
BEV HUGHES

**DEPUTY MAYOR
OF GREATER
MANCHESTER**

Rt Hon Priti Patel,
Secretary of State for the Home Department
2 Marsham Street
London
SW1P 4DF

January 2022

Dear Home Secretary

SUBJECT: Joint thematic inspection of the criminal justice journey for individuals with mental health needs and disorders.

I write in response to the joint thematic inspection that was undertaken in 2021 to examine the criminal justice journey for individuals with mental health needs and disorders.

The report provides examples of effective practice across the police forces that were inspected, which was encouraging.

It is evident that police leadership of mental health at a national level is comprehensive and well-coordinated through the National Police Chiefs' Council. This was reflected with the dedicated mental health leads at a local level and the availability of learning and development services based within police custody. In addition, the availability of 'place of safety beds' has improved, with police facilities now only being used as a place of safety for adults in exceptional circumstances. This is a position that must continue to improve to ensure the appropriate care can be provided to the individual.

However, I acknowledge that the report does highlight a number of areas for improvement, particularly around the exchange of information and the need for better training and supervision.

In Greater Manchester we are aware of current issues pertaining to the clinical diagnosis of conditions, the identification of need and ultimately consistent access to services. For example, even following a diagnosis, individuals may still end up on a waiting list – something that I didn't feel was reflected at length within the report.

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I note from the report that sentencers did not consider Rehabilitation Activity Requirement (RAR) conditions to be a credible way of dealing with mental health needs and disorders. I would agree with this position, holding consideration of a RAR for those matters falling below a clinical threshold, such as behaviour change and emotional well-being. Linked to this, I will shortly be commencing work to scope options for future provision of emotional well-being & welfare support.

The report makes a number of recommendations for criminal justice agencies. In respect of the specific recommendations made to policing, I can provide an update as follows:

Recommendation 1 - 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.

Through the current programme of training at Greater Manchester Police (GMP), trainee investigators are provided with Suspect and Witness Interview Training, which incorporates an element of the management of suspects. The Advanced Suspect Interviewing Course, which is being updated, includes reference to vulnerable witness and suspects and updated training provided to Detective Superintendent/Detective Inspectors contains inputs on managing suspect strategies, with a focus on vulnerability.

In addition, the College of Policing 'Look Beyond the Obvious Course' is currently being delivered to all frontline staff in GMP, including dedicated investigators, and contains a module on trauma and how members of the public may present when they are in trauma, as well as adverse childhood experiences.

Recommendation 2 - 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.

The internal crime audit function within GMP tests compliance with the National Crime Recording Standard and Home Office Counting Rules, under the leadership of the Force Crime and Incident Registrar. The audits are completed monthly, following the schedule which is risk based in line with National Home Office Data Quality Assurance Manual Guidance.

Regular themed audits of crime outcomes are included in the schedule, and in support of this recommendation, there is an intention to ensure OC10 and OC12 will be reviewed early in 2022 to test the assessment of the standard and consistency of decision making. The results from the audit will be fed back through the Force Crime Standards Board and will determine any training or briefing requirements, along with the need for further oversight.

Recommendation 3 - 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.

This is a crucial point raised within the report. In Greater Manchester, all custody suites have an embedded healthcare service available every hour of the day. There is also ready access to Liaison and Diversion Services and Healthcare Professionals who can access patient medical

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records and are able to liaise directly with the Mental Health Tactical Advice Service. In addition, detailed risk assessments are undertaken at the point of booking in which aims to identify any mental health needs, allowing onward referral if required.

There is an expectation that custody staff will check historic risk assessments and intelligence to ensure that any mental health needs are picked up. Regular dip-samples of custody records serve as a sense check to ensure that this is being routinely completed.

There is an opening and closing code to flag incidents where mental health needs have been identified. These incidents can be analysed and data produced to inform senior leaders in relation to the demand requirements. Importantly, regular debrief meetings are held with partner agencies to discuss and learn from cases where the response by either police or partner agencies was not effective.

Finally, I helped to fund and establish the Mental Health Triage Service, embedded in the Force Contact Centre, where mental health incidents can be flagged for further research and advice to responding officers or for intervention by other partner agencies. This has proved a very beneficial and welcome service for front line officers in providing an appropriate response to individuals who require support.

Recommendation 4 - 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.

The process of assessing risk within the custody environment is, rightly, very detailed. The assessments undertaken are documented both on the electronic custody record and are also recorded on audio enabled CCTV. Embedded Health Care Practitioners and the availability of Liaison and Diversion services ensure that detainees are supported accordingly.

A renewed Voluntary Attendance Process has been circulated to all officers and staff, outlining the obligations to consider carefully the use of voluntary attendance as opposed to arrest. The process also ensures that a more detailed pre-interview risk assessment is completed and has specific reference to Liaison and Diversion referral. This more detailed risk assessment gives specific consideration to mental health and learning disabilities. The renewed Voluntary Attendance Process also includes reminders for use of appropriate adults and onward referral to the Mentally Vulnerable Offenders' Panel. The post-interview risk assessment has specific questions which address mental health and potential interventions or referrals that need to be considered.

Recommendation 5 - Review management guidance forms to include prompts or dedicated sections for the suspect's vulnerability to be included.

Similar to the response for recommendation 4, the risk assessments within police custody includes an exit risk assessment where the suspect's vulnerability can be reviewed and a plan to mitigate any risks is documented on the custody record. This will include a referral to other partners if required for follow up.

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The Voluntary Attendance Process was updated to provide specific guidance and prompts for the interviewing officer to complete with the suspect prior to and after interview.

In addition to the police specific recommendations, there were a number of recommendations made to all local criminal justice services:

Recommendation 6 - 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.

For a programme of awareness raising to be successful, and to help provide a high level of consistency, it is important that it is developed in partnership with other agencies. Work is ongoing with mental health trusts regarding opportunities to develop joint training. In addition, regular continuous professional development days are being delivered to custody staff and the College of Policing Think Victim 2 Training in relation to vulnerability and risk continues to be mandatory for all police officers and staff who may come into contact with the public.

I will consider further how mental health awareness could be raised, in my role as Chair of the Greater Manchester Justice and Rehabilitation Executive.

Recommendation 7 - 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.

As previously discussed, the mental health needs of all suspects should be identified at the point of arrests / booking into custody and on attendance for a voluntary interview.

Within Greater Manchester, investigating officers and crime progression teams have been provided with guidance on how to make a referral to their local Mentally Vulnerable Offenders' Panel. All out of custody cases should be referred to this panel before a decision is made on the outcome of the investigation to discuss the health of the suspect. Whilst this does not prevent a criminal prosecution taking place it does ensure that a plan is put in place to manage the mental health needs of the individual. This will be managed alongside the prosecution or other outcome administered. The mental health needs of the suspect are identified to the Crown Prosecution Service within the case file for further consideration through the criminal justice system.

Victims and witnesses have a needs assessment completed by the investigating officer and at various stages through the court journey by the witness care officers. Independent advocates are available and can be allocated to vulnerable victims and witnesses to support them through the Criminal Justice System.

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I hope this response has provided some clarity on the actions being taken by myself and the Chief Constable locally in response to this very important issue.

Yours sincerely



Rt. Hon Baroness Beverley Hughes
Deputy Mayor of Greater Manchester
Policing, Crime, Criminal Justice and Fire

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