Agenda – Health, Social Care and Sport Committee

Meeting Venue:
Committee Room 2 – Senedd
Meeting date: 4 April 2019
Meeting time: 09.45

For further information contact:
Claire Morris
Committee Clerk
0300 200 6355
SeneddHealth@assembly.wales

Informal pre-meeting (09.45-10.00)

1 Introductions, apologies, substitutions and declarations of interest

(10.00)

2 Mental health in policing and police custody: Evidence session with Healthcare Inspectorate Wales

(10.00-10.30) (Pages 1 – 34)

Kate Chamberlain, Chief Executive, Healthcare Inspectorate Wales
Rhys Jones, Head of Escalation and Enforcement, Healthcare Inspectorate Wales

Consultation Responses

Research Brief
Paper 1 – Healthcare Inspectorate Wales

Break (10.30-10.45)

3 Mental health in policing and police custody: Evidence session with the National Chief Police Council

(10.45-11.45) (Pages 35 – 39)

Assistant Chief Constable Jonathon Drake, Regional Lead for the National Chief Police Council

Paper 2 – All Wales Policing

Break (11.45-12.30)

4 Mental health in policing and police custody: Evidence session with representatives of Local Health Boards

(12.30-13.30) (Pages 40 – 79)

Richard Jones, Head of Clinical Innovation and Strategy, Hywel Dda University Health Board

Ian Wile, Director of Operations for Mental Health, Cardiff and Vale University Health Board

Philip Lewis, Head of Mental Health Nursing, Cwm Taf Morgannwg University Health Board

Dr Chris O'Connor, Consultant Clinical Psychologist and the Divisional Director for Mental Health and Learning Disabilities, Aneurin Bevan University Health Board

Paper 3 – Hywel Dda University Health Board

Paper 4 – Cardiff and Vale University Health Board

Paper 5 – Cwm Taf Morgannwg University Health Board

Paper 6 – Aneurin Bevan University Health Board

Break (13.30-13.35)

5 Mental health in policing and police custody: Evidence session with the Chair of the Mental Health Crisis Care Concordant Assurance Group

(13.35-14.20)

Sara Moseley, Chair of the Mental Health Crisis Care Concordat Assurance Group

Break (14.20-14.25)

6 Mental health in policing and police custody: Evidence session with the Minister for Health and Social Services

(14.25-15.25) (Pages 80 - 84)

Vaughan Gething AM, Minister for Health and Social Services

Joanna Jordan, Director of Mental Health, NHS Governance & Corporate Services, Welsh Government

Matt Downton, Senior Medical Officer, Welsh Government

Paper 7 - Welsh Government

7 Paper(s) to note

(15.25)

7.1 Letter from the Minister of Health and Social Services regarding Rural Healthcare

(Pages 85 - 92)

8 Motion under Standing Order 17.42 (vi) to resolve to exclude the public from the remainder of this meeting

(15.25)

9 Mental health in policing and police custody: Consideration of evidence

(15.25-15.30)

Agenda Item 2

Document is Restricted

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

Agenda Item 3

Police Liaison Unit
Welsh Government, Cathays Park

Protective Marking:	**NOT PROTECTIVELY MARKED**
Author:	[redacted]
Title:	Mental Health in Policing & Police Custody: Invitation for written evidence.
Version:	1
Summary:	All Wales Policing Response
Authorised by:	ACC Jon Drake.
Date sent:	**10th March 2019**

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.

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.**

   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.

[1] HMIC 'Picking up the Pieces'

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 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.

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.**

   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.

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.**

   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.

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).**

   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 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.

[2] College of Policing Authorised Professional Practice
[3] The Bradley Report 2009

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.

   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.

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.

   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.

   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.

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.

   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.

Agenda Item 4

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

[redacted]

[redacted]
Policy and Public Affairs Manager
Welsh NHS Confederation

Mail to – [redacted]

Dear [redacted]

Re: 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)

[redacted]

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.

