APPENDIX 1

Contents

West Mercia Police

Right Care, Right Person (RCRP) / Most Appropriate Agency (MAA) Situation Report (Sitrep)

Herefordshire and Worcestershire

September 2026

Governance Arrangements

Mental health governance across Herefordshire and Worcestershire continues to operate through established multi-agency partnership structures, providing oversight of performance, risk, learning and escalation processes.

At a local level, monthly Inter-Agency Partnership Meetings (IAMG) are in place across both Herefordshire and Worcestershire. These forums routinely review Section 136[1] activity from the preceding month, including detention volumes, whether mental health professional advice was sought prior to detention, method of conveyance, handover times and outcomes. The review process also considers ethnicity data to identify and address any disproportionality in the use of police powers. Individual cases requiring scrutiny, learning or escalation are considered through this forum.

The latest IAMG review meeting monthly report follows this Sitrep.

Strategic and tactical oversight is further supported through a Quarterly Tactical Mental Health Meeting, chaired by the force's RCRP Tactical Lead South, Chief Inspector Greg Tudge. The purpose of this meeting is to ensure consistency of practice across Herefordshire and Worcestershire, identify examples of good practice and address emerging challenges or barriers. A quarterly data pack is now in place, combining data from both counties to enable more effective performance monitoring, trend analysis and partnership discussion, particularly in relation to handover times, conveyance arrangements and pre-detention mental health consultation.

Strong partnership governance arrangements remain in place and continue to support collaborative oversight, performance monitoring and continuous improvement across mental health pathways.

Significant Incidents and Emerging Themes

[11] Section 136 of the Mental Health Act 1983 gives police the emergency power to remove a person from a public place to a safe location if they appear to have a mental disorder and need immediate care or control

There have been no significant incidents, critical events or emerging concerns identified during the last reporting period. Partnership arrangements continue to operate effectively, with no notable escalation themes arising from governance forums.

Impact on Service Delivery

The principal operational issue during the reporting period relates to the temporary loss of the Hereford Section 136 Suite following a significant damage incident involving a patient. The facility is currently unavailable, and repair works are expected to take a minimum of three weeks. A formal review of the incident is underway.

To mitigate any impact on service delivery, contingency arrangements have been developed collaboratively with mental health partners. Additional communication has been issued to Duty Inspectors reinforcing the importance of seeking advice from a mental health professional before considering detention under Section 136 and ensuring the appropriate use of established escalation processes where difficulties are encountered.

Key Risk – Patient Conveyance Arrangements

The most significant ongoing risk remains the continued reliance on police resources for the conveyance of individuals detained under Section 136. Current data indicates that approximately 50% of detainees are still being transported by police rather than ambulance services. This position is largely driven by difficulties securing timely ambulance attendance and the absence of reliable, estimated arrival times.

This issue remains subject to active partnership management through engagement with the Operations and Communications Centre (OCC), healthcare partners and continued messaging to operational officers regarding escalation procedures.

Changes Since the Previous Scrutiny Update (February 2025)

Since the previous committee update, the following changes have been implemented:

- New Mental Health Inspector Single Points of Contact (SPOCs) have been appointed for Worcestershire: Dan Poucher and Becky Williams.
- Mental Health Escalation Charts have been revised and updated to support operational decision-making and escalation pathways.

Recent Achievements

Several positive developments have been delivered during the reporting period:

- A Microsoft Forms-based process has been introduced to capture advice provided by mental health professionals prior to consideration of a Section 136 detention. The

advice is automatically returned to the attending officer to support and record decision-making.

- Work is underway to incorporate this data into routine Section 136 reporting, providing greater insight into the extent to which early professional consultation prevents unnecessary detentions and supports alternative pathways of care.
- A standardised case review template has been developed and circulated amongst partner agencies to enhance learning, review processes and consistency of approach.

Delayed Actions

There are currently no delayed actions, outstanding activities or areas of concern requiring escalation through governance arrangements.

Summary

Partnership governance arrangements remain mature and effective across Herefordshire and Worcestershire, with robust scrutiny of Section 136 activity and strong engagement between policing, health and partner agencies. Whilst the temporary closure of the Hereford Section 136 Suite and ongoing challenges regarding ambulance conveyance continue to require management, mitigation measures are in place, and no significant incidents have adversely affected service delivery during the reporting period. Recent improvements in data capture, decision-making support and partnership review processes provide a strong foundation for continued development and oversight.

