



To:	The Sussex Police & Crime Panel.
From:	The Sussex Police & Crime Commissioner.
Subject:	The role of the Sussex Police & Crime Commissioner in ensuring Sussex Police provide an effective response to mental health.
Date:	27 January 2023.
Recommendation:	That the Police & Crime Panel note the report.

1.0 Introduction

- 1.1 This report sets out the scale, threat and challenges associated with mental health for Sussex Police and provides a summary of the mental health strategy and mental health portfolio introduced by the Force to respond to these incidents in Sussex.
- 1.2 The report also summarises the role of the Sussex Police & Crime Commissioner (PCC) in ensuring that Sussex Police demonstrate an efficient and effective response to mental health, alongside the measures used by the PCC to hold the Chief Constable to account for performance in this area.

2.0 Scale, Threat and Demand of Mental Health on Policing

- 2.1 The National Police Chiefs' Council (NPCC) and the College of Policing define a mental health incident as "any police incident thought to relate to someone's mental health where their vulnerability is at the centre of the incident or where the police have had to do something additionally or differently because of it."
- 2.2 It is recognised that a greater number of individuals are suffering from mental health in our communities than ever before. This means that frontline officers are regularly exposed to and deal with increasingly challenging and complex individuals, at times of personal crisis.
- 2.3 In November 2018, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) published their 'Policing and Mental Health: Picking up the Pieces' report which stated that whilst the police service is doing a good job in difficult circumstances, there are concerns over whether the police should be involved in responding to mental health problems at the current level.
- 2.4 The HMICFRS report also highlighted that there needs to be "a radical rethink and urgent action to guarantee a timely response to people with mental health problems" and that a "longer-term solution" is required, with the police service the last resort, and not the first port of call." Since then, the impact of mental ill-health has arguably worsened in England and Wales due to the COVID-19 pandemic and the ongoing economic crisis which has placed unprecedented demand on the National Health Service (NHS) and welfare service provisions.
- 2.5 Mental health data can be challenging to capture and calculate accurately due to the complexity of how mental health incidents present and are categorised. It may also not be immediately obvious that an incident is mental health-related when police officers are first dispatched and/or the incident may be categorised as something else entirely.

- 2.6 A 'snapshot' exercise of mental health demand on policing [undertaken in 2019] highlighted that 5.1% of all police recorded incidents are mental health-related, with the police service in England and Wales attending an average of 54 mental health-related incidents every hour, although this was acknowledged to be significantly higher in reality [NPCC – Mental Health Strategy 2021/25]. Sussex Police recently participated in another NPCC snapshot exercise in this area, although the data and results are still to be published.
- 2.7 The current demand analysis for Sussex Police predominately consists of manual audits and interface work with frontline officers. The provisions of Section 136 of the Mental Health Act 1983 – which provides police officers with the power to take someone suffering from mental health to a place of safety – are acknowledged to have created one of the biggest areas of demand for frontline officers and is regularly cited as a cause for concern [see section '4.0 Section 136 Pathway' for further information].
- 2.8 Sussex Police introduced a 'mental health' marker in summer 2022 to obtain accurate data and develop a more in-depth appraisal of mental health demand for incidents that meet the NPCC definition. Whilst this qualifier will only demonstrate officer deployment time at a scene and not any ancillary activities related to the incident, it will provide a good 'snapshot' of mental health demand on the Force.
- 2.9 Often mental health incidents can manifest as complex incidents where officers invest more time trying to respond and manage the vulnerability as opposed to policing the incident. For example, in November 2022 one mental health incident alone accounted for 17% of all policing response time in Eastbourne over a six-day period. This figure does not include the time spent by the Force Contact Command and Control Department (FCCCD), use of specialist resources and the cost and time of frontline police officer deployments.
- 2.10 The Force is also looking at how it can better use Microsoft Power BI – a data analytics and visualisation tool – to determine exactly how much police officer time is being spent responding to mental health related issues locally. The introduction of a mental health marker will ensure that this information is more readily available and should provide Sussex Police with a more comprehensive understanding of demand in this area.

3.0 Mental Health Strategy

- 3.1 Sussex Police established a Mental Health Strategy for 2022/23 to develop the collective Force response to mental health and policing through three key strategic objectives:
- Understanding and reducing inappropriate demand.
 - Improving the police response to mental health incidents.
 - Supporting the transformation of emergency mental health care pathways.
- 3.2 These strategic objectives function as a 'golden thread' for the Mental Health Portfolio (MHP) within the Force which includes ongoing work to prioritise, adopt and deliver improvements to the policing response to mental health across these three areas.

