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

Tuesday 13 November 2018 at 18:40

1. Present

National Assembly for Wales

John Griffiths, AM/AC - Chairman

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

Police and Crime Commissioners

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

Dafydd Llywelyn - Police and Crime Commissioner for Dyfed-Powys

Alun Michael – Police and Crime Commissioner for South Wales

Ann Griffith – Deputy Police and Crime Commissioner for North Wales

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

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

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

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

Chief Constables

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

Julian Williams - Chief Constable, Gwent Police

Carl Foulkes - Chief Constable, North Wales Police

Richard Lewis - Assistant Chief Constable, Dyfed-Powys police

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

Jonathan Drake - Assistant Chief Constable, South Wales Police

Tony Brown – Chief Superintendent, Police Liaison Unit

Steve Thomas - Chief Inspector, Police Liaison Unit

Invited attendees

Steve Treharne - Chair, South Wales Police Federation

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

2. Welcome

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

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

- 3.1 The key developments impacting on the police service and mental health in Wales were highlighted as follows:
 - The Mental Health Crisis Care Concordat
 - The Policing and Crime Act 2017
 - Governance and
 - Understanding demand
- 3.2 It was appropriate to solely rely on the number of people detained under section 136 of the Mental Health Act to gain a complete picture of the nature of the demand on the police service. In order to better understand the situation the following events were held
 - Operation Liberty
 - South Wales Police mental health demand day October 2017
 - All Wales mental health demand day April 2018
- 3.3 The all Wales mental health demand day measured the number of mental health related incidents by Force across the four Forces and the results are set out in the following tables.

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

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

- 3.4 On average each incident took 3 ½ hours of police time resulting in a total of 802:52 hours of all officers and staff involved with mental health incidents across Wales at a total cost of £16,330 per day equating to nearly £6 million a year dealing with mental health related incidents.
- 3.5 The results of the all Wales mental Health day were invaluable because they provided a better understanding of the level of demand and the cost to policing in Wales.
- 3.6 Her Majesty's Inspectorate of Constabulary, Fire and Rescue Service identified the following issues as a result of their inspection of this area:
 - 80% of S.136 detentions resulted in patients being released following assessment with no need for immediate hospital care.
 - A recognition that 85% of patients subject to S135/136 did have Mental Health issues (Betsi Cadwalladr).
 - Lack of ambulance availability resulting in patients being conveyed in nearly all of S136 cases
 - Long wait times for assessments and capacity for only one assessment to be conducted at a time.
 - Availability of mental health professionals, particularly out of hours.
 - Officers having to wait with patients in A&E for treatment of physical conditions prior to mental health assessments.
- 3.7 A number of ways of breaking the demand were identified namely:
 - A triage approach whereby a Community Psychiatric Nurse is located in control rooms. This
 arrangement was already in place in Gwent and had resulted in the de-escalation of calls by
 40%.
 - Information sharing between agencies. Multi Agency Safeguarding Hubs (MASH) were cited as good examples of that in action in Cardiff, Bridgend and Cwm Taf.
 - Tri-service collaboration with Fire and Ambulance services around information sharing.
 - A Multi-agency data collection form.
 - Joint Public Service Centre with the South Wales Fire and Rescue Service.
 - Learning from the best practice at Betsi Cadwaladr Health Board.
 - The Early Action Together Programme would be effective in the future as part of the Adverse Childhood Experiences (ACEs) approach in terms of benefiting mental health.
 - Ensure the high level delivery plans around the mental health concordat are consistent across Wales in terms of proper funding and mapping of demand which should result in freeing up capacity.
- 3.8 The basis and benefits of a Mental Health Triage approach were explained as follows:
 - It involved the secondment of a Mental Health practitioner, a Community Psychiatric Nurse, from local health boards into the Public Service Centre.
 - A Pilot to use the NHS treat and refer guidelines.
 - The Community Psychiatric Nurse will be able to identify where a person has a condition which does not require immediate attendance by police or subsequent attendance at hospital or A&E.
 - Estimated that in 40% of cases the Community Psychiatric Nurse will be able to give advice to self-care and de-escalate 40% of calls.
 - Releasing 4,204 police hours back to front line in Wales each year and reduced A&E attendance of patients.