Herefordshire and Worcestershire Health and Care NHS Trust

Herefordshire and Worcestershire (H&W) Specialist MH & LD Service Delivery Unit

Joint H&W Interagency Monitoring Groups (IAMG) Report – Q4 January to March 2026

The Interagency Monitoring Groups (IAMG) are sub-committees of the Mental Health Legislation Committee and are constituted in line with the Standing Orders of the Trust and will operate in strict accordance therewith. The IAMG's will ensure that the requirements of the Mental Health Act 1983 as amended 2007 (MHA 1983) are addressed. It will also respond to relevant issues raised by the Mental Health Legislation Committee. The IAMG's occur on a monthly basis and will consider both strategic and operational issues arising from partnership working and review incidents, providing formal feedback to the agencies involved. The s136 and Crisis Assessment Suites are within its remit, reporting on monthly activity. The group will also identify any issues relating to the use of Right Care Right Person, scrutinise/ draw learning from national Regulation 28's (PFD Notices) and discuss high intensity service users (HISU's) to better understand need and inform appropriate service provision.

Membership

Chair
Company Secretary or Mental Health Act Manager
Local Authority representative/Lead AMHP
Representative from West Mercia Police
Representative from West Midlands Ambulance Service NHS Trust
Representative from Wye Valley Trust
Representative from Worcestershire Acute Hospitals NHS Trust
Representative from ICB Mental Health Commissioning
Representative from CAHTT/ Crisis Resolution Team
Representative from Mental Health Liaison Team
Representative from Hereford and SWW Mind
Representative from Local Authority Social Services
Representative from Healthwatch
Herefordshire and Worcestershire Voluntary Organisations
Hereford and Worcester Fire and Rescue Service
Health & Justice Services

Introduction:

To provide the Group with an update regarding strategic and operational issues/ discussions arising from both the Herefordshire and Worcestershire IAMG's from the 1st January to 31st March 2026.

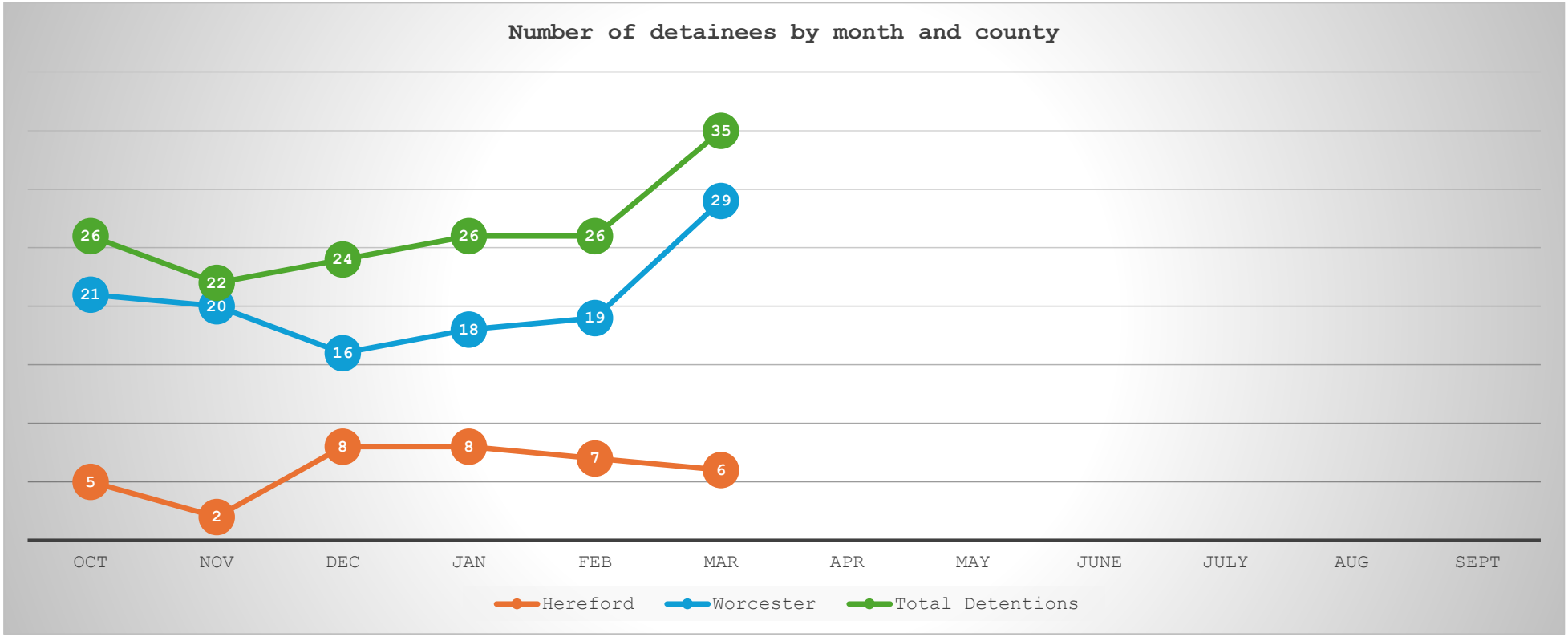
Overview:

This report presents an overview of:

1) Section 136 activity in both Hereford and Worcester
   - *Number of detainees, Patient ethnicity, Presenting complaint, Patient status, Method of conveyance, Conversion rate, Time WMP relieved of duties, Time assessment commenced, Outcome of assessment, Time from detention to admission*
   - *Narrative (trends and themes)*
2) Partnership updates and service developments
3) Interagency interface issues

'Section 136 allows the police to take you to (or keep you at) a place of safety. They can do this without a warrant if: you appear to have a mental disorder, AND you are in any place other than a house, flat or room where a person is living, or garden or garage that only one household has access to, AND you are "in need of immediate care or control" (meaning the police think it is necessary to keep you or others safe)'.

1) S136 Activity – Number of detentions



Narrative: Q4 *data shows an increase of 15 detentions compared to Q3 predominantly driven by March's activity in Worcestershire. It is noted that there is a similar rise in Worcestershire detentions in the month of March in 2025.*

S136 Activity – Ethnicity data

Ethnicity	Herefordshire	Worcestershire	Total	%
White British	27	116	143	**90%** ↑

White Other	1	1	2	**1% -**
Any Black Background	2	4	6	**4% ↓**
Asian	1	Nil	1	**1% -**
Not Stated	5	2	7	**4% -**

Narrative: *benchmarked against ONS census data (2024) – any black background comparable with local population and national s136 statistics*

S136 Activity – Presenting complaint

Presenting Complaint	Herefordshire	Worcestershire	Total	%
Psychosis/ Mania	6	15	21	**20% -**
SH/ Suicide/ Dysregulation	22	35	57	**56% ↑**
No SMI	8	16	24	**24% ↓**

Narrative: *14% increase in SH/ Suicide/ Dysregulation from Q3, with comparable drop in no reported SMI*

S136 Activity – Patient status

Patient Status	Herefordshire	Worcestershire	Total	%
Known/ Open	14	48	62	**39% ↑**
Known/ Closed	3	25	28	**18% ↑**
Not Known	13	34	47	**30% ↓**
Out of Area	6	16	22	**13% ↓**

Narrative: marginal increase (4%) of *those known/ open patients against Q3 data* and 5% drop in OoA patient detentions

S136 Activity – Method of conveyance

Method	Herefordshire	Worcestershire	Total	%
WMAS	11	78	89	**56% ↑**
WMP	25	42	67	**42% ↓**
Other	Nil	3	3	**2% ↓**

Narrative: *WMP continue to convey majority of detainees in Herefordshire (driven by waiting time) – overall, local data comparable to national picture (Police convey in 50-55% of cases)*

S136 Activity – Consultation

Consultation	Herefordshire %	Worcestershire %
Yes	72% ↑	47% ↑
No	28% ↓	53% ↓

Narrative*: significant increase in consultation rates across both Counties (13% Herefordshire & 8% Worcestershire)*

S136 Activity – Time WMP relieved of duties

Herefordshire – average time	Worcestershire – average time
115 minutes ↑	61 minutes ↓

Narrative: *increased wait in Herefordshire (22mins) and decreased wait in Worcestershire (14mins) – both outside local 1hr agreement*

S136 Activity – Time to commence assessment

Herefordshire – average time	Worcestershire – average time
7hr 06m ↓	11hr 04m (March only)

Narrative: *time adversely influenced by availability of second s12 approved doctor – ongoing/ historic issue, raised at various forums*

