

Cynulliad Cenedlaethol Cymru
 Y Pwyllgor Iechyd, Gofal
 Cymdeithasol a Chwaraeon
 Ymchwiliad i iechyd meddwl yng
 nghyd-destun plismona a dalfa'r
 heddlu
 HSCS(5) MHP12
 Ymateb gan Fwrdd Iechyd
 Addysgu Powys

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

Evidence from Powys Teaching
 Health board

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

This spotlight inquiry will focus on partnership working between the police, health and social care services (and others), to prevent people with mental health problems being taken into police custody, to ensure their appropriate treatment while in custody, and to help ensure the right level of support is provided when leaving custody.

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

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

	<p>2017/18 - 16 cases of sec 136 with no cases of Police Custody being used.</p> <p>2018/19 April - December - 11 cases of Sec 136 with Police Custody being used on 1 occasion.</p> <p>Police Custody at Powys is only being used when there is a risk of serious harm.</p>	
<p>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.</p>	<p>Powys currently have three Places of Safety:</p> <ul style="list-style-type: none"> • Wrexham Maelor Hospital, Croesnewydd Rd, Wrexham LL13 7TD which services cases from North Powys. • Bronllys Hospital, Bronllys, Brecon, Powys. LD3 0LU which services cases for the Mid and South Powys. • Neath Port Talbot Hospital, Baglan Way, Port Talbot SA12 7BX which services cases from Ystradgynlais. <p>The Powys 136 Protocol includes the responsibility of the relevant Place of Safety to provide alternative Places of Safety should their respective unit be in use.</p> <p>There was one example of this in April 2016, where Wrexham Maelor could not provide the S136 suite and alternative arrangements were made to attend the Place of Safety at Bangor.</p> <p>There has been only one occasion (September 2016)</p>	

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

how well the police themselves identify and respond to vulnerable people detained in custody, specifically those arrested under section 136 of the Mental Health Act 1983.

where there will be an assessment for suitability for detention and interview. Should the Nurse become aware of the need for a mental health Act assessment, then the Dyfed Powys Police Doctor will attend Custody to medically examine the person and to confirm whether a Mental Health Act assessment is required. If so, the AMHP is contacted who makes suitable arrangements.

A recent review was undertaken at Powys for persons arrested for offences and then subsequently deemed to require a Mental Health Act Assessment. The findings identified delays during office hours in securing the services of a sec 12 Doctor, but there being lesser delays during out of hours.

The number of persons detained at Police Custody under Sec 136 is low. The response from Health and Social Services has been effective for these cases.

There was a case in 2018 where a person was detained for 23 hours at Police Custody whilst arrangements were made to obtain secure accommodation. All cases where areas of concern are identified are reviewed both in real time terms and slow time via the S136 Criminal Justice meeting.

There is a recommendation from Police that when someone is detained in Police

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

<p>focus on implementation of the Mental Health Crisis Care Concordat, including whether the Welsh Government is providing sufficient oversight and leadership.</p>	<p>under the accountability structure of the Powys Mental Health Planning and Development Partnership. In line with National Delivery Planning they have developed a local MH Crisis in Care Concordat delivery plan prioritising activity for Powys. The group, which includes representation from people using services, reviews progress quarterly and reports directly to the Mental Health Planning and Development Partnership.</p> <p>Reports are also provided to the Welsh Government Mental Health Crisis in Care Concordat Assurance Committee for each meeting.</p>	<p>Annex 4</p> <p>Annex 5</p>
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Dyfed-Powys Police
Sec 136 Mental Health Review
Powys
Annual Report 2017/2018



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

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

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

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

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

This is being achieved through improving:

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

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

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

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

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

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

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

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

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

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

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

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

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

Annex 1

Year End - - April 2017 – March 2018

Powys Mental Health Incidents

Demand

30,644 total incidents recorded for Powys.

