



Home Affairs Committee

Oral evidence: [Policing and mental health](#), HC 202

Tuesday 11 November 2014

Ordered by the House of Commons to be published on 11 November 2014.

Written evidence from witness:

- [Department of Health](#)
- [Home Office](#)

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Members present: Keith Vaz (Chair); Michael Ellis, Lorraine Fullbrook, Dr Julian Huppert, Mr David Winnick.

Questions 282 – 342

Witnesses: **Rt Hon Norman Lamb MP**, Minister of State for Care and Support, and **Anne McDonald**, Deputy Director, Mental Health & Disability, Department for Health, gave evidence.

Q282 Chair: May I welcome the Minister to the dais? Thank you very much. I am afraid I don't know the person sitting on your right, because I did not know she was giving evidence today.

Anne McDonald: I am Anne McDonald. I am deputy director of the mental health and disability division in the Department of Health, and I was responsible for the Crisis Care Concordat.

Q283 Chair: My apologies.

Let us ask you, Minister, about the current situation regarding mental health and policing. It may seem strange that the Minister for Health is before the Home Affairs Select Committee. I am sure you have a Select Committee of your very own. Are you as concerned as we are about the number of people with mental health illnesses in the criminal justice system?

Norman Lamb: I am horrified by it. I regard it as a scandal of our time. Of course, it has always been like that, but the number of people in prison who are there, at least in part, because they are ill or have a learning disability or autism is totally unacceptable.

I am excited by the steps that are being taken by the Liaison and Diversion Service, which I am sure you have taken evidence about. Andy Bell, one of the leading thinkers in the mental health world, said to me recently that no other country in the world is doing this on the industrial scale that we are pursuing. We are covering 25% of the country this year, 50%-plus next year and we aim to roll it out across the whole country by 2017.

The whole idea is to identify people quickly at a police station or a court and, if they have an identifiable mental health problem, get them referred to treatment very quickly. You don't necessarily automatically divert them from prison. If they have committed a crime and are culpable, there must be consequences. However, getting them to treatment is critical. Many people who end up in prison have never had access to treatment or support, which, in my view, must change.

Q284 Chair: Specifically on children, the Health and Social Care Information Centre has supplied some figures that I am sure you have seen. They show that the number of children held in custody and detained under section 136 has declined over the past few years, as opposed to the year before, but children are still ending up in detention. How do we prevent that from happening at the first stage? Of course, once they are in the system it is extremely difficult and all kinds of problems arise, such as self-harm, suicide and other injuries of that kind. As we know, the vast majority of deaths of young people and children in custody are self-inflicted. How do you prevent that from happening?

Norman Lamb: I think we need to do much more to prevent the deterioration that ends up in a crisis. In the summer, I launched a taskforce to look at how we can modernise children's and young people's mental health services. My view is that the way we commission and organise children's mental health services is pretty dysfunctional and fragmented. Four different organisations are involved: NHS England at the acute end, clinical commissioning groups, local authorities and schools. To me, that doesn't make much sense. We know that access to services and support for youngsters is limited. A maximum of 25% of youngsters who have mental health problems actually get access to a service. That is not something that any of us find acceptable, certainly for physical health.

I think we have to be much better at improving access. I am looking at things like headspace in Australia where they have a very good, non-stigmatised network of centres where youngsters can book their own appointment. They don't have to go through their GP. It directly addresses the problem of poor access.

Things like street triage, which you have heard evidence about, can also play a massively important part. If a youngster or an adult is in the middle of a mental health crisis, by ensuring that there is close liaison between police and mental health services so that both sides of the professional divide learn from each other and work as a team then, as we have just demonstrated in the pilots, you achieve vastly better results. The number of people who get detained under section 136 goes down, on average by about 25%. In most of the areas where they have these pilots, in the period since they started operating—between June and August in West Yorkshire and Sussex, from February to August in

Derbyshire, April to August in North Yorkshire, May to August in Thames Valley and January to August in West Midlands—not a single person has gone into a police cell.

Q285 Chair: That is very reassuring. Last year 263 children were detained in police cells while waiting psychiatric assessment.

Norman Lamb: The figure was down a bit last year. It was 236. There was a 10% reduction, but it is not enough.

Q286 Chair: No, absolutely. It is odd to have your words quoted back at you, but you described the practice as “intolerable, dysfunctional and broken.”

Norman Lamb: I stand by that.

Q287 Chair: Have you found it any less dysfunctional?

Norman Lamb: Well, I think so. First of all with adults going into police cells, last year there was a 24% reduction, which is very encouraging. Although we do not have official figures yet for this year, the internal figures suggest a similar rate of reduction. In the Crisis Care Concordat, we committed to a 50% reduction for adults over a two-year period delivered in this financial year. We appear to be on track to achieve that. With children the numbers are coming down but not nearly fast enough. You will be aware that we have done a consultation on the use of sections 135 and 136. We are now looking at options for what we should do in response to the consultation. One of the options we are considering—we have not got to the point of any formal announcement—is effectively to ban the use of police cells for under-18s.

Q288 Chair: How possible is that?

Norman Lamb: It is absolutely possible.

Q289 Chair: And who would have to do that?

Norman Lamb: You would legislate for it. I want to put pressure on the system to deliver that without legislation to start with. Legislation may be needed. But in London, for example, through brilliant leadership—there is a guy called Chief Inspector Dan Thorpe who is working with Christine Jones on the police side—and working very closely with very good leaders in the mental health world, they have reduced dramatically the number of people ending up in police cells. Over the summer it was something like 17 so far this financial year across the whole of London. There were over 800 in Sussex. That demonstrates the dramatic impact that strong local leadership has had. They want to make it a “never” event

in London. I want to see that sort of ambition everywhere. The Crisis Care Concordat is clear: there should be no children in police cells. So together with Mike Penning, who I work closely with—I think you are hearing from him.

