



Royal College of Nursing
Shaping nursing since 1916

The Royal College of Nursing written evidence to the Public Bill Committee on the Policing and Crime Bill 2015-16

1. With a membership of more than 430,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.
- 1.1 The RCN welcomes the opportunity to submit written evidence to the Public Bill Committee on the Policing and Crime Bill, particularly in relation to the proposed changes in Part Four, Chapter 3: *Powers under the Mental Health Act 1983*.

Background

2. People with mental health problems or a learning disability are very vulnerable at the point of arrest, when possibly intoxicated and emotionally fragile and in general need of support. It is extremely important to have strong nursing links at this critical interface to assist with signposting to appropriate agencies and services, as well as providing any required care and safeguarding. Nursing staff can play a valuable role to help increase awareness and understanding of mental and physical health issues with police and prison officers, and also support safer interventions in dealing with a person who may be in crisis.
- 2.1 It is important to note that it takes a highly trained nurse, with the right mix of skills and experience, to provide the specialised care people with mental health problems or learning disabilities need. It is extremely stressful for someone experiencing mental health issues to be faced with police procedures and detention in a custody cell, when what is actually required is specialist health care support.
- 2.2 The RCN is a signatory of the Crisis Care Concordat which was developed and implemented in 2014 to manage mental health care across health, social care and the criminal justice system. The Concordat outlined the appropriate response a person experiencing a mental health crisis should expect, and the RCN fully supports action to implement the agreed standards, especially in relation to moving away from police cells as places of safety. Furthermore, the RCN supports NHS England's Five Year Forward View for Mental Health and Lord Crisp's Commission on Acute Adult Psychiatric Care in England and we are playing a constructive role in taking forward the recommendations.

Key summary

3. The RCN is clear that the government has a responsibility to ensure practices, resources and legislation recognise and respond to the needs of people suffering from a mental health crisis.
 - 3.1 The RCN is calling for clear and defined lines of collaboration and communication between health and social care, police and prison services to enable the best outcomes for people in need of crisis support.
 - 3.2 The RCN welcomes measures within the Bill to bring improvements to the Mental Health Act, however we are concerned that this ambition is not keeping pace with the capacity of local mental health services.
 - 3.3 The RCN is clear that police cells are not suitable places to assess anyone's mental health condition, no matter what age, and should only be used in exceptional circumstances for adults.
 - 3.4 While the RCN commends the government's commitment to parity of esteem between physical and mental health, it is highly concerning that there were 4,562 fewer mental health nurses in December 2015 than there were in September 2009¹. This marks a decrease of 11%. There has also been a 35% decline in the number of learning disability nurses over the same period, with a reduction of 1,922 learning disability nurses². We remain concerned about the impact on patient care due to cuts in the mental health and learning disability nursing workforce.
 - 3.5 The RCN urges the Committee to consider the growing body of evidence highlighting the benefits of new ways of working between nursing staff, police and prison officers and to reflect on the potential to fund interagency initiatives through shared budgets between health and social care, police and prison services.
 - 3.6 The RCN believes there is a strong case for delivering a health based response to someone experiencing a mental health crisis. The Bill should consider introducing an enforcement mechanism to ensure that the *Criteria for assessing the treatment of and conditions for detainees in police custody*³ is adhered to as part of HM Inspectorate of Prisons and HM Inspectorate of Constabulary work. This would ensure the appropriate services are place to support someone experiencing a mental health crisis during their detention.
 - 3.7 The RCN is also calling for the Government to consider the introduction of custom built custody suites within police stations, staffed with police liaison nurses, to provide a secure place for people in need of mental health crisis clinical support.

Collaboration between services

4. The RCN welcomes greater collaboration between police officers and mental health professionals to support people in mental health crisis, and there is now a growing body evidence to show the benefits of such arrangements.

¹ Health and Social Care Information Centre, *NHS Hospital & Community Health Service (HCHS) monthly workforce statistics - Provisional Statistics, December 2015*

² Health and Social Care Information Centre, *NHS Hospital & Community Health Service (HCHS) monthly workforce statistics - Provisional Statistics, December 2015*

³ HM Inspectorate of Prisons and HM Inspectorate of Constabulary, [Criteria for assessing the treatment of and conditions for detainees in police custody](#), April 2016

- 4.1 The government's Street Triage Initiative demonstrates how police officers and mental health nurses working together can reduce detentions and save money. We know that these initiatives are already proving successful in some areas and uptake is increasing. In these scenarios nurses are able to provide immediate advice to police and health care support to individuals, resulting in swifter decision making and improved outcomes for the individual. A recent evaluation of a Street Triage service in Sussex found that the total number of Section 136 detentions to either hospital or police custody fell by 39 per cent, from 194 to 118 detentions⁴. The evaluation reported the impact could have been even greater if the service had been available on a more regular basis. However, variation has been reported, as in some areas, police have immediate access to somebody with the necessary skills, while in other places, timely access to health professionals has been difficult.
- 4.2 Without sufficient resources, there is the risk of setting systems up to fail. The RCN is calling for investment in local partnership initiatives which promote collaboration between police and health services in order to deliver on the ambition set out in the Bill.
- 4.3 To strengthen local partnership working, the flow of information between services needs to be managed more effectively to limit duplication and enable more responsive action. This could take the form of an agreement to share information between local NHS, social care and police services, with appropriate safeguards in place.
- 4.4 In addition, the RCN is calling for an increase in the number of police liaison nurses working in liaison and diversion services (L&D). L&D services seek to identify offenders who have mental health, learning disability or substance misuse vulnerabilities when they first come into contact with the criminal justice system. L&D services aim to improve health outcomes, reduce re-offending and identify vulnerabilities earlier, thus reducing the likelihood that offenders will reach crisis-point. There is evidence to suggest that this approach with police liaison nurses is working and therefore, should be continued to be invested in.

