



An updated response to: A Joint Thematic Inspection of the Criminal Justice Journey for Individuals with Mental Health Needs and Disorders

Report Published: 17th November 2021

Original Action Plan submitted: 04 March 2022

Final Action Plan update submitted: 27 March 2023

INTRODUCTION

Her Majesty's Inspectorate of Probation is the independent inspector of youth offending and probation services in England and Wales. It reports on the effectiveness of probation and youth offending service work with adults and children.

HMPPS/MoJ, in collaboration with Health and Justice agencies referred to in this report, are required to draft a robust and timely action plan to address the recommendations. The action plan confirms whether recommendations are agreed, partly agreed or not agreed (see categorisations below). Where a recommendation is agreed or partly agreed, the action plan provides specific steps and actions to address these. Actions are clear, measurable, achievable and relevant with the owner and timescale of each step clearly identified. Action plans are published on the HMI Probation website. Progress against the implementation and delivery of the actions will be monitored by HMPPS/MoJ and the other relevant Health and Justice agencies and reviewed annually by HMI Probation.

Term	Definition	Additional comment
Agreed	All of the recommendation is agreed with, can be achieved and is affordable.	The response should clearly explain how the recommendation will be achieved along with timescales. Actions should be as SMART (Specific, Measurable, Achievable, Realistic and Time-bound) as possible. Actions should be specific enough to be tracked for progress.
Partly Agreed	Only part of the recommendation is agreed with, is achievable, affordable and will be implemented. This might be because we cannot implement the whole recommendation because of commissioning, policy, operational or affordability reasons.	The response must state clearly which part of the recommendation will be implemented along with SMART actions and tracked for progress. There must be an explanation of why we cannot fully agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons.
Not Agreed	The recommendation is not agreed and will not be implemented. This might be because of commissioning, policy, operational or affordability reasons.	The response must clearly state the reasons why we have chosen this option. There must be an explanation of why we cannot agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons.

1. Rec No	2. Recommendation	3. Agreed/ Partly Agreed/ Not Agreed	4. Response Action Taken/Planned	5. Responsible Owner	6. Target Date
The Department of Health and Social Care, Home Office, Ministry of Justice and Welsh Government should:					
1	<p>Agree the most appropriate definitions to define the scope of people in the criminal justice system with mental health problems, to enable consistent identification and screening of mental health needs at different stages of an individual's journey through the criminal justice system. Nationally endorsed definitions appropriate to the criminal justice system will enable agencies to identify and flag cases consistently on local recording systems.</p>	Partly Agreed	<p>This recommendation is Partly Agreed. Health and Justice Partners do not agree that a definition is required, when there is already an internationally agreed clinical definition set by the World Health Organisation (WHO). However, it is recognised that further work identifying and recording of mental health needs is required.</p> <p>The WHO define Mental Health as a “state of well-being, in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to his or her community. Mental disorders represent disturbances to a person’s mental health that are often characterised by some combination of troubled thoughts, emotions, behaviour, and relationships with others. Examples of mental disorders include depression, anxiety disorder, conduct disorder, bipolar disorder, and psychosis”.</p> <p>Rather than standardising definitions nationally, we are committed to the following activity which will improve the way we identify, flag, harmonise and share information about individual’s mental health needs throughout the criminal justice system:</p> <ul style="list-style-type: none"> • Health and Justice Partners will work with relevant agencies to help ensure staff have the confidence and knowledge to use information systems to consistently record relevant data about health needs, for example, by reviewing guidance for flagging mental health needs on the Probation Service case management system (n-Delius), as set out in response to recommendation 19. • Making information sharing practices more consistent across agencies where it relates to health needs, in line with our commitments in response to recommendation 4. 	<p>MoJ Policy: Deputy Director, Female Offenders and Health Policy</p> <p>Home Office: Deputy Director and Head of Public Protection Unit</p> <p>DHSC: Deputy Director Mental Health and Offender Health</p> <p>Welsh Government: Deputy Director, Mental Health, Substance Misuse & Vulnerable Groups Division</p>	

		<ul style="list-style-type: none"> NHS England and Improvement has commenced the rollout of GP2GP functionality. This will ensure 100% of GP provision in the adult prison estate will have the ability to register patients with the functionality to transfer clinical records to and from GP provision in the community. This will ensure greater continuity of care for persons entering and leaving the prison estate, safeguarding health gains made to and from prison. The rollout is being made in 6 tranches with all the male estate completed by June 2022. (HMP Kirklevington was the first site to go live on Monday 14th February). The women's estate is subject to further work to join up cervical screening programme requirements. <p>In England, Health and Justice partners are establishing a working group to identify ways to improve the flow of information from NHS England Liaison and Diversion assessments into the criminal justice system.</p> <p>In Wales, Criminal Justice Liaison Services will continue to carry out screening to identify whether an individual has vulnerabilities. This is to support the individual and local Criminal Justice Agencies which include Police, Courts, and the Probation Service.</p>		June 2022
		<p><u>Progress against commitments (March 2023)</u></p> <p>MoJ Policy The MoJ are working closely with HMPPS, HMCTS and NHS England to improve the flow of information relating to mental health needs and vulnerabilities through the criminal justice system through established groups. This includes the extensive work to drive forward the delivery of reforms within the draft Mental Health Bill as well as being a key focus of the CSTR Operational Delivery Group.</p> <p>HMPPS A review of relevant flags in n-Delius has been completed in partnership with health partners and practitioners. The necessary systems change for both gathering and reporting information have been agreed and we expect the changes to appear on n-Delius by April 2023 and accompanied by refreshed guidance for staff.</p>	<p>MoJ Policy: Deputy Director, Female Offenders and Health Policy</p> <p>HMPPS: Regional Probation Director with Health Thematic Portfolio</p>	<p>Complete</p> <p>April 2023</p>

	<p>NHS England The GP2GP rollout in England has now been completed.</p>	<p>DHSC: Deputy Director Mental Health and Offender Health</p>	Complete
	<p>Home Office The Home Office supports the NPCC’s work to deliver the activity within its Mental Health Strategy 2022-2025. This features objectives to improve the way in which policing identifies mental health and responds where appropriate to do so, working collaboratively aligned to core partnership objectives.</p>	<p>Home Office: Deputy Director and Head of Public Protection Unit</p>	Complete
	<p>Welsh Government Criminal Justice Liaison Services will continue to carry out screening to identify vulnerabilities.</p>	<p>Welsh Government: Deputy Director, Mental Health, Substance Misuse & Vulnerable Groups Division</p>	Complete

The Department of Health and Social Care, NHS England and Improvement and Welsh Government should:

2	Ensure an adequate supply of medium and high secure beds to reduce the unacceptable waiting times for transfer from custody.	Agreed	<p>There is an adequate supply of adult secure beds. The focus is on improving efficiency across the whole pathway, i.e., ensuring appropriate lengths of stay, reducing transitions, and thereby improving throughput. This will make better use of existing capacity across the whole system, including the pathway to and from prison.</p> <p>For adult medium and low secure beds, the 15 Adult Secure NHS-led Provider Collaboratives play a lead role in managing the patient pathway and addressing the needs of their local population whilst also being involved in strategic national commissioning and preserving the integrity of the overall secure estate.</p>	<p>NHS England: Clinical Programmes Director, Specialised Commissioning</p> <p>NHS England: Clinical Programmes Director, Specialised Commissioning</p>	Ongoing
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		<p>In respect of high secure beds, the replacement 5-year commissioning plan will be developed by September 2022 (in time for the end of the current plan) which will describe the clinical model, pathways and capacity required for implementation by 2026.</p> <p>The Welsh Government has recently revised and republished the Together for Mental Health Delivery Plan in response to the impact of COVID-19. The revised plan includes an audit of current secure in-patient provision and a commitment to develop a secure in-patient strategy for Wales. The audit will now make recommendations regarding mental in-patient secure services (adults and children and young people) and these will be considered by Welsh Government accordingly.</p>	<p>Welsh Government: Deputy Director, Mental Health, Substance Misuse & Vulnerable Groups Division</p>	<p>September 2022</p> <p>Complete</p>
		<p><u>Progress against commitments (March 2023)</u></p> <p>NHS England All 15 NHS Led provider collaboratives are now fully established and have been developing and implementing their plans in order to address the needs of their local populations with a specific focus on improving patient pathways. Established national forums bring together regional Provider Collaboratives (PC) and national commissioners regularly to preserve the overall integrity of the estate. In addition, lead clinicians from each PC are also brought together nationally to contribute to the overall clinical leadership and advice to the adult secure system in line with the adult secure clinical reference group.</p> <p>A High Secure Demand and Capacity Programme has been established to address the requirement to manage demand and capacity on a 5-year cycle. The current iteration is being developed in a collaborative approach between commissioners and providers, that ensures an evidenced-based approach and considers the interdependencies with other aspects of the adult secure pathway.</p> <p>Seven workstreams have been carrying out work to consider all elements of the provision of high secure care, the workstreams are: Workforce, Future cohort, Finance, Digital Data, Prison interface, National services – a full review of Liaison and Diversion (LD), women’s and deaf services have been completed.</p>	<p>NHS England: Clinical Programmes Director, Specialised Commissioning</p> <p>NHS Adult Secure Mental Health</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>