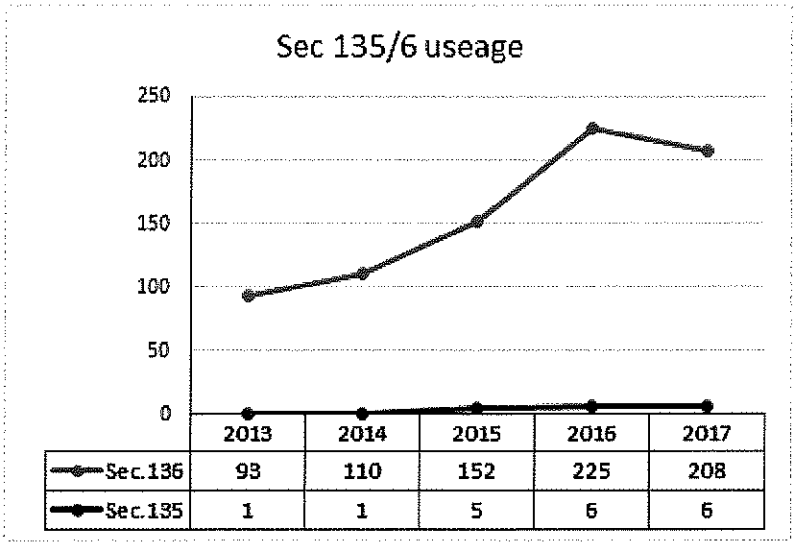


Figure 1 - Numbers arrested under S135/6 each year

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

[redacted]

[redacted]

Chief Executive

Cardiff and Value 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.

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.

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.

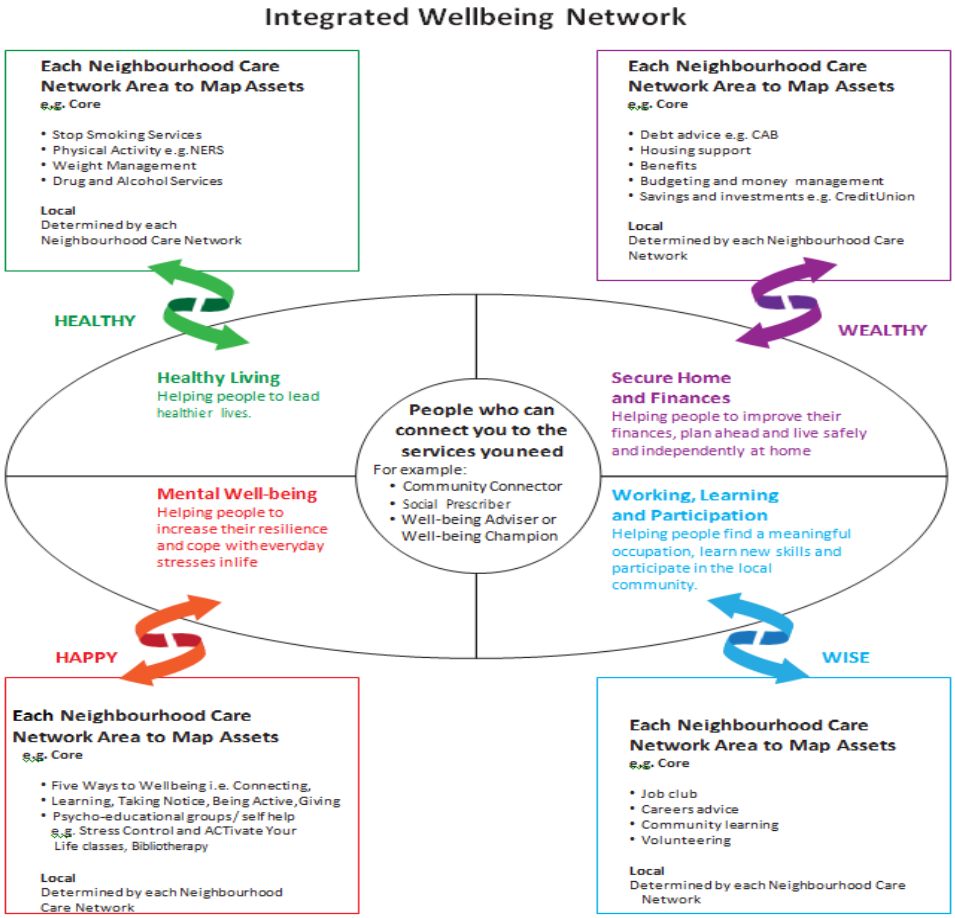
- We believe that there are appropriate joint working and governance arrangements in place in order to implement the Mental Health Crisis Care Concordat.

