

Greater Manchester Police, Fire and Crime Panel

FOR INFORMATION

Date: 13 September 2022
Subject: Mental Health and Policing
Report of: Neil Evans - Police, Crime and Fire team

Purpose of Report

To provide an overview of the progress (strategically and practically) that has been made by GMP to improve mental health pathways.

Recommendations:

Members are requested to:

1. Note the contents of the report.

Contact Officers

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1. Executive Summary

Mental health related issues are among the biggest drivers of policing pressures in Greater Manchester.

The pandemic saw an approximate 30% rise in mental health calls to GMP during 2020/21 and a further 22% rise during 2021/22. An estimated 70% of these calls do not pose an immediate threat to life or necessarily require or are appropriate for a policing response.

It is therefore not surprising that some of our key refreshed police and crime plan priorities are to: -

- Develop the right mental health pathways at all levels so that people suffering from mental ill health get the support they need from the people best trained to help them and
- Focus on practical solutions and underlying causes that address mental health needs and reduce the impact these have on frontline policing.

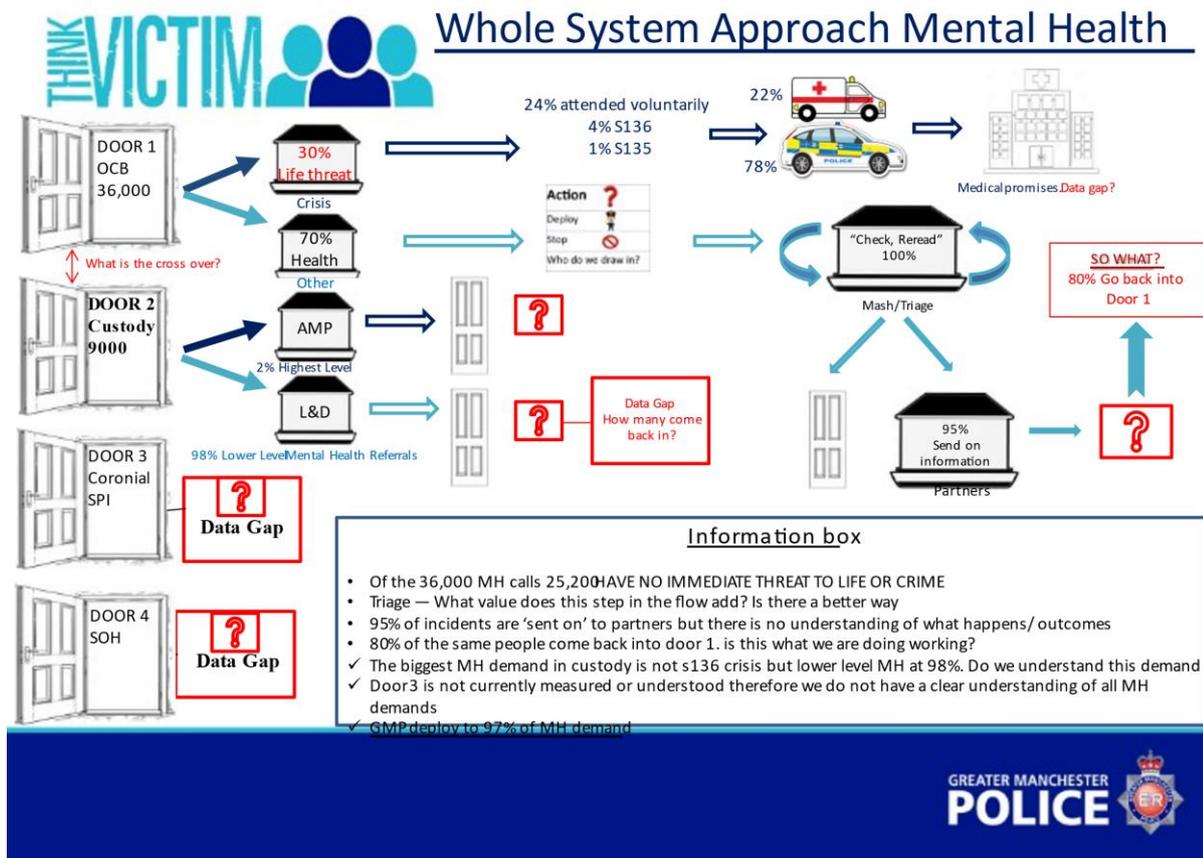
This report updates the Panel on the progress (strategically and practically) that GMP have made over the past several months to improve mental health pathways.