Chair: We are seeing him shortly.

Norman Lamb: We will write to every area of the country but particularly those areas where there is a continuing issue of children, making it clear that the practice should end now. No waiting until the next financial year: it should end now.

Chair: That would be very welcome.

Norman Lamb: If some areas have achieved it, then other areas can too.

Q290 Dr Huppert: Minister, it is very good to have you here. I think the joint working between this Committee and Health is probably quite a good thing. Michael Brown, a mental health cop, gave evidence to us in September and quoted from a MIND report a patient who said: “I feel like I have to have one foot off the bridge before I can get support.” How have we reached a position where it is only in crisis that people seem to get the support that they need?

Norman Lamb: There needs to be a system-wide change. I do not know whether you have yet looked at Detroit, but there is a fantastic example of local leadership there. They looked at it by saying effectively that suicides among people who use local health services should not happen—we should not assume that a suicide is inevitable with some people who suffer from mental ill health. That changes the mindset, because I think that sometimes there is a lazy assumption that it is inevitable for a certain proportion of people. But it is not.

You must look at the whole system, how everyone operates within that system, and where the failures have been. For example, when someone is released from police custody, perhaps under section 136, what happens? Is there a follow-up? Does that individual return home with no support? If you can address that, you can dramatically reduce the number of suicides, and that is what they have done in Detroit: they have delivered a dramatic reduction. If they can do it in Detroit, we can do it here.

There are some great areas of the country, such as Devon, where a very impressive psychiatrist, Adrian James, is leading an attempt to achieve what they have done in Detroit. Mersey Care up in Liverpool are thinking along similar lines. The way to do it is to look at the whole system, ensure that there is proper community support and focus on prevention.

One thing is that in many places there are very long lengths of stay in mental health units, and it is quite variable around the country, with no apparent clinical justification. If you can reduce unnecessarily lengthy stays and invest the money in better preventive care in the community, you can prevent the crises from occurring.

Q291 Dr Huppert: You talked about the whole system; earlier today, in Justice questions, I asked the Minister about self-harm rates in prison, particularly for women. You may be aware that the rate is now 6,000 cases of self-harm a year for women in prisons, which is down from 10,000 a few years ago. The Minister said that he wanted mental health services to be as good in prisons as in the rest of the country. Will you be able to match that commitment to provide the necessary support for not only prisons but police settings so that we can deliver that?

Norman Lamb: Absolutely.

Q292 Dr Huppert: Your Department can actually provide all the resources?

Norman Lamb: Yes. You will be aware that the plan is for the NHS to take over the commissioning of health services in police stations. That has been delayed a bit, but as I understand it we are ready, as is NHS England, when it gets the go-ahead. Having the NHS responsible for health services in prisons and police stations is the way to ensure that you get the same treatment. There is no justification for someone getting inferior treatment because they happen to be in prison or at a police station; it should be the same quality of health treatment anywhere.

Q293 Dr Huppert: Moving on to the police settings, of the 11 people who died in police custody in 2013-14, four had mental health concerns. Do you think you will be able to reduce that number further, and if so, by how much?

Norman Lamb: I think by taking the sort of Detroit approach, as it were—looking at what happens to someone after they leave custody, ensuring that there is effective follow-up and, critically, ensuring that police work collaboratively with mental health services. The exciting thing at the moment is that the Crisis Care Concordat seems to have triggered discussions and engagement between police and mental health services all over the country. That can lead not only to better responses in a moment of crisis but to shared learning. I went out with a street triage team in Leicester, and I watched the police officers learning from the mental health nurse, but vice versa as well. You get two groups of professionals dealing with the same cohort of people and at long last learning from each other and improving their practice. That sort of joint working can improve performance across the system.

Q294 Dr Huppert: One last question for now. We have heard concerns about section 136—for example, a custody sergeant, Sergeant Shaw, from Essex police, said quite strongly that police custody is not the right environment for people to be in. There seem to be very long delays for mental health assessments of people in police custody. What is a reasonable time period for people to have to wait to be assessed?

Norman Lamb: Well, my preference is that people do not go into a police cell and, indeed, as I have said—

Dr Huppert: I think that that is shared by many of the witnesses we have had.

Norman Lamb: We are looking at whether we can legislate to end it for children and to make it pretty much impossible for adults, unless there is literally no other way in which you can keep someone safe or keep other people safe. It needs to be the absolute exception, but when they are in police custody, the time period needs to be the shortest possible. As I say, we have reviewed and consulted over sections 135 and 136. We have also done a consultation on updating the mental health code of practice, and in those ways we can give a clear steer on what is appropriate and end these ridiculously long periods in detention before a proper assessment takes place, which should not be happening.

Q295 Dr Huppert: The Royal College of Psychiatrists recommended three hours as an absolute maximum. Is that something that you would agree with?

Norman Lamb: We are absolutely listening to such organisations as the Royal College of Psychiatrists. We should certainly be learning from and taking on board their advice.

Q296 Lorraine Fullbrook: Minister, I would like to follow on from some of the answers you gave to Julian Huppert, particularly on intoxication or alcohol misuse by people with mental health issues and how the NHS is changing its approach to dealing with intoxicated people with mental health issues and how they are held in alternative places of safety and not necessarily a police cell.

Norman Lamb: Traditionally, there has been a tendency in too many places for people to be turned away because they are intoxicated, yet they may be in the middle of a dreadful mental health crisis. That should not happen. The Crisis Care Concordat makes it clear that people should not be turned away in those circumstances and that we should seek to care for them, ensuring that they are safe and that others are safe as well.