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

4. Open session

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

- 4.1 Commissioner Alun Michael made the following points
 - He was in agreement with ACC Drake on his points about the impact of the ACEs programme and the impact on vulnerable people.
 - There was an initial concern that this was seen as just a policing problem i.e. detaining people as a service of last resort.
 - The Crisis Care Concordat Group was set up as a task and finish group for 18 months however it had continued to operate at the request of its members.
 - He acknowledged the good progress had been made however more needed to be done to ensure greater consistency across Wales.
 - There was a problem with the definition of what was considered to be mental ill-health.
 Health managers felt it applied to persons requiring psychiatric treatment. The police took a
 broader view linked to the well-being of a person which was closer aligned to Welsh
 Government policy.
 - There was a connection with the Early Action Together Programme.
 - Health Boards were also experiencing similar problems in terms of A&E Departments identifying places of safety.
 - Safeguarding and early intervention was key to success in this area.
 - The Cardiff MASH was making a significant contribution in South Wales and there was a need to escalate the level of family services.
- 4.2 The chair noted that there no analysis between the nature of incidents and the time spent on them. ACC Drake advised that it would be difficult to draw conclusions about this because this can be due to variable factors such as different ways of handling incidents and their geographical location.
- 4.3 Commissioner Dafydd Llywelyn asked what measures could be introduced to ensure a consistency of service provision across Wales. In response ACC Drake felt that an investment of £2.5m in the triage approach would make the most significant and immediate difference. Gwent police had already invested £400k in the triage approach and South Wales would be investing £1m. Chief Constable Julian Williams confirmed the approach had worked in Gwent and dramatically reduced demand meaning that officers could be deployed elsewhere.
- 4.4 Commissioner Jeff Cuthbert highlighted the importance of a joint service provision with the NHS set in the context that policing is a non-devolved service in Wales. An approach had already been adopted of working with devolved Departments including the Health Service and joint bids for mental health funding would be advantageous.

The inaugural meeting of the Policing Board for Wales was due to take place on the 19 November 2018 when it would be appropriate to discuss this matter and raise it with Cabinet secretary for Local Government and Public Services, Alun Davies AM. It was important to establish funding principles to share financial resources so the police did not fund everything. The principle of a single public service should prevail regardless whether they were devolved or non-devolved.

4.5 Chief Constable Matt Jukes referred to the Treasury announcement to release £2.5b for mental health in England and there was a need for a commitment for this to feed through to Wales via the Barnett consequential.

He also highlighted that the police were not the appropriate organisation to deal with mental health issues and in some cases their attendance was making matters worse. There was a need to

understand what we want the police to do given that they picked up the service at weekends and after 4pm during the week. There was a need for serious conversations with Welsh Government and the National Assembly on social care arrangements in Wales.

- 4.6 Steve Treharne, Chair of South Wales Police Federation, echoed previous comments in that the demand on police time to deal with mental health related incidents was considerable. Officers spent up to 7 hours at such incidents which meant they could not be deployed elsewhere and he agreed the police were not the most appropriate agency to deal with people suffering with mental health issues.
- 4.7 The Chair recognised the impact on policy for the National Assembly and agreed to circulate a note of the issues raised at the meeting to all Assembly Members.
- 4.8 It was agreed to invite Cabinet Secretary for Local Government and Public Services Alun Davies AM to the next meeting of the Cross Party Group to hear his views on joint working. Jeff Cuthbert confirmed there would also be an opportunity to raise the matter at the Policing Board for Wales on the 19 November 2018.
- 4.9 There was an agreement that it was important to highlight that the support of Welsh Government was needed to help speed up the delivery plan from the concordat meetings and to accelerate the process across Wales.
- 4.10 Commissioner Dafydd Llywelyn felt that consideration should be given as to whether the £2.5M funding required for a triage system could be allocated from the additional funding coming to Wales as a result of the Barnett consequential.
- 4.11 Deputy Commissioner Ann Griffiths made a point on behalf of her Commissioner, Arfon Jones, that in future we might consider whether a drugs policy should be dealt with as a health issue (and therefore devolved) rather than a reserved matter to the Home Office. This should be a theme of discussion for the Group.
- 4.12 John Griffiths AM in acknowledging the contributions to the debate made the following points:
 - Mental health was a huge issue and early prevention was important.
 - More funding had been made available for mental health in Wales and it was timely to raise
 the issue now. He stressed the importance of not presuming additional funding would be
 automatically allocated to mental health services as other organisations would make similar
 requests for additional funding elsewhere.
 - He recognised the need to accelerate changes so that efficiencies could be made and levels of care would also benefit.
 - There was a need to consider the issue of mental health in the context of other topics considered by the group e.g. homelessness, rough sleeping, substance misuse and early intervention.

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

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

6. Actions

- 6.1 John Griffiths AM to circulate a note of the issues raised at the meeting to all Assembly Members.
- 6.2 Action: John Griffiths AM to invite Cabinet Secretary for Local Government and Public Services, Alun Davies AM to the next meeting of the Group.

The meeting ended at 19:40