

<b>Reference Number:</b> UHB 293 <b>Version Number:</b> 2	<b>Date of Next Review:</b> 20 <sup>th</sup> Jun 2021 <b>Previous Trust/LHB Reference Number:</b> N/A
<b>Cardiff &amp; Vale UHB &amp; South Wales Police Liaison &amp; Diversion Scheme Protocol</b>	
<p><b>Protocol Statement</b></p> <p>Sainsbury Centre for Mental Health sees diversion as the process to ensure that people with mental health problems who enter (or are at risk of entering) the criminal justice system are identified and provided with appropriate mental health services, treatment and any other support they need. It also embraces opportunities to prevent entry through identifying and meeting needs earlier, thus avoiding the risk of an escalation of destructive and self-destructive behaviour. People can be diverted at ANY stage of their route through the criminal justice system.</p>	
<p><b>Protocol Commitment</b></p> <p>To ensure that people with mental health problems who enter the criminal justice system are correctly assessed and provided with appropriate mental health services.</p>	
<p><b>Supporting Procedures and Written Control Documents</b></p> <p>Operational Policy for Community Mental Health Teams</p> <p>Operational Policy for Crisis Teams</p> <p>Operational Policy for the Crisis Assessment Ward.</p> <p>Operational Policy for Forensic Community Services.</p> <p><b>Other supporting documents are:</b></p> <ul style="list-style-type: none"> <li>• The Bradley Report (2009)</li> <li>• Home Office Circular 66/90</li> <li>• Home Office Circular 12/95</li> <li>• Sainsbury Centre for Mental Health: All Stage Diversion Model (2009)</li> <li>• NACRO: Liaison and diversion for mentally disordered offenders (2006)</li> <li>• RCN Guidance: Health and Nursing Care in the Criminal Justice Service (2009)</li> <li>• UN Report: Access to Justice (2013)</li> </ul>	

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<b>Scope</b>	
This Protocol applies to all of our staff in all locations including those with honorary contracts	
<b>Equality Impact Assessment</b>	An Equality Impact Assessment has not been completed as this Protocol is in support of:  Operational Policy for Community Mental Health Teams Operational Policy for Crisis Teams Operational Policy for the Crisis Assessment Ward. Operational Policy for Forensic Community Services  which has valid EQIA.
<b>Health Impact Assessment</b>	A Health Impact Assessment is not required for this Protocol.
<b>Protocol Approved by</b>	South Wales Police Quality & Safety Group Mental Health Clinical Board Quality & Safety Group Mental Health Policy Group Adult Mental Health Quality & Safety
<b>Group with authority to approve procedures written to explain how this Protocol will be implemented</b>	Mental Health Clinical Board Quality & Safety
<b>Accountable Executive or Clinical Board Director</b>	Clinical Board Director for Mental Health
<b>Disclaimer</b>	
If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.	

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<b>Summary of reviews/amendments</b>			
<b>Version Number</b>	<b>Date Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
1	01/06/15	06/04/16	New Document
2	20/06/18	18/07/18	Page 9, Point 4 - EAC, Whitchurch hospital to be updated to CAW, Hafan y Coed, Llandough Hospital

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## **Cardiff & Vale University Health Board & South Wales Police Liaison & Diversion Scheme**

### **Diversion**

Offenders have very high rates of mental ill health. Recent estimates suggest that up to 90% of all those in custody will have some form of mental health need.

The offender population is at much greater risk of:

- Depression
- Psychosis
- Suicide
- Self Harm

A recent review<sup>1</sup> of mental health services in the criminal justice service identified the need for contemporary mental health services to be available to offenders before, during and on release from custody. (HMIP 2007)

There are around 100 diversion and liaison schemes in operation in England and Wales. The Bradley Report noted in 2009 that the Government was planning to pilot mental health courts. The Justice Secretary launched a multi-disciplinary mental health court pilot project at Brighton and Stratford Magistrates' Courts later in 2009. As mental health courts are in their infancy in England, there is a dearth of information available on their functioning.

The pilot schemes adopt a problem-solving approach to offenders with mental disorders while operating in the regular magistrates' court (see Rutherford 2010). In Stratford, a dedicated mental health court operates one day a week while in Brighton cases are heard among the normal court lists (Winstone and Pakes 2010, p 2).

The stated aims of the mental health court pilot project are to develop a model for identifying offenders with mental disorders and ensuring that they receive the appropriate treatment and to determine the potential costs of operating such a court (Winstone and Pakes 2010, p 1). They also seek to reduce recidivism amongst the mentally ill, to halt the revolving-door syndrome which persists and to improve access to treatment for offenders (Winstone and Pakes 2010, p 1). All defendants are screened at the charge stage, resulting

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<sup>1</sup> Her Majesty's Inspectorate of Prisons (2007) The mental health of prisoners. A thematic review of the care and support of prisoners, London: HMIP.