Incidentally, I should say that we are expecting every part of the country to sign up to the Crisis Care Concordat and make their own local declaration by the end of this calendar year. We have tied in receiving winter pressures money for A and E departments and so forth to a requirement that they have to meet, which is signing up to the Crisis Care Concordat. We have found a way of putting some leverage on the more recalcitrant areas. We hope and expect to get full coverage by the end of this year. The guidance is very clear about intoxication.

It is then a question of referral to appropriate support services to try to address the addiction. There is so much co-morbidity between drug and alcohol abuse and mental health that those problems have to be looked at holistically, not as separate issues.

Q297 Lorraine Fullbrook: You have mentioned already the street triage system. The evidence we have taken previously suggests that the street triage system has greatly improved outcomes for people with mental health problems, for the police and for everyone involved. I understand that the Home Secretary has announced that it will be expanded to other areas in the country. The Devon project, for example, says that it is operating for only four days a week, which we understand to be the four days that people are most likely to have issues: Thursday, Fridays and the weekend. What is the prospect of a seven-day-a-week street triage system operating? Or is it the case that there are certain days of the week when that would not be worth doing and a cost-benefit analysis would not—

Norman Lamb: First, my ambition is that it is comprehensive everywhere. The pilots that we have funded will be evaluated so that we learn lessons, but the fascinating thing, as you have indicated, is that there is a natural spreading of this practice. Without any central funding, local areas have seen what is happening in the pilot areas and decided to go ahead and do it themselves. My own county of Norfolk is an example of that. The models are different in places. Sometimes you have a nurse going out with the police team in the car. In Norfolk, there is a nurse embedded in the control room, responding and guiding by telephone. In a big rural county, that might be more appropriate than a car. It is horses for courses.

The fascinating spread of street triage beyond what the Government initially funded suggests to me that this will be sustainable. Indeed, my encouragement to every area which has introduced it but where there may be limitations on hours is to extend it and make it as comprehensive as possible. The interesting thing will be—I am quite hopeful that this will show up—that they may well be achieving savings and that you get a return on your investment. There is evidence from the pilots that there is a considerable saving on police time; they are not spending nearly as much time dealing with mental health crises. If you are getting someone into treatment and avoiding a detention under section 136, a load of time and money is saved. There is also the potential for the NHS to save money, if you get someone into treatment quicker. I am very hopeful for this and I think that it can become comprehensive. You have these two public services traditionally operating in silos. I pay tribute to Leicestershire and Cleveland, which were the first to really go for this. They have showed how you achieve much better results by working collaboratively.

Q298 Lorraine Fullbrook: How is best practice being shared for the street triage system, without dictating to an area how they set up their street triage? There are some fundamentals within street triage. The outcomes show huge improvements for mental health and the police. How do you spread best practice without dictating and being prescriptive about how they operate?

Norman Lamb: I have spoken at a number of conferences on the Crisis Care Concordat and on street triage. There is an enormous appetite around the country to learn from the leading areas.

Anne McDonald: NHS England's health and justice area teams are working with the pilots to develop exactly what you say—the core, important issues and then how you might deal with rural areas or a city area effectively—so that, towards the end of this year, they will be able to publish a core operating model that areas can use to design their services next year.

Q299 Mr Winnick: Where health issues are involved, it is very good that there has been a substantial decrease in the use of police cells from the evidence that we have from 2012-13 to 2013-14. That is welcomed by all, but there is quite a lot of variation. Sussex apparently used police cells over 850 times last year, while the Met used such facilities for health issues 75 times. Do you have any reasons to explain that variation?

Norman Lamb: There is enormous variation. I have the table in front of me for every police force area in the country, and some are showing the most dramatic reductions. They should be applauded for doing that. There are others where there is not much change. We really need to put the spotlight on those areas, help them and try to work collaboratively as far as possible.

Q300 Mr Winnick: Do you contact the Sussex authorities and find out why this is the situation?

Norman Lamb: Officials have been in touch with all these areas. I am also writing with Mike Penning to all the problem areas, whether it is an issue of adults still going into police cells too often or, even worse, children, and challenging them as to why that is still happening. If London can do it and almost eradicate it with all of the complex problems of the community across London, other parts of the country can surely do the same.

Q301 Mr Winnick: Ms McDonald, have you been in touch with Sussex directly? Have you visited or corresponded with them?

Anne McDonald: Yes. We have visited and corresponded; we know who the leads are. Sussex is a big county, and I have to say there is variation within Sussex in terms of the use of police cells or health-based places of safety. We are working closely with them to ensure that they can spread their own good practice.

Q302 Mr Winnick: Are you optimistic that there will be some progress?

Anne McDonald: Absolutely. There are officials and police officers in Sussex who are committed to making this change. It is up to us to help them to learn from others, as the Minister has just said.

Norman Lamb: But some of the change that is happening is dramatic. Greater Manchester is down 98% in a year. It is really inspiring leadership. Sometimes in this job you think that nothing ever changes, but there is a real change happening across the country here. It makes a massive difference to people's lives.

Q303 Mr Winnick: On the other hand, according to the information I have before me—unless it is not accurate—the number of available mental health beds overnight decreased from 2010-11 to 2013-14. What do you say about that?

Norman Lamb: Are we talking about the total number of mental health beds here? It is not beds in section 136 places of safety, but the total number?

Mr Winnick: Yes.

