


PFCC and CC Report Response record

Version:

Force	Staffordshire
Police and Crime Commissioner	Ben Adams
Chief Constable	Chris Noble
Title of inspection	A joint thematic inspection of the criminal justice journey for individuals with mental health needs and disorders
Inspectorate	 <p>Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services</p>
Summary of inspection	<p>Between April and May 2021, Her Majesty's Inspectorate of Probation – supported by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services, Her Majesty's Crown Prosecution Service Inspectorate, Care Quality Commission, Healthcare Inspectorate Wales and Her Majesty's Inspectorate of Prisons – carried out a joint thematic inspection.</p> <p>This inspection followed the progress of individuals with mental health needs and disorders through the criminal justice system, from first contact with the police to release from prison.</p>
Grade	
Recommendations	<p>Local criminal justice services (police, CPS, courts, probation, prisons) and health commissioners/providers should:</p> <p>10. develop and deliver a programme of mental health awareness-raising for staff working within criminal justice services. This should include skills to better explain to individuals why they are being asked questions about their mental health so that there can be more meaningful engagement</p> <p>11. jointly review arrangements to identify, assess and support people with a mental illness as they progress through the CJS to achieve better mental health outcomes and agree plans for improvement.</p> <p>Local criminal justice boards should:</p> <p>12. agree, produce and analyse cross system data sets to inform commissioning decisions and promote joint working</p> <p>13. ensure that Liaison and Diversion mental health assessments undertaken in police custody are provided to the Crown Prosecution Service and defence lawyers to help inform charging decisions, representations for diversion and sentencing decisions.</p> <p>The police service should:</p> <p>14. ensure that all dedicated investigative staff receive training on vulnerability which includes inputs on responding to the needs of vulnerable suspects (as well as victims). This should be incorporated within detective training courses</p> <p>15. dip sample (outcome code) OC10 and OC12 cases to assess the standard and consistency of decision making and use this to determine any training or briefing requirements and the need for any ongoing oversight</p>

	<p>16. review the availability, prevalence, and sophistication of mental health flagging, to enhance this where possible, and to consider what meaningful and usable data can be produced from this</p> <p>17. assure themselves that risks, and vulnerabilities are properly identified during risk assessment processes, particularly for voluntary attendees. They must ensure that risks are appropriately managed, including referrals to Healthcare Partners, Liaison and Diversion and the use of appropriate adults</p> <p>18. Police leadership should review MG (manual of guidance) forms to include prompts or dedicated sections for suspect vulnerability to be included.</p>
Areas for improvement	

Police Crime and Commissioner's Acknowledgement

In early 2021 Her Majesty's Inspectorate of Probation, supported by HMICFRS, HMCPSI, CQC, HIW, and HMIP carried out a joint inspection which followed the progress of individuals with mental health needs and disorders through the criminal justice system. The report concludes that the criminal justice system is failing people with mental health issues – with not enough progress over the past 12 years. This failure is systemic and applies to: on arrest, in the courts, in prison and on probation.

It is intended that the report and its finding be placed on the agenda of both the Local Criminal Justice Partnership Board and the Regional Criminal Justice Collaboration Forum for discussion and to identify the action that is required to address and implement the recommendations in the report by criminal justice partners and by central government departments.

In Staffordshire the Commissioner's Office, Police, local authorities and health partners are working together to improve services for people coming into contact with the police or criminal justice agencies with complex health and social care needs, including individuals with mental health needs.

A multi-agency Mental Health and Community Safety Strategic Board – the first of its type in the country – has been established to oversee the development and delivery of a joint strategy to improve the availability of services at key stages of the criminal justice process - from initial contact with the police, through to arrest, detention in custody and first appearance at court - to ensure that individuals with complex needs are able to be quickly assessed and, where appropriate, diverted from unnecessary contact with the criminal justice system and into appropriate treatment and support.

Services currently in place include:

- a countywide, multi-agency, Community Triage service through which police and nursing staff jointly attend mental health-related incidents to identify people with vulnerabilities and determine an appropriate agency response
- provision of custody and court-based mental health liaison and diversion services which identify people with vulnerabilities in contact with the criminal justice system and help them to access appropriate treatment and support services
- provision of Assistant Psychologists at Court – as part of the national Community Sentence Treatment Requirements (CSTR) pilot programme - to offer same-day assessments to support greater use by the Courts (in appropriate cases) of Community Orders with Mental Health Treatment Requirements (MHTRs), which require individuals whose offending is linked to their mental health to attend for treatment as part of their sentence.

At point of arrest and in the period immediately following arrest custody based Mental Health Liaison and Diversion (L&D) Teams routinely screen for neurodiversity issues during their assessment. L&D staff complete a holistic assessment with service users and ensure that where appropriate service users are offered support to access local services.

Similarly, at the sentencing stage Assistant Psychologists (APs) in place at Court as part of the current national CSTR pilot programme undertake assessments of individuals identified by Probation as potentially being suitable for consideration for a Community Order with a Mental Health Treatment Requirement (MHTR). Where appropriate staff will refer individuals on to appropriate secondary mental health/Learning Disability Teams for support.

Additionally, NHS England is in the process of re-commissioning Integrated Offender Health (non-custodial) Services in Staffordshire including the provision of Liaison and Diversion, RECONNECT and Mental Health Treatment Requirement support services.