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 are

often 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.



"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.

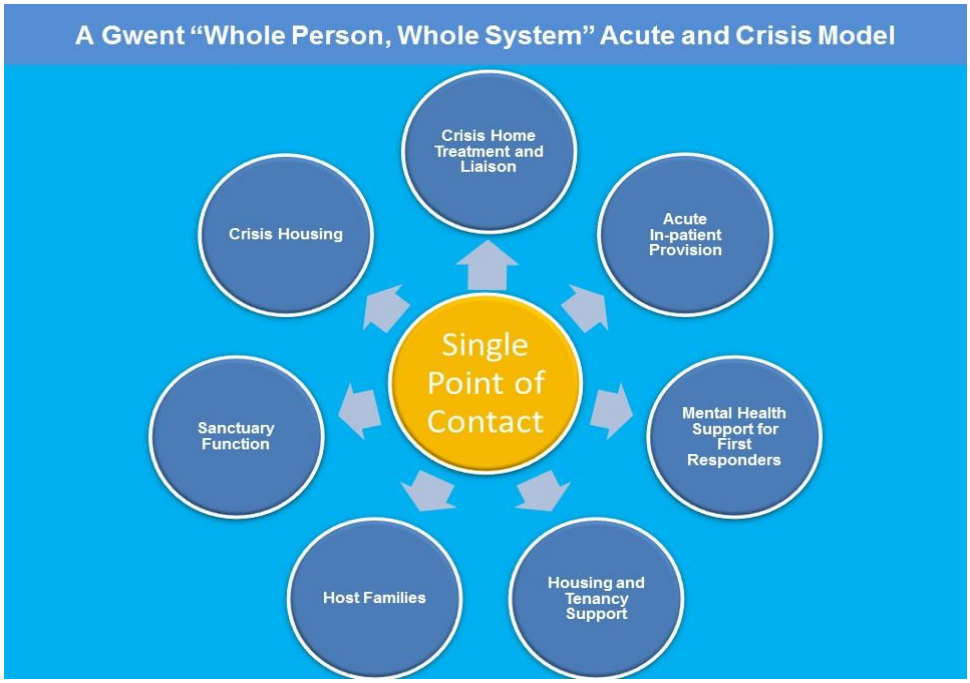


Figure One: Gwent "Whole Person, Whole System" Acute and Crisis model

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*			

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA-P/VG0884/19

Dr Dai Lloyd AM
Chair – Health, Social Care and Sport Committee

15 March 2019

Dear Dai,

Thank you for your letter of 15 February requesting information in relation to the mental health in policing and police custody inquiry.

We work collaboratively with the police and other agencies to ensure that front line services most likely to come in to contact with people in mental health crisis are supported through the Wales Mental Health Crisis Care Concordat. Regional arrangements are also in place via Mental Health and Criminal Justice Partnerships.

In terms of information available publically, information on uses of Sections 135 and 136 of the Mental Health Act 1983 is currently available in the Statistical First Release Admission of patients to mental health facilities in Tables 4a and 4b at an all Wales level only. The last of the releases showing this data was published on 31 January 2018, showing the 2016-17 data. However, following changes to the Mental Health Act relating to police powers and responsibilities under Sections 135 and 136 in December 2017, the Welsh Government has decided it is appropriate to cease collecting data on the 'Use of Sections 135 and 136 of the Mental Health Act 1983' on an annual basis via the KP90 form. In future, the data will be published via the quarterly Section 135 and 136 data that health boards currently return directly to Welsh Government.

To strengthen the current data on the use of Section 135 and 136 of the Mental Health Act 1983, the Mental Health Crisis Care Concordat Assurance Group established a task and finish group to co-produce a revised data set with policing, health boards, local authorities and Mental Health Act administrators in Wales. The data set is currently being piloted with a view to formal implementation from 1 April, following approval by the Welsh Information Standards Board. The statistical accuracy and suitability of the data for publication will be reliant on all agencies completing and recording the necessary operational information.