Norman Lamb: So if you look at the trend over the last 15 or 20 years, there has been quite a dramatic reduction in total bed numbers. That is a trend that we should generally welcome. I mentioned earlier that the view taken in mental health circles these days is that long stays in mental health institutions, if you can avoid them, are not a good thing. As far as possible you should be getting people home as quickly as you can, critically, with support. I went to the mental health trust in Manchester a fortnight ago. They have a fantastic assessment suite. New admissions go in there for 48 hours, and in an intensive assessment of their need, it is determined whether they need to be admitted at all. In many cases across the country, all those people are admitted. There, through a careful, clinical assessment, they determine that it would better for a lot of those people not to be admitted but to have support at home. That is better for the individual and it saves money. It releases resources to ensure that at a time of crisis; there is a bed available locally; and they are not shunted off hundreds of miles away from home which, again, I find intolerable. It should not happen.

Q304 Mr Winnick: But this decrease, which I mentioned and you have been commenting on, is that to some extent the effect of cuts which are occurring?

Norman Lamb: That is another issue that I am happy to address. Mental health loses out financially within the system. There is what I have described as an institutional bias against mental health. In physical health, you have a whole load of waiting time standards. If you have suspected cancer, you have a right to see a specialist within a fortnight. If you have a first episode of psychosis, you have no such right. That whole cohort of entitlements to access treatment in physical health, I can tell you from inside the Department of Health, drives where the money goes, particularly as we have payment for activity in acute hospitals. Every time a patient goes to an acute hospital, the money goes with them. So this imbalance in the financial systems and the rights system in the NHS guarantees that mental health loses out. That is why we are introducing access standards in mental health for the first time from next year, particularly for early intervention in psychosis. So there is an issue about mental health losing out financially, but overall the reduction in bed numbers is the

right direction to be taking. But beds have to be available in a moment of crisis. That is the important thing.

Q305 Mr Winnick: We would agree undoubtedly with what you just said about beds. We received some evidence that NHS staff appear sometimes in certain circumstances rather quick to call the police to help manage difficult patients. I am not criticising and I don't see any reason why criticism should be directed towards NHS staff who we all agree do dedicated work all over the country and we are grateful for what they do. But do you have any comment on the extent to which there may be a tendency to call the police too frequently?

Norman Lamb: There are two circumstances that I should like to address. First, in an A and E department sometimes people become violent and staff trying to cope under a lot of pressure are placed in difficult and sometimes dangerous circumstances. It is right, where necessary, for police to be called if there is a serious threat to the safety of either staff or—

Mr Winnick: I think we agree on that. Common sense dictates that.

Norman Lamb: But the second area I was going to comment on—

Q306 Mr Winnick: Are there circumstances, in your view, where it is not really necessary? Clearly, if there is a danger, common sense dictates that the police should be called; there is no dispute about that. The point I'm making is, are there other circumstances where you think that there may not be such a justification?

Norman Lamb: Yes, in mental health. Again, it is quite variable around the country, but there should be—and the Crisis Care Concordat encourages this—proper protocols in place locally between police and mental health services about when it is appropriate for police to be called. There is evidence of police sometimes being called too often or inappropriately. There is the case of Olaseni Lewis, a black student in London who tragically lost his life. It is being investigated, so I can't reach conclusions about it, but in that case, police came into the mental health unit. One of the critical things in such circumstances, and the concordat is very clear about this, is that the health staff must retain responsibility. They cannot sort of subcontract responsibility to the police. There will be some circumstances, perhaps where a weapon is being wielded, where it is appropriate, for everyone's safety, for the police to be called, but there should be proper protocols in place, an understanding of what happens when the police arrive and the fact that health staff remain ultimately responsible.

Q307 Mr Winnick: Ms McDonald, I don't expect you for one moment to contradict the Minister, but to support him. Do you have any comment on that issue?

Anne McDonald: No, I think the Minister has covered the issues. As he says, it is about both clear protocols and clear communication. If you need to call in the police, responsibility can't just be handed over; there needs to be clear communication about the risks.

Q308 Mr Winnick: Is this being looked at by officials of your seniority?

Anne McDonald: Yes. Absolutely. I think there is probably some more work we can do nationally, under the national partnership we have on the concordat, to help local areas work on their local protocols.

Q309 Dr Huppert: I was going to talk about the concordat, but you have touched on that already, and the Cambridgeshire and Peterborough one was signed last week. May I look at the issue of transport? There seems to be a broad consensus from what we have heard that people who are ill and not criminals should be transported by ambulance, rather than by police car, but that seems to be hugely variable. I think in the West Midlands 75% are transported by ambulance and 10% in Thames Valley. Have you come across that issue and what steps can you take to ensure that ambulances are available to transport ill people?

Norman Lamb: I absolutely have come across the issue. The person who first alerted me to the inappropriateness of marked police cars being used was Frank Bruno. He asked to come to see me and he came to talk to me about his experience of a mental health crisis. He described how three marked police cars turned up outside his house and he talked about the embarrassment and humiliation of that and the neighbours assuming that there must have been some crime committed. He was ill and it was not appropriate for him to be transported in a police car.

Again, the concordat is clear about that. It sets standards for how people in a mental health crisis should be treated and it is appropriate for them to be transported in an unmarked vehicle. Sometimes, it is not appropriate for it to be an ambulance. We are hoping—we are not there yet—to secure some funding for vehicles specifically for people suffering from a mental health crisis; unmarked, but not necessarily an ambulance with beds in them. That might not be appropriate for that individual.

Q310 Dr Huppert: Destigmatisation is a huge part of mental health in all those areas. One last thing on this issue, we heard from the College of Paramedics, who talked about a shortage of paramedics, which obviously has an impact on these issues, but also on wider issues. What is being done to ensure that there are enough paramedics and other ambulance staff who can then supply the support that is needed?

Norman Lamb: It was really good that the ambulance chief executives engaged and signed up to the Crisis Care Concordat. They have established their own protocol about the

speed of reaction in mental health crisis cases, so that people with a mental health crisis are not treated in an inferior way to those with a physical health crisis. That is a real start.