	<p>NHSE are also about to embark the high secure hospital authorisation process, which needs to be completed by the end of March 2024 so that the high secure hospitals can be awarded their 5-year license from 31st March 2024.</p> <p>Welsh Government The Consultation for the Specialised Services Strategy for Mental Health Closed on Friday 13 January 2023. Responses will be collated and considered by the Welsh Health Specialise Services Committee in the coming weeks to inform the development of the strategy for publication.</p>	<p>Welsh Government: Deputy Director, Mental Health, Substance Misuse & Vulnerable Groups Division</p>	<p>March 2024</p> <p>September 2023</p>
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NHS England and Improvement as commissioner and Welsh Government should:

3	Ensure that the needs of people in the criminal justice system are given proper regard when commissioning mental health assessment and treatment provision.	Agreed	<p>A comprehensive mental health needs assessment has been completed across all prisons in England and is expected to be ready for publication by April 2022. This will contribute to a refreshed mental health in prison service specification by April 2023, informed by contributions from those with lived experience.</p>	<p>NHS England: Director of Health and Justice, Armed Forces and Sexual Assault Referral Centres (SARCs)</p> <p>Welsh Government: Deputy Director, Mental Health, Substance Misuse & Vulnerable Groups Division</p>	April 2022
			<p>Regional commissioners will commission local Health Needs Analysis (HNA) prior to any new procurement process to ensure that services are appropriately resourced across the criminal justice system.</p>		April 2023
			<p>The mental health needs of people in the criminal justice system will continue to be considered as part of health board responsibilities in Wales to provide healthcare services that meet the needs of the local population.</p>		Ongoing
			<p>The Welsh Government will work with partners to start implementing the new standards for mental health services in the prisons in Wales and the new Substance Misuse Treatment Framework for the prisons during 2022.</p>		December 2022

Progress against commitments (March 2023)

NHS England

The final draft of Mental Health needs analysis report was shared in January 2023 with partners and stakeholders including the Royal College of General Practice Secure Environments Group (RCGP SEG), Health and Justice (H&J) Clinical Reference Group and the Senior Management Team for review and comment. Publication is expected in Spring 2023.

Health Needs Assessments are the responsibility of NHS regional commissioners, and these will be undertaken either as a result of procurement of a service, a major change in the establishment (for example increase in capacity) or if there hasn't been one undertaken in the past 3 years.

Welsh Government

The mental health needs of people in the criminal justice system continue to be considered as part of health board responsibilities in Wales to provide healthcare services that meet the needs of the local population.

Following the recent Welsh Government (WG) consultation on a new Substance Misuse Treatment Framework (SMTF) and new standards for mental health services in the prisons in Wales, the intention is now for 2023/24 to be an interim year for the implementation of both the SMTF and the standards for mental health services in the prisons. WG officials in partnership with HMPPS and Public Health Wales (PHW) will work with the prisons and health boards in Wales on the next steps and timeframes, based on consultation feedback. It is anticipated that health boards and the prisons in Wales will need to undertake a gap analysis to identify key actions to support delivery of the SMTF and the new standards for mental health services. Further support for delivery will also be available for the prisons through other developments, such as the [Traumatic Stress Wales](#) initiative and its focus on [supporting those in prison](#) who have experienced trauma to access the support and treatment they need and the development of a clinical pathway for traumatic stress in prisons. WG will be holding a clinical consensus meeting to support this work at the end of March 2023.

NHS England:
Director of Health and Justice, Armed Forces and Sexual Assault Referral Centres (SARCs)

March 2023

Ongoing

Welsh Government:
Deputy Director, Mental Health, Substance Misuse & Vulnerable Groups Division

Ongoing

December 2023

Ministry of Justice and Home Office should work with the Department of Health and Social Care and Welsh Government to:

4	Develop a multi-agency Memorandum of Understanding on information sharing in order to promote better joint working and better outcomes for people with mental health problems.	Partly Agreed	<p>This recommendation is partly agreed. Health and Justice Partners (Department for Health and Social Care (DHSC), Welsh Government, NHS England and Improvement, Home Office, National Police Chiefs Council, Crown Prosecution Service (CPS), Ministry of Justice (MoJ), Her Majesty's Courts and Tribunal Service (HMCTS) and Her Majesty's Prison and Probation Service (HMPPS) are fully committed to ensuring the lawful and timely sharing of relevant mental health information. However, we do not agree that a single new multi-agency Memorandum of Understanding (MoU) would improve the essential sharing of information.</p> <p>To set the context:</p> <ul style="list-style-type: none"> Existing legislation such as the Crime and Disorder Act (1998) and Data Protection Act (2018) provide the necessary legal basis for the non-consensual lawful sharing of information for Law Enforcement purposes and the sharing of Special Category Information such as relevant Mental Health information. Information collected as part of an individual's journey through the criminal justice system including through Liaison and Diversion Services is already covered in existing information sharing protocols. In England the Information Sharing and Suicide Prevention Consensus Statement provides a clear basis for the sharing of personal data in an emergency situation, including to protect a person from serious harm, or to prevent the loss of human life. The lawful non-consensual sharing of special category information such as mental health data under the Data Protection Act (DPA) 2018), requires an Appropriate Policy Document (APD) to be in place which requires greater specificity than partnership MoUs alone are likely to provide. For example, HMPPS has an Information Sharing Agreement (ISA) with NHS England and Improvement. <p>As part of our commitment to strengthening information sharing:</p>	<p>MoJ Policy: Deputy Director, Female Offenders and Health Policy</p> <p>HMPPS: Deputy Director, Rehabilitation and Care Services</p> <p>Home Office: Deputy Director and Head of Public Protection Unit</p> <p>Police: Deputy Chief Constable, NPCC Mental Health Lead</p> <p>DHSC: Deputy Director Mental Health and Offender Health</p> <p>CPS: Deputy Director Strategy and Policy Directorate</p> <p>Welsh Government: Deputy Director, Mental Health, Substance Misuse &</p>	
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		<ul style="list-style-type: none"> • HMPPS will continue the development and operation of local Data Sharing Agreements (DSAs) to support compliant sharing of special category information and satisfy the DPA requirement for APDs. • HMPPS and NHS England and Improvement will, through a task and finish group, update the current operational guidance available to front line staff in custody. The revised guidance will be shared early in 2022. • The Home Office will support this recommendation by requesting, by July 2022, the National Police Chiefs' Council (NPCC) look to adopt a consistent stance to information sharing in respect of guidance to police forces to help promote better joint working practices within criminal justice. There is presently a varied approach with some ISAs developed on a regional basis mirroring individual health and policing boundaries whilst others favouring ISAs that cover multiple health authorities and a wider whole police force area. A standardised approach will encourage consistency in information sharing (DPA 2018) and disclosure (Code of Practice to the Criminal Procedure and Investigation Act (CPIA) 1996) training which will better facilitate the development of best practice. • Wales have a Partnership Agreement for Prison Health in place, which was developed collaboratively by Welsh Government, Public Health Wales, health boards and HMPPS in Wales. It includes a specific priority in relation to mental health and developing new standards for mental health services in the prisons. The Welsh Government is also working with partners as part of a Substance Misuse/Mental Health Deep Dive Group, which is focussed on ensuring access to community-based services for all individuals, including ex-offenders. The key focus of the group is to remove barriers to accessing integrated, wrap around services for all groups within the community which will include ex-offenders. Following recommendations made by the Health, Social Care and Sport Committee in Wales, work is underway to develop monitoring arrangements. Welsh Government will work with partners to start implementing the new standards for mental health and the Substance Misuse Treatment Framework in prisons in 2022. 	<p>Vulnerable Groups Division</p>	<p>Ongoing</p> <p>April 2022</p> <p>July 2022</p> <p>December 2022</p>
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	<p><u>Progress against commitments (March 2023)</u></p> <p>HMPPS/NHSE A series of information sharing resources, co-produced with NHS England have been shared with prisons and additional products have been created for probation. The task and finish group has transformed into a standing joint NHSE/HMPPS Information Sharing Advisory Group and continues to provide expertise and advice to operational staff.</p> <p>Police The Home Office asked the NPCC to look at adopting a consistent stance to data sharing, this is reflected in work carried out by the NPCC Mental Health portfolio who have determined the best approach to this, and recommended the following to all its forces:</p> <ul style="list-style-type: none"> • The NPCC continues to refine the guidance to information sharing through the coordinated work of the NPCC Digital Data and Technology Co-ordination Committee. The thematic portfolios within that committee have been working on a product to assist policing in decision making in regard the sharing of information between criminal justice agencies. This self-check guidance document is now published and available to police forces. • The NPCC Mental Health portfolio have released their new strategy for 2022 – 2025 and this promotes the improvement of local working relationships throughout the document. The strategy was shaped with consideration of the findings of this thematic inspection report with specific objectives on Strategic Oversight, Data, and Information Management and Criminal Justice. The strategy has received widespread support in its aims inclusive of the data sharing objective. <p>Welsh Government Please refer to the Welsh Governments update in recommendation 3.</p>	<p>HMPPS: Deputy Director, Rehabilitation and Care Services</p> <p>Police: Deputy Chief Constable, NPCC Mental Health Lead</p>	<p>Complete</p> <p>Complete</p>
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The Ministry of Justice should work with NHS England and Improvement and Welsh Government to:

5	<p>Immediately ensure that acutely unwell prisoners who require secure mental health inpatient hospital treatment are transferred within 28 days, in line with NHS guidelines.</p>	Agreed	<p>HMPPS and NHS England and Improvement are fully committed to the 28-day timeframe, working together to improve the transfer and remission process, ensure delays are reduced and avoid prison being used inappropriately.</p> <p>In the White Paper on Reforming the Mental Health Act, the Government committed to introducing a new statutory time limit of 28 days for transfers from prison to mental health hospitals following the NHS England and Improvement Transfer and Remission Guidance published in June 2021, being properly embedded.</p> <p>Upon publication of the Guidance, NHS England and Improvement commenced an implementation programme including webinars and bespoke regional and provider focussed visits to ensure staff understand the changes made, key dates being monitored and escalation routes.</p> <p>NHS England and Improvement have also developed a new process for collecting and monitoring data on transfers. A data input portal has been running from April 2021, which enables providers to submit transfer and remission data. This is analysed in order to identify trends and areas where further improvement is needed to meet the 28-day timeframe set out in the guidance. This will be monitored on a monthly basis and where time frames are breached or other concerning trends are identified, targeted work will be carried out with regional teams. NHS England and Improvement will be keeping this under review based on monthly monitoring data and take stock of progress after 12 months of the guidance being in place.</p> <p>The Mental Health Casework Section (MHCS) in HMPPS works to published timeliness targets for all its key decisions including prison transfers. MHCS has reviewed the 2019 performance framework and published a revised performance framework 2021/22. Performance against this timeliness target is currently within target. MHCS will continue to measure performance, and average timescales in respect of these targets will be shared with stakeholders on a quarterly basis.</p>	<p>MoJ Policy: Deputy Director, Female Offenders and Health Policy</p> <p>NHS England: Director of Health and Justice, Armed Forces and SARCs</p> <p>HMPPS Deputy Director, Public Protection Group</p> <p>Welsh Government: Deputy Director, Mental Health, Substance Misuse & Vulnerable Groups Division</p>	<p>June 2022</p> <p>Complete</p>
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		<p>Health boards in Wales work with partners to ensure timely transfer. However, this can be impacted by several factors. Welsh Government is working with the UK Government on the proposals set out in the UK Government White Paper on Reforming the Mental Health Act, including the proposal for a statutory 28-day limit for transfers.</p>		Ongoing
		<p><u>Progress against commitments (March 2023)</u></p> <p>MoJ Policy The draft Mental Health Bill, published in June 2022, sets out proposed reforms to introduce a statutory 28-day time limit for transfers from prison to hospital. This statutory time limit, together with operational improvements, aims to reduce unnecessary delays and deliver swift access to treatment.</p> <p>A cross-agency working group, led by the MoJ, has brought together health and justice partners in DHSC, HMPPS, Home Office, NHS England, and NHS Wales to deliver and drive forward the implementation of these reforms.</p> <p>The first phase of work has focused on engaging with operational and clinical leads to scope the non-statutory independent monitoring role and agree an approach to exceptional circumstances. NHSE have also scoped the work that will need to be undertaken to deliver a comprehensive tracking system to monitor compliance with the time limit and identify causes of delay.</p> <p>The next phase of work will include:</p> <ul style="list-style-type: none"> • Designing a statutory notice process to notify the relevant parties that a transfer has been initiated that they are working to a statutory time limit. • Finalising the design of the independent non-statutory role which will ensure the best interests of the patient are being considered throughout the transfer process. • The NHSE Data Task & Finish Group driving forward the improvement activity required to deliver an effective tracking and monitoring system. 	<p>MoJ Policy: Deputy Director, Female Offenders and Health Policy</p>	Complete

	<p>NHS England Implementation guidance was published in June 2021. Two national webinars were co-delivered along with Specialised Commissioning colleagues to support clinicians, commissioners, and service providers in the implementation of the new guidance. Bespoke regional webinars were also provided to support implementation. Establishment visits were also provided in order to support implementation.</p> <p>NHS England have developed a new process for collecting and monitoring data on transfers.</p> <p>HMPPS The Mental Health Casework Section (MHCS) in HMPPS works to published timeliness for all its key decisions, including prison transfers. MHCS has reviewed the 2019 performance framework and published a revised performance framework 2021/22. MHCS continues to monitor performance against its timeliness targets and will be shared with stakeholders regularly. In the case of prison transfers, performance is currently within target.</p> <p>Welsh Government Health boards in Wales are continuing to work with partners to ensure timely transfer. Welsh Government (WG) continues to work with the UK Government and stakeholders in Wales on the proposals set out in the UK Government White Paper on Reforming the Mental Health Act, including the proposal for a statutory 28-day limit for transfers. Once timescales for the statutory duty are confirmed WG will review the process to ensure compliance.</p>	<p>NHS England: Director of Health and Justice, Armed Forces and SARCs</p> <p>HMPPS Deputy Director, Public Protection Group</p> <p>Welsh Government: Deputy Director, Mental Health, Substance Misuse & Vulnerable Groups Division</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p>		
6	End the inappropriate use of prison as a place of safety and ensure that alternatives to prison are available for sentencers in line with the Mental Health Act white paper.	Agreed	<p>In the White Paper on Reforming the Mental Health Act, the Government agreed that prison should not be used as a 'place of safety' under the Mental Health Act (1983) for people with severe mental health problems and committed to amending legislation accordingly at the earliest available opportunity.</p> <p>The factors which could lead to prison being used in this way are complex, including awareness amongst sentencers, robust and timely information sharing and available or accessible health resources. In order to fully understand how, when and why this is happening before we can be sure of</p>	<p>MoJ Policy: Deputy Director, Female Offenders and Health Policy</p> <p>HMPPS: Deputy Director, Rehabilitation and Care Services</p>	