In response to the specific questions you have raised, I have responded where data is provided by health boards or where data is available to us. As you will understand, I am unable to respond to the specific requests relating to data held by the police. For example, the number of people taken into custody who may have mental health difficulties but have not been arrested under Mental Health Act powers. This information would need to be obtained directly from the police forces in Wales who may have this information under separate reporting requirements to the Home Office.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400
Gohebiaeth.Vaughan.Gething@llyw.cymru
Correspondence.Vaughan.Gething@gov.wales

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

Table 1 – Number of Mental Health Act Assessments (a)

	2012-13		2013-14		2014-15		2015-16		2016-17	
LHB	135	136	135	136	135	136	135	136	135	136
Betsi Cadwaladr University	7	278	4	384	4	372	9	511	7	656
Hywel Dda University	5	72	1	91	1	107	5	135	6	215
Abertawe Bro Morgannwg University	2	126	7	164	9	148	4	227	7	290
Cardiff and Vale University	3	140	9	143	8	190	7	210	13	274
Cwm Taf University	1	73	2	106	7	90	8	92	8	96
Aneurin Bevan University	0*	148	6	147	15	159	11	165	9	186
Powys Teaching	0	5	0	4	1	7	0	7	0	5
Wales	**18**	**842**	**29**	**1,039**	**45**	**1,073**	**44**	**1,347**	**50**	**1,722**

(a) where a hospital is first and only Place of Safety

Table 2 – Admitted to hospital under section 2 of the MHA

	2015-16		2016-17		2017-18	
LHB	135	136	135	136	135	136
AB	9	31	11	49	10	50
ABM	4	27	7	28	5	48
BCU	6	70	6	95	9	101
C&V	6	39	12	39	5	55
CT	13	18	7	20	5	23
HD	3	41	6	61	5	33
Wales	**41**	**226**	**49**	**292**	**39**	**310**

Table 3 – Admitted to hospital voluntarily

	2015-16		2016-17		2017-18	
LHB	135	136	135	136	135	136
AB		71	2	66		64
ABM		55		42	1	63
BCU	2	80		73		99
C&V		10		19		38
CT		15	1	15		24
HD		30		33	1	35
Wales	**2**	**261**	**3**	**248**	**2**	**323**

Table 4 – Discharged with Care Plan/Community to follow up

	2015-16		2016-17		2017-18	
LHB	135	136	135	136	135	136
AB		64		27		84
ABM		101		88		100
BCU	1	239		269		308
C&V		116		120		127
CT		34		34		82
HD		75		67		92
Wales	**1**	**629**	**0**	**605**	**0**	**793**

Table 5 – Discharged no mental health disorder

	2015-16		2016-17		2017-18	
LHB	135	136	135	136	135	136
AB	1	91	1	105		48
ABM		86		110		99
BCU	1	113		122		105
C&V		124		90		100
CT		43		28		41
HD		43		65		43
Wales	**2**	**500**	**1**	**520**	**0**	**436**

In relation to your question about children being admitted to adult wards, the Welsh Government is clear that children admitted to hospital should be accommodated in the most appropriate environment; and that this must take account of their age and developmental needs; and their right, where they are competent, to exercise choice as to where they receive treatment.

Health boards are required to comply with their legal duties regarding the appropriate placement of children in hospital. When circumstances require that an under 18 year old is placed on an adult ward, each health board area should have designated ward(s), or ward areas that appropriately meet the needs of children and young people. In accordance with its Serious Untoward Incident Process (as set out in the Putting Things Right guidance), the following must be reported to the Welsh Government:

- All admissions to adult mental health wards of children and young people aged 16 and under;

- Admissions to adult wards of people aged 16 to 17 years of <u>age deemed inappropriate to needs and patient choice.</u>

Serious incident reports submitted to the Welsh Government indicate a significant reduction in the inappropriate admission of children and young people to adult wards over the last four years (table 6 below). The data also indicates that there were only three occasions in the last four years where a child under the age of 16 was admitted to an adult ward.

