GM Integrated Health and Justice Strategy
2020-2024
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GM Health and Care Board
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An example of partnership between health and justice agencies
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Commissioning in Partnership

- Commissioned in the context of increased mental health and social crisis demand on GMP.
  - A high volume of police radio traffic involves mental health;
  - Thousands of incidents per year involve mental health as a feature.
- Three Mental Health Trusts working in partnership across ten locality footprints in GM, in lockstep with one police force.
- Small 24/7 team based in the GMP Force control room.
- Co-located and IT/IG in place across the partnership.
- Funded by GMCA and all GM CCG’s through to Feb 2022.
Effective Team Work

• With the person at the centre.
• Evidence based clinical decision making.
• Positive risk taking options become available.
• Improved public interactions with GMP & NHS.
• Links to services involved and the GP are made to reduce risk associated with poor inter-agency communication.
What does this mean for the public interacting with GMP?

• A service who is able to translate the needs and capabilities of both health and policing when supporting the public in crisis.

• Aim to get the most appropriate service to respond and in realistic time frames with reduced interagency conflict and associated delays.

• Improved navigation of health systems when in crisis.

• Routine crisis information sharing with your care team.
The people we serve (Case Study 1)

• GMP officer calls in from a woman’s home. She is distressed and had called 999 expressing thoughts to end her own life. She does not want to attend hospital with the officer.

• Our team speak to the woman over the phone. We identify a number of issues in her health care and social situation that could be addressed.
  - Recent GP reduction in medication and side effects affecting sleep that she felt unable to tell her GP - as she could not get an appointment;
  - Had not yet been referred into mental health services for IAPT assessment of her needs in relation to depression and anxiety - this was done online to the local provider during the call with her;
  - Alternative services able to talk through anxiety and emotional distress identified (Helplines and local women’s centre) and communicated in a care plan with referral made to local women’s centre.

• Agreeing a plan de-escalated her feelings of distress, and reduced thoughts that her only option was to harm herself.

• GMP felt happy with the plan and agreed to leave her at home with no requirement to gain a warrant to remove her to hospital.
The people we serve (Case Study 2)

- GMP receive a call from a male wishing to report his neighbour for pumping gas through his walls, and other unusual reports.
- The mental health practitioners involved in the service were asked to review the call whilst it was awaiting an officer to be allocated.
- The practitioner was able to advise that he had significant mental health difficulties and was known to be in relapse currently and this allegation was consistent with his illness.
- The practitioner made contact with his care team, who given this information made a decision to visit him the same day to review his mental health and make appropriate plans.
- GMP were no longer required to attend the incident and appropriate support was made available via the NHS services already involved.
- The GP was made aware of this incident and plans made.
What is next

• Build on successful relationships.
• Strengthen connections between health and GMP further.
• Strengthen connections between our service and providers in localities further.
• Engage with future innovation and continue to be open to the non-traditional ideas and ways of working.
• Closer working with NWAS to expand the scope of the service.