Police and Crime Commissioner North Yorkshire

Appropriate Use of Places of Safety

Final Report

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1 Executive Summary

Background

Section 136 of the Mental Health Act 1983 (MHA) allows a police officer to remove a person they think is mentally disordered and 'in immediate need of care or control' from a public place to a 'place of safety', in the interest of that person or for the protection of others.

Although no hierarchy of preference of place of safety is dictated by the MHA, it is recognised that police custody should only be used in exceptional circumstances where the detained patient is unsuitable to be held in another place (i.e. because there are unmanageable risks of resistance, aggression, violent or escape), or where the detainee is also in custody for offences. Police custody is also sometimes used when a Health Based Place of Safety (HBPoS) is not available, although this is not endorsed within the Crisis Care Concordat as a sustainable option to cater for a health commissioning deficit in the future.

Up to December 2013, there were no HBPoS facilities within the North Yorkshire Police area and as a result virtually 100% of those recorded as being detained under Section 136 MHA were held in police custody.

Observations

Proactive working relationships are continuing to develop with partners, including the NHS Partnership Commissioning Unit (which commissions services on behalf of Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG), Harrogate and Rural District CCG, Scarborough and Ryedale CCG and Vale of York CCG), mental health services providers Leeds & York Partnership Foundation Trust (LYPFT) and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), local authorities including City of York Council (CYC) and North Yorkshire County Council (NYCC), Yorkshire Ambulance Service (YAS) as well as key third sector partners.

North Yorkshire Police has been proactive in developing a Gold, Silver and Bronze coordination structure for mental health matters. The Police, Health and Social Care Implementation Board (Silver Group), for example, brings together all key partners with the urgent priority of developing a Crisis Care Concordat Action Plan.

As a result of the progress made, 2014 saw the opening of 3 dedicated Health Based Place of safety (HBPoS): Cross Lane Hospital, Scarborough, which opened on 27 January 2014; Bootham Park Hospital, York, which opened on 3 February 2014; and Friarage Hospital, Northallerton, which opened on 27 October 2014. A fourth HBPoS is planned to open in Harrogate in June 2015. This will mean that by the summer, all four of the Clinical Commissioning Group (CCGs) within the North Yorkshire Police area will comply with the NHS requirement to have commissioned a dedicated HBPoS.

The 2014 annual report prepared by the Mental Health Liaison Officer, North Yorkshire Police Criminal Justice Department, identified a significant improvement in the outcomes for individuals detained under Section 136, with 71% taken to a HBPoS other than police custody. However, although this is a significant improvement, a total of 111 detainees were held in police custody in 2014. Of these, 22 were reported as being because the HBPoS was in use.

The Senior Commissioning Specialist (Mental Health & Vulnerable Adults) within the NHS Partnership Commissioning Unit advised that there is a reciprocal agreement in place across the CCGs, which should allow for the transfer of a s.136 MHA patient to the nearest available HBPoS where the designated HBPoS is unavailable. However, NYP has experienced difficulty in effecting this agreement, noting examples where the alternative HBPoS had refused to accept the patient due to recharging difficulties between the CCGs. This issue has been attributed to a lack of awareness of the correct process, which has now been addressed.

Whilst the NHS Partnership Unit receive s.136 monitoring reports from the 3 current HBPoS, they do not receive a similar report from North Yorkshire Police in relation to those detained in police custody. Whilst the NHS Partnership Unit feel confident that any issues would be communicated the lack of standard reporting reduces assurance that appropriate remedial action would be identified and taken to further reduce occasions where s.136 patients need to be detained in police custody as a result of failure to provide adequate and appropriate HBPoS.

There is good evidence that on an individual basis, where a S136 patient is held in custody, these instances are scrutinised by the Force and there is liaison with the appropriate HBPoS to ensure that where appropriate, lessons are learnt.

A s.136 Assessment and Transport Policy has been devised by Yorkshire Ambulance Service (YAS). The policy sets out the requirement for the police to notify YAS where a s.136 MHA detention is being made. The policy sets out the expectation that YAS will attend and undertake a clinical assessment of the individual. As a result of this assessment, the individual should then either be taken by ambulance to the nearest Emergency Department for urgent clinical care or be transferred by ambulance to the appropriate HBPoS. A risk assessment should be undertaken by the police officer to determine if YAS require police support in undertaking the conveyance of the s.136 MHA patient.

It is not possible to determine from the reports provided to the NHS Partnership Unit whether s.136 MHA patients at the 3 HBPoS have received the initial clinical assessment by YAS. Although data is reported in respect of the conveyance method, in those instances where ambulance transport is not used, it is not possible to determine if this was as a result of the risk assessment or because YAS services were not available/provided. The monitoring report prepared by NYP does include data relating to instances where YAS were called at point of detention. Of the 111 instances of s.136 police custody detentions in 2014, an ambulance was not called at the point of detention in 41 instances, with the most occurrences (19) in the latter quarter of 2014. An ambulance was used as the method of conveyance in 33% of the police custody cases in 2014.

The auditor was advised that there has been difficulties in respect of the transfer of s.136 MHA patients to the HBPoS, where YAS have been called in accordance with the s.136 Assessment and Transport Policy, but they have failed to attend. The agreed procedure currently in place to cater for this event results in s.136 MHA patients who have been refused access to the HBPoS in these circumstances being transferred to an available Emergency Department for clinical assessment before admittance to the HBPoS. Perversely, this can result in significant delays in getting appropriate mental health care for the patient, can increase the indignity they experience during the physical assessment process and cause considerable additional demands upon the police.