S136 Activity – Assessment outcome

Outcome	Herefordshire	Worcestershire	Total	%
Section 3	Nil	3	3	**2** ↑
Section 2	10	20	30	**19% -**
Informal admission	3	5	8	**5%** ↓
Discharge – urgent care	7	13	20	**13%** ↓
Discharge – primary care	16	81	97	**61%** ↑

Narrative: increased use of s3 in Worcestershire – however discharge from s136 is still the predominant outcome for *detainees (c. ¾) across both Counties, suggesting alternative disposal may have been possible*

S136 Activity – Time to admit

Herefordshire – average time	Worcestershire – average time
5hr 54 minutes ↑	Not Available

Narrative: *4hr increase in time to admit from Q3 (Herefordshire only) despite the number of admissions remaining consistent – largely driven by one patient waiting 47hrs due to a lack of suitable female bed*

2) Partnership updates and service developments

- Police Interventions Policy circulated to UC Leads for comment prior to ratification.
- Work on joint consultation form ongoing – need to produce meaningful data for IAMG.
- WMP approached WMAS re. potential for direct contact with Control Room to request conveyance.
- New CAHTT (Hfd) substantive Consultant Psychiatrist started in post February '26 – providing much needed consistency/ continuity and leadership.
- RCRP now embedded in IAMG agenda – providing platform for discussion and resolution of any issues in implementation.
- 5% increase in incidents of violence and aggression in WAHT from previous quarter.
- WVT to ensure ED reception staff ask WMP officers to wait and handover patients to NiC prior to leaving department.
- WVT ED starting work on local LD/ Neurodiversity pathway.

3) Interagency interface issues

- Nil of note.

Herefordshire and Worcestershire Health and Care NHS Trust

H&W Specialist MH & LD Service Delivery Unit

Hereford Interagency Monitoring Group (IAMG) Monthly Report – August 2026

The Interagency Monitoring Group (IAMG) is a sub-committee of the Mental Health Legislation Committee and is constituted in line with the Standing Orders of the Trust and will operate in strict accordance therewith. The IAMG will ensure that the requirements of the Mental Health Act 1983 as amended 2007 (MHA 1983) are addressed. It will also respond to relevant issues raised by the Mental Health Legislation Committee. The IAMG occurs on a monthly basis and will consider both strategic and operational issues arising from partnership working and review incidents, providing formal feedback to the agencies involved. The s136 and Crisis Assessment Suites are within its remit, reporting on monthly activity. The group will also discuss any high intensity service users (HISU's) to better understand need and inform appropriate service provision.

Membership

Chair
Company Secretary or Mental Health Act Manager
Local Authority representative/Lead AMHP
Representative from West Mercia Police
Representative from West Midlands Ambulance Service NHS Trust
Representative from Wye Valley Trust
Representative from Worcestershire Acute Hospitals NHS Trust
Representative from ICB Mental Health Commissioning
Representative from CAHTT/ Crisis Resolution Team
Representative from Mental Health Liaison Team
Representative from Hereford and SWW Mind
Representative from Local Authority Social Services
Representative from Healthwatch
Herefordshire and Worcestershire Voluntary Organisations
Hereford and Worcester Fire and Rescue Service
Health & Justice Services

Introduction:

To provide the Group with August 2026 S136 activity and data.

Overview:

This report presents an overview of:

1) *Section 136 activity in Hereford*
2) *Ethnic background*
3) *Presenting complaint*
4) *Status of detainees*
5) *Repeat attenders*
6) *Out of County patients*
7) *Patients transferred from Police Custody*
8) *Method of conveyance*
9) *WMP consultation prior to detention*
10) *Time Police relieved of duties*
11) *Time assessment commenced*
12) *Outcome of s136 assessment*
13) *Time from detention to admission*
14) *Summary*

1) **S136 Activity – No. of detentions**

For August there were 14 136 detentions to the Hatton Suite, which is a significant increase compared to 9 detentions for July.

2) **Ethnicity**

Ethnicity	June	July	August
White British	5	8 (1 repeat)	13 (2 repeats)
White European		1	
Any other Black background	0	0	
Asian	0	0	1
Unknown	1	0	

During the month of August, we saw 13 detainees (2 repeat) of White British Ethnicity and 1 detainee of mixed-White and Asian.

