by police force area: 2014-15 to 2018-19

	2014-15	2015-16	2016-17	2017-18	2018-19
Dyfed-Powys	197	226	270	239	270
Gwent	310	266	287	237	278
North Wales	466	323	589	680	795
South Wales	749	710	679	799	913
Total	1,722	1,525	1,825	1,955	2,256

(Sources: 2014-15 National Police Chiefs' Council, 2015-16 National Police Chiefs' Council, 2016-17 Home Office statistics, 2017-18 Homes Office statistics, 2018-19 Home Office statistics)

31. Mind Cymru stated that 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. It also suggests that further evidence and analysis is required to identify the reasons behind the significant geographical variations.

[15] Written evidence, MHP02

[16] RoP, 4 April 2019, paragraph 435

32. In response to questions regarding the ratio of detentions in some force areas versus their populations, ACC Jonathan Drake told us:

> "... clearly, there are issues around density and sparsity of population, (...) around the services that are available in individual areas. (...) I couldn't explain why one area would have a disproportionate rate of 136 detentions to anywhere else."[17]

Mental health triage

33. Mental health triage schemes are intended to bring police and mental health practitioners together to jointly assess a mental health incident in order to reduce use of Section 136, and/or use of police cells, and hospitalisation via the emergency department or acute mental health services. There is wide diversity in these models and little evidence of what works in what circumstances.

34. There are different models of mental health triage in place across the four police force areas in Wales. Generally, triage involves a Community Psychiatric Nurse (CPN) or Approved Mental Health Professional (AMHP) based in the police control room, or sometimes out on the street, providing advice to police officers about support services. Independent evaluations are being carried out to assess the benefits of the different models but there is currently no common approach across Wales.

35. The National Police Chiefs' Council believe that the police benefit from more consistent advice as a result of having access to a triage team. However, in their written evidence, Cardiff and Vale University Health Board questioned whether this model actually helps the police more than the health services.

36. The National Police Chiefs' Council also said that triage services are variable and not consistently funded across Wales. At the time of the Committee's inquiry, the South Wales police triage model, for example, was funded entirely by the police, which led the National Police Chiefs' Council to question its sustainability. It believed that the Welsh Government should fund a national triage model for Wales[18], which it estimated would cost under £2.5m.[19]

[17] RoP, 4 April 2019, paragraph 125

[18] RoP, 4 April 2019, paragraph 110

[19] RoP, 4 April 2019, paragraph 199

37. In response, the Minister for Health and Social Services told us that the Welsh Government was not in a position to direct the police to act in a certain way because it is not a devolved service. In respect of funding, he said:

> "... it isn't just money, although, of course, how services are funded is, of course, a consideration that everyone will want to know about, but it is still about how does that work and what's the appropriate model for that particular part of the country? Because I can understand there could be some variance, but I hope we'll get to a point where there are some principles of how people should behave and how partners would want to work together that would help us to deliver the right sort of service."[20]

Our view

38. We have heard that the police are challenged by the number of people with serious mental illness who have crises. The data suggests that the use of section 136 is increasing, with many people being taken to a place of safety to protect themselves or others around them. We are pleased to hear that it is now rare for these vulnerable people to end up in police custody, which can be a frightening experience. However, we are concerned about the increase in detentions, which suggests that services are not acting early enough to prevent crisis.

39. We are also concerned that there is significant geographical variation in the use of section 136 detentions across the Welsh police forces, and that the National Police Chiefs' Council was not able to fully explain the reasons behind this.

40. It is unclear from the evidence we heard whether the increase in detentions reflects more individuals being detained, or whether the same people are being detained more often. It is important that both the police and Welsh Government demonstrate a better understanding of the cause for the rise in rates in detentions and the possible explanations.

41. Further, we would like to see the different mental health triage schemes properly evaluated so that their impact in reducing use of section 136, and hospitalisation via the emergency department or acute mental health services can be evidenced, helping to inform future decisions about what model might work best for Wales.

Recommendation 1. We recommend that the Welsh Government works with the police to seek evidence about why the number of detentions under the

[20] RoP, 4 April 2019, paragraph 466

Mental Health Act is increasing, and to provide some analysis of national and local data to explain the regional variations.

Recommendation 2. We recommend that the Welsh Government works in partnership with the police to review the emerging evidence on the effectiveness of the different triage schemes in Wales. Better understanding is needed on which model of joint working between the police and health staff is helping to provide people in crisis with the right help and support, and which can contribute to reducing the use of section 136 overall.