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

Sec 136 Mental Health Act Powers

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

Calls were made by the following:

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

Nature of Call:

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

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Vulnerabilities;

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

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

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

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

Year End - - April 2017 - - March 2018			Area - Powers Used April 2017 – March 2018	
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Powys Mental Health Incidents				
Bronllys	15		Brecon	8
Wrexham	4		Welshpool	2
Neath, Port Talbot	3		Newtown	6
Redwoods	1 (WMP)			
			Llandrindod Wells	4
DN Custody	0		Ystradgynlais	3
DB Custody	0			

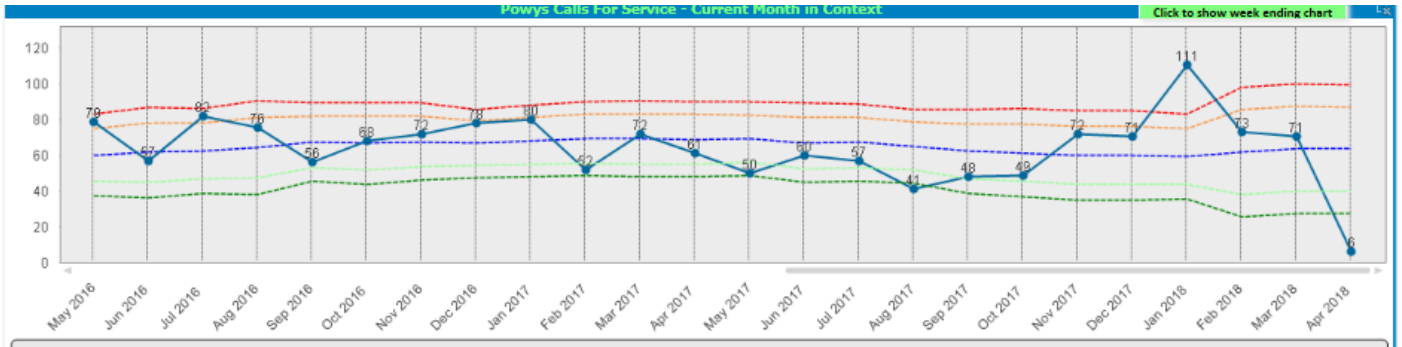
Mental Health Data Quality

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

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

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

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

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

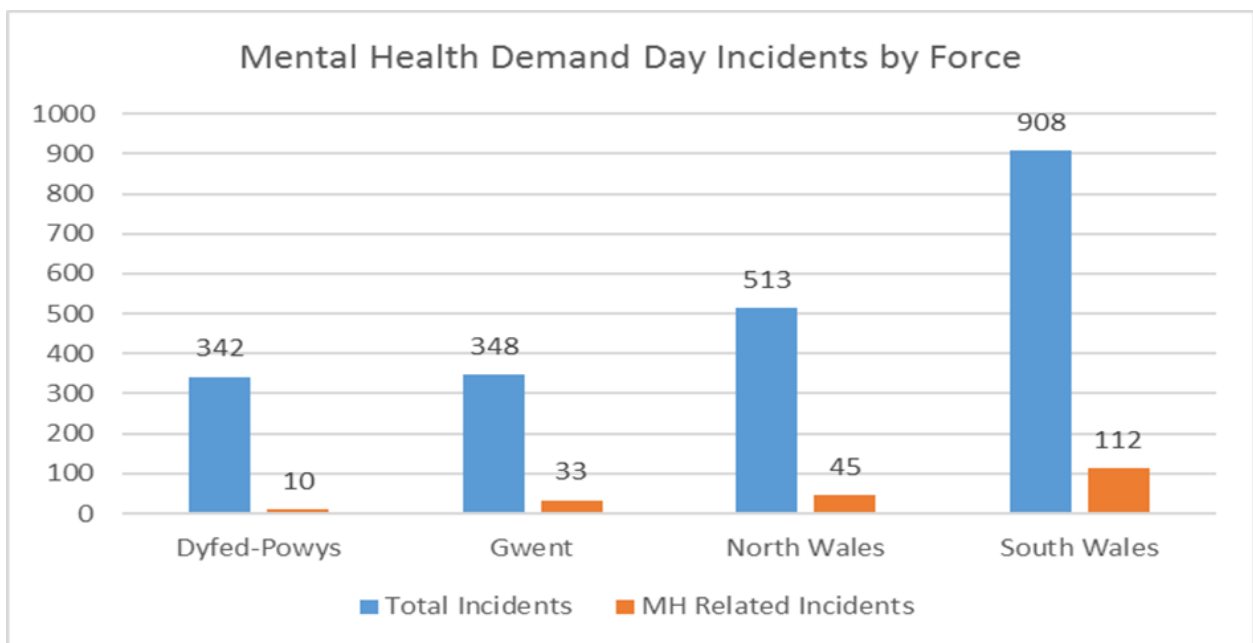
Across Welsh Forces on Mental Health Demand Day, 200 Mental Health incidents requiring Police involvement were recorded. This represents 9.5% of all Police incidents during the Demand Day period. South Wales Police had the highest proportion of Mental Health incidents at 12.3%, with Gwent and North Wales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