3) **Presenting Complaint**

	DSH/ Suicide	Psychosis/ Mania	No SMI	Intoxicated	EUPD	Anxiety and Depression
August 26	4	0	4	1	4	1
July 26	6	1	0	1	1	0
June 26	2	4	0	0	0	0

During the month of August, we had the following presentations:

- 4 detainees with suicidal ideation
- 4 with EUPD/emotional dysregulation
- 4 No SMI
- 1 Intoxicated
- 1 Anxiety and depression

4) Status of detainees

	Known/ Open	Known/ Closed	Not known	Out of area
August 2026	6 (repeatx3)	4 (repeat)	4	0
July 2026	4 (1 repeat)	2	2	1
June 2026	2	0	3	1

Of August's detainees;

- 1 detainee remains open to WBC NMHT, CENS and Mind (repeat detainee-x3 presentations to Hatton Suite for August)
- 1 detainee remains open to IST Homeless Outreach Team
- 1 detainee remains open to HMG NMHT and IPS
- 1 detainee open to WBC NMHT
- 1 detainee (repeat) previously open to CAMHS CAHTT
- 1 detainee previously open to CAMHS CAHTT
- 1 detainee previously open to HMG NMHT and most recently known to MHLT service in Hereford and Worcester
- 1 detainee-out of area- Gloucester not known to services
- 4 detainees not known to services

5) Repeat Attenders

The Hatton Suite saw 2 repeat detainees during the month of August. 1 presented twice and 1 presented 3 times.

6) Children and Young People (CYP) Detentions

During the month of August there were 2 CYPs detained under s136. One of the CYPs was conveyed to the Hatton Suite on 2 separate occasions.

7) Out of County Patients

There was 1 Out of County detention for the month of August (Gloucestershire).

8) Patients transferred from Police Custody

	Number of Patients	Outcome	Returned to Custody Post Assessment
August 2026	0	Discharged to custody after MHA assessment	1
July 2026	1	Discharged home	n/a
June 2026	1	Discharged home	n/a

August saw no detainees transferred from custody. Following MHA assessment 1 detainee was discharged to custody.

9) Method of Conveyance

	WMAS	WMP	Other
August 2026	43%	57%	0%
July 2026	56%	44%	0%
June 2026	0%	100%	0%

August saw a slight increase in detainees being conveyed to the Hatton Suite by West Mercia Police.

10) WMP consultation prior to detention

August 2026	21%
July 2026	67%
June 2026	50%
May 2026	50%

August saw a significant decrease in West Mercia consulting on s136 detentions.

11) Time Police relieved of duties

Month	Average Time
August 2026	1 hour 7 minutes
July 2026	57 minutes
June 2026	1 hour 45 minutes

The average time taken for Police to be relieved of their duties for the month of August was 1 hour 7 minutes.

12) Time assessment commenced

For the month of August the average waiting time for commencement of assessment was 8 hours, with the variant being between 1 hour 40 minutes to 20 hours 40 minutes.

7 patients with extended waiting times before assessments were commenced:

- 1 detainee waited 20 hours and 40 minutes before assessment commenced due to needing to be reassessed to ensure full involvement and input from CAMHS
- 1 detainee waited 13 hours and 20 minutes before assessment commenced due to no second doctor being available
- 1 detainee had a 9 hour 30 minute wait before assessment commenced. No rationale provided
- 1 detainee had a 14 hour wait before assessment commenced. No rationale given
- 1 detainee had a 9 hour 45 minute wait before assessment commenced. No rationale provided
- 1 detainee had an 11 hour 50 minute wait before assessment commenced due to being NFA and it was thought if discharged from the suite late evening this may pose additional risk
- 1 detainee had a 16 hour and 45 minute wait before assessment commenced due to no second doctor being available

13) Outcome of S136 assessment

Following assessment, 10 (2 repeats) detainees were discharged home, one of the detainees discharged with CAHT follow up.

2 detainees were admitted under section 2 MHA to Mortimer Ward, Stonebow Unit.

136 conversion rate for the month of August was 14 %

14) Time from Detention to Admission

Of August's detentions the average time between decision making and time of admission was 14 hours.

15) August's Summary

- 14 s136 detentions
- 1 s140 escalations[2]
- 3 CYP (1 repeat)
- 1 detainee transferred to custody
- 2 repeat detainees (1 detainee with 3 detentions to the Hatton Suite)
- 1 OOC detainee-Gloucestershire

[2] Section 140 of the Mental Health Act 1983 places a legal duty on Integrated Care Boards (ICBs) in England and Local Health Boards in Wales to notify local social services a