Recommendation 3. We recommend that the Welsh Government should work with its partners to ensure all services are playing a key role in intervening early to prevent a mental health crisis escalating in the first place. Greater accountability for the implementation of Local Health Board improvement plans for crisis and out of hours services is needed, ensuring that funding is being targeted at actions that will help individuals to access support before crisis point.

4. Police response to people experiencing crisis

42. A number of stakeholders who submitted written evidence were very positive about the contact people had with the police when experiencing a mental health crisis. According to Mind Cymru, many individuals and their families who have been in mental health crisis and called the police have been grateful for the support they received. This, it said, "challenges the general assumption that people experiencing a mental health crisis have negative views of being detained by police".[21]

43. Written evidence from the Wallich states:

> "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."[22]

44. West Wales Action for Mental Health, however, told us that while they had received good feedback about the kindness and compassion shown by the police, there had been occasions where service users had been told that "mental health is not a police matter, and it is taking important police time".[23]

45. Written evidence submitted by a retired police officer, outlining his "frontline" perspective states:

> "There will always be a role for the police to play in dealing with people who are in crisis [...]. 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."[24]

[21] Written evidence, MHP14

[22] Written evidence, MHP16

[23] Written evidence, MHP08

[24] Written evidence, MHP20

Health-based places of safety

46. To adhere to the Mental Health Act Code of Practice for Wales guidance in relation to the use of powers of detention under section 135 and 136, health and local authority partners must ensure adequate provision of facilities for both adults and young people.

47. According to Mind Cymru, "in the majority of cases, people detained under section 136 are brought to a health-based place of safety". However, it does raise concerns about evidence gaps for 2017-18, namely the significant number of "not known" locations.[25]

48. Data published by the Home Office (2016-17 to 2018-19) shows the type of place of safety used following a section 136 from 2016-17 to 2018-19.

Place of safety used following a section 136 detention, Wales; 2016-17 to 2018-19

	Health-based place of safety	Police Station	A&E	Private Home	Other	Not known	Total
2016-17	1536	117	41	29	6	96	1825
2017-18	1333	53	96	0	2	471	1955
2018-19	1,428	20	7	-	5	796	2,256

(Sources: 2016-17 Home Office statistics, 2017-18 Home Office statistics, 2018-19 Home Office statistics)

49. Local Health Boards confirmed that health-based places of safety are provided in their local areas, though the arrangements are different in each Health Board area. Evidence from the National Police Chiefs' Council suggests that provision of health-based facilities is patchy and varies across the country. It is difficult to assess whether the provision available is sufficient to meet the needs of local populations because there are significant gaps in the data.

50. The data for 2018-19 shows that there was a significant reduction in the number of detentions where people were taken to an emergency department. However, in 2018-19 the "place of safety used" was recorded as "Not known" in 796 cases.

[25] Written evidence, MHP14

51. Evidence from ACC Drake highlighted the important role of police service Mental Health Liaison Officers who know their local areas, and can advise police officers on where to access local health-based places of safety:

> "We employ mental health liaison officers as well so that they really know how to access places of safety and build up trust and relationships with the health staff who are there. But it is very variable, particularly in rural areas and out-of-hours as well. That's a real challenge for some of my colleagues across Wales."[26]

52. It is unclear from the evidence we heard why provision other than health-based places of safety are being used. While this may be completely appropriate, it is difficult to understand how often health-based places of safety turned people away, and the reasons for this.

Sufficiency of provision

53. Whilst we were told by Health Boards that there is sufficient provision of health-based places of safety to meet demand, concerns were raised about inadequate staffing, the place of safety environment, and the lack of provision for people who were intoxicated, or where there was a risk of violence. Details of the health-based places of safety in each health board can be found at Annex A.

54. Health-based places of safety are most commonly part of a mental health unit on a mental health hospital or acute hospital site. Hywel Dda UHB suggested that support for those experiencing mental health crisis could be improved if Health Boards developed community based places of safety and not just ward-based section 136 options. Richard Jones, Head of Clinical Innovation and Strategy at Hywel Dda, told us that plans were being considered for a dedicated section 136 facility, staffed adequately to manage people with more acute needs, with a further three community mental health centres that have a non-health-based place of safety to manage lesser needs.

