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Disclosable under FOIA 2000:	Yes		
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Date Created:	22/8/13	Telephone:	31992

SURREY POLICE

PAPER For September Management Meeting

**POSITION PAPER ON THE IMPACT OF MENTAL HEALTH
ON POLICING IN SURREY**

1. Response to the joint HMIC and CQC report “a criminal use of police cells”

1.1 The recently published joint report is helpful in, yet again, highlighting the plight of those people living with mental ill health who, because of a lack of provision within the health service, find themselves detained in police custody as a pathway to receiving the help they need. The report is one of many published within the last few years which has recommended that police involvement in dealing with people living with mental ill health should be minimal (e.g. the review carried out by Lord Bradley published in April 2009). It is true to say that such reviews have made little difference in reducing the involvement of police in being the stop gap in the lack of service provision across the NHS.

1.2 There are two recommendations within the HMIC / CQC report which are specifically directed at individual police forces.

1.3 The first recommendation is:

To College of Policing, the Royal College of Psychiatrists, the College of Social Work, police forces and mental health service providers

The College of Policing, the Royal College of Psychiatrists, the College of Social Work, police forces and mental health service providers should work together to develop and deliver joint training to staff. This should incorporate information on legal powers and local protocols and include regular refresher training. Service providers and Local Social Services Authorities with responsibility for the provision of AHMPs should ensure that those “bank “ and rotational staff who are likely to deal with the police and those detained under the Mental Health Act 1983 understand and comply with local procedures.

1.4 Surrey Police response:

Whilst waiting for the national bodies, also directed under this recommendation, to outline their proposals; Surrey Police will continue to develop and build on local initiatives to

address the joint understanding of Mental Health legislation, missing person agreements and the statutory agreements between partners. This will include

- Exchange programme between police officers and mental health practitioners
- Local joint training to address identified need
- Use of mental health experts in police training
- Use of police experts in mental health workers training

An area yet to be explored is the inclusion of Local Authority Accredited Mental Health Practitioners (AMHP's) in this process.

1.5 The second recommendation specifically aimed at police forces is:

To police custody officers

Police custody officers should ensure that a full explanation is recorded in the custody record as to why a person detained under section 136 has not been accepted into a health-based place of safety.

Timescale: This should begin immediately.

Surrey Police response:

On publication of this recommendation Surrey Police implemented this action immediately within our Custody Centres. In addition the force has ensured that the grounds for detention under the Act are fully and accurately recorded and that reviews of a persons continued detention within police custody are carried out. Surrey Police have been monitoring the number of persons detained in custody under section 136 for some time.

1.6 The report considered a change in the legislation relating to police custody no longer being a place of safety under the Act but postponed that decision for a further two years. The reason for the deferral was a recognition that to make such a change would overwhelm the NHS. Whilst understanding the reasons for this decision there is some disappointment that the police service will continue to be used because of the lack of NHS provision.

2 Views on the situation in Surrey.

2.1 There is concern that the demand on resources for those with mental ill health is likely to increase in the coming months and years as austerity measures, employment loss and financial difficulties within society become more evident.

2.2 Surrey Police and the Surrey and Borders Partnership NHS Trust have a good working relationship at a strategic level. Cooperation is good and the Trust is receptive to proposals from police. A good example of this is the missing person agreement which the Force and the Trust pioneered and which has now been extended to include a large majority of adult residential health care settings in Surrey.

2.3 Frustrations between the police and the Trust still exist at a tactical level particularly when trying to place 136 patients or where the Trust staff, through lack of knowledge, understanding and/or their own lack of resource, are either asking police to carry out functions which they themselves should be doing or are not complying with existing agreements. An example of this is where a patient has been allowed leave of absence but has not returned. Police are often asked to carry out a welfare check on the patient or to provide transport for the patients return. There is also significant evidence of people being told to contact police because of a lack resource within the NHS.

2.4 The normal provision of 136 assessment suites within Surrey is four with one further assessment suite contracted from Sussex Partnership NHS Trust in Crawley. This should provide five suites available for the admission of 136 patients for assessment. One suite is currently closed due to major building works projected to last for about 5 years. A further suite was closed during June and July this year because of unnaturally high demand within the Trust for beds. This had a direct and adverse impact on the number of persons being brought into police custody detained under 136.

2.5 The HMIC / CQC report found a variance in the use of police custody with the best being only 7% of patients detained in police cells and the worst being 70%. In context Surrey performs reasonably well against this measure. For the year 2012/13 22% of persons detained under section 136 in Surrey were brought into police custody. For the first quarter of this financial year that figure had reduced to 13%. There was a significant spike in July (28%) because of the closure of one of the Trust assessment suites but that should fall back now the issue of beds within the Trust has normalised. At the last Mental Health Liaison meeting with partners it was agreed to work towards an aspirational target of 5% within Surrey.

2.6 A significant problem is the availability of AMHP's provided by Surrey County Council, particularly out of hours. There is only one person within the out of hours SCC emergency duty team who can carry out assessments under the Act. This person also has responsibility for other social services activity. The outcome of this is delays in having people assessed in police custody and also the potential for blockages in the assessment suites provided by the Trust. Police resources are therefore committed for extended periods carrying out a care function.

2.7 A further significant problem is where a person living with mental ill health is taken to an accident and emergency centre in a general hospital. This can often result in the use of police resources in guarding a person detained under 136, assisting nursing staff with ensuring a person remains at the hospital so that treatment or assessment can be undertaken, and dealing with missing person reports from the hospital when a patient has walked out, often without any attempt by staff to prevent the person leaving. Ownership of such issues between the various NHS Trusts involved can be problematic to unravel when there appears to be multiple failings.

3 Future issues likely to arise with budget cuts across the public sector

3.1 The impact of the government's austerity measures is likely to frustrate the good intentions of the HMIC / CQC report. The police service has been used, since the enactment of the Mental Health Act, to pick up the shortfall of the NHS by providing transport and resources for patients. This has arisen due to the services "can do" culture and also because often there is nowhere else to go for patients in crisis, or families with a loved one who is in need of help but have nowhere to turn so there is a default to the police.

3.2 It is vital that those who commission services for mental ill health do so in partnership with the police to ensure that existing gaps in service provision, which lead to police involvement, are properly provided for.

4 PCC support

4.1 It would be helpful if the PCC would raise the profile of the challenges faced by Surrey Police. This should include:

- Adequate commissioning and provision of sufficient 136 assessment suites to meet the expected and anticipated need in Surrey.
- Adequate commissioning and provision of AMHP's, particularly out hours services.
- Adequate commissioning of transport for the conveyance of all patients requiring transport from general hospitals, custody suites, street incidents, return of missing patients and following execution of a 135 warrant.
- The acceptance by general hospitals that they can and should be a designated place of safety as agreed between interested agencies.
- Challenging other public sector organisations, particularly the NHS and Surrey County Council, who are subject of recommendations to promptly progress work within their own organisations. Holding others to account is important.

A practical example of the challenges is raised as an appendix in part 2.

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22 August 2013