The locally agreed Mental Health Crisis Care Concordat sets out the expectation that police officers should undertake appropriate training to enable them to recognise risk and vulnerability and the need for health care. The training should be sufficient to not only enable them to make an assessment of the need to invoke s.136 MHA powers, but to decide whether they can be helped in some other way, particularly by partner agencies. Training in respect of mental health awareness is limited to an e-learning package, which must be completed alongside officers other daily duties. Officers spoken to during the audit advised they had completed the training piecemeal as they were distracted by their daily duties and in some cases the audio on the video scenarios cannot be heard as the officer does not have access to a computer with speakers. The auditor was provided with evidence that a 2 hour presentation in relation to vulnerable persons was delivered to custody staff in October 2014. However, combined with the issues experienced in relation to the training package and lack of awareness demonstrated by the custody staff met by the auditor there is reduced assurance that officers are sufficiently trained, skilled or confident when dealing with individuals experiencing mental ill health[1]. This can also lead to reduced assurance regarding the appropriateness of the use of s.136 MHA detentions.

To provide additional support and advice for front line officers, a Mental Health "Street" Triage service has been piloted in Scarborough and has also been implemented in the Vale of York area. The feedback in respect of Mental Health Triage has been highly positive. During a visit to the custody suite at Scarborough, the auditor was advised that particularly in the absence of an adequate training package for officers, Mental Health Triage has been invaluable in providing advice and support; not only to front line officers, but also to the s.136 MHA patient at first contact. The availability of Mental Health Triage also increases assurance regarding the appropriate use of s.136 MHA powers, with the qualified health professional being able to guide the officer in their initial assessment of the person. At the time of the audit, the Scarborough pilot had recently been extended for a further three months, with the future of the service unclear. Similarly, it is unclear whether there will be a roll-out of the service across the whole North Yorkshire area, though the auditor was advised that discussions are currently ongoing regarding the future of this service.

The significant improvement, particularly in the availability and use of HBPoS facilities in the North Yorkshire area since early 2014, provides reasonable assurance that North Yorkshire Police is progressing well in improving outcomes for individuals experiencing mental health crisis. However, there is still significant progress to be made in some areas, particularly in relation to provision of adequate police officer training and awareness of mental health and in relation to the reporting of s.136 MHA cases to enable lessons to be learnt and effective improvements in partnership working to be made.

1 Mind - One in four people experience a mental health problem in any given year and many will come into contact with the police either as victims of crime, witnesses, offenders or when detained under Section 136 of the Mental Health Act. People with mental health problems are more likely to be victims of crime than others and up to 90 per cent of prisoners and two fifths of those on community sentences have mental health problems.

	Commentary
Effectiveness of Risk Management Approach	It is important to acknowledge the significant improvements made in North Yorkshire since January 2014, particularly in relation to the provision of appropriate HBPoS and Mental Health Triage. However, the audit identified that there is still significant improvement to be made in some areas including: Provision of training and awareness for police officers in respect of mental health and appropriate pathways for care and support; adequate reporting of s.136 MHA cases to enable lessons to be learnt. As a result, there is limited assurance that the main risks are currently being effectively managed and significant management action is required to address some important weaknesses. It is acknowledged that in some cases, these improvements and actions can only be delivered by effective multi-agency working, of which NYP only form part.
Efficiency of Risk Management Approach	Not applicable as no assessment of the efficiency was undertaken.
Assurance Level	**3 – Limited Assurance**
Overall Risk	**5:8**

2 Scope and Approach of the Audit

The audit reviewed the action plans in place to address the risks that:

- Section 136 MHA patients are not being provided with an appropriate place of safety and appropriate pathways for care; and
- Section 136 MHA is used inappropriately.

Consideration was also given to the assurance provided to NYP that the HBPoS facilities provided qualify as appropriate places of safety under the Mental Health Act 1983, and match current levels of demand.

Each recommendation is accompanied by an assessment of the likelihood and impact of the risk identified, to North Yorkshire Police/ the Commissioner as a whole.

3 Report Distribution

Name/Role	Draft	Final	Final with Response
Inspector Bill Scott, NHS Commissioning and Mental Health Liaison Inspector	✓	✓	✓
Superintendent Richard Anderson, Partnership Hub	✓	✓	✓
Chief Inspector Allan Westcott, Head of Custody	✓	✓	✓
Leanne McConnell, Head of Administration of Justice	✓	✓	✓
Det.C/Supt Simon Mason, Head of Operations	×	✓	✓
DCC Tim Madgwick	×	✓	✓
Risk & Assurance Unit	×	✓	✓
Jane Palmer, Chief Constable's CFO	×	×	✓
Michael Porter, Commissioner's CFO	×	×	✓

4 Observations

4.1 Availability of HBPoS (Use of police custody for s.136 detention)

Risk Exposure			Root causes		
Failure to identify and implement remedial action leading to continued inappropriate use of police detention for s.136 patients.			Lack of strategic/partnership oversight of s.136 police detentions		
Probability	**Financial**	**Reputation**	**Operational**	**Legal**	**Rating**
Probable	Negligible	Significant	Minor	Negligible	5:8

There was significant improvement in 2014 in the placement of s.136 patients in appropriate HBPoS as a result of the opening of 3 dedicated HBPoS: Cross Lane Hospital, Scarborough, which opened on 27 January 2014; Bootham Park Hospital, York, which opened on 3 February 2014; and Friarage Hospital, Northallerton, which opened on 27 October 2014. When the fourth HBPoS opens in Harrogate in June 2015, four of the six CCGs within the North Yorkshire Police area will comply with the NHS requirement to have commissioned a dedicated HBPoS (Airedale, Wharfedale and Craven CCG commissions HBPoS services from Bradford District Care Trust, and South Lakes CCG has similar arrangements outside of North Yorkshire) . However, information provided by the Mental Health Liaison Officer identifies that 22 individuals were detained in police custody in 2014 as a result of an appropriate HBPoS not being available. This does not include those individuals who were considered to be appropriately detained in police custody as a result of violent or aggressive behaviour or for offences.