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

Demand Day.

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

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



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Custody Mental Health Assessments

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

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

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

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

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Developments for 2018/2019

- The Powys Sec 136 Mental Health Act Protocol has been updated in line with the changes implemented through the Police and Crime Act 2017. This work involved all members of the Powys 136 Mental Health and Criminal Justice Group.
1. The final version will be signed off once details are confirmed around youth provisions. CAMHS management is now being transferred to Powys teaching Health Board and a resolution is expected soon.
 2. The Protocol has been loaded to SOTI, so accessible through mobile devices.
- The Risk Enablement Panel (REP) has been established with Powys teaching Health Board, providing enhanced risk management for people who are considered at risk of harm to themselves. This will now provide a single point of contact via a dedicated email address. Referrals will be assessed by one of the panel members and dealt with at the time, if appropriate, or will be referred for a multi-agency response through IRIS.
- 3.
- The Powys Integrated Risk Intervention Support (IRIS) will be launched at the meeting planned for 5th July 2018.
- Powys IRIS has been established to support the regular sharing of personal information, to ensure safe management of individuals in communities who are involved in anti-social or offending behaviour and pose a risk to themselves or others or are in Mental Health crisis.
- The IRIS approach formalises collaboration between the various agencies involved ensuring that these individuals are appropriately and adequately protected by timely and approved interventions to ensure that their vulnerability is safeguarded and to facilitate their wellbeing and recovery.
4. The Police will be able to refer cases to IRIS through REP, e.g. Community problem solving, Integrated Offender Management, MAPPA.
 5. The Partnership Insp will chair this Group and PtHB will provide administrative support.
 6. Dyfed Powys Police Information Management Security is currently developing a Regional Information Sharing Protocol (WASPi) which will be used by IRIS.
- Powys Teaching Health Board is actively working on a Regional Conveyance Strategy. This will provide clarity of who transports patients in various circumstances, with the expectation on the Police being reduced considerably. This group is also considering alternative options internally and externally.

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

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

- Multi-Agency training events have been held over the last two years with the objective of enhancing the understanding and response to people with mental ill-health in line with the Police & Crime Delivery Plan 2017-2021. Further events are to be held in 2018/19 to capture all staff.
- In 2017, the management of Mental Health provision for Powys returned to Powys Teaching Health Board.
- The current Place of Safety provisions for Powys are Wrexham for Montgomeryshire cases, Bronllys for Breconshire and Radnorshire and Neath Port Talbot for Ystradgynlais. This will change in due course, with a new Sec 136 Unit being built at Bronllys Hospital and this will become the Place of Safety for Powys, with the exception of Ystradgynlais, which will remain as Neath Port Talbot. Building work commenced March 2018. A completion date is not known at this stage.