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in a combined 4000 screenings during 2009-2010, with 547 deemed to require further assessment (Winstone and Pakes 2010, p 10). Referrals were most often made by the police but can also be made by defence solicitors, the court, probation officers and custody officers.

The Home Office Circulars 66/90 (diversion from criminal justice system) and 12/95 (interagency working/partnership) also supports this way of working.

### **All-Stages Diversion: a model for the future**

Diversion from custody is a Protocol supporting the removal of people with mental disorders from the criminal justice system to hospital or a suitable community placement where they can receive treatment. There are three principal reasons why such a Protocol is necessary. First, when those with mental disorders fall through the net of psychiatric services they tend to gravitate towards the criminal justice system; second, the standard of health care provided in prison is, generally speaking, poor; and third, because prison health care centres are not recognised as hospitals for the purposes of the Mental Health Act (MHA) 1983, treatment for mental disorder cannot be given against a prisoner's will unless this can be justified under common law.

Sainsbury Centre for Mental Health sees diversion as the process to ensure that people with mental health problems who enter (or are at risk of entering) the criminal justice system are identified and provided with appropriate mental health services, treatment and any other support they need. It also embraces opportunities to prevent entry through identifying and meeting needs earlier, thus avoiding the risk of an escalation of destructive and self-destructive behaviour. People can be diverted at ANY stage of their route through the criminal justice system.

Diversion has become a central focus of the Department of Health and the Ministry of Justice in recent months, in large part due to the Independent Review by Lord Bradley on criminal justice and mental health.

The All-Stages Diversion model shows an overview of the criminal justice pathway. It pulls together evidence and learning from our work on diversion. Our aim is to make it a helpful tool that can be used by those in the field. It should also illustrate how the mental health and criminal justice systems and social care and the voluntary sector interact and where the opportunities for diversion exist along the pathway.

The model is divided into three broad sections, with a total of seven stages:

#### **Early intervention:**

1. Prevention
2. Pre-arrest

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### 3. Point of arrest

#### **Criminal justice decision-making:**

4. Arrest / pre-court
5. Bail, remand and sentencing

#### **Through-care and recovery:**

6. Custody or detention
7. Release and resettlement

Cardiff & Vale University Health Board, in conjunction with partner agencies, provides dedicated nurse led mental health services in the police station, magistrates court, HMP Cardiff and probation service.

### **South Wales Police & Cardiff & Vale University Health Board Mental Health Liaison & Diversion at Point of Arrest Scheme**

The Cardiff & Vale Diversion at Point of Arrest (DAPA) and Police Liaison Scheme provides a comprehensive assessment & liaison mental health service, in conjunction with the South Wales Police and HCP's in Cardiff Bay Police Station.

#### **Aims**

- To identify, meet & signpost the mental health needs of individuals detained in police custody<sup>2</sup>, particularly those at high risk of offending due to severe and enduring mental health issues and prolific offenders with mental health needs.
- To manage assessments, referrals, liaison advice, recommendations, necessary reports and appropriate placement & diversion of individuals referred from South Wales Police to the Scheme.
- To include those who come to the attention of the police and otherwise might not receive, or come to the attention of a mental health service at all.

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<sup>2</sup> This could be children, adults of working age or older persons, those with mental health or learning disability issues

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The Scheme has adopted a Police Station Model for Diversion which Vale would include:

- Increasing the awareness of mental health issues by the police and forensic physicians (FP)
- Increases the sensitivity of the police's approach
- Re-engages the person with services
- Is more likely to be linked to community-based services
- Reduces the time the person spends in custody
- Provides a better initial assessment – doesn't just rely on the FP
- Can pass information on to later stages of the criminal justice process to allow for a more appropriate disposal
- Offers intervention at the earliest possible opportunity, either to extricate the mentally disordered individual from the criminal justice process, or to flag up their presence at that stage and identify the need for further intervention at some later point, either following an initial appearance in court, or whilst on bail or remand'
- This is likely to mean less involvement with the criminal justice system and, therefore, the avoidance of any stigma in being labelled as an offender

NACRO (2009)

Referral Source Examples:

- Cardiff Bay Police Station Custody Suite
- Channel Project (Cardiff Bay Police Station)
- CID (Cardiff Bay Police Station)
- Cardiff Base Command Unit (BCU)
- CMHTs in Cardiff & Vale Area
- HANR Outreach service – Cardiff County Council
- Cardiff & Vale UHB Staff (Mental Health)
- Cardiff & Vale SWP Public Protection Units