It focuses on a range of issues including the co-ordination, triage, and support of mental health calls to the contact centre, increasing the options for the transportation of patients to better support people in crisis, the availability of section 136 suites and the development of local pathways including crisis cafés to name a few.

This report was delivered to the Police and Crime Steering Group in July 2022 and the group welcomed the report. There were some actions as a result of the report including providing locality data on mental health and linking up with some local authorities on mental health pathways such as crisis café's.

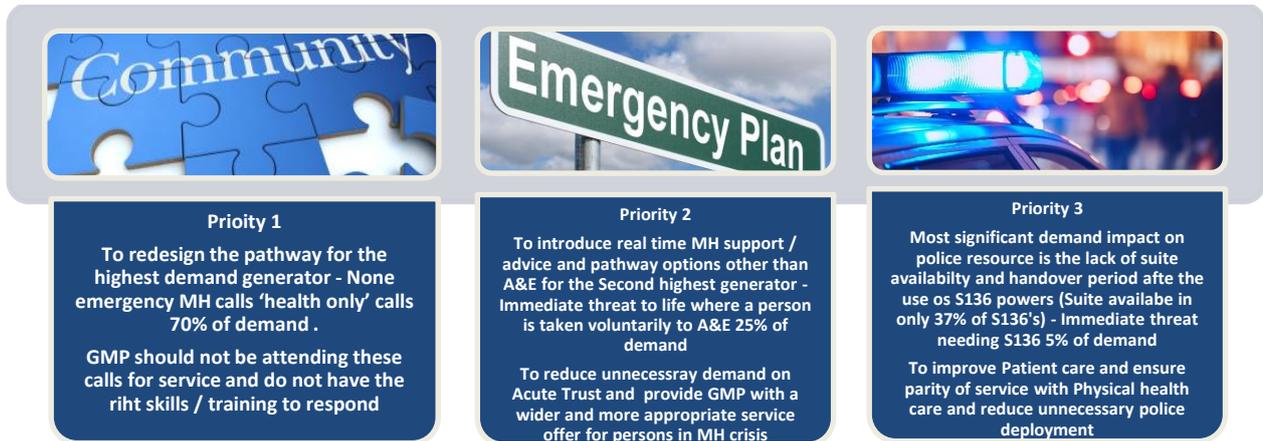
2. Overview

The focus of the GMP Prevention Branch has been to glean a true understanding of GMP's mental health demand. Mental health is the highest generator of vulnerability demand that we deploy to (37% of the 72%) with 36,000 mental health calls annually. This not only looks at sheer quantity but a far more detailed and holistic view of what we are asking our staff to deal with daily and how to best support people with mental ill-health.



The prevention branch is now able to identify the biggest demand generators in relation to Mental Health, and more specifically, break down how many mental health calls require an immediate response due to an immediate threat to life and conversely the number of calls where the presentation is a health only matter, with no report of crime and no immediate risk to life.

By having a clear understanding of this, GMP have set **three strategic priorities where improved partnership responses and system redesign is required:**



3. Action/progress to date and on-going challenges

Mental Health strategy, governance, and collaboration

Despite the interdependency between GMP and mental health services, until this year GMP were not represented on the GM Mental Health Executive Board and therefore did not necessarily have the strategic influence over mental health services, pathways, and funding streams.

Considerable effort has been made to improve these links and the force is now represented at all the appropriate mental health governance levels and able to influence emerging mental health strategies and funding streams (such as NHS Winter Resilience funding).

A new GM Blue-Light Mental Health Response Group reporting into a GM Responding to Crisis Steering Group has been developed that is helping drive some of the specific issues relating to policing and ambulance services. This is helping GMP find both practical and long-term solutions to the issues that are outlined below.

MH Co-ordination Hub/ Professionals Line

GM Huddles started in November 2021 where GMP and NWS control rooms meet with GMMH and Pennine Care helplines daily to discuss lower-level mental health incidents not yet resourced by emergency services for handover to helplines to make contact and offer support. This would act as a pre-cursor to a planned GM Mental Health Co-ordination Hub that would operate this on a larger scale.

The Huddles, although useful, do not meet demand. In the current process GMP, with little options, deploy to nearly all mental health calls. Due to this, the Huddles being twice daily are not capturing or diverting the demand to a service with the requisite skills to give the persons in crisis the right support at the right time.