**Powys Mental Health Demand
&
Sec 135/136 Mental Health Act
2018/2019
&
Mental Health Act Assessments at Custody

Quarter 3
October – December 2018 and Year to Date**



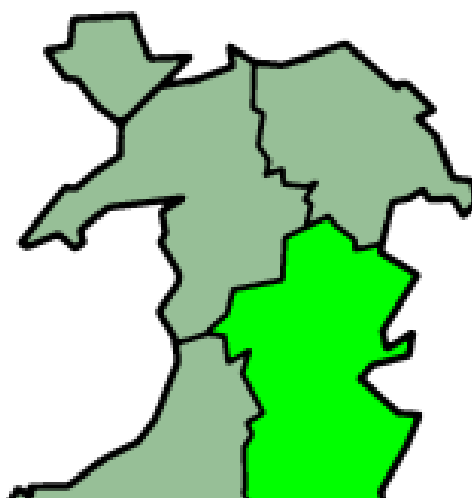
**Heddlu•Police
DYFED-POWYS**

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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Powys



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Q3 - October – December 2018 Powys Mental Health Incidents

Demand

7455 total incidents recorded for Powys.

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

Sec 136 Mental Health Act Powers

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

Calls were made by the following:

- | | |
|---|--|
| <ul style="list-style-type: none">• 114 by the person themselves• 93 from family or friends• 64 from Health, Social Care & Care• 49 from Public• 27 from Ambulance• 16 from Police• 6 from School• 3 from Delta-Wellbeing• 2 from Kaleidoscope• 2 from a Bank• 2 from Housing | <ul style="list-style-type: none">• 1 from Action Fraud• 1 from External Council• 1 from Job Centre Plus• 1 From National Resources Wales• 1 from Women's Refuge• 1 from Careline• 1 from Defra• 1 from Fire• 1 from MIND• 1 Youth Services |
|---|--|

Nature of Call:

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

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

Vulnerabilities;

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

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- 49 incidents involved missing persons

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

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

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

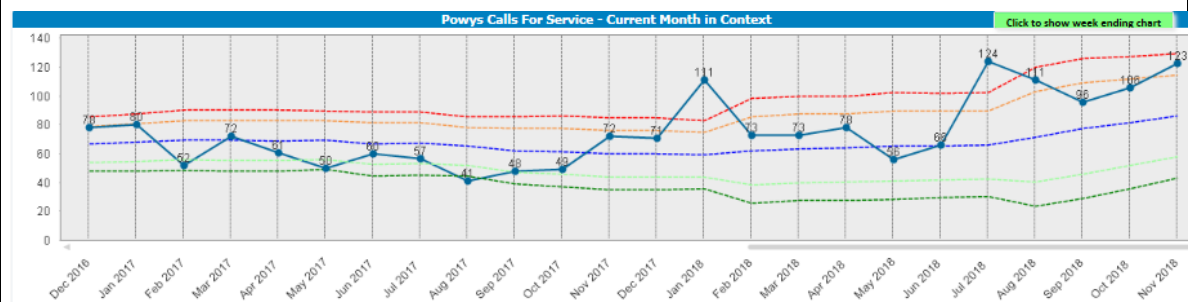
Subject 2 – 9 calls. Known to all Services. Has been in Hospital and assessed and not admitted. CID reviewed and now a MAPPA Nominal and has moved address.

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

Subject 4 – 6 calls. Currently under review.



Powys Mental Health Demand. December 2016 – November 2018.



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

Threat/Harm/Risk – Self-Harm

- 69 45 incidents involving the risk of self-harm

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

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

Year to Date -April – December 2018

Demand

23,866 total incidents recorded for Powys.

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

Sec 136 Mental Health Act Powers

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

Calls were made by the following:

- 283 by the person themselves
- 210 from family or friends
- 150 from Health, Social Care & Care
- 137 from Public

- 1 from External Council
- 1 From National Resources Wales
- 1 from Women's Refuge
- 1 from Defra
- 1 from MIND
- 1 from Solicitor