Of course, in order to deliver that commitment, they have to ensure there are sufficient trained paramedics to do that. There is a shortage of paramedics around the country. In our area of the east of England, they are training hundreds of additional paramedics, so that they have sufficient numbers across the region. It is good that ambulances are engaging for the first time. A few years ago some ambulance trusts did not regard it as their responsibility to deal with people with mental health problems and that has changed now.

Q311 Chair: Thank you for giving evidence, Minister. The Committee is confident that, with your passion to ensure change in the system, we have someone in the Department of Health who is working with those in other areas of Government to try to break the cycle, so that people who are mentally ill get the support they need and are kept away from the criminal justice system rather than allowed to begin a career in it.

Norman Lamb: Thank you. I do feel strongly about this and I think we are making some progress. I welcome the fact that you are carrying out this inquiry.

Q312 Chair: Before you go, I would like your view on a point I am going to put to the next Minister. There was the case of Matthew Williams who, when he came out of prison, seemed to be suffering from paranoid schizophrenia and he ate a woman, Cerys Yemm. Do you think that when someone is released from prison the authorities should be notified that someone has a mental illness, so that there is a joined-up approach between the Department of Health, the Home Office and the Ministry of Justice and nobody falls through the system?

Norman Lamb: I agree. I think we have got a way to go yet. There is some very good work going on. Another issue is drug and alcohol treatment in prison. How do you ensure that that continues when someone is released? There is a project called Through the Gate in the north-west, I think. Whether it is that or a mental health issue, ensuring continuity of care as someone leaves custody is critically important, and there is more work to be done to ensure that happens in all cases.

Chair: Thank you for coming, Minister and Ms McDonald.

Examination of Witness

Witness: **Rt Hon Mike Penning MP**, Minister of State for Policing, gave evidence.

Q313 Chair: Minister, I welcome you warmly to the Committee on your appointment. This is the first time that you have given evidence to us and we wish you well in your position as Minister of State for Policing.

Mike Penning: This is the fifth Select Committee I have sat in front as a Minister in under three years.

Q314 Chair: Then you are more experienced than we are, because we have not had five Ministers for Policing, we have had only two. You are also Minister for Victims, and I would like to clear up a point: are you involved in any way with the child abuse inquiry in support of the victims, or is that being dealt with very much by the Home Secretary?

Mike Penning: I am Minister for Victims in the Ministry of Justice, so I have no involvement with the inquiry.

Q315 Chair: We have heard evidence from the Health Minister and are very upbeat about what the Department of Health is doing. We believe that they understand the concerns that we have heard about how we get people who are mentally ill outside the criminal justice system. Let's not let them enter in the first place. That would relieve the pressure on police officers and on the system as a whole.

I put this case to Mr Lamb and I will put it to you. You have probably seen the case of Matthew Williams who, having just been released from prison, was reported to have eaten a person, Cerys Yemm. He was suffering from paranoid schizophrenia and was not given access to the correct medication. That condition was known to the police. Do you feel that, on release from prison, it is important that those in the community are fully aware that somebody has such a mental illness? As a Justice Minister, as well as Minister for Policing, you do not need to talk to two different Departments because you are two different Departments.

Mike Penning: Yes, I am, which is interesting at times.

Chair: How do you keep it joined up so that the left-hand side of you knows what the right-hand side is doing?

Mike Penning: Perhaps if you bear with me for a few seconds, I will explain how we have done that. I am not a straight replacement for my colleague Damian Green, who I replaced in the reshuffle, in that I have some responsibilities that he did not. I am responsible for police in the Home Office along with the armed forces brief—the veterans

brief, which as you know is very important. I also have responsibility for criminal justice in the Ministry of Justice, and for victims and veterans there as well.

The case that you mentioned—the Lord Chancellor has announced a review of exactly what happened and how it happened—is interesting in that he had served full sentence, so there was not the sort of protections and monitoring that goes on. That is something that I know the Lord Chancellor is keen to look at in the review. My personal view, which perhaps I should not give but I am honest when I appear before Committees, is that this is something that we need to know. Public protection is the most important thing but, at the same time, people need treatment and continuing help, such as that man who was diagnosed as being schizophrenic. I think I heard his mother on the radio saying that he had not been given his treatment and he could not get his prescriptions, and things like that; in the 21st century, that is not acceptable. We will have to wait for the review to find out exactly what happened, but it is clear that something went seriously wrong, not only with the release from prison, but for his medical needs, which were obviously important.

Q316 Chair: That is very open of you. We welcome Ministers being so open. Lessons need to be learnt so that it does not happen again.

Mike Penning: Exactly, and that is exactly why our internal review has started straight away. That will involve several ministerial Departments working with not only the Prison Service—I worked closely with Norman Lamb in my previous role on disabilities, which flows into much of the work we are doing now—but the health side and adult care services. Frankly, as a constituency MP, that is the sort of thing I expect adult care services to pick up on, and local mental health services as well.

Q317 Chair: How concerned are you that half of all deaths in custody or following police custody involve detainees with some form of mental health issue?

Mike Penning: Like anyone, I am very concerned. The figures are down on what they were, but they are still nowhere near low enough. The key is the work we are doing with other Departments, because we cannot do this in silos; the police or the Justice Department cannot do this on their own. It has to be done across Government. The key is having people with the right skills to see what the needs of the individual are, rather than just looking at the crime that is perceived to have taken place. That is important, and it is difficult for the police to do. Police are not there to diagnose, they are there to protect us. We are trying to give as many police officers the skills as possible, especially with training—the College of Policing is doing an awful lot of work—not to diagnose but to see the tell-tale symptoms. The triage pilots, which I hope we can talk about in some length, are really working. We will have to wait for the final report—for all the figures to be stacked up and spreadsheets put together—but I have seen it and I am sure the Committee may have done. It is actually working.