		<p>safely ending its use entirely, MoJ, DHSC, HMPPS, HMCTS and NHS England and Improvement have established a cross-departmental Working Group to:</p> <ul style="list-style-type: none"> Analyse relevant data sources and case examples to examine how often and in what circumstances this is occurring. There are multiple scenarios in which prison could be used as a place of safety, and the appropriate alternatives to prison will vary according to whether the individual is being remanded for assessment, remanded for treatment, or pending admission to hospital for treatment under the Mental Health Act (1983). Develop a central record to provide a more accurate picture of the use of these powers and be clear on the mechanisms for sharing relevant background and risk information about people sent from court to prison custody. Understand the factors informing the decision where prison is used as a place of safety, what information was shared to support them, and at what stages in the criminal justice process they are seeing these issues arise. <p>Once the initial exploration phase of work has taken place, all agencies will review findings and where required take stock of further action needed, including identifying stages in the process where improvements could be made. This second phase will include exploring the criminal justice pathway activities that could be used to divert someone from being dealt with by the courts.</p> <p>Each agency will identify where changes are required and will work together to develop a cross-agency response and agreement of priorities.</p> <p>People can also be remanded to prison under the 'own protection' clause of the Bail Act (1976), which is sometimes used in cases where there is concern over mental health or social care issues and is often referred to as prison being used as a place of safety. Following a commitment from the Government in early 2021, MoJ is undertaking an internal review of the use of the power to remand for 'own protection.' This work will need careful consideration before a final decision is made on whether to amend legislation to avoid any harm coming to vulnerable defendants.</p>	<p>NHS England: Director of Health and Justice, Armed Forces and SARC</p> <p>Welsh Government: Deputy Director, Mental Health, Substance Misuse & Vulnerable Groups Division</p>	<p>March 2022</p> <p>April 2022</p> <p>March 2022</p> <p>June 2022</p> <p>September 2022</p> <p>March 2022</p>
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<p><u>Progress against commitments (March 2023)</u></p> <p>MoJ Policy The draft Mental Health Bill, published in June 2022, sets out proposed reforms to end the use of prison as a place of safety and includes reforms to amend the Bail Act 1976 so that courts will no longer be able to remand a defendant for their own protection solely on mental health grounds.</p> <p>The cross-agency working group, led by MoJ, has brought together partners in HMCTS, HMPPS, the Home Office, NHS England, and the National Police Chiefs' Council to deliver and drive forwards the implementation of these reforms.</p> <p>Through this forum, partners are taking forward a comprehensive workplan which will strengthen pathways to divert vulnerable people into appropriate treatment at the earliest possible opportunity, improve information sharing to enable more timely assessments for those who need them, and put in place clear guidance to support the safe introduction of the reforms.</p> <p>Understanding the scale of the issue remains a priority so we can prepare for potential additional pressures stemming from the reforms and ensure that the right provision is in place. To achieve this, MoJ will continue to work with HMCTS to explore other options to develop the evidence base and better understand the issues driving the use of this power.</p> <p>Welsh Government Welsh Government (WG) continues to work with the UK Government on the proposals set out in the UK Government White Paper on Reforming the Mental Health Act. Once timescales for the statutory duty are confirmed WG will review the process to ensure compliance.</p>			<p>MoJ Policy: Deputy Director, Female Offenders and Health Policy</p> <p>Welsh Government: Deputy Director, Mental Health, Substance Misuse & Vulnerable Groups Division</p>	<p>Complete</p> <p>Complete</p>

Her Majesty's Court and the Tribunals Service should:

7	Amend the Better Case Management form so that it can record mental health conditions, to avoid unnecessary delays in charging decisions.	Not Agreed	<p>This recommendation has not been agreed as the Better Case Management (BCM) questionnaire form, will not improve “unnecessary delays in charging decisions”. The BCM questionnaire is completed at the first hearing in the magistrates’ court when the case is to be sent to the Crown court and not pre-charge as indicated in the recommendation.</p> <p>The BCM form does prompt the user to state details of mental health issues. The difficulties, as noted in the report, are that often the defence solicitor has no knowledge of the defendant’s mental health as they have only met their client for the first time at court.</p>		
			No update: recommendation not agreed.		
8	Ensure that Liaison and Diversion teams are included in local liaison arrangements to improve understanding of the provision and joint working relationships.	Agreed	HMCTS Legal Operations will, by March 2022, ensure that Business Senior Legal Managers take steps to identify a contact in the Liaison and Diversion team for their area, where this is not known, and ensure that representatives from those teams are included in local liaison e.g., where HMCTS have liaison arrangements with the Probation Service or court staff.	HMCTS: Deputy Director, Legal Operations	March 2022
			<u>Progress against commitments (March 2023)</u>		
			The Business Senior Legal Managers have confirmed identification of the NHS liaison and diversion lead in each area and that joint working arrangements are in place for that lead to attend local meetings with HMCTS and other criminal justice partners.	HMCTS: Deputy Director, Legal Operations	Complete
9	Improve the arrangements for the commissioning and monitoring of psychiatric reports in order to ensure that delays in sentencing are minimised, especially when	Agreed	Commissioning of psychiatric reports can be completed by various parties and therefore responsibility of monitoring may not sit solely with HMCTS. Further investigation is needed to determine the impact of introducing this measure. HMCTS will lead on this work in conjunction with partner agencies via a new multi-agency task and finish group, with terms of reference for the work scoped and work to be completed by June 2022.	HMCTS: Deputy Director, Crime	June 2022

the individual is held in custody.				
		<p><u>Progress against commitments (March 2023)</u></p> <p>HMCTS has led a review of the current arrangements for the commissioning and monitoring of psychiatric reports to determine the extent of any delays in obtaining psychiatric reports in court caused by funding applications and identifying a psychiatrist. Drawing on experience and data from partners including the National Public Defender Service (PDS) and Legal Aid Agency (LAA) the review concludes the arrangements and processes in place for commissioning and monitoring of psychiatric reports are working well with little evidence of delays attributable to the process.</p>	<p>HMCTS: Deputy Director, Crime</p>	<p>Complete</p>

Local Criminal Justice Services (Police, CPS, Courts, Probation, Prisons) and Health Commissioners / Providers should:

10	<p>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>Agreed</p>	<p>Police, CPS, Courts, Probation and Prisons all offer a range of awareness and/or training relating to mental health. This is specifically designed to meet the needs of their own organisations and responsibilities.</p> <p>For example:</p> <ul style="list-style-type: none"> • The Mental Health Treatment Requirement (MHTR) programme has embedded within it an awareness programme for Justice, Health and Judiciary. • Introductory training for new prison officers via Prison Officer Entry Level Training (POELT). • CPS aide memoire for Prosecutors published in April 2021. • College of Policing Mental Health training package, available to all police forces. <p>Organisations have committed to undertake additional awareness raising and/or training as follows:</p> <p>Police The College of Policing has an existing Mental Health training package available, and this is currently accessible on the College Learn portal for all</p>	<p>Police: Deputy Chief Constable, NPCC Mental Health Lead</p>	<p>Complete</p>
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		<p>police forces. The package is designed to raise awareness around Mental Health conditions, Neurodiversity, and police approaches to addressing Mental Health. However, the two mental health modules available on College Learn (CoP) are not currently mandated training.</p> <p>The NPCC will request forces to support this recommendation by mandating training for specific criminal justice roles and custody officers.</p> <p>CPS In October 2019 the CPS published revised legal guidance on “Suspects and Defendants with Mental Health conditions and disorders”. In April 2021, the CPS followed this up with “aide memoire” documents to assist prosecutors, in a clear and easily accessible way, to navigate their way through the complex legal framework that arises when a defendant’s mental health condition means that they may not be fit to plead in their court case.</p> <p>A one-day face to face training session planned for 2020 has now been adapted into two training videos, one for Crown court cases, and one for magistrates’ court cases. This was launched in September 2021 and all prosecutors will be asked to undertake this training.</p> <p>HMCTS HMCTS Legal Operations will ensure that magistrates’ court legal teams are provided with Mental Health awareness raising materials, prepared and provided by mental health agencies. This will enable legal staff to assist the judiciary to ensure those with mental health conditions are able to both understand and participate in court proceedings.</p> <p>The Sentencing Council guidelines ‘Overarching principles: Sentencing offenders with mental disorders, developmental disorders, or neurological impairments’ came into force on 1 October 2020. The Judicial College will be preparing training on these guidelines for all magistrates and legal advisers with publication due in June 2022.</p> <p>Health All healthcare providers are required to ensure that their employees complete statutory and mandatory training appropriate to profession and role. Further to this, provider organisations will include an induction to the organisation and</p>	<p>CPS: Deputy Director Strategy and Policy Directorate</p> <p>HMCTS: Deputy Director, Legal Operations</p> <p>NHS England:</p>	<p>August 2022</p> <p>Ongoing</p> <p>June 2022</p> <p>April 2022</p>
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		<p>places of work, mental health awareness for non-mental health professionals as well as training in relation to HMPPS owned processes such as (Assessment, Care in Custody and Teamwork) ACCT. Responsibility is with providers to ensure that all staff are suitably competent and adherence to training will be addressed in regular contract review meetings.</p> <p>HMPPS Since July 2021 HMPPS has been implementing new safety training for prison staff in all establishments. All staff receive self-harm and suicide prevention training, alongside mental health training. This training ensures staff have the capability to appropriately support prisoners who may be at risk of self-harm and is just one part of efforts to prioritise prison safety. HMPPS is continually looking to improve its training offer and is also developing training that will help staff to develop a better understanding of individual risk factors or triggers that may lead to someone self-harming.</p> <p>HMPPS has commissioned Skills for Justice to lead, and project manage the creation of a Core Capabilities Framework for Adult Health & Social Care. The framework will outline the core capabilities required to work with adults who require health and social care interventions and support within the custodial setting. The framework will be supported by a Health, Care and Wellbeing curriculum for prison and probation staff. The draft framework will be consulted on and completed in March 2022.</p>	<p>Director of Health and Justice, Armed Forces and SARCs</p> <p>HMPPS: Deputy Director, Rehabilitation and Care Services</p>	<p>Ongoing</p> <p>March 2022</p>
		<p><u>Progress against commitments (March 2023)</u></p> <p>CPS The CPS launched its 'Defendants: Fairness for All Strategy 2025' in July 2022. The Strategy sets out our commitments to suspects and defendants and is supported by an action plan for 2022 / 23 which identifies mental health as a key work-stream. The CPS has added a new a flag to its Casework Monitoring System to help better monitor cases where the suspect or defendant has a mental health condition. The CPS is piloting a mental health and neurodevelopmental checklist to help police and prosecutors make sure the right support is offered and will evaluate the usage of the checklist to identify any further training needs. The CPS have also introduced a mental health stakeholders' group to discuss the intersect of criminal justice and</p>	<p>CPS: Deputy Director Strategy and Policy Directorate</p>	<p>Complete</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.	Agreed	<p>All local Criminal Justice Services fully support the aim of achieving better mental health outcomes through effective identification, assessment, and support for those in the criminal justice system with a mental illness. Several reviews have recently been conducted into this area to drive improvement, including: a review by the Justice Select Committee into Mental Health and an internal review undertaken by the Ministry of Justice to explore mental health for offenders. The Centre for Mental Health has been commissioned by NHS England and Improvement to undertake a needs analysis of people in prison.</p> <p>To build on this information, the Ministry of Justice will commission a review to provide a gap analysis of plans to implement the findings from these reviews and understand whether there is more we can do to identify, assess and support those with a mental illness. This work will be conducted in Summer 2022. Working collaboratively with health, justice, and policing partners, we will develop a robust Terms of Reference that ensures we are able to take a whole systems approach to this analysis and delivers appropriate outcomes for those with mental health needs at every stage of the CJS.</p> <p>Alongside this, we will continue to implement and drive forward improvements. This includes:</p> <p>Police The police currently support partnership arrangements to identify, assess and support people with mental health illness as they move through the criminal justice system. The provision of Liaison & Diversion (L&D) services is a demonstration of current partnership working taking place to provide support to people where required. We are now considering the findings of the NHS-commissioned review of L&D services. This will be incorporated into a revised NPCC mental health strategy.</p> <p>CPS The NPCC and CPS will work alongside the National Digital Case File project to integrate mental health information into the revised case file format ensuring informed case management decision making where mental health may have a bearing on the outcome of a case. This will enable the seamless transfer of mental health information from the Police to the CPS improving the</p>	<p>Police/NPCC: Deputy Chief Constable, NPCC Mental Health Lead</p> <p>CPS: Deputy Director Strategy and Policy Directorate</p>	<p>Summer 2022</p> <p>April 2022</p> <p>June 2022</p>
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		<p>depth and quality of information available for charging and wider case management decisions.</p> <p>The CPS is currently reviewing its relationships with local L&D services. The review is due to be completed by the end of this financial year (2021/22) with a view to developing a national partnership model.</p> <p>HMCTS HMCTS will continue to work with other Criminal Justice Partner agencies so that mental health flags, notified to the court, are further notified to the judiciary and Criminal Justice Partner agencies during court proceedings. HMCTS will work with NPCC and CPS, following the outcome of the National Digital Case File project, to consider the best means to do so.</p> <p>HMPPS HMPPS will identify mental health related information: HMPPS will consider the current recording of mental health-related information by Probation, and work with internal specialists and partner agencies to identify and agree opportunities to improve information coming to the organisation to support consistent identification of mental health need.</p> <p>HMPPS will review Probation and Approved Premises mental health process maps and guidance, identifying gaps or any updates required to strengthen identification and/or support to people with a mental health need; putting a plan in place to address gaps.</p> <p>Health The implementation of the Electronic Patient Escort Record (EPER) has taken place, and this allows risk information to be viewed at reception screening by clinicians. NHS England and Improvement and HMPPS have agreed to facilitate the transfer of risk related health and security information between the healthcare case management system (SystemOne) and the prison case management system (NOMIS). Development work started in early 2020 but was paused due to COVID-19. HMPPS funding and resource has been agreed and an analysis of data items in scope is planned. The project is overseen by the Joint NHS England and Improvement and HMPPS Digital Development Assurance Board. NHS England and Improvement will</p>	<p>HMCTS: Deputy Director, Legal Operations</p> <p>HMPPS: Deputy Director, Rehabilitation and Care Services</p> <p>NHS England: Director of Health and Justice, Armed Forces and SARCs</p>	<p>March 2022</p> <p>Timing dependent on the National Digital Case File project</p> <p>September 2022</p> <p>September 2022</p> <p>To commence first quarter of 2022/23</p>
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		<p>recommence this work with NHS Digital and MOJ Digital team in the first quarter of 2022/23. A new implementation date for the integration of NOMIS into SystmOne will be agreed once the work has restarted.</p> <p>NHS England and Improvement will evaluate RECONNECT and Enhanced Reconnect (ER) programmes (2022-2023). Building on learning from our evaluations of RECONNECT, ER and our pilot of a new service model in Approved Premises we will explore whether additional changes to services are required in the community to meet offenders'/complex needs. This work is all subject to funding.</p> <p>NHS England and Improvement have commissioned the Centre for Mental Health to conduct a needs analysis of those in prison (due to be published spring 2022) which will identify where there are gaps in service provision. The findings of this analysis will inform a refresh of the service specification, to more effectively tailor provision in prisons according to the identified needs.</p> <p>DHSC, HMPPS, MoJ, Office for Health Improvement and Disparities (OHID) and NHS England and Improvement are working together to refresh the National Partnership Agreement (NPA) in England for April 2022. This will include expansion of the scope from adults in prison custody, to include adults engaged with Probation in the community. The NPA will set out shared objectives and priorities, outlining a programme of work to improve health, reduce health inequalities and contribute to reducing reoffending over the next three years.</p> <p>NHS England are collecting health outcomes data from all operational Mental Health Treatment Requirement sites through a monthly National Minimum Dataset collection. This not only monitors the protected characteristics and justice parameters but also the response to treatment both pre- and post-treatment over the following 12 months. The Community Sentence Treatment Requirement Programme is also being independently evaluated over a three-year period with year one now completed. Positive outcomes are already being demonstrated through the early sites.</p>		<p>April 2023</p> <p>April 2022</p> <p>April 2022</p> <p>December 2023</p>
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	<p><u>Progress against commitments (March 2023)</u></p> <p>HMPPS The Ministry of Justice commissioned a review to provide a gap analysis of plans to implement the findings from this and recent reviews and understand whether there are gaps in the CJS support for those with a mental illness. An HMPPS Non-Executive Director has led the independent review with the which report due in Spring 2023. Once the report is received, the findings and any recommendations will be discussed with partner agencies on the most appropriate way to address them.</p> <p>Police/NPCC The NPCC have considered the findings of the NHS-commissioned review of L&D services and have incorporated them into a revised NPCC mental health strategy published in October 2022.</p> <p>Updates in response to the findings will be delivered by June 2023, as they are linked to NPCC national guidance development.</p> <p>CPS The CPS has carried out a review of relationships with local L&D Services. The review identified a need to improve and embed relationships and information sharing. Following the review, the contact details of local L&D Services have been shared with relevant CPS staff, with the intention of setting up meetings with local L&D Commissioners to tackle Area specific issues. The CPS has also raised awareness across the Service of local L&D Services. In addition, arrangements are now in place for quarterly meetings with national L&D. The post-review arrangements are part of a broader deliverable about improving engagement with Youth Justice Services (YJS) and other organisations which have a responsibility for children, e.g., Social Services, Local Authority Care services, NHS L&D Services to reduce case delays and improve outcomes for children.</p> <p>HMCTS The police Digital Case File (DCF) is a project which will change the case file submission process from one which is document-based to a fully digital one that utilises structured data fields, mandated steps and automation. The DCF standards will be developed in each of the existing police Record</p>	<p>HMPPS: Deputy Director, Rehabilitation and Care Services</p> <p>Police/NPCC: Deputy Chief Constable, NPCC Mental Health Lead</p> <p>CPS: Deputy Director Strategy and Policy Directorate</p> <p>HMCTS: Deputy Director, Legal Operations</p>	<p>March 2023</p> <p>Complete</p> <p>June 2023</p> <p>Complete</p> <p>Commencing April 2024</p>
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	<p>Management Systems (RMS) and in the CPS' CMS system, and development is currently underway to achieve this. The first forces/ CPS Areas go live in April 2024, but there will be a phased roll-out to all remaining forces/ CPS Areas from October 2024 to December 2025.</p> <p>HMPPS Review of mental health related recording on n-Delius has been completed. Focus groups with practitioners have been delivered across the country and process maps for staff will be updated as part of business-as-usual activity which will continue to look at dashboards and feeding into new assessment tools.</p> <p>Approved Premises have completed the review of the Mental Health service model in Approved Premises which included completing a combination of literature review, surveys across AP staff, review of two specialist AP's, reviewing internal and external data sets. This will now inform the design and planning of future services with local commissioners and partners.</p> <p>MoJ A new National Partnership Agreement (NPA) has been developed and published to support the commissioning and delivery of healthcare for offenders in prison and the community. The new NPA includes the priority to 'improve the health and wellbeing of people in our care, securing timely and appropriate assessment and treatment including an appropriate focus on the health and social care needs of those with protected characteristics,' as well as a specific priority to 'improve the mental health outcomes for people in our care through the implementation of evidence-based standards and pathways according to the specific needs of the population and the individual'. Activity and progression toward this will be monitored and driven by the National Health and Justice Operational Delivery Board.</p> <p>NHS England/HMPPS MoJ digital and NHS Digital to review and rescope this due to imminent re-procurement of the health and justice information system (HJIS) currently SystmOne, and the decommissioning of NOMIS. HMPPS are replacing NOMIS with the Digital Prison System (DPS). Improved integration capabilities are expected as part of the services that are replacing NOMIS, which could provide an opportunity for improved collaboration and data</p>	<p>HMPPS: Deputy Director, Rehabilitation and Care Services</p> <p>MoJ Policy: Deputy Director, Female Offenders and Health Policy</p> <p>NHS England: Director of Health and Justice, Armed Forces and SARCs HMPPS:</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>2024 Onwards</p>
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	<p>sharing in this area in future. The integration with the DPS is expected from 2024 onwards.</p> <p>NHS England NHS England have been working with Department of Health and Social Care (DHSC) and National Institute of Health Research (NIHR) to commission evaluations for RECONNECT and Enhanced RECONNECT (ER). The successful bidder for the RECONNECT evaluation appointed in January 2023, and the process for appointing an evaluation team for ER is due to be completed in December 2023.</p> <p>Two ER sites have been approved and went live in December 2022, and one is in business case stage.</p> <p>Over 50% of England now benefits from a RECONNECT service and roll out is on track for 100% coverage by March 2024.</p> <p>Centre for Mental Health (CfMH) report has now been signed off for publication and presented to the Health and Justice Senior Management Team. The report will be published in March 2023.</p> <p>The Mental Health Service Specification refresh has been circulated for sense check and review. Comments are currently being reviewed. To be published in April 2023.</p>	<p>Head of Prison Digital Services</p> <p>NHS England: Director of Health and Justice, Armed Forces and SARCs</p>	<p>December 2023</p> <p>Complete</p> <p>March 2023</p> <p>March 2023</p> <p>April 2023</p>
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Local Criminal Justice Boards should:

12	Agree, produce, and analyse cross system data sets to inform commissioning decisions and promote joint working.	Not Agreed	<p>Local Criminal Justice Boards (LCJBs) in England are not responsible for commissioning of mental health services and their membership does not include commissioners of mental health services. As such, we do not agree with the recommendation as it is written and directed.</p> <p>However, Health and Justice partners are committed to further promotion of joint working in this area, including:</p>		
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		<ul style="list-style-type: none"> • To improve our understanding of the health needs of offenders, we are linking up several anonymised datasets held by the MoJ with variables from NHS England as part of the Data First project, with a plan to conduct analysis on any linked data in 2023. This linking exercise will initially be limited to datasets concerning individuals with diagnoses of mental health conditions that can be matched across management information systems. • Through understanding and contributing to Integrated Care Systems (ICS) as their Boards and Partnerships rollout from April 2022. We recognise the important new roles that ICS' will take in the commissioning of health services and in ensuring they meet the needs of local communities, including justice involved adults. To promote joint working in this areas HMPPS will be working with colleagues in DHSC to develop and deliver briefings for Probation regions by summer 2022, to support their proactive involvement in Integrated Care Partnerships. • In addition, HMPPS will reinforce the importance of involving Justice partners and considering the needs of justice involved populations in the work of their Integrated Care Boards and Integrated Care Partnerships. <p>There are only five public sector prisons in Wales, so the relevant health boards and local authorities that cover those Prisons will be asked to confirm Prison Health and Social Care Partnerships have local arrangements in place. However, the Prison Health and Social Care Partnerships do not have a direct commissioning function.</p>		
		<p><u>Progress against commitments (March 2023)</u></p> <p>MoJ The PNC and External Shares data linking team have been unable to progress work in linking several anonymised datasets held by the MoJ with datasets held by NHS England, with the initial focus concerning individuals</p>	<p>Head of Data Linking:</p>	<p>Complete</p>

	<p>with diagnoses of mental health conditions that can be matched across management information systems. This is due to challenges in identifying a suitable gateway to share data with NHS Digital. We will continue to explore other options with NHS Digital and OHID.</p> <p>HMPPS The importance of involving Justice partners and influencing Integrated Care Systems (ICS) and Integrated Care Boards (ICBs) to ensure our population are represented in community services is reflected in the published DHSC “ICP Engagement Document”, (September 2021). Integrated care partnership (ICP) engagement document - GOV.UK (www.gov.uk) This being achieved by:</p> <ul style="list-style-type: none"> • Core 20 Plus 5 Engagement via Regional Health and Justice Partnership Boards and regional NHS England Health and Justice commissioning teams to influence and inform ICS/ICB strategic priorities • The National Partnership Agreement workplan includes additional partnership commitment to influence ICS and ICBs to ensure our population are represented in community services and to identify opportunities to proactively support equivalence of access for people under probation supervision. The National Health and Social Care and Justice Operational Delivery Board is accountable for ensuring progress of this NPA activity. 	<p>PNC and External Shares Data Linking Team</p> <p>HMPPS: Deputy Director, Rehabilitation and Care Services</p>	<p>Complete</p>		
13	<p>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>Partly Agreed</p>	<p>This recommendation is partly agreed on the basis that Liaison and Diversion (L&D) assessments are an NHS commissioned provision and the trained mental health practitioners conducting them will obtain confidential medical information during the assessment. As such this is subject to ‘sensitive processing’ requirements under the Data Protection Act (2018) and there will be restrictions to providing certain parts of the L&D assessment to the CPS, Courts and Defence.</p> <p>In addition, the provision of material supplied by the police to the CPS is governed by the Criminal Procedure and Investigations Act (CPIA 1996) which provides the legal framework for how material in possession of the police should be retained, reviewed, and disclosed.</p>	<p>Police: Deputy Chief Constable, NPCC Mental Health Lead</p> <p>NHS England: Director of Health and Justice, Armed Forces and SARCs</p>	