Richard Dalby, Senior Commissioning Specialist (Mental Health & Vulnerable Adults), NHS Partnership Commissioning Unit advised that a reciprocal agreement is in place which allows for the transfer of a s.136 MHA patient to the nearest available HBPoS, where the designated HBPoS is unavailable. Mr Dalby acknowledged that there had been instances where this did not happen as a result of the staff being unaware of the process they should follow in such cases, however, this had been addressed by a communication exercise within the HBPoS. Whilst Mr Dalby receives quarterly reports from the HBPoS in relation to s.136 MHA, he does not receive any formal reports from North Yorkshire Police in relation to s.136 MHA patients detained in police custody. Though he advised he was confident that discussions are undertaken between the relevant partners on a case by case basis where there are issues with the implementation of the agreed pathways, the failure to formally report, monitor and challenge these failures means there is reduced assurance that lessons are learnt and that future inappropriate detention of s.136 patients in police custody is avoided.

Whilst transfer to alternative HBPoS will reduce the need to detain s.136 MHA patients in police custody, there will inevitably be increased demand on police resources as a result of the additional time taken to transfer the patient as well as the detrimental effect on the patient due to being placed further from their home/family.

The locally agreed Mental Health Crisis Care Concordat includes the requirement of local partners to review each individual case where a police cell has been used to ensure the use was appropriate and to see whether there are lessons to be learned for the future.

Recommendation 1

In accordance with the requirements of the locally agreed Mental Health Crisis Care Concordat, individuals cases involving detention of s.136 MHA patients in police custody should be reviewed by the local partners to ensure they were appropriate and where this was not the case, what lessons can be learned to prevent future inappropriate detentions in police custody.

Recommendation 2

Whilst it is acknowledged that lack of resources within the NHS means there is reduced likelihood that additional HBPoS places above those required as a minimum by the NHS (i.e. one designated bed in each CCG), the Force should continue to work with the NHS Partnership Commissioning Unit in monitoring the demand for s.136 HBPoS and to ensure the most suitable HBPoS is provided with the aim of improving outcomes for s.136 MHA patients.

2.2 Availability of HBPoS (Clinical Assessment and Transport by Yorkshire Ambulance Service (YAS))

Risk Exposure			Root causes		
Urgent clinical needs may not be identified resulting in increased risk of serious illness or death of s.136 patient. Increased demand on police resource as a result of the failure of YAS to provide transport services for s.136 patients. Failure to improve outcomes for S136 patients.			Failure to request attendance of YAS attendance at point of detention to undertake appropriate clinical assessment of s.136 patient. Failure to monitor and appropriately escalate YAS non-compliance with s.136 MHA Clinical Assessment and Transport Policy. Lack of agreed procedure between relevant partners in the event of non attendance by YAS.		
Probability	**Financial**	**Reputation**	**Operational**	**Legal**	**Rating**
Highly Probable	Minor	Significant	Minor	Minor	4:12

There is a Clinical Assessment and Transport policy which has been agreed with Yorkshire Ambulance Service in respect of s.136 MHA patients. The policy requires that YAS are notified at the point of detention and that they then attend: firstly to undertake a clinical assessment of the patient to determine if they have any urgent medical needs and then the responsibility to undertake the transportation of the patient to the appropriate HBPoS to maintain their safety and dignity.

The s.136 MHA monitoring reports provided to the NHS Partnership Commissioning Units by the HBPoS and the internal North Yorkshire Police s.136 MHA report all include the details of mode of conveyance. However, where this is not by ambulance, it does not include details to identify if this was as a result of a risk assessment by the police or whether YAS could not provide the service in accordance with the agreed policy.

Conveyance method for sample month: December 2014

	Ambulance	Police	Not recorded
Bootham Park HBPoS	7	10	3
Cross Lane HBPoS	0	7	0
Northallerton HBPoS	2	0	0
NYP Police Custody	3	8	0
	12	**25**	**3**

There is insufficient information detailed in the reports provided to the NHS Partnership Commissioning Unit by the HBPoS to identify if YAS were called to attend and undertook the appropriate clinical assessment as required in the Clinical Assessment and Transport policy. An internal NYP s.136 MHA report does provide this breakdown and identifies that YAS were not notified at the point in detention in 41 out of 111 cases in 2014.

The locally agreed Mental Health Crisis Care Concordat includes the requirement to record mode of transport, including justification where an ambulance was not used for the conveyance of a s.136 MHA patient to the HBPoS.

Recommendation 3

The force should seek assurance that there is sufficient knowledge and awareness of the s.136 MHA Clinical Assessment and Transport policy across the force to ensure compliance with the requirement to request YAS attendance to undertake the appropriate clinical assessment of the patient and to undertake the transportation to the relevant HBPoS, where appropriate.

