

## POLICE AND MENTAL HEALTH ATTENDANCE AT A&E UPDATE

<b>Committee name</b>	Health and Social Care Select Committee
<b>Officer reporting</b>	Nikki O'Halloran, Democratic Services
<b>Papers with report</b>	None
<b>Ward</b>	n/a

### HEADLINES

The External Services Select Committee previously heard from partners on 22 February 2022 and 22 June 2022 about the pressures faced when dealing with mental health attendances at Accident and Emergency (A&E) departments.

**RECOMMENDATION: That the Health and Social Care Select Committee notes the update.**

### SUPPORTING INFORMATION

1. Section 136 (s136) is part of the Mental Health Act that gives police officers emergency power under the Mental Health Act 1983 to remove a person from a public place (when they appear to be suffering from a mental disorder) and take them to a place of safety. The person will be deemed by the police to be in immediate need of care and control as their behaviour is of concern. Once in a place of safety, the person's mental health can be assessed
2. Depending on the situation, a place of safety is likely to be a hospital (a health-based place of safety (HBPoS)) or a police station. Although a police station is deemed to be a place of safety for an adult, the environment could exacerbate a person's mental ill health and is therefore avoided if possible. If the patient has a physical health issue, the police may need to take them to A&E to get that physical health need addressed before addressing the mental health issues. About 70% of the patients who need to go to a Section 136 suite end up in A&E as they need physical care at the same time as going into mental health crisis (as a result of things like self harm). They can be detained in a place of safety for up to 24 hours, but this can sometimes be extended for another 12 hours.
3. An Approved Mental Health Professional (AMHP) will need to interview the person who is being detained and their assessment will help professionals decide on the next steps, which could include admission to a Section 136 suite. The Council has worked hard to train and develop a large number of AMHPs, who are usually trained social workers. AMHPs are called upon to organise, coordinate and contribute to Mental Health Act assessments and sign off hospital detentions / "sectioning".
4. There may be times when the person taken by the police to A&E under s136 is under the influence of drugs and / or alcohol. In these circumstances, the police may have to wait with the patient whilst the effects of the drugs / alcohol wear off so that a mental health assessment can then be undertaken. There will be times when the patient is then released without needing to be admitted to the Section 136 suite as the issue was substance related rather than mental health related.

5. The Riverside Centre, based within the grounds of Hillingdon Hospital, has a two bed Section 136 suite. The Centre, which also has two adult inpatient wards that provide a safe and therapeutic environment for people with acute mental health problems, is provided by Central and North West London NHS Foundation Trust (CNWL). The service is commissioned by NHS North West London (NHS NWL).
6. It should be noted that any patient can be taken to any HBPOS in the country which means that the two s136 spaces at Riverside are not ringfenced to Hillingdon residents. As such, patients from places like Buckinghamshire or Surrey might be brought to Riverside and patients from Hillingdon might need to be taken to other s136 places such as Harrow depending upon availability.
7. 4-5 years ago, the local police issued around 225 s136s per year and about one in ten emergency calls in the West Area were in relation to a mental health crisis. By 2021, this had increased to around 330, with up to 20% of these instances being in relation to repeat patients, and officers were spending an average of more than 12 hours per s136 detention. A dedicated officer had been put in place in Hillingdon to focus on reducing the number of repeat mental health related attendances at A&E.
8. The London Compact for Mental Health Care<sup>1</sup> sets out the care that should be expected. This includes the need for someone to be seen by a mental health professional within one hour, even if in the community. Although some of the care set out in the Compact is deemed aspirational, it had been clear that, in the past, the minimum standards were not being met, for example, the police could be waiting for 9-12 hours in someone's house for a mental health professional to arrive.
9. In 2017, Healthy London Partnership looked at London's s136 pathway and HBPOS<sup>2</sup>. A key part of improving crisis care is ensuring patients have access to a Health Based Place of Safety 24/7 which includes skilled, specialist staff around the clock. There are currently around twenty HBPOS sites in London. The demand across these sites means dedicated staff cannot be available at all sites 24/7 so work needs to be undertaken to see how these sites might be configured differently across London to improve the pathway for individuals detained under s136 and meet the key standards set out in the guidelines.
10. However, the impact of the increasing number of mental health crises being experienced by an increasing number of people across the country is not just being felt by acute health professionals. The inefficiencies and gaps in the mental health care pathways are impacting on the ambulance service, the police and other services. For example, the London Ambulance Service (LAS) is routinely called out to all s136 detentions in London but, with an increase in the demand for their service, they are unable to attend around a third of these incidents in Hillingdon.
11. It appears that there needs to be a reduction in demand, an increase in quality and an increase in the resources available to deal with s136 detentions. Although initiatives such as street triage would likely address the quality of the service provided, it might also increase demand. Insofar as the availability of resources to meet demand is concerned, it is understood that consideration was being given to increasing the total number of s136 places available in NWL

