

**‘A JOINT THEMATIC INSPECTION OF THE CRIMINAL JUSTICE JOURNEY FOR INDIVIDUALS WITH MENTAL HEALTH NEEDS AND DISORDERS’ A CRIMINAL JUSTICE JOINT INSPECTION  
PUBLISHED ON 17TH NOVEMBER 2021  
AVON & SOMERSET PCC RESPONSE DATED 7TH FEBRUARY 2022**

Mental health brings with it many complexities and needs, which require a large number of partners to respond to. It is thought that about 70% of the UK prison population has some form of mental health issue.

It is really important that we support victims, suspects and offenders with their mental health. Ensuring people receive help with their mental health is one of the pathways to reduce reoffending. People should receive the right support, from the right agency at the right time.

I welcome the cross-system recommendations in this report which will help improve the service provided by the criminal justice system.

There are nine recommendations from this report which are relevant for me to respond to.

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.
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.

Local criminal justice boards should:

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

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.

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

In response to these recommendations I can say the following.

#### Recommendations 10 and 11

These recommendations apply to many partner organisations and will be substantial pieces of work to progress. Given the broad nature of these recommendations I will take them forward through the Local Criminal Justice Board (LCJB) which I chair.

My office also co-commissions (with NHS England) the Advice and Support in Custody and Court (ASCC) service in Avon and Somerset. ASCC supports people with mental health issues and other vulnerabilities as well as providing training to Custody officers and staff.

It should be noted that most of the local criminal justice agencies are directed from national level and this makes it very challenging to embed bespoke local solutions.

#### Recommendation 12

The LCJB Coordinator had already begun working on shared data and performance scorecards for Avon and Somerset. This recommendation compliments that ongoing work and will be discussed at the LCJB Board meeting in March 2022.

#### Recommendation 13

Liaison and Diversion mental health assessments undertaken in police custody are provided to the Crown Prosecution Service where these have been properly recorded on the Constabulary's record management system (Niche). There is a dedicated liaison for cases going to the Crown Court which will facilitate this.

However it has been acknowledged that proper recording on Niche can be inconsistent and this is something that could be improved. The Constabulary had already started a detailed review of their Criminal Justice Support Unit looking at people, processes and systems and this recommendation has been fed into that review.

#### Recommendation 14

Vulnerability training, including mental health, is consistently incorporated through a wide range of the Constabulary's investigative training courses and is considered key for any investigator. This training relates to victims, witnesses and suspects.

A key element of the training is that 'one size does not fit all' and that every journey for a vulnerable individual is different. The training helps the investigator understand this and equips them to adapt for that what is best in the individual's circumstances.

Vulnerability inputs are covered on standard investigative training as well as the next level training for detectives and is also covered in numerous specialist training courses which many staff receive. In relation to the suspect focus in particular, it includes things such as whether a person is fit to detain or interview and the need for appropriate adults.

The Constabulary are also working towards being a trauma-informed policing service. This approach is about recognising the trauma that crimes can cause and other trauma people have been through. This is about the police having empathy for the people they come into contact with and working in a way that does not re-traumatise them.

In addition to all this the Constabulary's Mental Health Coordinator delivers specific bespoke training across the force with Investigations scheduled for the coming year.

#### Recommendation 15

Outcome 10 – Formal action against the offender is not in the public interest (police decision).

Outcome 12 – Prosecution prevented – suspect identified but is too ill (physical or mental health) to prosecute.

Prior to this report the Constabulary had already identified the need to improve understanding and use of outcomes 10 and 12. As a result of this specific training packages were developed with the expertise of Force Crime and Incident Registrar.

The Constabulary will incorporate further assurance work about the use of these outcomes into their broader assurance process which supports my scrutiny of the Constabulary.

#### Recommendation 16

Recording of mental health happens both in the command and control programme (STORM) and the records management system (Niche). The majority of tagging of mental health incidents happens on STORM. This relies on the judgement of the person inputting an incident and it is difficult to identify logs if this tag has been missed.

Prior to this report the Constabulary had identified tagging as an area for improvement. They are currently running a pilot piece of work where a Mental Health Liaison Officer is embedded within a triage team in the ambulance control room and they are reviewing tags as a means of quality assurance.

The Constabulary are temporarily providing additional resource to their Mental Health Coordinator in order to drive improvements in how the force deals with mental health incidents. One piece of work which will be done in this time is to create a data analytics 'dashboard' for mental health. The visibility of this data will enable it to be used in a more meaningful way to support decision making.

### Recommendation 17

Identification of risk and vulnerabilities clearly relies on proper training of the workforce to enable them to do this. This is discussed in recommendation 14 and the bespoke training from the Mental Health Co-ordinator will also be delivered to Custody officers and staff in the coming year.

Proper support for people also relies on the voluntary, community and social enterprise sector. During the COVID-19 pandemic some of the provision in this area has been reduced and we must engage with the relevant organisations to improve this provision again.

My office had already been working with the Constabulary as there is an identified gap in provision for people who are voluntary attendees (as opposed to being arrested). Again, this recommendation is not something that can be resolved quickly and I will ensure I continue to scrutinise this work as part of my oversight of the Constabulary.

### Recommendation 18

MG forms are standardised across the country so these should be reviewed at a national level. The Constabulary have procedural guidance for their workforce on completing MG forms currently and this reflects the Crown Prosecution Service guidance.

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