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<ul style="list-style-type: none">• 58 from Ambulance• 26 from Police• 8 from School• 7 from Housing• 5 from Kaleidoscope• 3 from Action Fraud• 3 from Delta-Wellbeing• 2 from Job Centre Plus• 2 from Careline• 2 from Fire & Rescue• 2 from a Bank• 2 from Youth Services	<ul style="list-style-type: none">• 1 Powys Association of Voluntary Organisations• 1 from Childline• 1 from Customs & Excise• 1 from Dentist• 1 Mountain Rescue• 1 from Probation• 1 from Ebay
<p>Nature of Call:</p> <ul style="list-style-type: none">• 543 Calls for Concern for Safety• 126 Missing Persons• 111 Crime• 36 Anti-Social Behaviour• 39 Domestic Violence• 34 Suspicious circumstances• 11 P- Suicide.• 12 Admin• 1 RTC <p><i>A new incident category of 'Suicide' has been created. The data quality at this stage is not to be relied upon, as a number of calls under the other categories involved persons threatening suicide or self-harm.</i></p>	
<p>Vulnerabilities;</p> <ul style="list-style-type: none">• 155 incidents involved self-harm or threats to commit suicide.• 31 incidents involved missing persons• 14 involved persons living with Dementia <p><i>Dementia data was being captured, but is unreliable, as dependant on the incident being endorsed accordingly.</i></p>	

Annex 2

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

Annex 2

Powys Custody Demand and Management for Mental Health Act Assessments



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

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

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

Concerns and best practice identified from review:

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

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

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

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

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

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

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

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

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

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Threats to Kill						23.04- 23.53	Police, as quicker than waiting for Ambulance.
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Annex 2

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

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							Police to convey persons from Newtown to Bronllys Hosp, rather than wait 4 hours for an Ambulance.
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Custody Ref	Place of Assessment	Time of Request	Time of assessment	Time between request and Assessment	Outcome of Assessment	Time between end of Assessment and leaving Custody	Comments to address identified concerns and identify best practice.
DN-000792-2018 Drunk & Disorderly	Newtown Custody	01.37	03.28	1 hour 51 minutes	Sec 2	41 minutes 04.23 – 05.04	Prompt response by AMHP and Sec 12 Dr. Local decision for Police to convey to Redwoods (32 miles) to avoid a delay waiting for an ambulance.
DN-000804-2018 Breach of the Peace	Newtown Custody	10.23	11.34	1 hour 11 minutes.	Not admitted. Referred to Home Treatment Team. Not fit for interview.	N/A	Prompt response by AMHP and Sec 12 Dr.

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Crisis Care Concordat National Delivery Plan for Wales

Delivering the plan and providing assurance

1. This paper sets out a suggested process for providing assurance that the new Crisis Care Concordat delivery plan is being implemented, is making a positive difference, and that people in crisis, or who are at risk of reaching a crisis, are receiving timely help, support, advice, treatment and care. It also proposes a template to be used to provide such assurance.
2. The new delivery plan sets out 20 actions to be implemented to support the following six core principles:
 8.
 - People have effective access to support before crisis point
 - People have urgent and emergency access to crisis care when they need it
 - People receive improved quality of treatment and gain therapeutic benefits of care when in crisis
 - People are supported in their recovery, stay well, and receive effective support after crisis
 - Better quality and more meaningful data and effective analysis is secured
 - Effective communications and partnerships are maintained and improved
3. Multi agency 'Mental Health and Criminal Justice Partnership Boards' (MHCJPB), or equivalent boards/committees, have been established across each of the 4 police force areas in Wales to oversee and monitor their own regional action plans developed to address the core principles of the Concordat and the actions set out in national delivery plan. These regional plans should set out in more detail what each area is doing to implement each of the 20 actions within the national delivery plan as well as any other actions agreed at a regional level. Regional boards/committees should have arrangements in place for receiving assurance from each of the partners that actions set out in regional plans are being implemented and are making a positive difference.
4. Regional boards/committees should provide assurance to the national Concordat Assurance Group on a quarterly basis that progress is being made and that successful outcomes are being achieved. The Concordat Assurance Group will provide a written assurance report to Welsh Government every 6 months that the delivery plan is being implemented and is effective and if not the reasons why and what remedial action is being taken. The Chair of the Concordat Assurance Group will meet with the Cabinet Secretary for Health and Social Services and the Cabinet Secretary with responsibility for criminal justice matters at least once a year to also provide direct assurance on behalf of the group.
5. Successfully implementing the delivery plan is likely to throw up some challenges, issues and perhaps unintended consequences, and it is therefore important for mechanisms to be in place to address these, to find solutions, and to overcome any barriers. Many of these issues or challenges have already been identified, such as safe and appropriate conveyance/transport of people in