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<sup>1</sup> [https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2019/10/London-Mental-Health-Compact\\_June2019.pdf](https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2019/10/London-Mental-Health-Compact_June2019.pdf)

<sup>2</sup> <https://www.healthylondon.org/wp-content/uploads/2018/01/In-focus-S136-and-health-based-places-of-safety-Dec-2017.pdf>

by increasing the number of beds at the Lakeside Section 136 suite in Isleworth. Members would be interested to know if this action has been followed through.

12. At the meeting on 22 June 2022, the Committee heard that there had been a 25% increase in demand for mental health beds in 2021/2022 and that the West Area BCU was the busiest area in London with 20% of their calls relating to mental health (1,500-2,000 calls per annum - about 475 of these were s136s, with the remainder being voluntary attendances at hospital). Since the start of the pandemic, there had also been a 40% increase in the number of s136 detentions undertaken by the police where the individual had to be taken to a Health Based Place of Safety (HBPOS). It was noted that around 60% of people presenting in mental health crisis were previously unknown to partners – this caused partners a significant challenge.
13. Around 43% of those who were detained under s136 were subsequently discharged and effort was being focussed on this group to reduce the number of hours that the police spent in A&E as well as reduce the number of people detained on a s136 who did not require inpatient mental health care. On average, each s136 took 12 hours and 16 minutes of police officer time (around 4,000 police officer hours per year equating to about £80k-£120k). Although approximately 30% of s136s used a HBPOS and 70% went to A&E, not everyone in mental health crisis needed to go along the s136 pathway.
14. During the last update, Members were advised that the Crisis Care Concordat (CCC) for the West Area (including Hillingdon) was being set up and would provide the opportunity to reflect and prevent escalation into crisis. It was agreed that the Chairman of the Committee and the Labour lead Member be invited to attend one of these local CCC meetings once set up. CCC meetings were already held at a NWL level and a Crisis House with five crisis beds (run by Comfort Care) had opened in the autumn of 2022. Access to the Crisis House, which had strong links to partner organisations and was staffed 24/7, was via referral.

## **Future Action**

15. Whatever action is taken to improve the s136 pathway and HBPOS in line with the Compact, it will be important to ensure that there is a mechanism in place for all of the partners involved to provide feedback on its effectiveness. This ongoing cyclical conversation would enable any shortcomings to be addressed in a timely manner to ensure that individuals who go into mental health crisis are helped to get better as quickly as possible, therefore taking the pressure off the system as a whole.
16. On 24 May 2023, Sir Mark Rowley, Police Commissioner at the Metropolitan Police Service (MPS), wrote to health and social care partners to advise that, after 31 August 2023, police officers would no longer be ordered to attend calls in relation to mental health incidents unless there was a threat to life. It was anticipated that a new national scheme called Right Care, Right Person (RCRP) would be introduced in the summer. It was thought that RCRP would relieve the mental health burden on the police by directing patients to the care that they need whilst also allowing police officers to focus on preventing and solving crime.
17. Representatives from CNWL and the West Area Basic Command Unit (MPS) have been invited to attend this meeting to provide Members with an update on any action that has been taken to resolve the issue since the meeting on 22 June 2022. Members will then be able to determine what course of action, if any, they would like to take.