Q318 Chair: So you are with Mr Lamb, in wanting to stop people with mental health illnesses from entering the system in the first place, rather than dealing with them once they are inside. If we could ensure, for example, that the principles of the triage system works—if everyone is signed up to keeping people outside—do you think that in the long run this will benefit the criminal justice system?

Mike Penning: It will work for the criminal justice system. The evidence that I have seen is that it will work for the individual, and it will work in cost analysis. Perhaps I can use this analogy, Mr Chair. As you know, I used to be a firefighter, and for years I went to what used to be called, inappropriately, RTAs—road traffic accidents—and are now called RTCs. My job was to extract that person as safely as possible and make sure that they got to the best possible medical care when they came into contact with us and the police service. If you have a mental health issue, you will invariably come into contact with the police, as the professional involved. That cannot be right. It is not the job of the police to be that first point of contact; they should be the last resort.

Q319 Chair: Do you have a broad figure for us on the cost of policing mental health issues?

Mike Penning: I don't have a figure off the top of my head, but I would be more than happy to write to the Committee with an analysis. To be honest, I don't think we have enough data. Since I have been in the Department, one thing I have asked is for the 43 different authorities out there to give us the sort of information that allows us to collate this together.

I spoke to a force the other day that had had one person who was known to have vascular dementia—they were known to the local authority, the health service and certainly to the police. She had called the police 600 times, and because of the nature of the call the police had to respond before they could sit down and get a package together for that very vulnerable person—I can give details to the Committee later on, if you wish.

Chair: Please do.

Mike Penning: She has not called the police since. That does not mean that she has had her phone taken away from her; it means that the package is in place to look after her needs as a vulnerable person.

Chair: It would be great if you could write to us.

Q320 Dr Huppert: We have had a range of estimates of how much police time is spent on mental health issues, or a combination of complex needs, of somewhere between 20% and 40%. Does that fit with your experience?

Mike Penning: Yes, that fits.

Q321 Dr Huppert: One of the custody sergeants we heard from put the proportion of people passing through his custody suite with mental health problems or learning difficulties at around 40%. Again, are you comfortable with that proportion?

Mike Penning: If you take the 43 authorities together, we do not have the exact data on that. You will have some authorities—for example, Staffordshire—that are literally down into single figures because of the work that they are doing in triaging. But yes, it is a huge burden on the police and criminal justice system.

Q322 Dr Huppert: Would you say that mental health is now core police business?

Mike Penning: I don't want it to be, but the police have historically been involved. Norman Lamb and local government Ministers are working with us to address the assumption that we are the point of call for someone who is vulnerable with mental health illness.

The other thing I am conscious of is the whole area around learning difficulties. Very often, people with mental health issues have learning difficulties and vice versa, and they may have a drink problem or a drug problem. Either one of those four issues might be the bit that tips them into a situation that means that they come into contact with the police, but it is not the job of the police to be the mental health provision.

Q323 Dr Huppert: Many of us would agree that is not what we want the police to be doing, but it is what the police do—

Mike Penning: Yes, and we have to change that.

Q324 Dr Huppert: But also poses problems relating to the skill set of police officers. How much is being done to train police to be able to cope with what is a real part of their work?

Mike Penning: It is a real part of their work, but I would emphasise that, no matter how much training there is—a lot of training is going on: the College is doing an awful lot of work, and there is guidance out there—we cannot be medical professionals. That is not the role of the police and it certainly wasn't my role when I was a fireman, although I will contradict myself and say that, actually, a fireman should have paramedic skills, because that way we would save a lot more lives. But that is a separate issue. The police need to know the basics, but they also need the expertise out there with them on the streets as well as in custody suites so that they are not the first point of call and are not the taxi to the A and E, a safe property or the custody suites. That is not the role of the police.

Q325 Dr Huppert: You have spoken a lot about the variety around the UK, and the figures suggest huge variability, with some places doing very well and some rather less so. What

have you done to look at other countries? Presumably they must face similar challenges. Where is there good practice in the rest of the world?

Mike Penning: It is interesting that you ask that, because there are very few countries with a national health service that works like ours. As I understand it from the evidence that I have seen—the Committee may have seen other evidence—there are very few countries in which the police have the level of interaction with people with mental health illnesses that our police have. Interestingly, a lot of other countries are now coming to us and saying, “We are interested in what you are doing,” because you are right that they have similar concerns. In the evidence I have seen, I have not seen expertise in other countries that is better than what we are starting to do now.

Q326 Michael Ellis: Minister, further to the point you were just making on the role of the police, let us be frank: it should not be the responsibility of the rank and file police to be mental health professionals, should it?

Mike Penning: No, and they are not. It is wrong to use them in that way. To be honest, from the evidence I have seen, that has been the attempt—for the police to be the first port of call.

Q327 Michael Ellis: And it is not fair on the front-line police officer to expect him or her to be all things to all people at all times—a mental health professional, a social worker or the many other roles they are expected to play. I suppose one of the issues that arises when it comes to training is whether there is room and scope for liaison with the College of Policing so that a little more training can be given to police officers on how to deal with these difficult situations, or do you think that that is following an unhelpful path?

Mike Penning: This is unusual to say, but I think a little bit of knowledge is useful, but we must not attempt to become health professionals. To give examples of what I have seen around the country in the short bit of time I have been in post, where we have police officers seconded alongside mental health professionals within the custody suites and going out, that seems to work really well. They have that extra bit of training. Let us say it is a Friday night in my constituency. We have some lively entertainment areas in my constituency on a Friday night, and the police officer will struggle, unless he knows the individuals, to know that that person has mental health problems if they have been drinking heavily or doing other things. It is all part of the training, but the key is to try to intercept before we get to custody.