55. The appropriateness and environment of the health-based places of safety is something that has been highlighted by HIW in their inspection reports. The Chief Executive of HIW, Kate Chamberlain, told us section 136 facilities in some Health Boards may not be ideal "in terms of geographical location, but also sometimes in terms of where they're located alongside mental health facilities or otherwise".[27]

[26] RoP, 4 April 2019, paragraph 148

[27] RoP, 4 April 2019, paragraph 18

56. Kate Chamberlain went on to tell us:

> "The other challenge that comes about in terms of the use of these suites is that, very often, because they're not in continuous use, their staffing may require the drawing of staff from the wards, and it may impact upon staffing levels on the wards. That, obviously, would be a concern to us."[28]

57. While acknowledging the point made by HIW about staffing section 136 suites, Phil Lewis, Cwm Taf UHB, made the point that there was a need to balance capacity with demand. He told us that the number of people needing high levels of intervention in Cwm Taf was not high therefore it was difficult to justify the provision of a fully staffed crisis suite. However, he recognised the potential for a regional approach, for example, for the South Wales police force where a regional facility could work across the different Health Boards. He said that discussions had taken place on what a regional approach of that kind might look like.[29]

Complexity of care

58. Concern was also raised about the complex range of issues presented by people being detained under section 136.

59. Phil Lewis, representing Cwm Taf UHB told us:

> "... what we are seeing more and more is a complex mixture of people who are in emotional mental health distress, unfortunately often with alcohol involvement, drug involvement. So, the complexity of their care prior to undertaking an assessment has changed somewhat in the sense that we might have facilities, but we haven't necessarily staffed those areas to deal with a complex mixture of intoxication, potential violence and aggression. And that has a huge impact on our interface with our police colleagues, because they're often better equipped to deal with that level of violence and aggression."[30]

60. Dr Chris O'Connor confirmed a similar situation in Aneurin Bevan UHB. He noted a change in the presentation of individuals to the place of safety, with significantly more individuals engaging in aggressive behaviour and intoxication,

[28] RoP, 4 April 2019, paragraph 19

[29] RoP, 4 April 2019, paragraph 320

[30] RoP, 4 April 2019, paragraph 307

and said that the UHB was looking at changing the skill mix of staff to ensure they are safely supported in providing this service.[31]

61. ACC Jonathan Drake echoed these concerns, stating that there are occasions when the police have to stay with people for longer because they are intoxicated and so they cannot have an assessment. He said the health service is not staffed to deal with people who are intoxicated, particularly if dealing with violence and aggression.

Crisis care and out of hours provision

62. The Mental Health Crisis Care Concordat states that health-based places of safety should be provided at a level that allows for around the clock availability.

63. Access to support was highlighted by the Chair of the Mental Health Crisis Care Concordat Advisory Group and Health Board representatives, who told us "whether it's the individual who's trying to access support or the people around them, it's absolutely vital that people are able to access that support".[32]

64. Mind Cymru's evidence states that access to crisis care services in Wales is limited and geographically varied. It also says that in recent years the number of people referred for support from mental health crisis teams has risen sharply, with a 17 per cent increase in referrals over the four years to 2018.[33]

65. Dr Chris O'Connor, Aneurin Bevan UHB, outlined work being undertaken in Gwent to develop "a single point of contact that would be accessible for individuals themselves, family members or professionals to be able to access support 24 hours a day, seven days a week, to be able to have a meaningful conversation with somebody who can help think about the best way to support that person at that point in time".[34]

66. In their evidence, HIW stated that their Joint Thematic Review of Community Mental Health Teams[35] published in February 2019 by themselves and Care Inspectorate Wales (CIW) highlighted inconsistencies and variability in crisis care provision, particularly where people are experiencing mental health crisis or in urgent need.

[31] RoP, 4 April 2019, paragraph 310

[32] RoP, 4 April 2019, paragraph 261

[33] Written evidence, MHP14

[34] RoP, 4 April 2019, paragraph 262

[35] Joint Thematic Review of Community Mental Health Teams – February 2019

67. It found that 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. Rhys Jones, Head of Escalation and Enforcement, HIW, told us:

> "... there are some startling numbers, certainly in the report, in terms of the surveys that we undertook and that nearly half of people didn't know who to contact during crisis, and the fact that these MHT services tend to operate to a fixed time schedule and, clearly, crises can happen any time of the day."[36]

68. He went on to say that this variability in provision across Wales was particularly concerning and had led HIW to commit to undertake a thematic review of crisis care during 2019/20. Work is due to start early in 2020and an overarching stakeholder group will be convened to inform the study.