Table 6 – **Serious Untoward Incidents for children and young people admission to an adult ward**

All Wales – SUI for CYP admission to an adult ward	**2014/15**	**2015/16**	**2016/17**	**2017/18**
16 and 17 year olds	39	21	19	11
Under 16s	0	2 (aged 14)	0	1 (aged 15)
Total	**39**	**23**	**19**	**12**

I also expect health boards to record and review the numbers of all admissions of under 18s to adult mental health wards.

One of the pathways that a child or young person can be admitted to hospital is following a mental health assessment when police have used their powers under Section 136 of the Mental Health Act 1983 to take a person to a place of safety for that purpose. The law changed in December 2017 to say that a police station can never be used as a place of safety for anyone under the age of 18.

However, 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 This means that in addition to a reduction in the number of inappropriate admissions to adult wards, where any of those admissions were following an assessment under Section 136, we have required the assurance that the assessment of that child or young person's mental health was undertaken in a health-based place of safety rather than police custody.

You also asked for information on the health-based places of safety for the purposes of Sections 135 and 136 provided by each local health board. This information is included at Annex A.

I hope this information is helpful.

Yours sincerely,

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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)

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA/P/VG/0482/19

Dai Lloyd AM
Chair
Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

26 March 2019

Dear Dai,

Thank you for the opportunity to attend the Health, Social Care and Sport Committee on 20 February for the evidence session on rural healthcare in Wales.

During my session I made commitments to write to the committee on a number of issues.

Medical Education Expansion

The first year was always going to be a difficult year to recruit as a decision was made to initiate midway through the admissions cycle and we have to validate the new programme.

As expected there has been a limited response from year 1 students when the move up to Bangor for year 2 was proposed. However, there have been positive responses for Graduate Entry Students and Cardiff University will be making offers to these applicants in the next few weeks. I remain confident that we will get in excess of 10 students for the course in Bangor and hopeful that the full 20 will be recruited.

Subsequent years will be more predictable, once we have had the opportunity to market the programme to its full extent.

Rural and Remote Health in Medical Education (RRHiME) track

A paper was published earlier this year entitled *The Swansea RRHiME track: a new curriculum model for embedding rural and remote healthcare into undergraduate medicine programmes* and can be found here https://www.mededpublish.org/manuscripts/2085

The paper identifies that the RRHiME track provides a practical and rewarding alternative rural and remote health experience to a more immersive model.

The paper also identifies the model can be successfully transferred to other medical and health care programmes.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400
Gohebiaeth.Vaughan.Gething@llyw.cymru
Correspondence.Vaughan.Gething@gov.wales

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

Welsh Language Skills within the NHS Workforce

NHS organisations in Wales are expected to meet statutory and mandatory requirements relating to the Welsh language.

The Electronic Staff Record (ESR) allows staff, hospital medics and dentists, as well as executive and senior staff, to record their Welsh language skills.

Whilst I understand the recording of Welsh language skills on ESR has varied between health boards, the expectation is for employers to actively promote to staff the importance of recording this information, in order to provide a better service to patients and the public.

I further understand that health boards and trusts have been working with the National Centre for Learning Welsh to develop language courses tailored to the needs of staff in the NHS. We are also investing in the current and future workforce to increase capacity to provide Welsh language services where they are needed most.

The recently commissioned independent evaluation of *More than just words* will provide an opportunity to look at how targets in the framework have been met and assess impact across the period 2016-2019 which will include looking at how effective health boards and trusts have been in planning their workforces in order to provide services in Welsh.

Welsh Language Standards for the health sector will come into force on 30 May 2019. These standards are an important step forward in delivering services in Welsh in health and actions in future *More than just words* frameworks will sit alongside the standards regime and focus on enabling actions to improve Welsh provision. The standards will require organisations to develop the Welsh language skills of their staff, to provide Welsh language awareness training and to assess the need for Welsh skills when advertising posts.

Following my attendance at the committee you also wrote to me on 01 March, asking for the following information:

- the numbers of medical and nursing training places across Wales in each of the last three years, and the numbers of applications for those places;

- what assessment has been made of the capacity across Wales to support doctors and nurses in training, and what steps is the Welsh Government taking to increase that training capacity.