Recommendation 4

The monitoring and reporting of s.136 MHA cases should be sufficiently detailed to:

- **Identify instances where YAS are not requested to attend at the point of detention of a s.136 MHA patient. Remedial action should be taken to address instances of non-compliance with the Clinical Assessment and Transport policy to ensure that s.136 MHA patients receive the appropriate clinical assessment at the point of detention.**
- **Identify instances where YAS do not provide the appropriate transportation to the relevant HBPoS. This information should be then fed into the Police, Health and Social Care Implementation Board to ensure that appropriate steps can be taken to ensure YAS comply with the requirements of the Crisis Care Concordat and the s.136 MHA Clinical Assessment and Transport Policy.**

Recommendation 5

Consideration should be given to developing and implementing an agreed procedure to be applied between the relevant partners in the event of non-attendance by YAS.

2.3 Appropriate Use of s.136 MHA (Training & Awareness)

Risk Exposure			Root causes		
Failure to appropriately support individuals experiencing mental ill health or treat with appropriate care and respect. Failure to signpost individuals requiring mental health care and support resulting in missed opportunities to prevent mental health crisis.			Lack of adequate training and awareness in relation to mental health and available pathways to care and support.		
Probability	**Financial**	**Reputation**	**Operational**	**Legal**	**Rating**
Probable	Negligible	Significant	Minor	Minor	5:8

The locally agreed Mental Health Crisis Care Concordat acknowledges that police officers may be the first of point of contact for people in crisis in the community and as such, there is an expectation that with the support of partner agencies, they should be able to provide appropriate assistance. This includes officers undertaking appropriate training to not only enable them to recognise risk and vulnerability and the need for health care, but should include reference to the help and support available from partner agencies.

The auditor was advised that police officers at North Yorkshire receive mental health training via an e-learning package. There is no dedicated training time available to undertake the training and it must be completed alongside daily duties. Feedback received from a small number of officers spoken to during the audit visit to custody suggested that they felt they received little benefit from the training and advised that some colleagues would not be able to complete the training properly as the audio on the video scenarios in the training package was not available on speaker-less PCs. The general opinion provided to the auditor was that completion of the package did not provide the officers with additional knowledge or confidence when encountering members of the public or detainees experiencing mental ill health.

The NHS Commissioning and Mental Health Liaison Inspector advised of a number of recent examples where partner organisations had offered free training and development opportunities to North Yorkshire Police. The auditor was advised that training can only be delivered when it is approved as a Corporate Training Priority. The free training opportunities were lost as a result of the delays in seeking approval.

At the time of the audit the NHS Commissioning & Mental Health Liaison Inspector was planning to develop a mental health risk assessment which was aimed at being a useful tool for front line officer when assessing the presentation of an individual to determine if the use of s.136 MHA powers are appropriate.

Recommendation 6

Consideration should be given to the adequacy of training and awareness of mental health to police officers and police staff coming into regular contact with the public and/or detainees. This should include working with partners to maximise opportunities for shared learning and to gain

an understanding and knowledge of the various pathways that may be offered to signpost individuals experiencing mental health illness to relevant care and support. There should be a robust process in place to ensure that the delivery of training in relation to mental health is effective.

Recommendation 7

The Force should ensure there is an efficient and effective process in place to assess and approve, where relevant, the offer of training and development by partner organisations to ensure that opportunities to benefit from cost effective and relevant shared learning are maximised.

2.4 Appropriate Use of s.136 MHA (Mental Health Triage & Force Control Room)

Whilst the previous section referred to the lack of assurance in appropriate use of s.136 MHA as a result of weaknesses in the training and awareness of police officers in relation to mental ill health, the force is working with partners to deliver support in a number of ways.

Mental health triage

There has been a recent three month extension to a mental health triage pilot operating in the Scarborough area. The only other area within the North Yorkshire police area to benefit from such a scheme is York. The auditor was advised by Richard Dalby, Senior Commissioning Specialist (Mental Health & Vulnerable Adults), NHS Partnership Commissioning Unit that there has been positive feedback from both schemes, though no assurances could be given that the scheme would be rolled out across the county. In the absence of robust training programmes for police officers in respect of mental ill health, the provision of this service, provides at least some added assurance in those areas that police officers are supported in their evaluation and decision making in respect of s.136 MHA and as a result, there are improved outcomes for individuals who can receive the appropriate help and support at first contact with the police.

Force Control Room

North Yorkshire Police is currently considering commissioning the embedding of trained Mental Health Professionals (MHP) to work alongside call handlers in the Force Control Room. The MHP would act as a point of advice, support and expertise at point of first contact and provide added assurance regarding the service provided to members of the public who are experiencing mental ill health. Additionally, they can provide guidance and support to officers when dealing with members of the public who request assistance via the Force Control Room.

Recommendation 8

The force should continue to develop effective partnership working, particularly via the NHS Partnership Commissioning Unit, to attempt to influence commissioning of services which improve outcomes for individuals when coming into contact with the police and in supporting and improving police officer decision making in respect of s.136 MHA detentions.

2.5 Multi agency preventative care and support

Risk Exposure			Root causes		
Failure to prevent mental health crisis and increased numbers of s.136 MHA detentions.			Lack of or insufficient access to support before crisis point.		
Probability	**Financial**	**Reputation**	**Operational**	**Legal**	**Rating**
Probable	Negligible	Negligible	Negligible	Negligible	5:4

Although the focus of the scope of the audit was in relation to appropriate use of s.136 MHA and detention to a designated HBPoS, a key area of the Mental Health Crisis Care Concordat is in relation to access to appropriate care and support before crisis point. A key improvement area for those suffering mental ill health is in the proactive and preventative measures that can be put in place to support those experiencing mental ill health to minimise or prevent occurrences of crisis.