Alternative places of safety

69. In terms of demand and capacity planning, HIW said that the answer to pressure on services does not necessarily mean that more health-based places of safety are needed. It said that pressure could be diverted from those services if there were more alternative places of safety available.[37]

70. Dr Chris O'Connor of Aneurin Bevan UHB told us that some of the evaluations of sanctuary provision elsewhere in the UK show that they have a real impact on the demand and individuals presenting to emergency services such as the police and A&E.[38]

71. Under the changes to the legislation, anywhere can be a place of safety and so there is scope to develop non health-based places of safety.

72. We heard that there are pockets of good practice in terms of provision of crisis cafes and sanctuary houses. ACC Jonathan Drake told us:

> "So, in various areas, those already exist. Parts of Dyfed-Powys, for instance, already have that. We're looking to develop a sanctuary at Swansea at the moment, again, working with third sector partners in

[36] RoP, 4 April 2019, paragraph 42

[37] RoP, 4 April 2019, paragraph 17

[38] RoP, 4 April 2019, paragraph 298

> doing that. Sometimes, there's opportunities there such as buildings that aren't used—public buildings but they're not used out of hours. So, in an evening they could be used to convert into a sanctuary or crisis cafe."[39]

73. Written evidence from Aneurin Bevan UHB stated that a work stream, led by third sector organisations, has been established to review the need for sanctuary provision within Gwent and is currently developing a proposal to seek funding to support a pilot of sanctuary provision in three different areas across the county.[40] Plans are also in place to develop a sanctuary in Swansea, working with third sector partners.[41]

74. Sara Moseley, Chair of the Mental Health Crisis Care Concordat Advisory Group, believed this was an area that would benefit from some targeted resourcing. She said:

> "... if we had an understanding that that was the kind of community-based support that we wanted everywhere, and it's very much in line, (...) with 'A Healthier Wales' and the general direction of travel of the Government in terms of more preventative community-based closer to home services. And I think it's quite a good idea to take it out of statutory services and normalise it and make it much more of a place where people feel safe, rather than a place of safety."[42]

75. The Minister for Health and Social Services, however, told us that it should not be the default position that the Welsh Government would be in a position to provide funding and in the first instance it would be for local partners to determine how they would fund the provision of sanctuary/places of safety to meet the needs of their local population.[43]

Our view

76. We understand why people turn to the emergency services during an episode of crisis and we believe that the police will always have a role to play in dealing with people in such situations. However, once the immediate emergency has passed, responsibility must pass to the appropriate healthcare professional.

[39] RoP, 4 April 2019, paragraph 152

[40] Written evidence, MHP06

[41] RoP, 4 April 2019, paragraph 152

[42] RoP, 4 April 2019, paragraph 402

[43] RoP, 4 April 2019, paragraph 462

77. We welcome the assurance that all Health Boards have designated health-based places of safety, and that some places of safety are working effectively, with examples of good practice. However, we are concerned at suggestions that provision is patchy and varies across the country. We are further concerned that differences in access to places of safety can make it difficult for people to know who to contact for support and where to go to access help. It is particularly important that frontline staff such as police officers have access to services at any time.

78. Providing sufficient health-based places of safety is not the only answer. We heard that there is a wide range of services that can respond to people experiencing a mental health crisis, such as crisis houses and crisis helplines, which can all help to provide an effective response. We believe that effective partnership working can help to reduce the use of section 136 and, as a result, the demand for places of safety.

79. We recognise the difficulties associated with staffing a crisis suite that is not in continuous use. However, we are concerned that the drawing of staff from other wards during times of need is having an adverse impact upon staffing levels on those wards. We think there is potential in exploring the provision of regional options.

80. We believe that the care pathway for people detained under section 136 needs to be reviewed from the individuals' perspective; from the point the person is detained by police under section 136, through being conveyed to hospital, transferred into the care of place- of- safety staff, and waiting to be assessed under the Mental Health Act and beyond. For most, this is likely to be a distressing experience. This can only be made worse when a place of safety cannot be accessed, when a person has a long wait in the back of a police car, or when they have a long wait to be assessed.