Please see attached the information requested at **Annex A,** please note that this information refers to post graduate medicine and not undergraduate.

I hope you find this helpful.

Yours sincerely,

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

The numbers of medical and nursing training places across Wales in each of the last three years, and the numbers of applications for those places –

N.B. the data regarding the number of applications should be treated with caution. This is for a number of reasons including the following:

- Through the UCAS system students can apply for up to five university placements although they will only take up one. This means one student can represent up to five applications.
- Students can apply for places across the UK. For example, a student could apply for three courses in Wales and two in England, but ultimately take up a place in an English University.
- Not all students who apply meet the necessary criteria for the course. This not only includes academic abilities, but values and behaviours. This is the first step to entry into a career in the caring profession.
- Students will accept places and then decline or defer at the last minute.

Non-medical side (Nursing, Midwifery and AHPs) for 2016.17 through to 2018.19.

Staff Group	Commissioned 2018.19	Commissioned 2017.18	Commissioned 2016.17	Applications 2018.19	Applications 2017.18	Applications 2016.17
Adult	1216	1100	964	3973	4007	4373
Child	154	140	100	1619	1510	1586
Mental Health	324	300	289	1495	1267	1196
Learning Disability	77	70	65	105	124	119
Pre Registration Nursing TOTAL	**1771**	**1610**	**1418**	**7192**	**6908**	**7274**
Midwifery	134	134	94	1960	1919	2038
Occupational Therapists	133	121	116	440	473	585
Physiotherapists	147	134	134	847	931	1212
Diagnostic Radiographers	112	112	102	612	703	762
Therapeutic Radiographers	20	20	22	128	127	133
Speech & Language Therapy	44	0	44	160	0	198
Dietetics	30	30	30	111	120	162
Post grad. Dietetics	12	12	12	129	106	123
Podiatry	24	24	20	49	51	63
ODPs	49	49	39	110	150	166
PTP Healthcare Scientists	21	21	23	52	57	41
PTP Clinical Physiologists	47	47	33	280	229	228
Ambulance Paramedics	76	86	69	283	243	281

Additional information

1. As identified through the advice we have been providing over the past 2 years the numbers we commission at the present time is near the top level for the current approaches to education – hence the need to review the education provision and identify commission new pathways e.g. the OU programme
2. The Universities are reporting that the March intakes are becoming more difficult to recruit to.

Medical Side

Changes in the number of training posts over the last 3 years:

Feb-17 – 2988 training posts.
Feb-18 – 3077 training posts.
Feb -19 – 3104 training posts.

Data has included number of posts advertised and number of appointments. Due to the recruitment system it is not always possible to report on the number of applications received and so number of appointments is the most reliable data source.

Applicants to Post

Wales R1 and R1R Fill rates - Trends							
	Specialty	2018		2017		2016	
		Posts	Accepts	Posts	Accepts	Posts	Accepts
	ACCS Acute Medicine/Core Medical Training	119	82	89	59	109	75
	ACCS Anaethetics/Core Anaesthetics	33	33	36	34	34	34
	Acute Care Common Stem - Emergency Medicine	12	13	12	12	11	11
	Cardio-thoracic surgery	1	1	1	1	1	1
	Clinical Radiology	17	17	13	13	13	13
	Core Psychiatry Training	14	11	18	6	21	17
	Core Surgical Training	44	44	41	41	38	35
	General Practice	128	113	136	126	136	116
	Histopathology	5	2	4	3	1	1
	Obstetrics and Gynaecology	8	8	9	9	8	8
	Ophthalmology	10	10	3	3	4	4
	Oral and Maxillo-facial Surgery	1	1	1	1		
	Paediatrics	17	14	16	14	15	15
	Public Health Medicine			2	2	4	4
		409	349	381	324	395	334

What assessment has been made of the capacity across Wales to support doctors and nurses in training, and what steps are being taking to increase that training capacity.

Non Medical Side

Extracts from Education Commissioning &Training Plan 2019-20 referring to capacity etc -
Staffing numbers continue to increase across all staff groups. The overall workforce has grown by 8.6% over the past 4 years.