Although North Yorkshire Police cannot influence any of these measures in isolation, their participation on the Police, Health and Social Care Implementation Board provides an opportunity to contribute to the development of actions plans, which aim not only to improve outcomes for those hitting crisis point, but also in supporting improvement of preventative care and support for individuals experiencing mental ill health. As well as achieving a key aim of improving outcomes for individuals, there should be a reduction in the number of individuals experiencing mental health crisis and consequently the demands placed on North Yorkshire Police as a result of s.136 MHA detentions.

Recommendation 9

The Force, via its participation on the Police, Health and Social Care Implementation Board, should seek to work with multi-agency partners to ensure that there is adequate access to support available to individuals experiencing mental health illness prior to them reaching crisis point.

2.6 Mental health care in police custody

Risk Exposure			Root causes		
Failure to improve outcomes for detainees experiencing mental health illness.			Lack of available qualified mental health professionals.		
Probability	**Financial**	**Reputation**	**Operational**	**Legal**	**Rating**
Probable	Negligible	Significant	Minor	Negligible	5:8

Whilst the aim of North Yorkshire Police is to have zero s.136 MHA detentions in police custody, there may still be instances where the risk assessment of the individual identifies that police custody is the most appropriate place of safety at that time, possibly as a result of violent or aggressive behaviour which might prevent them being safely detained at a HBPoS. In addition, where offences are suspected, the requirement for detention in custody will remain.

With effect from 1 April 2015, custody suites at North Yorkshire have 24 hour provision of health practitioners. During the audit visit to a custody suite, the auditor met with the health practitioner on duty. He advised that he had recently transferred to the new provider (as from 1 April 2015) and had received only basic mental health training from his previous employer. It is understood some of the health practitioners are fully qualified mental health practitioners, this is not the case for all. The health practitioner on duty stated he was not confident either in his knowledge, skills or experience of dealing with individuals experiencing mental ill health. The health practitioner demonstrated sufficient knowledge and understanding of the process in relation to s.136 MHA patients and was clear these assessments should only be undertaken by the relevant designated Adult Mental Health Professional (AMHP) and doctor. [2]

As stated above, where the s.136 MHA patient is detained in police custody, the assessment must be undertaken in accordance with the requirements of the Mental Health Act. A qualified AMHP and a doctor (approved under section 12(2) Mental Health Act) should assess the patient within 3 hours of the detention. The auditor was advised that North Yorkshire Police have 3 nurses and 1 doctor available at any one time. The availability of just one doctor across the whole county inevitably results in significant delays between the initial call out and eventual arrival of the doctor. An example of these delays was witnessed during the audit visit, when it was identified that the attendance of the doctor had been requested for a detainee (not s.136 MHA) at 8am and the doctor arrived at the custody suite at 1pm.

The auditor was advised that the Mental Health Trust in York now have an arrangement whereby they provide a doctor (approved under Section 12(2) Mental Health Act) to undertake the mental health assessment of all s136 MHA patients, including those detained in police custody. The doctor provided by the Mental Health Trust has the advantage of also having access to the patient's medical records.

2 Mind - One in four people experience a mental health problem in any given year and many will come into contact with the police either as victims of crime, witnesses, offenders or when detained under Section 136 of the Mental Health Act. People with mental health problems are more likely to be victims of crime than others and up to 90 per cent of prisoners and two fifths of those on community sentences have mental health problems.

Recommendation 10

The Force should review the contractual arrangements in place with respect to the health practitioner provision within custody suites to ensure there is sufficient reference to the requirement to be trained and where relevant, qualified in dealing with mental health illness as well as clinical needs.

Recommendation 11

The Force, in liaison with the NHS Partnership Commissioning Unit should explore opportunities to obtain undertakings from all Mental Health Trusts across the North Yorkshire area to provide appropriately qualified doctors to undertake the mental health assessment of s136 MHA patients detained in police custody.

5 Recommendations

#	Recommendation	Category of Rec.	Management Action	Action Manager & Completion Date	Satisfactory Response (IA View)
1	In accordance with the requirements of the locally agreed Mental Health Crisis Care Concordat, individual cases involving detention of s.136 MHA patients in police custody should be reviewed by the local partners to ensure they were appropriate and where this was not the case, what lessons can be learned to prevent future inappropriate detentions in police custody.	Fundamental	Within the negotiations to draw up the local Mental Health Crisis Care Concordat, NYP drove the requirement to treat each adult custody detention of a s.136 MHA detainee as a Serious Incident (in NHS terms) and each child detention as a Never Event. As such, a multi-agency review should be conducted on each such detention to understand the reasons why it was necessary to us police custody, and to learn lessons to help prevent a recurrence. Until February 2015, NYP reviewed each s.136 MHA detention to ensure procedural compliance and (where relevant) to provide feedback to staff on the appropriateness / other potential alternatives. However, the member of staff who had temporarily been assigned to conducting this function has since returned to their core role and the internal reviews are no longer conducted for all s136 detentions due to lack of capacity. This is complicated by the fact that each review requires discussion between partners on sensitive personal information (relating to the mental health of the detainee) in circumstances that do not fall clearly within the exemptions afforded within the Data Protection Act. The process currently adopted by custody Policies and Procedure team, is for those s136 MHA detentions that <u>come through custody</u> will be highlighted and shared with partners on a case by case basis. Identified learning or	NYP Lead – Insp. Bill Scott NYP Head of Custody – CI Allan Wescott March 2016 (subject to recruitment of resource to achieve this)	Yes However, given the fundamental nature of this required action, it is strongly recommended that the Force mitigate the risk of any slippage in the timescales of the implementation of this recommendation and additionally that consideration is given to the possibility of identifying a temporary resource pending substantive recruitment to this post.