81. The development of crisis houses/ sanctuary provision to offer safe, short-term accommodation and support to people experiencing a mental health crisis is something we believe needs further exploration. We believe the potential of crisis houses to provide a short-term alternative to hospital admission, and/or to provide support, particularly for people at risk of suicide should be examined. There is currently no mention of alternative places of safety in the Welsh Government's consultation document, Together for Mental Health Delivery Plan 2019-22.

Recommendation 4. The Welsh Government should work with Healthcare Inspectorate Wales to ensure its thematic review of crisis and out of hours care

includes a review of the care pathway for people detained under section 136, looking at the quality, safety and responsiveness of the care provided to people detained under section 136.

Recommendation 5. The Welsh Government should work with its partners to develop additional health-based places of safety if required. It should also explore the benefits of adopting regional models to address the concerns raised about staff being drawn from other wards, and to ensure section 136 facilities are staffed appropriately to deal with those who may be intoxicated.

Recommendation 6. The Welsh Government should work with Regional Partnership Boards and the third sector to develop sanctuary provision in local areas for people experiencing mental health crisis.

Recommendation 7. We recognise that data collection is improving, and that the Welsh Government intend to publish a new section 135/136 data set, but there are still difficulties in getting a full picture of the use of section 136sbecause of the availability and quality of data. We recommend that the Welsh Government works with its partners to ensure the data set it publishes on the use of section 136 includes the type of place of safety people are taken to, and the outcomes for people subject to it.

5. Care planning

82. In addition to enabling a police officer to remove a person to a place of safety if they believe they are suffering from a mental disorder and in need of immediate care and control, 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.

83. According to Mind Cymru, the majority of people detained under section 136 are discharged following assessment. In figures provided as part of their written evidence, 68 per cent of those assessed in 2016-17 were not admitted to hospital for treatment. This accounted for two thirds of the overall number of section 136 detentions that year. Mind Cymru suggested that there could be a number of reasons for this., including people experiencing high levels of distress or being under the influence of alcohol or other substances(see table below).[44]

Outcomes of completed Mental Health Act assessment in hospital under section 136, 2014-15 to 2016-17

	2014-15	2015-16	2016-17
Discharged from Section 136	861	976	1,211
Informally admitted to hospital	292	271	245
Detained under Section 2	209	207	296
Detained under Section 3	16	14	16
Other	20	11	11
All outcomes	1,398	1,479	1,779

(Source: Welsh Government)

84. Richard Jones, Hywel Dda UHB, told us that an exercise undertaken in the Hywel Dda area had shown that, even where people were not being directly admitted to hospital care, many of those people had needs and went on to receive other forms of support that they needed. He went on to say that more

[44] Written evidence, MHP14

needed to be done to prevent people getting into crisis in the first place, particularly in terms of future investment in services.[45]

85. According to the Police Federation of England and Wales:

> "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 rearrested under s136."[46]

86. ACC Jonathan Drake made a similar point, raising concerns about "a revolving door". He said that while he couldn't say whether the services put in place for people once they have been released were sufficient or consistent, it was of some concern that 50 per cent of the people dealt with were already patients in some form.[47]

87. Mind Cymru suggested that better data collection could allow services to identify individuals repeatedly detained under section 136, which would provide an opportunity for learning and to ensure adequate preventative support is put in place for the individual.[48]

88. The joint submission from Cais, Hafal and the Morgan Academy stated that "we have observed particular problems with 'revolving door' repeat detentions of individuals which requires special attention on a multi-agency basis".[49]

89. RCN Cymru's written evidence suggested that further work is needed in terms of care planning to better protect vulnerable people. It stated:

> "... 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."[50]

[45] RoP, 4 April 2019, paragraph 297

[46] Written evidence, MHP25

[47] RoP, 4 April 2019, paragraph 131

[48] Written evidence, MHP14

[49] Written evidence, MHP11

[50] Written evidence, MHP02

90. Evidence from Cardiff & Vale UHB, however, stated that people arrested under section 136 who are known to local mental health services should have a care and treatment plan which reflects the action to be taken in a crisis relapse by the individual and the agencies involved in their care and treatment.