3.3 The development and creation of a Mental Health Strategy and MHP has highlighted the need to invest and enhance the resources available to support the Force in the delivery of its strategic objectives around mental health and policing. From October 2022, three police officers and one member of police staff are now deployed to provide dedicated support to the MHP and to address the scale of the policing challenges in this important area. Previously, only one member of police staff had been responsible for this work.

3.4 The three police officers are known as Mental Health Liaison Officers (MHLOs) with the primary function of supporting the delivery of key strategic objectives through the MHP and reducing the overall demand placed on response officers. The MHLOs have received enhanced training to provide tactical advice to frontline officers, support work with partner agencies around complex mental health cases and to review cases where there are opportunities for Force-wide learning and development.

4.0 Section 136 Pathway

4.1 Section 136 of the Mental Health Act 1983 provides a police constable with the power to deprive someone of their liberty and take that person to a place of safety if:

- the person is in a place that is not their home.
- the person appears to be suffering from a mental disorder and is in need of immediate care or control.
- it is in the interests of that person or for the protection of other persons.

4.2 The amount of time that an individual can be detained through Section 136 is 24 hours, but this can be extended by a further 12-hours where a medical extension is authorised by a doctor. This means that two police officers could, in theory, be committed to looking after the detained person for 36 hours throughout an extended period of detention.

4.3 The legislative changes introduced by the Policing and Crime Act 2017 direct when the Force will and will not take individuals experiencing a mental health crisis to police custody.

4.4 There was a 2% reduction in the number of Section 136 detentions recorded in Sussex across the rolling year period November 2021 to October 2022, in comparison to the same period in 2020/21. However, there has been a year-on-year increase in the percentage of those detentions where the Accident & Emergency (A&E) department was the only dedicated health-based place of safety with available capacity.

Rolling Year Period	Number of Section 136 detentions	Number of detentions where A&E was the only available health-based place of safety	Percentage of detentions where A&E was the only available health-based place of safety
November 2021 to October 2022	921	735	80%
November 2020 to October 2021	951	500	53%
November 2019 to October 2020	1,202	556	46%

- 4.5 There are five designated places of safety in Sussex where police officers can take persons suffering from mental health under Section 136, operated by the Sussex Partnership NHS Foundation Trust. These current arrangements are recognised to be insufficient for the demands in Sussex, with A&E departments used as alternative health-based places of safety when these five locations are either at full capacity and/or unavailable.
- 4.6 A&E departments in Sussex are often not able to assume responsibility for individuals detained under Section 136 which means that Sussex Police are unable to simply hand over individuals to healthcare professionals and leave. As a result, individuals are detained with police officers for a significant amount of time which has a direct impact on police officer availability.
- 4.7 Sussex Police undertook a manual review on East Sussex Division across the three months of May, July and August 2022 to understand how many hours were spent by officers responding to Section 136 detentions. This review did not include incidents where there was no Section 136 detention, nor any additional time required to complete the paperwork.

Month	Total estimated hours spent by officers deployed to a Section 136 detention	Average time spent by each officer deployed to a Section 136 detention
May 2022	1,004	13 hours
July 2022	1,032	14 hours
August 2022	1,450	20 hours

- 4.8 Sussex Police is currently unable to deliver a solution to release police officers as the Force does not provide or commission clinical services for members of the public. Discussions are ongoing with NHS Sussex to develop a solution that could significantly remove this demand from Sussex Police and provide a better level of care to patients. These discussions are ongoing and subject to NHS commissioning arrangements, so remain commercially sensitive.
- 4.9 The impact to Sussex Police of prolonged Section 136 detentions is difficult to calculate and quantify. There is a direct impact on response officer time spent providing care and support to patients who are in hospital, combined with the opportunity cost that the Force is unable to respond to other crimes, disorder and policing incidents across Sussex because of these deployments.
- 4.10 Whilst Sussex Police is limited in its ability to transform the Section 136 detention pathway, it remains engaged in a significant programme of work to improve how it manages Section 136 incidents and further improvements that could be made to the pathway.
- 4.11 The Force is keen to ensure that it consistently evidences all attempts to consult with individuals prior to using its formal policing powers under Section 136 to maximise opportunities to divert patients away from the Section 136 pathway. There was evidenced consultation in 61% of all Section 136 detentions in the first seven months of 2022, which increased to 76% for the data recorded across August, September and October 2022. It is recognised that there will always be situations where Section 136 may need to be used without consulting with individuals, although maintaining a consistently high consultation rate is acknowledged to be essential to ensure that the police service is not adding any unnecessary pressures on the health system.