Clause 59: Extension of powers under sections 135 and 136 of the Mental Health Act 1983

5. Clause 59 makes a number of amendments to the powers of the police under the Mental Health Act. The RCN notes Clause 59 (5), which introduces a requirement for police officers to consult with a health professional, where practicable, before using their powers under section 135. The RCN has concerns about how the measure to consult will be applied in practice. Failure to clearly set out what this covers in practice could compromise the effectiveness of an intervention with a person experiencing a mental health crisis. Furthermore, the RCN believes this change will only be effective if better information systems between local NHS and police services are in place. The RCN would welcome more information to ensure the course of action is clear.

Clause 60: Restrictions on places that may be used as places of safety

6. Clause 60 proposes a number of restrictions on places that may be used as places of safety. Detention under mental health legislation should always be based on clinical opinion and never as a result of local failures to provide appropriate care. Clause 60 prohibits the use of police custody as a place of safety for anyone under 18. The RCN agrees that no child should be held in a standard police cell to wait for a mental health assessment. However, we are concerned that the ambition to provide safe and

⁴ Heslin M, Callaghan L, Packwood M, et al. Decision analytic model exploring the cost and cost offset implications of street triage. *BMJ Open* 2016;6: e009670. doi:10.1136/bmjopen-2015-009670

appropriate support for vulnerable younger people in the Bill is not matched with the capacity of the current system to deliver this.

- 6.1 A Health Select Committee report on child and adolescent mental health services (CAMHS) expressed serious concern about the availability of mental health services for young people. *“There are major problems with access to Tier 4 in-patient services, with children and young people’s safety being compromised while they wait. In some cases they will need to wait at home, in other cases in a general paediatric ward, or even in some instances in an adult psychiatric ward or a police cell.”*⁵ While the RCN welcomes the government’s commitment to overhaul CAMHS, we are concerned that the pace of change is not keeping up with the demand for services, particularly for vulnerable younger people experiencing a mental health crisis.
- 6.2 The RCN is concerned about the variation in service provision for crisis intervention teams for young people suffering from a mental health condition. Linked to improving these services, crisis teams could include and build on the role of a Named Nurse for Looked After Children. This role provides a safe and effective operational service, supporting Looked After Children and young people to reach their full potential by ensuring that there are systems in place to meet the needs of children in care and Care Leavers in a robust and timely manner⁶. In addition, there needs to be improved training and education for police and prison officers to improve awareness of young people’s mental health.
- 6.3 Clause 60 also sets out a regulation-making power for the Secretary of State concerning the use of police cells as a place of safety for anyone over 18. This would allow for regulations to specify the precise circumstances in which police cells can be used. The RCN is clear that police cells are not suitable places to assess anyone’s mental health condition, no matter what age, and should only be used in exceptional circumstances for adults.
- 6.4 In relation to restrictions on places that may be used as places of safety for both people under 18 and over, the RCN believes there is a strong case for providing a health based response for an individual in crisis, as opposed to a police based response. It is extremely distressing and inappropriate for someone experiencing mental health issues to be faced with police procedures and detention in a custody cell when what is actually required is health care support. In addition, the Bill should consider introducing an enforcement mechanism to ensure that the *Criteria for assessing the treatment of and conditions for detainees in police custody*⁷ is adhered to as part of HM Inspectorate of Prisons and HM Inspectorate of Constabulary work. This would ensure the appropriate services are in place to support someone experiencing a mental health crisis during their detention.
- 6.5 The introduction of nursing skills within police custody has yielded very positive results, helping to up-skill police staff, leading to better understanding of one another’s contribution, better value and ability to offer nursing assessment and a timely intervention. The RCN believes more police custody nurses in services are vital to ensure the delivery of the Bill’s ambition.
- 6.6 In addition, the RCN believes the introduction of custom built custody suites within police stations, staffed with police liaison nurses, would be highly beneficial. This could

⁵ Health Select Committee, Children’s and adolescents’ mental health and CAMHS, November 2014

⁶ Royal College of Nursing, [The role of the Designated Nurse for Looked After Children and Named Nurse for Looked After Children in England](#), October 2015

⁷HM Inspectorate of Prisons and HM Inspectorate of Constabulary, [Criteria for assessing the treatment of and conditions for detainees in police custody](#), April 2016

contribute to lowering stress and anxiety and ensure referral to appropriate health care from the offset. This approach could also be advantageous to help address the issue of assessment when under the influence of drugs or alcohol.

Clause 61: Periods of detention in places of safety

7. Clause 61 proposes to reduce the current maximum time someone can be detained pending a mental health assessment from 72 to 24 hours, and also allows the doctor responsible for assessing the person to authorise an extension of 12 hours (this must be authorised before the 24 hours ends). This can only be done if a person's condition makes it impracticable to carry out/complete the assessment.

7.1 The RCN welcomes the intention of the changes, however, we remain concerned that there is insufficient capacity of alternative services to cope with the increased demand. The Committee may wish to consider the implications of this proposal, particularly in the context of urban versus rural areas, and their ability to provide alternative services once a person has been assessed. For instance, the Crisp Commission estimated that "each month around 500 mentally ill people have to travel over 50km to be admitted into hospitals far from their own homes. These long distance admissions are mainly due to difficulties in finding acute inpatient beds or suitable alternative services in their home area and are a symptom of far more widespread problems in the functioning of the whole mental health system"⁸.

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⁸ The Commission to review the provision of acute inpatient psychiatric care for adults, *Improving acute psychiatric care for adults in England*, February 2016