91. Similarly, Richard Jones, Hywel Dda UHB, told us:

> "Anyone in receipt of care from statutory mental health services will have a care and treatment plan, and that will include a crisis and contingency plan that will identify, in collaboration with that individual and their carer, exactly what steps would help them alleviate a crisis and what they could do about it rather than finding themselves in positions where they do end up with the police."[51]

92. He did, however, acknowledge a need to improve the quality of those care and treatment plans to make them more meaningful for service users and carers.[52]

93. HIW's Joint Thematic Review of Community Mental Health Teams (CMHTs) also found that whilst care planning and legislative documentation were, in most CMHTs, being completed in a timely manner, there were concerns that service users and their families / carers were not always as involved in developing the care and treatment plan as they would like to be.

94. Further, it raised concerns that not all CMHTs routinely offer advocacy services on assessment or at significant points during a service user's care, and carers' assessments are not undertaken routinely to identify if and what information, advice, assistance or support they may need to care for the service user.

95. The Minister for Health and Social Services told us that, where a care and treatment plan was in place, he wanted to establish the adequacy of it, how well people are being engaged in it, and whether it was making a difference. He had therefore commissioned the NHS Delivery Unit to undertake a review of the quality of care and treatment planning, the findings of which would help inform the consultation on the next stage of the "Together for Mental Health" delivery plan.[53]

[51] RoP, 4 April 2019, paragraph 254

[52] RoP, 4 April 2019, paragraph 301

[53] RoP, 4 April 2019, paragraph 451

Our view

96. It is worrying that the majority of people detained under section 136 are discharged following assessment because they do not need urgent mental health inpatient treatment. Clearly, this raises questions as to whether section 136 is being used because of an absence of other, more appropriate support services for someone who is experiencing a mental health crisis.

97. Of further concern are the numbers of repeat detentions, under section 136, following release – described to us as the "revolving door". Whether this is as a result of people being discharged too early or poor discharge planning, it suggests a lack of adequate care and support in the community. To help avoid repeat detentions, individuals and their families need to know where to go for help and support as a crisis is approaching.

98. Improving access to crisis care services, particularly out-of-hours services, is key 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. We therefore believe there should be greater monitoring of readmissions and repeat detentions to better inform crisis planning.

Recommendation 8. The Welsh Government should publish the NHS Delivery Unit's recommendations for improving care and treatment planning following its review (a) to help ensure there is greater transparency in holding Health Boards to account for the quality of these plans, and (b) to give assurances to the Committee that individuals who are already known to mental health services have a care and treatment plan in place in line with the Mental Health Wales Measure.

6. Conveyance to a place of safety

99. The Code of Practice to the Mental Health Act 1983 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 any risks (i.e. by ambulance which should be made available in a timely way, as opposed to police transport).

100. However, evidence received by the Committee suggested this is not happening. The South Wales Police Partnership Group told us that "the vast majority of S.136's are still being brought to place of safety by the Police".[54]

101. Evidence from the National Police Chiefs' Council stated that, across Wales, partner agencies appear to be failing to meet the needs of persons that require conveyance to a mental health establishment. It goes on to say that operational pressures on the Welsh Ambulance Services NHS Trust (WAST) and mental health services mean that policing is filling the vacuum that is left and police vehicles are consistently being used to transport persons to mental health establishments.[55]

102. ACC Jonathan Drake told us:

> "... the reason why we primarily take people in police cars, and it's unusual that people detained don't travel in police cars, in truth, is simply because of delays in waiting for WAST. It would be a significant delay, and there's a delay because of how busy they are, and, in truth, if you were to triage a call, if someone was suffering a medical emergency versus a case of transport, I can see why there's a real challenge there and a wait."[56]

103. WAST response times were cited as the reason for over-reliance on the police by all the health board representatives we spoke to. Health boards are exploring alternative options of patient transport but there is no consistent approach.[57] Richard Jones, Hywel Dda UHB, described it as "an enormous challenge" because:

[54] Written evidence, MHP01

[55] Written evidence, MHP03

[56] RoP, 4 April 2019, paragraph 182

[57] RoP, 4 April 2019, paragraph 183

> "... part of the problem we have is we haven't accurately mapped our transport need. We simply don't know what the real demand is out of hours, and that's been very difficult to gather."[58]

104. Sara Moseley, Chair of the Mental Health Crisis Care Concordat Assurance Group told us: "this has been on the agenda as one of the long-standing, intractable issues". She went on to say that what is needed is:

> "something that's responsive, quick, not necessarily fully equipped as an ambulance is, and you need it to be more discreet and less stigmatising than being picked up by a police car in your community."[59]