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

6. Many of these challenges or problems are likely to be best addressed through the regional partnership boards responsible for overseeing the delivery of their regional action plans or regional delivery plan. But there may be some challenges or problems that are consistent across all areas of Wales that may be better addressed at an all Wales level through establishing short time limited task and finish groups tasked with finding solutions. It will be for the national Concordat Assurance Group to determine where and for what there is a need to establish such task and finish groups, but where any are established they should, wherever possible, be operative for no longer than 3 months and report back findings and recommendations to the next assurance group meeting.
7. As well as the issues identified in paragraph 5 above, other potential areas of work the Concordat Assurance Group may wish to consider appropriate for a Task and Finish group to look at are:
 - The need for pooled or joint training across health, social care and criminal justice agencies
 - The need to ensure genuine and meaningful service user involvement and that people's wishes and choices are at the forefront of service planning and delivery
 - Making sure that effective protocols are in place across and between health, social care and criminal justice agencies
 - Looking at ways to pool budgets and to jointly fund new initiatives
8. As well as determining what challenges or issues there are that need further consideration, and whether these are best addressed at a regional or national level, the Concordat Assurance Group also needs to agree what template should be used by regional partnership boards to provide assurance to the national Concordat Assurance Group on a quarterly basis. Attached is a proposed template that could be used.

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Mental Health Crisis Care Concordat - Assurance Report

Partnership area:	Powys	Reporting period:	
Date completed:	11/01/2019	Completed by:	Xxx, Mental Health Partnership Manager, PTHB
Key achievements		Challenges and remedial action	
<p>A. Multi agency mental health ‘Working Together’ awareness number trained totals 305 personnel from across agencies in the statutory and third sector mental health service providers. Evaluation of the impact of training is ongoing and operational practice has notably improved as a result. The training has been quality assured in line with the College of Policing Guidance, found to be effective and Dyfed-Powys Police have made it mandatory for all police staff.</p> <p>B. Work to maintain the reduction of inappropriate use of Section 136 continues and ongoing case reviews occur as a core part of the business of the Section 136 Criminal Justice group.</p> <p>C. An escalation process has been developed to support practitioners when there is a dispute over the S136 protocol that cannot be resolved at an operational level. This will form part of the Protocol itself as an Appendix.</p> <p>D. Powys Integrated Risk Intervention and Support (IRIS) was launched by the Mental Health Planning and Development Partnership to support the regular sharing of personal information to ensure safe management of individuals in communities who are involved in anti-social or offending behaviour and pose a risk to themselves or others, or are in mental health crisis, by Dyfed Powys Police and Powys Teaching Health Board and Powys County Council. The IRIS approach formalises collaboration between the various agencies involved in ensuring that these individuals are appropriately and adequately protected by timely and approved interventions to ensure that their vulnerability is safeguarded and to facilitate their wellbeing and recovery.</p>		<p>A. For consistency purposes Dyfed-Powys Police have been revising the training package that can be used across both Dyfed and Powys. Mental Health Practitioners from PTHB and Hwyl Dda Health Board were invited to speak with the Police trainer in September regarding the draft package, to provide feedback on whether it felt relevant, accurate and fit for purpose. Discussions regarding how this will meet needs for Powys are still ongoing therefore training has not been delivered during 2018/19 so far but this is hoped to be resolved in the near future.</p>	

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Key output and outcome data	Next period
<p>Sec 136 Mental Health Act Powers - Year to Date, April – November 2018 (data is being reported in line with PTHB data sharing rules therefore as numbers are low, a further breakdown is not provided to ensure there are no identifiable factors) :</p> <ul style="list-style-type: none">• There were 9 incidents where Sec 136 Mental Health powers were used.• Cases involved persons being admitted to hospital following assessment, persons referred to CMHT / CRHTT / return to community once sober. Police Custody has been used but appropriately, due to Violence.• No youths were subject to Sec 136 MHA.	<p>Priority areas:</p> <ul style="list-style-type: none">• Opening of new S136 suite in Felindre Ward, Bronllys Hospital in Powys. There will be an official opening with multi agency invites issued.• Agreement of further roll out of mental health training programme• Local revision of the MHCCC Delivery plan in line with National revisions.