Q328 Michael Ellis: We must be realistic in our expectations of our police officers. As you say, they cannot be mental health professionals, paramedics, firefighters, social workers and everything else that we expect them to be, but we would like them to have some basic understanding and training so that, where mistakes can be avoided, they duly are. Do you have any observations on the things that are going well, generally speaking, and in particular

those areas where through good practice and hard work your Department and others are performing well? Do you have anything you want to say about that?

Mike Penning: I can very easily turn around as a Hertfordshire MP and say that Hertfordshire is doing really well.

Q329 Michael Ellis: I am sure that Northamptonshire is also doing very well. Maybe Leicester, too.

Mike Penning: I paid a visit the other day to Stoke and the Staffordshire constabulary. They have a very large custody facility there, which is in excess of 40 cells. The one thing that impressed me enormously about it was that inside that unit were police constables who had that little bit of enhanced training that we are talking about alongside mental health professionals. Their need in that force to use section 135 and section 136 orders has been absolutely decimated. I think the key thing you can look at, as you look at your evidence as a Committee on how forces are doing it, is how often they are using section 136.

Michael Ellis: In the Stoke area.

Mike Penning: Yes, in the Stoke area it is very low. If you want to look around the country at how well they are doing it, it is about the amount of section 136 orders issued. We are almost certainly going to have to continue to use them. In all the things that we are doing, we are not going to eliminate the fact that on occasions our police will have to do what they can. I think the work that is going on at the moment is transformative. I have been in many Departments that have the silo mentality—no matter who runs the Government, that mentality is there—but for once with this particular issue that has been massively broken down.

Q330 Michael Ellis: Briefly, what are they doing in Stoke that is having such a positive effect? Is it because they are working collegiately?

Mike Penning: The health professionals have access to individuals' medical data. Very often, when they go out to attend an incident or are there when someone is brought in, they know those people. They know what their needs are and how vulnerable they are. That sort of work saves a huge amount of time for the police and ensures those people are in a suitable, safe place. The other thing that is clearly showing in Stoke—this is why they invested in it—is that is saving the constabulary a huge amount of money.

Michael Ellis: Yes.

Mike Penning: Let's not beat around the bush; inappropriate use of the police force costs a lot of money.

Michael Ellis: It is not in anyone's interest.

Mike Penning: No, absolutely.

Michael Ellis: Minister, thank you very much. Perhaps you will send our thanks to those who are doing such good work in this area.

Mike Penning: I hope they are listening.

Chair: I am sure they are always listening to the Minister for Policing.

Q331 Lorraine Fullbrook: Minister, you made it very clear that the police are not the people to deal with this issue, and that they are not a taxi to the A and E department. In your travels and your conversations and discussions with police officers—I think this will be anecdotal—how often do the police raise mental health issues with you that they are dealing with?

Mike Penning: I have been lucky enough to patrol with the police for nearly 20 years in one position or another and in many different constabularies, and it is something they raise on a regular basis. Often, they do not feel that they are qualified or are the right people to be dealing with it, and often they feel that they are being used and abused. People go to the police first as the easy option. That has been going on for too long, and although we are moving away from it we have not eliminated it. It is a major issue.

On the point you raised in your opening question, I have been with the police when they have taken an individual not to the cells but to an A and E for help—I have raised this with Norman Lamb, so he won't mind me saying it—and two hours later the same individual was back on the streets being picked up again because there weren't the skills within the A and E to look after them. That is a fascinating point.

Q332 Lorraine Fullbrook: Norman Lamb made it very clear that the NHS is responsible for dealing with this issue, so it cannot absolve itself of responsibility when it calls in the police. NHS staff are the primary carers. How does what front-line police officers tell you differ from what senior officers and chief constables tell you?

Mike Penning: It is one of the messages that you get across the board, although they may look at it slightly differently. The senior officers—you had a very senior officer here today talking about something slightly different—look at the effectiveness of their force and the cost implications. You can draw that right down to the front line. These are compassionate people. You don't become a policeman or policewoman in this country if you are not compassionate. They know when they come into contact with those individuals that the system is not working, and they are not shy of telling you that that is the situation. As Norman said—I think it is brilliant that the Health Minister is not shying away from this—a place of safety for someone is not necessary the local A and E. That was brought home to me on more than one occasion long before I got this job.

Q333 Lorraine Fullbrook: Could I ask you about the street triage project? The Committee has taken evidence that the street triage greatly improves the outcomes for people with mental health issues and, indeed, for the police who operate the triage. The Home Secretary announced that it will be expanded across the country. You talked about Stoke. Is that one of the things that Stoke is doing?

Mike Penning: Stoke have done it slightly differently. They completely embedded it in Staffordshire police force, where I was. A very senior member of management oversees this whole area. They were really worried about the amount of 136s; that is what they were looking at. They knew that the officers often use their powers on very vulnerable people.

They looked at two things. They looked at how under-18s are being looked after, long before the Secretary of State's announcement last week. They also looked at people who were vulnerable. They tried to work out whether they could intercept someone coming into the criminal justice system who was ill and get that person to the appropriate place of safety to get help and treatment. When they do that—Hertfordshire are quite good at this—it is not necessarily a police car or police vehicle that takes them to that facility. You can imagine; if you are ill, the fact that you are in the back of a police vehicle which is taking you not to a cell or custodian facility but to a hospital unit for help is very difficult. It is traumatic enough as it is. They are looking at different ways that it can be done. For instance, in Hertfordshire, if you are going to one of the units and the police do take you there, it is out of the public's sight; it is not obvious what is going on or that a police car has arrived. The effect on patients is very significant.