105. ACC Drake told us that there are examples of good practice and initiatives being piloted across Wales but these are not being rolled out everywhere so there is no consistency. He was, however, very clear that police funding should not be used to invest in alternative transport arrangements.[60]

106. The Minister for Health and Social Services confirmed that the Mental Health Crisis Care Concordat Assurance Group had been looking at this issue and had asked the NHS Collaborative Commissioning Unit to undertake a mental health urgent access and conveyance review to look at how and where access is provided. He also said that, in addition to the review, there are pilots underway in Aneurin Bevan and Hywel Dda health board areas to look at non-emergency conveyance:

> "I recognise from the Welsh ambulance service's point of view, as a national organisation they're dealing with a variance in how that is organised between different police force areas, different health board areas, and also 22 local authorities as well. So, actually, it's in everyone's interest, not just the ambulance service's but everyone's interest, to have some more consistency around that. So, whether that is a single, once-for-Wales model or whether it's something with more flexibility is something that we'll be looking at, following that review."[61]

Our view

107. The Code of Practice to the Mental Health Act 1983 requires that people detained under the Act should always be conveyed to hospital in the manner

[58] RoP, 4 April 2019, paragraph 329

[59] RoP, 4 April 2019, paragraph 408

[60] RoP, 4 April 2019, paragraph 183

[61] RoP, 4 April 2019, paragraph 440

most likely to protect their dignity and privacy. However, it is clear that this is not happening and in the vast majority of cases people are still being transported to a place of safety by the police.

108. While we recognise the need for the prioritisation of ambulance calls, it is extremely distressing for the person experiencing a mental health crisis and their family for them to be taken away in a police car.

109. We are aware of examples of good practice and initiatives being piloted across Wales but are concerned that these are not being rolled out everywhere so there is no consistency of practice. We believe this needs to be addressed as a matter of urgency.

Recommendation 9. The Welsh Government should implement, as a matter of urgency, its conveyance review and state how it will ensure that alternative patient transport will be provided for individuals experiencing mental health crises, thereby limiting the use of police vehicles in the conveyance of individuals detained under the Mental Health Act 1983 to hospital.

7. Mental Health Crisis Care Concordat

110. Published in 2015, the Mental Health Crisis Care Concordat[62] is a national agreement between health, criminal justice and social care agencies that sets out how services and agencies involved in the care and support of people in a mental health crisis will work together to provide the necessary support. It includes arrangements for more joint work and better information sharing between agencies.

Progress in implementation

111. The Crisis Care Concordat is generally seen as a positive step. Evidence from Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFS) says that:

> "... 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."[63]

112. However, it went on it say that while the concordat is a step in the right direction, there is still further work to be done.

113. Mind Cymru told us:

> "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."[64]

114. We also heard there is a need to scale up good practice to ensure a consistent approach across Wales. According to Kate Chamberlain, Healthcare Inspectorate Wales:

> "... one of the things we're very good at in Wales is innovative projects and pilots and trying new things. What I don't think we are as strong at

[62] Mental Health Crisis Care Concordat

[63] Written evidence, MHP26

[64] Written evidence, MHP14

> is taking the learning from those pilots and projects and spreading them so that we have a consistent approach across Wales."[65]

115. While ACC Jonathan Drake told us "there are examples of good practice and initiatives that are piloted [...] but they don't seem to then roll out everywhere. They seem to be in individual areas, and, to me, that's such a shame".[66]

Leadership / governance

116. Sara Moseley, Chair of the Mental Health Crisis Care Concordat Advisory Group, stated that stronger central leadership is needed from the Welsh Government to accelerate implementation of the concordat, as well as to increase accountability and transparency.[67]

117. A joint written submission from Cais, Hafal and Morgan Academy questioned whether the Mental Health Crisis Care Concordat Advisory Group has the authority and capacity to drive improvement and hold organisations to account . It suggested that the concordat does not have "high status" in mainstream targets for health and social care agencies or for the police and goes on to say:

> "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."[68]

118. The Office of the Police and Crime Commissioner for Gwent and Public Health Wales also suggested that increased and robust leadership by the Welsh Government and increased accountability by agencies is needed to achieve the objectives and aims of the Concordat. Evidence from the Office of the Police and Crime Commissioner for Gwent states:

> "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."[69]

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[65] RoP, 4 April 2019, paragraph 30