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

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

The response in Powys: Local Delivery Plan

Purpose of the Section 136 Criminal Justice Group

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

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

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

Current Arrangements in Powys

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

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Dyfed Powys Police (DPP) covers the whole county.

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

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

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

For the situations which are both a medical and psychiatric emergency the main A&Es covering Powys are in Shrewsbury; Hereford; Abergavenny; Swansea; and Bronglais.

Welsh Ambulance Service NHS Trust (WAST) covers the whole of Powys.

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

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

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

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

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2.3 Ensure suicide and self-harm agenda is taken account of where links are relevant	Include suicide and self harm figures as part of data analysis and share any identified issues with other relevant work streams preventing and reducing these incidents	Engage in 'Talk to me 2' launch Event		
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Outcome 3: Ready availability of health based places of safety where S136 is the only option. (Concordat -Part 4. Four core principles and expected outcomes – section H. Supporting people in crisis in a health based place of safety)				
Action	How will we do it?		How will we know?	Who is Responsible?
	Planning and Commissioning	Improvement Approach/Training and Development		Lead Agency/Time-scale
3.1 Improving access to S.136 suites within health sector to manage patients who present with moderate violent intent and/or are suffering from substance misuse intoxication	Critical appraisal of local/regional facilities and operational protocols	Agreed framework of admissions/reception protocol Consensus of moderate violent intent: role of Police and LHB	% (85/15) ratio of health based place of safety (using 2014/15 baseline)	MHCJPB/LHB/LA

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3.2 Children and Young people are not detained within police custody suites under section 136	Access to appropriate facilities for C&YP are available within health based setting; review of facilities	Bed/placement availability reviewed daily by LHB to aid police access	100% reduction in police based place of safety for all C&YP	MHCJPB/Police/LHB/YJB
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Outcome 4: A dynamic joint review process to ensure concordat failures are identified and addressed in quick time. (Concordat -Part 4. Four core principles and expected outcomes – section 5:Delivery through governance)

Action	How will we do it?		How will we know?	Who is Responsible?
	Planning and Commissioning	Improvement Approach/Training and Development		Lead Agency/Time-scale
4.1 Fast time critical case review where significant concerns have arisen in the arrest and detention under section 136 powers.	Agreed a fast case review process to review cases of inappropriate detentions Process to be applied within 7 days with Children/Adult Safeguarding Boards notified of outcomes	Protocol sets out convening/secretariat process; format of meeting/review and communication plan	Reports to safeguarding boards will reflect area activity Material effect on reducing C&YP being held in police custody	S136 group

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<p>4.2 Periodic slow time reviews across Police/LHB/LA areas to examine section 136 data trends</p> <p>4.3 Establish Demand and use multi-agency data to inform the Section 136 Action Planning/ associated service delivery</p>	<p>Quarterly S136 meetings</p> <p>Collate Section 136 data in accordance with Welsh Government guidance/requirements</p>	<p>Use data to inform/change operational approach with a particular focus on episodes/volumes of detentions</p>	<p>Improvement in relation to understanding what the data is saying; responsiveness to unwelcomed increases in S.136 rate of detentions</p>	<p>Police/LHB/LA/YJB</p>
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Outcome 5: Frame an outline specification for a commissioned local/national evaluation study that will provide evidence of impact and effectiveness of the Concordat.				
Action	How will we do it?		How will we know?	Who is Responsible
	Planning and Commissioning	Improvement Approach/Training and Development		Lead Agency/Time-scale
5.1 Agree a regional methodology, through co-production, to evaluate the impact of the Concordat.	The Board, through its partners, will commission a regional evaluation study on effectiveness of delivery, impact and applied lessons.	Study to provide objective critique of whether the Board has delivered its responsibilities under the Concordat.	Delivery of work product with recommendations, presented in a timely manner	Work with Hywel Dda MHCJPB