During this period, the medical workforce has grown by 8%; the nursing workforce by 3%
To commission to a level identified in the **IMTP would cost £120.90m**. However it would not be possible to commission to this level for all professions due to education capacity (including placements), this is particularly relevant for nursing and the science workforce.

Nursing capacity
Difficulties in recruiting nursing staff is not a uniquely Welsh issue but is experienced across the UK and further afield. During the past year:

- The Nurse Staffing Levels (Wales) Act 2016 came into effect in full from 6th April 2018. The act placed a duty on Health Boards and NHS Trusts to take steps to calculate and maintain

nurse-staffing levels in adult acute medical and surgical inpatient wards, as well as a broader duty to consider how many nurses are necessary to provide care for patients sensitively in all settings.

- The number of students studying in Wales who have successfully gained employment in NHS Wales on graduation has increased. **82%** of student nurses who graduated in 2016/17 are working in NHS Wales. This will be in addition to some who are working in Wales but not in the NHS (practice nurses, nursing homes, private providers e.g. Learning Disability providers) and elsewhere.
- Organisations have experienced ongoing agency costs for nursing as referred above.
- Organisations have continued to recruit from overseas and Wales's data shows that between March 2014 and March 2018 we employed over 500 overseas nurses to NHS Wales. However, over the past three years the number has decreased year on year.
- The demand for extended skills and advance practitioner posts has increased both within the hospital sector and community/primary care.

Adult Nursing

- The adult nursing workforce is projected to grow by **1,420** (9%) between 2018/19 and 2021/22
- Nurses commissioned for 2019/20 would be available for employment in 2022/23 and would provide the following numbers into the system:
- **1,056** based on maintaining the current level trained
- **1,676** based on training the numbers contained in IMTPs
- HEIW has also considered the capacity of the system to support a higher level of education places for adult nurses. As the education places have increased each year since 2015/16 the number of students is at a 30-year high. By maintaining, the numbers in 2019/20 there will still be an accumulative increase in the number of students in education. This places significant pressures on both the education providers and placement providers.
- In 2018/19, two universities were unable to recruit to the commissioned target. This suggests that while there continues to be interest in nurse education the current approach to education is at, or near its maximum recruitment level. Therefore increasing the number of places would not necessarily result in an increase in students.

Children's Nursing

- The children's nursing workforce is projected to grow by 186 (12%) between 2018/19 and 2021/22
- Nurses commissioned for 2019/20 would be available for employment in 2022/23 and would provide the following numbers into the system:
- 134 based on maintaining the current level trained
- **237** based on training the numbers contained in IMTPs

Mental Health

- The mental health nursing workforce is projected to grow by 283 (9%) between 2018/19 and 2021/22
- Nurses commissioned for 2019/20 would be available for employment in 2022/23 and would provide the following numbers into the system:
- 265 based on maintaining the current level trained
- **93** based on training the numbers contained in IMTPs

Learning Disability

- The number of Learning Disability Places has increased over the past three years, however in 2018/19 both welsh education providers were unable to recruit to the commissioned education level agreed. This is a reflection of a national workforce challenge in this sector. Work has commenced between both education providers to increase the profile of learning disability nurse education and careers in Wales and the Welsh Government has prioritised this workforce as part of its Train, Work, Live, campaign.
- The learning disability nursing workforce is projected to grow by 20 (5%) between 2018/19 and 2021/22
- Nurses commissioned for 2019/20 would be available for employment in 2022/23 and would provide the following numbers into the system:
- **62** based on maintaining the current level trained

- 80 based on training the numbers contained in IMTPs

While this workforce is fragile and ideally, we would wish to increase the number of education places, it is proposed to maintain education places at 2018/19 levels with the priority to recruit to all of these places in 2019/20. Additionally, it is proposed to explore the development of joint Learning Disability programmes with other programmes to deliver a dual qualification such as Learning Disability and Mental Health qualification or Learning Disability Nursing and Children's Nursing qualification etc.

Midwifery
Looking at the evidence available there is no strong indication to either increase or decrease the number of student commissions from 2018/19 levels. Over the past two years, NHS Wales has successfully recruited more Midwives than it has trained which provides an opportunity to increase the workforce should there be a need to do so.