#	Recommendation	Category of Rec.	Management Action	Action Manager & Completion Date	Satisfactory Response (IA View)

			matters that need addressing will then be addressed with individual officers and or departments. These reviews provide a degree of scrutiny and challenge to each detention which can be evidenced through recent cases brought to the attention of Custody management.
			
			Since April 2015, any custody detentions of s.136 MHA patients are referred to the NHS Partnership Commissioning Unit, briefly highlighting in a few words the reasons why custody was utilised. This will help the CCGs with contract management of s.136 MHA services and assist in informing the debate over future service provision.
			
			To comply with this recommendation will require an uplift in NYP's capacity to research / review each case, together with partners.
			
			Notwithstanding the capacity issues, NYP is committed to implementing this recommendation, which falls within with the local Mental Health Crisis Care Concordat Action Plan:
			• ***Urgent and emergency access to crisis care***
			  ○ *Improve NHS emergency response to mental health crisis*
			• ***Quality of treatment and care when in crisis***
			  ○ *Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring*		

#	Recommendation	Category of Rec.	Management Action	Action Manager & Completion Date	Satisfactory Response (IA View)

2	Whilst it is acknowledged that lack of resources within the NHS means there is reduced likelihood that additional HBPoS places above those required as a minimum by the NHS (i.e. one designated bed in each CCG), the Force should continue to work with the NHS Partnership Commissioning Unit in monitoring the demand for s.136 HBPoS and to ensure the most suitable HBPoS is provided with the aim of improving outcomes for s.136 MHA patients.	Merits Attention	Since April 2015, any custody detentions of s.136 MHA patients are referred to the local NHS Partnership Commissioning Unit to monitor the reasons why HBPoS were not available / appropriate. This will help the CCGs with contract management of s.136 MHA services and assist in informing the debate over future service provision.
			
			In the longer term, NYP is working with partners to scope opportunities to develop Alternative Places of Safety; potentially in partnership with Third Sector organisations.
			
			This forms part of the local Mental Health Crisis Care Concordat Action Plan:
			
			• ***Earlier intervention and responsive crisis service***
			  ○ *Improving mental health crisis services*
			• ***Urgent and emergency access to crisis care***
			  ○ *Improve NHS emergency response to mental health crisis*
			• ***Quality of treatment and care when in crisis***
			  ○ *Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring*
				NYP Lead – Insp. Bill Scott
				
				March 2016
					Yes

#	Recommendation	Category of Rec.	Management Action	Action Manager & Completion Date	Satisfactory Response (IA View)

3	The force should seek assurance that there is sufficient knowledge and awareness of the s.136 MHA Clinical Assessment and Transport Policy across the force to ensure compliance with the requirement to request YAS attendance to undertake the appropriate clinical assessment of the patient and to undertake the transportation to the relevant HBPoS, where appropriate.	Fundamental	There have been many briefings to staff in various formats regarding the requirement to contact Yorkshire Ambulance Service (YAS) in the event that a person is detained under s.136 MHA, so that the detainee can be assessed for physical health risks and transport them to the appropriate Place of Safety; thus preserving the patient's safety and dignity.
			
			Training Admin Services have been requested to design / deliver a Mental Health Awareness package, and discussions continue in relation to how this can be achieved. Compliance with the Clinical Assessment and Transport Policy is intended to be a core component of this package.
			
			This constitutes an element of the local Mental Health Crisis Care Concordat Action Plan to which NYP is committed:
			
			• ***Urgent and emergency access to crisis care***
			  ○ *Ensure consistent YAS attendance & conveyance to HBPOS*
			  ○ *Improved training and guidance for Police Officers and Ambulance Staff*
				NYP Lead – Insp. Bill Scott
				
				March 2016
					Yes

#	Recommendation	Category of Rec.	Management Action	Action Manager & Completion Date	Satisfactory Response (IA View)
4	The monitoring and reporting of s.136 MHA cases should be sufficiently detailed to: • Identify instances where YAS are not requested to attend at the point of detention of a s.136 MHA patient. Remedial action should be taken to address instances of non-compliance with the conveyance policy to ensure that s.136 MHA patients receive the appropriate clinical assessment at the point of detention. • Identify instances where YAS do not provide the appropriate transportation to the relevant HBPoS. This information should be then fed into the Police, Health and Social Care Implementation Board to ensure that appropriate steps can be taken to ensure YAS comply with the requirements of the Crisis Care Concordat and the s.136 MHA Clinical Assessment and Transport Policy.	Fundamental	Previously, each s.136 MHA detention was reviewed to ensure procedural compliance and identify any issues in securing ambulance attendance. However, since February 2015 NYP no longer has the capacity to maintain this. However, the work forms part of our commitment under the local Mental Health Crisis Care Concordat Action Plan: • ***Urgent and emergency access to crisis care*** ○ *Ensure consistent YAS attendance & conveyance to HBPOS*	NYP Lead – Insp. Bill Scott March 2016 (subject to recruitment of resource to achieve this)	Yes However, given the fundamental nature of this required action, it is strongly recommended that the Force mitigate the risk of any slippage in the timescales of the implementation of this recommendation and additionally that consideration is given to the possibility of identifying a temporary resource pending substantive recruitment to this post.