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5.2 Contribute to a national evaluation, pan Wales study of the impact of the Concordat.	Provide resource investment – financial, intellectual capital – as part of a commissioned study through the national Task and Finish Group.	Identification of national strategic improvement imperatives that will improve outcomes.	Present findings to Welsh Ministers and National Mental Health Partnership Board and respond accordingly.	National Task and Finish Board -All Partners
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Outcome 6: Prepare a Communication Strategy designed to convey the key purpose and effect of the Concordat				
	How will we do it?		How will we know?	Who is Responsible
Action	Outcome 8: <i>(Delivery of local initiatives if appropriate)</i>	Outcome 8: <i>(Delivery of local initiatives if appropriate)</i>		Lead Agency/Time-scales
6.1 Agree a regional communication strategy that will inform stakeholders and partners about the Concordat and its impact.	Work with the MHP&DP Engage to Change sub group to ensure Communication strategy takes criminal justice and S136 issues into account.	The strategy will focus on reporting outcomes with key messages being conveyed to ‘internal’ and external stakeholders.	Written product produced Regional events designed to appraise the Concordat, held jointly led by Police/LHBs	MHCJPB

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<p>6.2 A regional and national practice based seminar is convened annually to share and promote 'best practise; critique impact of the Concordat; identification of improvements</p>	<p>The Welsh Government will convene a national seminar, targeted at relevant stakeholders that will consider area wide impact of the Concordat; the focus will be on practice lead performance and outcomes</p>	<p>What has worked/is working; what needs attention and by whom; assessment of stakeholder commitment</p>	<p>Assessment of performance data and outcomes. Service user critique Best Practise development</p>	<p>MHCJPB/LHB/Police/WG</p>
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MENTAL HEALTH PLANNING AND DEVELOPMENT PARTNERSHIP
11th December 2018
AGENDA ITEM: 6.1.2

Section 136 Sub Group Report

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

Section 136 Sub Group Report

1. Summary

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

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

2.1 Mental Health Awareness Training

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

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

2.2 Demand/Data Year to Date

Year to Date -April – November 2018	
Demand 21,504 total incidents recorded for Powys. 754 incidents were associated with Mental Health (3.5 per cent)	
Sec 136 Mental Health Act Powers <ul style="list-style-type: none"> • There were 9 incidents where Sec 136 Mental Health powers were used. • Cases involved persons being admitted to hospital following assessment, persons referred to CMHT, CRHTT and a return to community once sober. • Police Custody has been used but appropriately, due to Violence. • No youths were subject to Sec 136 MHA. 	
Calls were made by the following: <ul style="list-style-type: none"> • 235 by the person themselves • 177 from family or friends • 124 from Health, Social Care & Care • 115 from Public • 39 from Ambulance • 23 from Police • 6 from Housing • 5 from Kaleidoscope • 4 from School • 3 from Action Fraud • 2 from Job Centre Plus • 2 from Careline • 2 from Fire & Rescue • 2 from Delta-Wellbeing 	<ul style="list-style-type: none"> • 1 from a Bank • 1 from External Council • 1 From National Resources Wales • 1 from Women’s Refuge • 1 from Defra • 1 from MIND • 1 from Solicitor • 1 Powys Association of Voluntary Organisations • 1 from Childline • 1 from Customs & Excise • 1 from Dentist • 1 from Children’s Team • 1 Mountain Rescue • 1 from Probation • 1 from Ebay

Nature of Call:

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

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

Vulnerabilities;

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

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

2.3 Closed Case review

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

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

3. Mental Health Crisis in Care Concordat Delivery Plan

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

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

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

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

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

4. Integrated Risk, Intervention and Support (IRIS)

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

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