- The midwifery workforce is projected to increase by 114 (8%) between 2018/19 and 2021/22

Allied health professionals report recruitment challenges including physiotherapy (including entry grade), SALT, OT, Radiographers, Sonographers Orthoptists and ODPs.

NHS Wales currently employs circa 1,250 physiotherapists. In many areas, increasing demand is being driven by the development of first contact physiotherapy services in primary care. There is a growing body of evidence regarding the impact of such services in dealing with MSK conditions and the impact access to physio therapy within the community can have on the whole health and care system.
The modelling undertaken shows the following:

- The physiotherapy workforce is projected to increase by 95 (8%) between 2018/19 and 2021/22
- Physio therapy education commissions for 2019/20 would be available for employment in 2022/23 and would provide the following numbers into the system:
- 139 based on maintaining the current level trained
- **187** based on training the numbers contained in IMTPs

Paramedics
The intention to increase paramedic roles in changing the way primary care services is delivered is one of the strongest themes in IMTPs this year. This includes reference to a number of pilots including paramedic practitioners supporting GP sustainability working across in hours and OOH
WAST's IMTP recognises that additional paramedics would be needed in order to release existing paramedics to undertake training in advanced practice to support new models of delivery in primary care, if such ambition is to be effectively realised without adversely affecting the delivery of WAST services. A comprehensive plan to scale up such models will need to be agreed.

Diagnostic Radiographers
This profession currently remains on the Migration Advisory Committee (MAC) shortage occupation list. As identified in 2016 demand for Diagnostic Radiographers is projected to increase due to a growth in the use of diagnostics, improvements in technology and increasing access over an extended day and seven day working.
The modelling undertaken shows the following:

- The diagnostic radiography workforce is projected to increase by 71 (7%) between 2018/19 and 2021/22
- Diagnostic radiography education commissions for 2019/20 would be available for employment in 2022/23 and would provide the following numbers into the system:
- 92 based on maintaining the current level trained
- **102** based on training the numbers contained in IMTPs

The pressures on Clinical Radiology referenced in the training plan mean that there is a need to develop extended skills Radiographers. In order to release Radiographers to develop these skills additional capacity in the system will be required.

Speech and Language Therapy
Directors of Therapies and Health Science have identified SaLT as a current pressure area Whilst central modelling for this group is not currently available IMTPs have suggested that current education commissioning levels meet projected demand.

Pharmacy
The Pharmacy workforce has over recent years expanded scope of practice and increasingly become a key component of the clinical team both within hospital setting and in primary care. There were 1,237 FTE pharmacists/technicians employed in March 2018 compared to 997 FTE in March 2015, a growth of 24%. Again, this year all IMTPs identify pharmacy as a key solution in workforce redesign including:

- Additional Pharmacists in primary care, clusters and supporting fragile OOH services.
- Extended scope pharmacy practitioners in secondary care
- Consultant Pharmacists in Unscheduled care, anti-microbial prescribing and cancer care.
- Expansion of Pharmacy Technician roles including administration of oral medicines to support nurses, pilots such as "Keeping Well at Home" which have a skill mix of 1:3 pharmacist/technicians.

The establishment of primary care clusters and the 111 service has also driven an expansion in the number of pharmacists employed. The strategic plan for 111 indicates that as part of the pathfinder work a pharmacist is present for 40 hours per week with additional hours for weekends and bank holidays.

Healthcare scientists

- Some IMTPs have reported challenges around an ageing workforce and difficulties in the recruitment of biomedical scientists, neurophysiologists, bio-informaticians and medical physicists. In addition, there are supply challenges in medical specialties e.g. Histopathology.
- The workforce plans submitted by NHS organisations identify a need to increase the number of training places for healthcare scientists across all levels.
- Continue to work with NHS organisations to embed 'equivalence' pathways into the NHS which will support individuals to gain professional registration and progress through the scientific career structure. This will enable the workforce to grow and develop and will support staff within the service to progress their careers whilst continuing to work.

Medical Side

No formal assessment of training capacity has been undertaken. There is one exception and that is the work currently underway regarding GPs, where plans to increase GP numbers and the delivery of the training programme will result in a need to increase capacity particularly across primary care.