#	Recommendation	Category of Rec.	Management Action	Action Manager & Completion Date	Satisfactory Response (IA View)
5	Consideration should be given to developing and implementing an agreed procedure to be applied between the relevant partners in the event of non-attendance by YAS.	Merits Attention	NYP and partners are in discussion with partners to determine how patient safety can be maintained in the event that there is no attendance / assessment conducted by paramedics. This forms a strand of the local Mental Health Crisis Care Concordat Action Plan: • ***Urgent and emergency access to crisis care*** ○ *Ensure consistent YAS attendance & conveyance to HBPOS*	NYP Lead – Insp. Bill Scott March 2016	Yes

#	Recommendation	Category of Rec.	Management Action	Action Manager & Completion Date	Satisfactory Response (IA View)

6	Consideration should be given to the adequacy of training and awareness of mental health to police officers and police staff coming into regular contact with the public and/or detainees. This should include working with partners to maximise opportunities for shared learning and to gain an understanding and knowledge of the various pathways that may be offered to signpost individuals experiencing mental health illness to relevant care and support. There should be a robust process in place to ensure that the delivery of training in relation to mental health is effective.	Significant	Training Admin Services have been requested to design / deliver a Mental Health Awareness package, and discussions continue in relation to how this can be achieved. Compliance with the Clinical Assessment and Transport Policy is intended to be a core component of this package.
			
			NYP have in recent times provided NCALT training package based around Mental Health. Custody Sergeants and Detention officers have also received a 2hr presentation & power-point from lead healthcare physician from MEDACS (Oct 2014)
			
			Improvements to training are a critical, and form a significant element of the work to be undertaken with University of York in relation to research and development relating to mental health and policing. It is also reflected within NYP's commitments under the local Mental Health Crisis Care Concordat:
			
			• ***Earlier intervention and responsive crisis service***
			  ○ *Ensuring the right numbers of high quality staff*
			• ***Urgent and emergency access to crisis care***
			  ○ *Improved information and advice available to front line staff to enable better response to individuals*
			  ○ *Improved training and guidance for Police Officers and Ambulance Staff*"
				NYP Lead – Supt. Richard Anderson
				
				Dec 2016
					Yes

#	Recommendation	Category of Rec.	Management Action	Action Manager & Completion Date	Satisfactory Response (IA View)
7	The Force should ensure there is an efficient and effective process in place to assess and approve, where relevant, the offer of training and development by partner organisations to ensure that opportunities to benefit from cost effective and relevant shared learning are maximised.	Significant	NYP has a robust, efficient and effective process in place to assess training opportunities and requirements across the Force. The Training Commissioning Group (TCG) chaired by ACC Mcintosh meets monthly, with attendees from Human Resources, Training, Finance, Staff Associations and Operational Leads. The free training opportunities were considered by the TCG, the group were concerned that there was no structural plan for how the training received would be used and disseminated within the workplace. The TCG felt it more information was required and also suggest training services staff attend the free training rather than a random selection of people who happened to be available. Unfortunately, the timescales were so short we were unable to progress this in time for the training. We have however, got the contacts of those delivering the training in order to follow this up. The suicide on railways training was an opportunity to train with BTP however, the training is centred on their response and is not relevant to North Yorkshire Police officers as we would only go onto railways in exceptional circumstances. Therefore NYP IS satisfied that there is an adequate process already in place – this recommendation is closed.	Closed	Yes

#	Recommendation	Category of Rec.	Management Action	Action Manager & Completion Date	Satisfactory Response (IA View)
8	The force should continue to develop effective partnership working, particularly via the NHS Partnership Commissioning Unit to attempt to influence commissioning of services which improve outcomes for individuals when coming into contact with the police and in supporting and improving police officer decision making in respect of s.136 MHA detentions.	Significant	NYP has a full-time Mental Health Partnership Development Inspector, whose role is to deliver the specifics of this recommendation. This post is funded initially until the remainder of the current financial year and is devoted to this endeavour.	NYP Lead – Insp. Bill Scott In place. Review March 2016	Yes Given the key role this post delivers in terms of partnership liaison, serious consideration should be given to how this would continue if a commitment to fund this post is not extended beyond March 2016.

#	Recommendation	Category of Rec.	Management Action	Action Manager & Completion Date	Satisfactory Response (IA View)
9	The Force, via its participation on the Police, Health and Social Care Implementation Board should seek to work with multi-agency partners to ensure that there is adequate access to support available to individuals experiencing mental ill health prior to them reaching crisis point.	Merits Attention	Together with the NHS Partnership Commissioning Unit, NYP has developed a service specification for a more responsive Mental Health Crisis Service that will provide active support to people in mental distress. At the same time, NYP and OPCC are developing arrangements to embed a mental health professional in the FCR to assist with effectively managing the identification, recording, response and referral for mentally vulnerable people. NYP has ensured that this action is included within the local Mental Health Crisis Care Concordat Action Plan: • ***Access to support before crisis point*** • ***Recovery, staying well and preventing future crisis***	NYP Lead – Insp. Bill Scott December 2016	Yes