		<p>In support of this recommendation the NPCC, and NHS England will engage in a review of local information sharing processes (in conjunction with Recommendation.4). This will seek to eliminate any identified blockages to sharing L&D assessments where there is a clear legal basis and aligned to CPIA guidance.</p> <p>The NPCC & NHS England will support the position that information obtained from the L&D assessments in police custody on a person's mental health is provided in a disclosable format, and in a timely manner in order to assist Criminal Justice partners in informing charging decisions, diversion, and sentencing options where the legal basis to share is present. Progress on this recommendation will be monitored through the Regional and National (Police & CPS) Case Management Meetings, and Courts user groups.</p>		June 2022
		<p><u>Progress against commitments (March 2023)</u></p> <p>Police The NPCC have supported this recommendation by working with the digital case file project on the inclusion of a specific mental health field to improve the ability to identify where mental health is an issue for consideration to the CPS and Courts. This now ensures a dedicated location in a case file in which to share the information provided by Liaison & Diversion (L&D) services about the detainee with wider CJS partners. This specific field hadn't been available in the existing case file formats which has made it problematic in clearly flagging mental health previously.</p> <p>The NPCC will continue to work alongside L&D colleagues to maximise the service availability and provision alongside custody healthcare services by reviewing service specification. The NPCC Mental Health Strategy (2022 – 2025) identifies the role of L&D services as integral to the early identification of mental health / vulnerabilities in criminal justice processes supporting their continued involvement.</p> <p>NHS England NHS England Liaison and Diversion (L&D) services have direct access to all Police IT systems and information is shared in a secure and timely manner. In May 2022 NHS England and HMPPS issued a 'Joint Statement of</p>	<p>Police: Deputy Chief Constable, NPCC Mental Health Lead</p> <p>NHS England: Director of Health</p>	<p>Complete</p> <p>Complete</p>

	Principles' for the sharing of information between L&D services and HMPPS, launched at a national workshop held on 23 rd May 2022.	and Justice, Armed Forces and SARCs	
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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.	Agreed	<p>Dedicated vulnerability training is part of a national training syllabus - 'Professionalising Investigation Programme' (PIP) Level 1 – 4, which has been set and approved by the College of Policing.</p> <p>The NPCC will work with the College of Policing to determine whether the National PIP training syllabus requires review in terms of its vulnerability input at each PIP level.</p>	Deputy Chief Constable, NPCC Mental Health Lead	January 2023
			<p><u>Progress against commitments (March 2023)</u></p> <p>The NPCC supported this recommendation by working with the College of Policing to promote the uptake of its existing Mental Health training provision by those in dedicated investigative roles. The training package is designed to raise awareness of mental health conditions, neurodiversity, and police approaches to responding to mental health. The NPCC have requested forces to consider mandating training for specific criminal justice roles, investigators, and custody staff.</p> <p>The NPCC have consulted with the College of Policing (CoP) on the PIP (Professionalising Investigation Programme) training syllabus for investigators. This is a tiered approach to investigative training and CoP have confirmed that vulnerability training is sufficiently built into both initial recruit training and graded levels of the PIP process. This training input will continue to be provided to investigators.</p>	Deputy Chief Constable, NPCC Mental Health Lead	Complete
15	Dip sample (outcome code) OC10 and OC12 cases to assess the standard and	Partly Agreed	This recommendation is partly agreed as performance & compliance management is a matter for individual police forces and cannot be mandated by the NPCC.	Deputy Chief Constable, NPCC Mental Health Lead	April 2022

	consistency of decision making and use this to determine any training or briefing requirements and the need for any ongoing oversight.		<p>In support of this recommendation the NPCC will highlight the need for forces to review their use of OC10 & 12 outcome codes as appropriate disposals to criminal investigations. Police forces will be requested to consider scrutiny of the use of the outcome codes within existing performance management structures ensuring a consistent application in cases.</p> <p>The NPCC and College of Policing will gather feedback on any training and guidance requirements emerging from the forces' findings, on a quarterly basis via the National Forum meeting. Guidance and training will be updated as required.</p>		
			<p><u>Progress against commitments (March 2023)</u></p> <p>The NPCC have provided advice to forces that they should monitor the use of OC10 and OC12 outcomes codes for trends in case disposals. Each force has its own performance management framework to consider whether this is a specific issue that requires further analysis and performance monitoring.</p> <p>The inclusion of mental health as a specific field in the digital case file will also allow greater levels of data collection of how those cases are being resulted using the appropriate outcome code.</p> <p>The revised NPCC Mental Health Strategy (2022-2025) sets out the priorities for criminal justice processes concerning mental health, including monitoring of outcomes for mental health related cases. The NPCC will continue to work alongside the HMICFRS on its inspection regime for management of vulnerability and raise the outcomes of cases for consideration of future inspections, particularly the use of these specific outcome codes.</p>	Deputy Chief Constable, NPCC Mental Health Lead	Complete
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.	Agreed	The NPCC will request forces to review the effectiveness of their use of Mental Health flagging, to consider how mental health flagging can be improved to inform decision making through data analysis and improve risk management. An evaluation will be conducted of any best practice emerging and shared across policing.	Deputy Chief Constable, NPCC Mental Health Lead	January 2023

			The NPCC will request Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) to consider specifically including the forces use of mental health flagging as part of their ongoing vulnerability and custody inspection regimes to provide independent scrutiny.		
			<p><u>Progress against commitments (March 2023)</u></p> <p>The NPCC have reviewed the effectiveness of their use of Mental Health flagging and concluded that it is an outdated concept and fraught with data quality and governance issues.</p> <p>In response to the review to improve how mental health data is captured, NPCC will complete the following by June 2023 that are linked to national guidance development work:</p> <p>As part of the launch of the NPCC Mental Health Strategy and as part of the specific objective on Data and Information Management we have started to shape how mental health data may be captured in future across different force systems. As there is no one national IT system for police contact management and police records we face developing a dataset that can implemented across technologies and within different regional structures.</p> <p>Agreeing a dataset that effectively balances data capture versus resource required to collect is a key milestone. Some forces have made significant improvements in response to this recommendation by improving their own mental health dataset and the NPCC will promote and share their approaches as good practice to achieve consistency.</p>	Deputy Chief Constable, NPCC Mental Health Lead	Complete June 2023
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	Agreed	<p>This is an agreed measure which forms part of the risk assessment process and vulnerability awareness for those involved in dealing with persons attending a police station, including voluntary attendees.</p> <p>NPCC will request police forces to review their policies around 'voluntary attendance' and ensure that risk assessment processes are fit for purpose. Continued local partnership arrangements will ensure that referral pathways are made available for persons detained in custody and upon release via the post-release risk management process.</p>	Deputy Chief Constable, NPCC Mental Health Lead	June 2022

	and Diversion and the use of appropriate adults.				
			<p><u>Progress against commitments (March 2023)</u></p> <p>Links have been made with the NPCC Custody portfolio and advice has been issued to forces around the basis for this recommendation. This is now being addressed by forces in their approach to risk assessment of voluntary attendees; ensuring a process of referral for support is built in and L&D / Healthcare involvements occurs where appropriate.</p> <p>In addition, some specific investigation types (e.g., investigation of child sex offences) have resulted in the detainee routinely being issued with referral documentation. This supports where a person's mental health deteriorates following police contact then they have access to relevant support material. There is not a universal provision of support services across England and Wales. The provision of service is also not within the control of policing although we continue to encourage provision by (healthcare/3rd sector) organisations through the regional governance structures.</p> <p>With regards to managed offenders (e.g., those subject to provisions of MAPPA) the NPCC have worked with the Vulnerability, Knowledge & Practice Programme to produce a guide for officers on managing offenders with mental health conditions. This supports this recommendation by improving risk management of this group of offenders who present specific risks to victims and the community.</p>	Deputy Chief Constable, NPCC Mental Health Lead	Complete
18	Police leadership should review MG (manual of guidance) forms to include prompts or dedicated sections for suspect vulnerability to be included.	Agreed	The National 'Digital Case File' (DCF) project has made provision for this recommendation when the system is rolled out to police forces. A specific (mandatory) field in the digital case file will ask the officer to endorse whether Mental Health is a factor in the case. If so, it will open up additional fields on the form for the investigator to populate and this information will be viewed by the prosecutor on receipt of the casefile.	Deputy Chief Constable, NPCC Mental Health Lead	January 2023
			<p><u>Progress against commitments (March 2023)</u></p>		

	<p>The Digital Case File (DCF) national project has already incorporated the identification of mental health in the new case file format (replacing the manual of guidance forms referred to in this recommendation) for both the suspect and victim/witnesses in support of this recommendation. This identification of mental health in the case file is separate to mental health flagging issues associated with police incident, intelligence and crime recording systems as referred to in recommendation 16.</p> <p>The DCF project continues to be prepared for testing in forces which is due in 2023 prior to a national roll out. There have been a number of technical barriers to testing and implementation, but this recommendation is considered to have been addressed by this work which will be rolled out nationally.</p> <p>There is a Mental Health identifier built into DCF which the investigator can use to clearly identify mental health as an issue. It provides a field for a narrative to outline the issues that may require further consideration by justice partners.'</p>	Deputy Chief Constable, NPCC Mental Health Lead	Complete
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The Probation Service should:

19	Review its mental health flagging guidance to help probation practitioners to identify and accurately record a person's mental health needs (within six months).	Agreed	<p>The Probation Service will review current guidance on the flags on the case management system (NDeIus) and personal circumstances data collection areas and update accordingly via our Health Data group. Furthermore, consideration will be given to any issues related to the Offender Assessment System (OASys) that may also require a review.</p> <p>Guidance will be completed within six months and communicated via established communications routes e.g., quarterly Health leads meetings and Probation news (newsletter to all Probation staff). The data group will consider current management information in place and its suitability for monitoring improvement in this area, identifying and progressing areas for improvement and reporting progress to the multi-agency Mental Health Working Group.</p>	Regional Probation Director with Health Thematic Portfolio	August 2022
			<p><u>Progress against commitments (March 2023)</u></p> <p>A review of relevant flags in n-Delius has been completed in partnership with health partners and practitioners. The necessary systems change for both</p>		April 2023

			gathering and reporting information have been agreed and we expect the changes to appear on n-Delius by April 2023 and accompanied by refreshed guidance for staff.	Regional Probation Director with Health Thematic Portfolio	
20	Improve the quality of pre-sentence reports to ensure that they contain a comprehensive analysis of trauma, mental health needs and where indicated proposals for appropriate treatment.	Agreed	<p>The Probation Service will review and update guidance to Pre-sentence Report (PSR) writers. This will align and complement work undertaken by the MHTR expansion programme.</p> <p>Working with Health colleagues and other Criminal Justice partners, the Probation Service will continue to roll out the MHTR expansion programme in line with Government targets, to increase opportunities for treatment provision.</p>	Regional Probation Director with Health Thematic Portfolio	December 2022
			<p><u>Progress against commitments (March 2023)</u></p> <p>Mental Health Treatment Requirement (MHTR) guidance has been updated for Pre-Sentence Report writers and sentencers.</p> <p>HMPPS continues to work with Health colleagues and Criminal Justice partners to roll out the expansion programme which remains on schedule.</p>	Regional Probation Director with Health Thematic Portfolio	Complete
21	Work with NHS and HMCTS to increase the use of Mental Health Treatment Requirements across England and Wales.	Agreed	<p>Through the Community Sentence Treatment Requirement (CSTR) Partnership, Health and Justice Partners are working together to ensure greater use is made of mental health, alcohol, and drug treatment requirements as part of community sentences. The NHS England and Improvement Mental Health Treatment Requirements (MHTRs) programme is currently on track to achieve its ambition for primary care MHTR coverage to be across 50% of England by 2023, funded by the NHS long term plan. As part of work underway to increase use of MHTRs, the Probation Service will:</p> <ul style="list-style-type: none"> • Review and update current practice guidance on secondary (business as usual) MHTRs and promote with Court Teams and Sentence Managers across England and Wales • Work with Health Commissioners and other partners to roll out primary MHTRs in line with the 2022 plan agreed with the Senior Presiding 	<p>NHS England: Director of Health and Justice, Armed Forces and SARCs</p> <p>HMPPS: Deputy Director, Rehabilitation and Care Services</p> <p>DHSC: Deputy Director Mental Health and Offender Health</p>	<p>May 2022</p> <p>September 2022</p>

		<p>Judge. Working with Welsh Government and local health boards, and building on the MHTR pilot in Swansea, we will look to roll out similar models across Wales.</p> <ul style="list-style-type: none"> • Promote MHTRs with sentencers and other court users, including additional information on primary MHTR site roll out as appropriate across England and Wales. • Update the Effective Practice Framework (EPF1) and the detailed practice guidance via the Excellence and Quality in Process (EQuIP) online system, as required. • Monitor uplift in MHTR provision. Share best practice and lessons learned with primary MHTR roll out sites as they come on stream across England and Wales. • Continue to engage with research evaluation programme. • Update CSTR Governance structure in line with agreed Interim Health Governance model. 	<p>MoJ Policy: Deputy Director, Female Offenders and Health Policy, MoJ</p> <p>Welsh Government: Deputy Director, Mental Health, Substance Misuse & Vulnerable Groups Division</p>	Complete
		<p><u>Progress against commitments (March 2023)</u></p> <p>NHS England The Mental Health Treatment Requirements (MHTRs) programme achieved 50% coverage of England's Criminal Courts and population in November 2022. The Programme is on track to achieve full coverage by Mid-2024.</p> <p>HMPPS MHTR guidance has been updated for Pre-Sentence Report writers and sentencers. MHTR process maps on the Excellence and Quality in Process (EQUIP) online system have been reviewed and updated.</p> <p>HMPPS continues to work with Health colleagues and Criminal Justice partners to roll out the MHTR expansion programme which remains on schedule.</p> <p>MoJ New joint governance arrangements for Community Sentence Treatment Requirement (CSTRs) were introduced in November 2021 with a Strategic Partnership Board co-chaired by MoJ and DHSC and a monthly Operational Delivery Group co-chaired by NHSE, HMPPS and OHID.</p>	<p>NHS England: Director of Health and Justice, Armed Forces and SARCs</p> <p>HMPPS: Regional Probation Director with Health Thematic Portfolio</p> <p>MoJ Policy: Deputy Director, Female Offenders and Health Policy, MoJ</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>

	<p>MoJ analysts produce a monthly data dashboard to monitor activity levels and trends in the use of CSTRs, including MHTRs. This is shared with partner agencies and discussed at the Operational Delivery Group.</p> <p>Welsh Government The MoJ is continuing to engage with the Welsh Government and the relevant health boards in Wales regarding the Mental Health Treatment Requirements (MHTR) pilot and associated learning.</p>	<p>Welsh Government: Deputy Director, Mental Health, Substance Misuse & Vulnerable Groups Division</p>	<p>Complete</p> <p>Ongoing</p>
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Her Majesty's Prison Service should work with NHS England and Improvement and Welsh Government to:

22.	<p>Tackle the long waiting lists caused by the Covid-19 pandemic including for mental health assessments, psychological treatment, counselling, and therapeutic group work.</p>	<p>Agreed</p>	<p>HMPPS, NHS England and the NHS in Wales recognise that Covid-19 outbreaks and necessary restrictions in both prison and community services have impacted routine health and wellbeing activity, and this is central to prison and health plans for recovery.</p> <p>Prison Governors and health providers already work closely together to ensure a partnership approach to the enablement and delivery of health services in establishments. Through local delivery boards, Governors and health providers will continue to review waiting times as part of local partnership recovery plans based on understanding of the impacts of Covid on local services both in the prison and the community. These remain under constant local review, and we will undertake stocktakes linked to the status of the Covid-19 pandemic.</p> <p>Mental health services in Wales were designated as essential services during the pandemic and have remained accessible – but waiting times have been affected. We will continue to work with the health boards and support them with additional resources as part of recovery to allow them to address waiting times. Prison Health and Social Care Partnership Boards will consider any data that can be provided which demonstrates delays in access to services. This is in the context of there being several factors that can impact access to services,</p>	<p>HMPPS: Deputy Director, Rehabilitation and Care Services</p> <p>NHS England: Director of Health and Justice, Armed Forces and SARCs</p> <p>Welsh Government: Deputy Director, Mental Health, Substance Misuse & Vulnerable Groups Division</p>	<p>April 2023</p> <p>April 2023</p>
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			including the prison regime and service pressures and Covid-19 developments.		
			<p><u>Progress against commitments (March 2023)</u></p> <p>HMPPS/NHS England Activity continues to be managed at the local level, with health and social care governance structures allowing issues to be escalated through the operational line. Local Delivery Boards, regional commissioners and Governors continue to monitor waiting lists locally for prisoners to access health services.</p> <p>Welsh Government Welsh Government continues to work with the health boards and provide support with additional resources as part of recovery to allow them to address waiting times. Mental health continues to be the highest area of spending by the NHS in Wales. In 22-23 the ring-fenced Mental Health budget provided to Local Health Boards is over £760million.</p>	<p>HMPPS: Deputy Director, Rehabilitation and Care Services</p> <p>NHS England: Director of Health and Justice, Armed Forces and SARCs</p> <p>Welsh Government: Deputy Director, Mental Health, Substance Misuse & Vulnerable Groups Division</p>	<p>Ongoing</p> <p>Ongoing</p>

Recommendations	
Agreed	16
Partly Agreed	4
Not Agreed	2
Total	22