Q334 Lorraine Fullbrook: What is your Department doing in conjunction with the Department of Health to have a total overview of this and how it will drip down?

Mike Penning: Officials are not just talking but working with each other. There are financial consequences for the Department of Health and there are financial consequences for us; all Departments are very interested in that. One thing that we have got my officials to do is to go out to the constabularies. They divided up the 43 authorities into seven or eight, so that we can know exactly what is happening and share best practice. The Department of Health is then sharing best practice with us. There is no one size fits all with this. The nature of this great country of ours means that we have huge metropolitan parts and we have some beautiful rural parts of this country; some of them are quite close to each other and others are not. One size will not fit all, but we will be able to have the evidence base for what is working for vulnerable people and a cost analysis of how that is working. If we do not have the cost analysis and the evidence base, the Treasury will be all over me like a shot.

Q335 Dr Huppert: A brief question so that we are all clear—I think that all of our witnesses so far have supported the removal of police cells as a stated place of safety in the Mental Health Act. Do you share that view?

Mike Penning: Yes. It should be the last place—is that the point you were making?

Q336 Dr Huppert: The Mental Health Act does currently list police cells as an entry. We are not saying that cells could not be used if someone has committed a crime and is still a threat, but that cells would not count as a place of safety for the purposes of the Mental Health Act.

Mike Penning: I think that that would be right. We are not in a perfect situation. In some circumstances, individuals might go to different places. However, the bit that I have been trying to push for is for us to understand why that person has got into that position of being the offender, as well as looking at the offence. That is quite complicated and difficult.

Q337 Dr Huppert: In terms of general amendments to the Mental Health Act, the Home Secretary announced that there would be a review of sections 135 and 136. Where is that review? What has come out of it so far?

Mike Penning: I will probably get a nudge in the back, but I think that it will be towards the end of the year. We are not far off—this year. I would hope that it will be by the close of Christmas recess.

Q338 Dr Huppert: Would you want to have our report ahead of that, to inform your decisions?

Mike Penning: That would be very helpful. I have seen some of the evidence being given to the Committee, and it is similar to what I have heard before. It will be very interesting to know how the Committee interpret the evidence and if it is in the same way that we do. We can feed that into our evidence base as well.

Q339 Chair: We will all wait for these reviews and pilots and the work in progress, because people are concerned about this. We have noted the work of Devon and Cornwall Police Federation branch. They brought a motion to the conference last year, and they are very concerned about it. We listened to Sir Peter Fahy say that mental health is now the main issue facing Britain's police forces. If you were sending out a message to your front-line staff—the police officers in the custody suites who we have taken evidence from—in the interim, until we have all these reports, what would it be? What would you say to the custody sergeant faced with this on a wet Friday night in Dudley?

Mike Penning: First, I would thank him or her for the work that they do. This is probably the first time that I have not thanked the police in my opening remarks for what they do for us day in, day out. I would tell them to use their experience, because custody sergeants tend to be very experienced officers—use their experience and compassion to try to understand, as I alluded to a moment ago to Dr Huppert, why that person is there and

whether they show the sorts of signs that would indicate that they need help as well as addressing the problems behind why they are there. I cannot stress enough that the compassion of a police officer in dealing with people with learning difficulties as well as mental health issues is vitally important.

Q340 Chair: And what is your message to your colleagues in the Department of Health? You gave us an example of A and E where you saw for yourself what happened? Someone was taken and then released. What is your message to them and the Department of Justice?

Mike Penning: That message is coming across. What NHS England in particular is doing is informing the police better about where the experts are and so where that point of safety is for those individuals. Traditionally they would have gone to the cells while waiting to be assessed. Then we asked: could we take them to A and E? Actually, now, let us have it in the pocket notebook for the guys and girls out there: the place where we should be holding them as a place of safety is X. My mother was a mental health nurse for many years. There are fantastic units out there. I just stress to the Department of Health—they know this; I have repeated this and I will be working on this. Quite often that is not in A and E, unless they have that expertise within that A and E unit. There may be another facility in the hospital, interestingly enough, so they don't have to go to A and E in the first place. But it is vital that we share that information. I have worked in five Departments and I don't think I have been in any Department which has worked as closely across on one issue as we are doing at the moment with the Department of Health and with Norman Lamb in particular.

Q341 Chair: That is very reassuring. As you are here and as we are coming to an end, I shall put to you a question that a colleague who is unable to be here wanted me to put to you. It concerns police leadership. You rightly praise the work of the front line. Are you concerned about the number of chief constables who are either suspended or being investigated by the IPCC and the large number of cases that are outstanding? How do you get the message across that the leaders of the police service are absolutely vital to ensuring the highest possible morale?

Mike Penning: The first thing I would say is that there are 43 police forces. The vast majority of chief constables, PCCs and officers throughout the ranks are not under investigation. They have no complaints against them and they are doing a simply fantastic job. Where complaints are made, it is right that the IPCC investigate them fully. We were talking the other day about how long people are on bail for. Investigations need to be as thorough as possible, but they also must be expedited as fast as they can. If there is no substance to a complaint that needs to come out quickly. The IPCC have a wide-ranging remit and the number of referrals they get is huge. We are looking at how that can be addressed too.

Q342 Chair: Good, and finally, when do you think the Home Secretary's review on police bail will be completed? She has just announced it. You also share concerns about the number of times people have extended police bail. Do you have a timetable?

Mike Penning: I do share her concerns. We discussed this before it was announced. It takes up a huge amount of police time as well. People on bail have to report. The front of house in many police stations is not open. I agree with that as they were so little used, including in my own constituency. I don't have a date for when we expect to do that but I will write to the Committee about that when I do.

Chair: That would be very helpful. I am sure that you will come before us on some other issue before Parliament rises. Thank you very much for coming on this issue today.