The proposed MH Co-ordination Hub whereby calls would be immediately diverted to a Mental Health practitioner (with access to medical records and access to a GM wide Mental Health offer) for persons in crisis of all levels of criticality would provide a true patient led response to the communities of Greater Manchester. This proposal remains in early consultation across the partnerships.

Force Command Centre and NWAS collaboration

A joint protocol between GMP and NWAS has been developed to clarify ownership, opening, and closing of logs, attendance times and who owns the duty of care to the person in crisis. This is currently awaiting formal approval by GMP Legal Services and is due to go live soon. This will create clear lines of ownership and accountability for any appropriate mental health incident that is referred to NWAS by GMP and promote sufficient information sharing for NWAS to appropriately grade and respond to that healthcare need.

Transportation

Between April 2021 and March 2022, NWAS transported less than 15% of those who were detained by police using S136 powers of detention; during May 2022, that figure had risen to 21% but remains low.

MerseyCare have contracted a private transportation company with appropriately trained staff to fulfil this function. The staff will transport and stay with the patient until they are discharged or found a bed, releasing the police officers back to frontline duties at an early stage and destigmatising the patient (who usually does not want a police car transporting them). GMP has worked with a similar provider to prepare a proposal for a four-week pilot within GMP. In order to comply with legislation, the provider needs to be commissioned by the NHS.

Mental Health Joint Response Vehicles

There are now six Mental Health Joint Response Vehicles operating in GM at Wigan, Stockport, Rochdale, Bury, Tameside and Oldham.

In approximately 85% of incidents attended the individual remains in their own home and S136 detention or A&E attendance is avoided – benefiting the patient. The scheme run by Pennine Care recently won an NHS Parliamentary Award for Mental Health for the Northwest region. GMP aspire to offer a Mental Health Joint Response Vehicles on all districts by Autumn 2022.

Section 136 suites

There were 2089 S136 detentions between April 2021 and March 22 (450 more this last financial year) creating more pressure for suites.

The number of detentions has started to decrease since the last national lockdown was lifted in January 2022 aided by the Mental Health Joint Response Vehicles, the GM Huddles and promotion of the GM Mental Health Helplines. However, this availability of suites remains a key challenge for GMP.

Crisis Café's and voluntary and community section provision

Crisis Cafes (also referred to as Safe Havens and Listening Lounges) have been commissioned across GM to relieve the pressure on A&E departments and provide support to people experiencing mental health crisis. The cafes are not 24/7 but many operate until late in the evening.

Prior to 2022, the Police could not access this provision and there were no local pathways in place. However, the GMCA has supported GMP and Voluntary Community providers to enable this to happen (providing it is the right offer for the individual at that time).

For example, Bluesci provide a Crisis Café facility in Trafford between 7pm-2am and are currently working closely with Police to develop this pathway. Bluesci has successfully supported some persons who would have previously been taken to hospital by police and

developed an awareness package for local officers and partners. This support focuses on social needs too. GMP care plans related to mental health need show key factors as family/relationship issues, stopped taking medication, victim of a crime and bereavement.

Following feedback from the Police and Crime Steering Group GMP are also linking up with Manchester City Council to explore how crisis café and voluntary and community pathways can be improved in the city. We hope to build on this pilot for other localities throughout 2022.

Mental health and wider problem solving

We now have established Mental Health partnerships in every locality. These work on joint protocols in respect of S136 suites cross border support between the two Mental Health Trusts: managing criminal behaviour of psychiatric in-patients. We hope that this will also be embedding into the emerging prevention hubs as these progress.

Following a request by the Police and Crime Steering Group we have provided some local data on mental health to inform members of their locality picture.

4. On-going challenges and next steps

In summary, GMP have made good progress over the past several months to develop effective mental health pathways that are more beneficial for people experiencing mental ill health.

However, the rising demand and the lack of mental health provision options that can be accessed by the police directly (at both the point of call and at the scene) means that there remains unnecessary transferred demand being placed onto the Acute Trusts, inappropriate deployment of GMP frontline officers to health only related calls for service from members of our communities and significant delays in officers being released from a S136 incident due to lack of suite provision. This impacts people experiencing mental ill-health, for example when a member of the public in mental health crisis is sat in A&E departments awaiting assessment, usually with a police officer sat either side – leading to stigma for the patient. GMP will therefore continue to build more effective pathways for people experiencing mental health so that they receive the services that they need at the right place, right time and by the right people.