#	Recommendation	Category of Rec.	Management Action	Action Manager & Completion Date	Satisfactory Response (IA View)
10	The Force should review the contractual arrangements in place with respect of the health practitioner provision within custody suites to ensure there is sufficient reference to the requirement to be trained and where relevant, qualified in dealing with mental ill health as well as clinical needs.	Significant	NYP recently worked with NHS England to co-commission an enhanced custody healthcare and Forensic Medical Examiner (FME) service, which commenced operations on 1st April 2015. During the co-commissioning process, NHS England would not support dedicated mental health professionals being included within the contract as an at-cost option, citing that arrangements should be developed with local crisis services for the non-forensic mental health care / assessment whilst in detention. The appointed healthcare provider has, however, recruited 3 Registered Mental Nurses (RMNs) to provide a 24/7 presence in police custody as a resource to assist in the care / management of mentally vulnerable people in detention. Since the end of 2014, a process has been in operation in York, where any detainees under s.136 MHA who are taken to police custody have their physical / forensic healthcare needs met by the police custody healthcare provider, but their mental health assessment is conducted by the local crisis team. This has proven very successful, and NYP continues to strive to expand this scheme to the remainder of the custody estate. In light of the fact that a number of RMN nurses are currently included in the recently selected custody healthcare provision and the fact that they are working closely with local providers in respect of referral pathways, it is felt this recommendation requires no further action at this time.	NYP Lead – Leanne McConnell	Yes

#	Recommendation	Category of Rec.	Management Action	Action Manager & Completion Date	Satisfactory Response (IA View)

11	The Force, in liaison with the NHS Partnership Commissioning Unit should explore opportunities to obtain undertakings from all Mental Health Trusts across the North Yorkshire area to provide appropriately qualified doctors to undertake the mental health assessment of S136 MHA patients detained in police custody.	Significant	As in (10) above, NYP recently worked with NHS England to co-commission an enhanced custody healthcare and FME service, which commenced operations on 1st April 2015. During the co-commissioning process, NHS England would not support dedicated mental health professionals being included within the contract as an at-cost option, citing that arrangements should be developed with local crisis services for the non-forensic mental health care / assessment whilst in detention.
			
			It is recognised that there is a paucity of doctors qualified under s.12 MHA to conduct mental health assessments for s.136 MHA patients. This is captured with the local Mental Health Crisis Care Concordat Action Plan:
			
			• **Earlier intervention and responsive crisis service**
			  ○ Ensuring the right numbers of high quality staff
			• **Urgent and emergency access to crisis care**
			  ○ Improve NHS emergency response to mental health crisis
				NYP Lead – Insp. Bill Scott
				
				March 2017
					Yes

Classification of Recommendations	
Fundamental	Action is needed to address risks that could impact on the organisation's ability to achieve its objectives. Action will typically be organisation-wide and be necessary at the highest level. Other fundamental recommendations will be made in regard to potentially serious breaches of statutory obligations.
Significant	Action is needed to address risks that impact primarily on one major business area or to address lower risks on an organisation-wide basis.
Merits Attention	Action is advised to enhance control, remedy minor breaches of current controls or to improve efficiency.

6 Appendix: Assurance Levels

Internal Audit assesses the effectiveness of internal control, within the scope of what is audited. This measure is therefore a relative one.

Category	Description
1	Reasonable assurance can be provided that the main risks considered are being effectively managed; action may still enhance the management of risk in a small number of areas. In addition Internal Audit has identified that the approach taken to address risk as representing good practice in this area.
2	Reasonable assurance can be provided that the main risks considered are being effectively managed. Limited management action may be required to address a small number of significant issues.
3	Limited assurance can be provided that the main risks considered are all being effectively managed. Significant management action is required to address some important weaknesses.
4	Inadequate assurance can be provided that the risks identified are being effectively managed. Significant weaknesses have been identified in the risk management action, these are likely to involve major and prolonged intervention by management. These weaknesses are such that the objectives in this area are unlikely to be met.

7 Appendix: Overall Assessment Criteria

Risks in this report have been assessed using the following criteria. It is the same criteria as that used by North Yorkshire Police to assess risk for the Risk Register.

Probability	Highly Probable	Nil	5:7	4:12	2:14	1:16
	Probable	Nil	5:4	5:8	3:13	2:15
	Unlikely	Nil	6:2	5:5	5:10	4:11
	Highly Improbable	Nil	6:1	6:3	5:6	5:9
	Nil	Nil	Nil	Nil	Nil	Nil
		Nil	Negligible	Minor	Significant	Catastrophic
		Impact				

Probability	Nil	< 20% Highly Improbably (HI)	20% - 40% Unlikely (UL)	40% - 60% Probable (P)	> 60% Highly Probable (HP)
Impact Categories	**Nil**	**Negligible**	**Minor**	**Significant**	**Severe**
Financial (£) - Default - Mandatory	Nil	0 => 100k Increased financial impact less than £100000	100k => 250k Increased financial impact between £100k and £250k	250k => 2.5m Increased financial impact between £250k and £2.5m	2.5m => 3.75m Increased financial impact greater than £2.5m
Reputation	Nil	Negligible adverse publicity. Minimal impact upon public perception	Localised adverse publicity. Minor/transient impact upon public perception of Force or PCC	Criticism at local level. Lasting impact upon public perception of Force or PCC	Intense national media. Criticism at national level
Operational	Nil	Negligible impact upon ability to deliver service and meet Force targets	Minor impact upon ability to deliver service and meet Force targets	Significant impact upon ability to deliver service and meet Force targets	Catastrophic impact upon ability to deliver service and meet Force targets
Legal/Compliance	Nil	Negligible prospect of legal challenge	Minor/Transient prospect of legal challenge	Serious non compliance. Litigation/challenge.	National legal issue.