[66] RoP, 4 April 2019, paragraph 185

[67] RoP, 4 April 2019, paragraph 374

[68] Written evidence, MHP11

[69] Written evidence, MHP13

119. Public Health Wales told us:

> "... mental health as an ACE [Adverse Childhood Experience] 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."[70]

120. Sara Moseley, Chair of the Mental Health Crisis Care Concordat Advisory Group, told us that there are clear assurance mechanisms in place. However, she suggests that transparency could be improved if the Welsh Government published the six-monthly assurance reports the Group provides to it, as well as the regional action plans for each area.[71]

121. Matt Downton, Head of Mental Health and Vulnerable Groups at the Welsh Government advised that the Advisory Group had moved from a task and finish group into an assurance group, in recognition of the need to strengthen governance arrangements, because, as a task and finish group, it did not have a formal reporting mechanism into Welsh Government.

122. The Minister for Health and Social Services told us:

> "I think the governance and oversight for the concordat is appropriate. We have an assurance group and regional partnerships report directly into that. The important thing is making sure that it works so people can understand where the governance lies."[72]

123. He also confirmed that the chairing of the advisory group would shortly move to the national health service, which would "reinforce the role of the health service as a key partner to make sure it is not seen as just a health issue or just a police issue, but, actually, the NHS are there to work with other partners and to make sure that they are always present".[73]

Our view

124. We welcome the publication of the Mental Health Crisis Care Concordat, particularly in terms of its contribution in successfully implementing the legislative changes in relation to the use of police custody as a place of safety. We

[70] Written evidence, MHP04

[71] RoP, 4 April 2019, paragraph 354

[72] RoP, 4 April 2019, paragraph 475

[73] RoP, 4 April 2019, paragraph 475

do not believe that further legislation is necessary in this area but do think that more focus and urgency is needed to drive forward full delivery of the Concordat.

125. The Concordat was established to promote local multi-agency arrangements to improve the quality of care for people experiencing a mental health crisis and ensure that they are diverted to health rather than police settings. It is our view that a greater focus on early intervention is needed to ensure people are getting the help they need for their mental health problems early enough so that they do not reach crisis point. We believe that the chairing of the Mental Health Crisis Care Concordat Advisory Group should reflect that ambition.

Recommendation 10. As an immediate action, the Welsh Government should publish the six-monthly assurance reports provided to Welsh Government by the Mental Health Crisis Concordat Assurance Group to help increase transparency and drive service improvement.

Recommendation 11. The Welsh Government should, in consultation with members of the Mental Health Crisis Care Concordat Assurance Group, review the role, purpose and governance arrangements of the Mental Health Crisis Care Concordat Assurance Group, in order to satisfy itself that there is sufficient focus on implementation; increased accountability in terms of ensuring that learning from pilots and projects is shared and good practice is scaled up so that there is a more consistent approach to mental health crisis care provision and services across Wales.

ANNEX A – Health based places of safety

Health Board Name	Name of Hospital where S136 Locally Designated Place of Safety is Located	Name of Ward/Unit used as the S136 place of safety within the hospital site
Abertawe Bro Morgannwg	**Cefn Coed Hospital**	Fendrod Ward
	Neath Port Talbot Hospital	Ward F
	Princess of Wales Hospital, Coity Clinic	Ward 14, Coity Clinic
Aneurin Bevan	**St Cadocs Hospital Caerleon NP18 3XQ**	Adferiad Ward
Powys	**Bronllys Hospital**	Felindre Ward
Betsi Cadwaladr	**Ysbyty Gwynedd**	Hergest Unit
	Ysbyty Glan Clwyd	Ablett Unit
	Wrexham Maelor Hospital	Heddfan Adult Mental Health Unit
Cwm Taff	**Royal Glamorgan Hospital Llantrisant**	Crisis Team Mental Health Unit A&E
	Prince Charles Hospital Merthyr Tydfil	Crisis Resolution Home Treatment Team A&E
Cardiff and Vale	**Hafan Y Coed University Hospital Llandough**	Emergency Assessment Suite
Hywel DDa	**Hafan Derwen, Carmarthen**	Cwm Seren PICU
	Prince Philip, Llanelli	Bryngofal Ward
	Bro Cerwyn, Haverfordwest	St Caradog Ward
	Glangwili Hospital Carmardden	Morlais Ward (under 18 only)