- 4.12 Sussex Police has provided dedicated training around mental health and policing to all call handlers within the FCCCD and delivered additional training around appropriate escalation to senior leaders to enable them to provide better support to their teams. Further training is also being planned for response officers alongside further improvements to the guidance material made available to support the decision-making of frontline officers on the Force intranet.
- 4.13 The MHP currently reviews all Section 136 detentions where an electronic handover form has been used to identify any significant areas of concern and/or good practice. The portfolio uses any themes or learning identified to inform and task further quality improvement work.

5.0 Partnership Management

- 5.1 One of the key responsibilities for the delivery of the MHP is maintaining and improving relationships with internal and external partners. This is recognised to include internal stakeholders such as police custody, response and the FCCCD, alongside the following external health partners in Sussex:
- Sussex Partnership NHS Foundation Trust.
 - East Sussex Healthcare NHS Trust.
 - South East Coast Ambulance Service.
 - Brighton & Hove City Council.
 - East Sussex County Council.
 - West Sussex County Council.
 - University Hospitals Sussex NHS Foundation Trust.
 - Various private healthcare providers.
- 5.2 These organisations represent a combined five A&E departments, nearly twenty different inpatient psychiatric units and psychiatric facilities, numerous community mental health teams, various local authority services and a medium-security forensic psychiatric facility.
- 5.3 The three main internal partners for the Mental Health Portfolio are police custody, response and the FCCCD. Police officers and staff from these areas regularly highlight issues of concern and/or request further information, advice and guidance from the four individuals responsible for delivering the MHP. The portfolio also provides tactical advice and guidance to officers and staff responding to mental health incidents when capacity allows. The outcomes and achievements delivered against the MHP are held to account by the Vulnerability Board, with update reports provided to several different boards and working groups within Sussex Police in the interim.
- 5.4 A critical component to the portfolio is working with a variety of partners to improve the urgent and emergency mental health pathway in Sussex. This has involved supporting partners to achieve their strategic goals where police interface is a key component, with the aim of reducing the demand for policing services in Sussex.
- 5.5 The MHP is also actively involved in supporting partners to develop policies and/or multi-agency agreements around police interface. This approach ensures that Sussex Police are represented in these discussions to provide a police-focused perspective and ensures that the Force is not committed to delivering any areas of business outside of its core responsibilities.

6.0 Providing Specialist Support

- 6.1 In addition to partnership management, the MHP resources provide specialist support and expert advice on programmes and workstreams that have a mental health component and/or interface point.
- 6.2 The MHP fundamentally exists to support the strategic direction of Sussex Police around areas of business related to mental health and policing, alongside offering expert tactical advice and guidance. This is achieved by providing specialist advice to decision makers and portfolio holders around mental health, conducting and managing a review into specific areas, supporting the police response to serious incidents and investigations and/or by providing appropriate data and analysis to inform decision-making.
- 6.3 Tactically, the team responsible for the delivery of the MHP has also provided specialist advice and guidance that has assisted complex investigations, supported the management of complex incidents and assisted in releasing police officers from incidents where it was inappropriate for frontline officers to remain deployed.

7.0 Accountability

- 7.1 It is a statutory responsibility for the PCC to hold the Chief Constable to account for delivering efficient and effective policing in Sussex that is responsive to the needs of the public. The PCC has continued to use her monthly webcast Performance & Accountability Meetings (PAMs) to provide oversight and to challenge the Chief Constable about the Sussex Police response to mental health on behalf of members of the public.
- 7.2 Policing and mental health was raised most recently as a theme at the PAM on 20 January 2023. This area of policing was also raised at the PAMs on 24 January 2020 [HMICFRS – Policing and Mental Health – Revisited] and 14 December 2018 [HMICFRS – Policing and Mental Health]. These sessions are archived and can be viewed on the PCC’s website through the following link: www.sussex-pcc.gov.uk/get-involved/webcasting/
- 7.3 The PCC also chairs the local Sussex Criminal Justice Board where the impact of managing mental ill-health across the criminal justice system is considered and addressed by partner agencies.
- 7.4 Further oversight and scrutiny around the policing response delivered by Sussex Police in this area is also provided through the Strategic Independent Advisory Group, Ethics Committee and Gypsy and Traveller Advisory Group, with many of these discussions focused on the Section 136 Pathway.
- 7.5 The Office of the Sussex Police & Crime Commissioner directly funds several community-based mental health services in the county through the Safer in Sussex Community Fund (SiSCF). The SiSCF provides financial support [grant awards up to £5,000] to a diverse range of local organisations and community projects that aim to reduce crime and improve community safety. The PCC allocated £29,980 from the SiSCF to support the provision of eight mental health services in Sussex during 2021/22. A list of each of the successful applications to the SiSCF can be viewed through the following link: <https://www.sussex-pcc.gov.uk/get-involved/apply-for-funding/>

Recommended – That the Police & Crime Panel note the report.

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