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- Cardiff County Council
- The Vale of Glamorgan County Council

The types of intervention that the DAPA Scheme provides are as follows:-

- To determine if a detained person in custody has a mental disorder/mental health needs that may need assessment & intervention.<sup>3</sup>
- Any initial screening assessment will be undertaken by the DAPA nurse in the custody suite. This might be in conjunction with the Health Care Professional (HCP)<sup>4</sup>
- Post screening there might be a number of actions (e.g.: referral to Crisis Teams, referral to CMHTs, referral for Mental Health Act assessment, advise, mental health appropriate adult on interview, referral to Forensic Medical Examiner (FME) etc)
- When screening persons in a custody setting, the PACE<sup>5</sup> 'clock' starts at point of detention being authorised by the custody sergeant at the custody suite.
  1. The 'clock' usually runs for 24 hours (though if a person is released on bail to reappear on the same charge at a later date, the clock will stop but will restart from the time of last release).
  2. After 24 hours the custody sergeant can request an extension to the 'clock' (this is usually for more serious crimes) from an Inspector.
  3. The Custody Sergeant CANNOT request an extension just for mental health assessments to take place, therefore the mental health assessment will need to be as soon as practically possible as, if there is no need to request an extension for criminal matter, the detained person cannot be held longer than

<sup>3</sup> This should not have an impact on whether the person will be charged with a criminal offence or not, though this is the decision of the custody sergeant and dependant on the offence and circumstances.

<sup>4</sup> Employed by Tascor Medical Services by South Wales Police whose role is to provide health care services within police custody suites. Their work is focused on conducting clinical assessments, identifying and implementing appropriate interventions, collecting forensic samples, providing advice and guidance, and maintaining detailed and accurate records to ensure the health, safety and welfare of people held in police custody (RCN 2009)

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24 hours and can be released before the assessment has taken place.

4. The Custody staff have to undertake a pre release assessment of any person in custody in order to ensure that appropriate plans are in place for release. This would include any mental health needs.

- Whether or not the detained person with mental health needs is charged with an offence is dependant on a number of factors such as seriousness & nature of the offence, presentation on arrest/in custody and reason for arrest, its disposal eligibility in law.
- If the person is charged with the offence they can for example, be bailed to a later date (when their mental health needs are no longer acute) to be interviewed in relation to the offence, go to Court or have a police caution<sup>5</sup>.
- Having mental health needs or mental health assessments in custody, whether this leads to admission or not, DOES NOT automatically mean that the person will not be charged with the offence and go through the criminal justice process. This is reliant on the type of offence, details of the offence, CPS decision making, recommendation from mental health professionals etc.
- Records of all interventions will be recorded on Niche F394b and PARIS.
- As a result of an initial screening assessment the detained person may be referred to
  1. FME for further assessment/ pre release assessment
  2. HCP for assessment and pre release assessment<sup>6</sup>
  3. For a mental health act assessment in the custody suite which may result in an admission
  4. For a S136 assessment in the custody suite or CAW, Hafan y Coed, Llandough Hospital

<sup>5</sup> For Police Caution the person must, admit the offence, have appropriate evidence and not have been in contact with police before.

<sup>6</sup> It is possible that the FME or HCP might refer known service users directly from custody to their CMHT or the Crisis Team/EDT for assessment. This is most likely to occur out of normal working hours.

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5. To either Crisis Teams in Cardiff & Vale for assessment for interventions/home treatment
6. To the MH Assertive Outreach service for assessment/follow up
7. To a CMHT for assessment/follow up

- If there are any Mental Health concerns they will be signposted/referred to the appropriate agencies accordingly both statutory and voluntary if appropriate
- If the DAPA nurse feels an inpatient admission assessment is required then they will refer to the appropriate service.
- Section 136 assessments in custody will be coordinated by the appropriate Crisis Team.
- Mental Health Act Assessment called in police custody will be initiated by the DAPA nurse via the duty AMHP manager.

## **Police Liaison Scheme**

### **Aims**

- To provide specialist mental health advice and assessment within the Cardiff Bay Police Station and to South Wales Police generally in Cardiff and The Vale of Glamorgan. Example of referral sources:
  - Channel Project (Prevent Strategy), Cardiff Bay
  - CID, Cardiff Bay
  - Major Crimes Unit, Bridgend Police Headquarters
  - Cardiff/Vale Public Protection Unit
- Acting as a specialist mental health advisor to the police & provide guidance on all aspects of mental health regarding diversion, custody, liaison & treatment options or recommendations, signposting, referral on etc.
- Management of certain risk information to health agencies from South Wales Police and from South Wales Police to Health/Social care agencies.

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