Chief Constable's response

Of the recommendations, many require the joint co-operation of agencies to work to identify, communicate and provide support for persons suffering from mental health disorders and to take account of any such condition in the administration of justice. A recommendation has been made that this review and wider recommendations are placed before the Local Criminal Justice Board where Courts, Probation, Youth Offending and CPS are all represented.

Staffordshire Police does have a Strategic Manager for Early Intervention & Prevention Unit (EIPU) and a nominated Force Thematic Lead for Mental Health/Suicide.

Five of the nine recommendations below can be considered to be wholly led by the Police:

Local criminal justice services (police, CPS, courts, probation, prisons) and health commissioners/providers should:

10. develop and deliver a programme of mental health awareness-raising for staff working within criminal justice services. This should include skills to better explain to individuals why they are being asked questions about their mental health so that there can be more meaningful engagement

Response: Mental Health training is included in all aspects of the Force and includes 2 x NCALT packages as well as a one-day course. There are also opportunities for response officers to conduct duties alongside the Triage provision to assist in CPD.

11. jointly review arrangements to identify, assess and support people with a mental illness as they progress through the CJS to achieve better mental health outcomes and agree plans for improvement.

Response: Pathways for mental health provision within force is monitored through the tactical mental health group that is made up of various business areas, this group reports to the Performance Board and Community Safety & Mental Health Board as and when required and informs operational partnership meetings.

Local criminal justice boards should:

12. agree, produce and analyse cross system data sets to inform commissioning decisions and promote joint working

Response; Reports in relation to mental health are regularly provided by the Knowledge Hub and also the EIPU. Data sets are used to inform thematic leads within their respective action plans and partnership groups.

Information is also provided to partners to inform service provision.

13. ensure that Liaison and Diversion mental health assessments undertaken in police custody are provided to the Crown Prosecution Service and defence lawyers to help inform charging decisions, representations for diversion and sentencing decisions.

Response; Liaison & Diversion is available within both Custody sites and custody staff are aware of the schemes and the necessary pathways/contacts.

Work is ongoing to direct input onto Niche a summary of any assessment. There is some discussion around the additional requirement to double key this information and any relevant data protection issues raised (as the detail is personal sensitive information). This matter is under consideration within the information governance team to assess the practicalities of what could and should be placed on the custody record or whether a summary could be inputted.

The police service should:

14. ensure that all dedicated investigative staff receive training on vulnerability which includes inputs on responding to the needs of vulnerable suspects (as well as victims). This should be incorporated within detective training courses

Response; Vulnerability training is a one-day training programme that is delivered within Force by L&OD.

Under the NVAP work there are also plans in place for continual professional development as well as opportunities for training within specific thematic areas.

Additionally, all caseworkers within the prosecution hubs are required to complete the online NCALT Training Package on Mental Health.

15. dip sample (outcome code) OC10 and OC12 cases to assess the standard and consistency of decision making and use this to determine any training or briefing requirements and the need for any ongoing oversight

Response Following audit work on outcomes, the force is in the process forming a specialist team to finalise crime and apply outcomes. The team will achieve greater consistency and accuracy than the current process. Parallel to this, the force is looking to increase the size of the audit and scrutiny function. Auditing of outcomes, including 10 and 12, will form part of a risk-based audit schedule where priority and therefore audit frequency is determined by level of risk.

16. review the availability, prevalence, and sophistication of mental health flagging, to enhance this where possible, and to consider what meaningful and usable data can be produced from this

Response; Mental Health classifications are in place within STORM, the classification uses the HO definition (PACA) and the Force recently participated in the 24 hour 'snapshot' exercise conducted as part of the HMICFRS 'Picking Up the Pieces' recommendation. Such flags inform the reports provided by the Knowledge Hub.

17. assure themselves that risks, and vulnerabilities are properly identified during risk assessment processes, particularly for voluntary attendees. They must ensure that risks are appropriately managed, including referrals to Healthcare Partners, Liaison and Diversion and the use of appropriate adults

Response; National NHS England Health & Justice Team are currently looking at the resilience of Liaison & Diversion Services and the Voluntary Attendance Pathway across the country. They are in the process of collating information to understand what the picture is with regards to demand, coverage and need. This will inform their thinking as to next steps.

Though the team were unsuccessful in securing additional funding from the Spending Review for the development of Voluntary Attendance pathways, it may be possible during the lifetime of the new contract to develop a more formalised offer.

18. Police leadership should review MG (manual of guidance) forms to include prompts or dedicated sections for suspect vulnerability to be included.

Response; The National File Standard is determined by the Director of Public Prosecutions in consultation with the National Police Chief's Council. Staffordshire Police utilises the NICHE operating system and therefore any changes to the MG forms cannot be initiated locally. We are, however, looking to ensure that this detail is included within the CM01 messaging to CPS (via the TWiF Interface) Conversations are also ongoing with CPS and HMCTS in respect of local identifiers or flags being placed on systems to highlight cases where mental health has been identified. HMCTS report that there are usually staff from Health Services on site at courts to assist and conduct assessments.

Police Crime and Commissioner's overall comments

The findings in the report are closely linked to the findings from the joint inspection on neurodiversity in the criminal justice system published in December 2020 and progress against recommendations from both reports will continue to be monitored by my office at local criminal justice partnership boards and police performance boards.