

Reducing Reoffending Board Public Note of Meeting

25th May 2021, 10:30-12:30

Teams Call

1. Welcome, apologies for absence, and actions from previous meeting

Confirmed Attendees:

NPS	DWP
MPS	YJB
PHE	NHS
London Councils	HMP Bronzefield
LHOCS	HMP Isis
HMCTS	HMP Wormwood Scrubs
HMPPS	GLA Health
Clinks	
MOPAC	

Election results

Sadiq Khan has won his second term as Mayor of London with Sophie Linden being appointed as Deputy Mayor for Policing and Crime for a second term.

Although the Mayoral Team remains the same, there will still be a shift in priorities and updating of commitments. Due to the delayed election, this mayoralty is only 3 years which means we will need to develop the PCP in shorter timeframes to allow time for delivery.

This board will be part of the consultation process which will progress quickly between now and the next meeting in August.

2. Future priorities

To agree future priorities for the board, we brought together three perspectives to identify areas of shared interest:

- Manifesto commitments
- Partner delivery plans
- Shared needs assessment

The ambition was to choose three areas for in-depth consideration at each subsequent meeting over the next year.

There will of course also be a need to continue with existing work, deliver on new PCP commitments, and other partner priorities.

Manifesto commitments

The Mayor's top commitments related to reoffending, outlined in his manifesto are:

- Continuing to invest in the police to keep our streets safe
- Fighting for the Government funding London needs to recruit more police officers
- Renewing our focus on the safety of women and girls
- Supporting the victims of crime
- Taking a public health approach to reducing violence by investing to tackle the causes of crime

The specific areas most relevant to this board:

- Serious and violent offenders need to be rehabilitated in prison and released safely when appropriate
- Young adults moving from children's services need particular support to transition successfully
- Tackling drug-related crime, predominantly violence and exploitation
- Addressing violence against women and girls

Partner delivery plans

Ahead of the board partners were posed the following questions with the papers circulated:

- What are the top priority actions for your organisation over the next year?
- What are the key problems/ challenges you would like to solve, or strengths you would like to build on?

Haringey's focus is on reducing serious youth violence, supporting victims of serious youth violence, reducing robbery and improving trust and confidence in the police.

YJB has an under 18 focus, looking at over representation and disproportionality within the youth justice system, ensuring organisations have a child first approach, reducing reoffending of young people but also preventing young people from entering the system in the first place.

HMPPS agreed with the priorities outlined and added the improvement of prison and probation links and improving prison pathways.

Prisons are having a much slower recovery from Covid than other organisations. The priority is to think differently about service delivery within prisons that are safer and more flexible by taking learning from Covid and creating a better environment within the prison.

NPS reiterated the importance of continuity of care, especially because many are in prisons out of London. NPS will have a focus on CSTR as it captures substance misuse and mental health work. There is an equality plan being drafted which will focus on certain cohorts where more work needs to be done e.g BAME people under 25 and Gypsy/ Roma travelers.

PHE's focus on health equalities and inclusion by using funding coming into substance misuse area and imbedding into wider agendas, taking regional level services and looking at drug related crime, integrating drugs and alcohol across the piece and creating a drugs board to imbed drugs and CJS even further.

Police custody are reframing the purpose of custody, by taking inspiration from RedThread and embedding youth custody workers. Custody provides the opportunity for us to reach those who need support and divert them from the CJS. It almost strips people of all the outside

distractions, no phones and no peers and allows for young people to reflect on their actions. Youth workers have a real opportunity to engage with young people while in custody. The aim would be for this to be rolled out across all custody suites in London.

Police custody would also like to do more work for veterans and young people with neurodiversity's, especially autism coming into custody.

DWP would like to do more for diversion within custody as their main priority is using employment to reduce reoffending. They have seen that training and rehabilitation within prison does not going to guarantee that people will leave and get a job quickly. The right support needs to be in place during resettlement to ensure they get into employment. DWP would also like to focus on neurodiversity to ensure the correct support is in place. This will involve more joint up working with health.

The Met are reviewing their CJ Action Plan which supports the 'Met direction' policy looking at:

1. What matters most to Londoners (high harm offenders, serious youth offenders, violence against women and girls)
2. Criminal justice (reduce disproportionality, decriminalizing young people)

Needs assessment

MOPAC has been working with the NPS on the shared needs assessment, based on OASys data, to create a product that can inform directions of work.

The shared needs assessment outlines the following criminogenic needs as a factor to reoffending, in order of prevalence:

1. Thinking, Behaviour and Attitudes
2. Lifestyle and Associates
3. Emotional Wellbeing (NPS Case data only)
4. Education, Training and Employment
5. Substance misuse
6. Relationships
7. Accommodation

Board future priorities

MOPAC summarised the boards priorities into future thematic areas:

- Serious youth violence, transitions and police custody (Need to be clear on framing, high harm offenders? Under 18s? 18-25s?)
- Prisons to community
- Priority groups: veterans, neurodiversity and autism

To be considered under these lenses:

- Healthcare (including mental health and substance misuse)
- Lifestyles and attitudes

3. Mental health in criminal justice

This agenda item is to ensure all partners know what is already happening in London, discuss how the board wants to frame mental health and criminal justice, where there are gaps in provision/support and potential future work going forward.

Mental Health and Policing

MPS provided an overview of the current pressures MPS face in relation to mental health. 83% of calls the police receive are surrounding welfare and wellbeing. In 2021, there were around 160,000 calls a year for mental health incidents. In 2020, the police received a mental health call every 3 minutes and a deployment was made every 20 minutes.

Custody is not a safe place for those who are mentally unwell but due to lack of mental health beds they sometimes have no choice but to remain in custody.

These pressures have meant the MPS are focusing on mental health through the following questions:

1. How do we reduce demand on police for mental health issues?
2. How do we improve the experience of those in mental health crisis when interacting with the police?

MPS emphasised the need to look at the link between mental health and offending in more detail.

Overview of NHS work for Mental Health and CJS

Liaison & Diversion (custody and courts) is a voluntary service commissioned to work within custody, magistrates and crown courts to divert individuals with vulnerabilities, including mental health, away from the criminal justice system where possible and provide advice to officers and magistrates on charging and sentencing decisions. If the individual provides consent their vulnerabilities are shared with other CJS partners to identify if their offending is connected to their vulnerability and what their risk level to self and others is.

In London there are 10 providers which are a mix of NHS trusts and VCS organisations. The practitioners who screen the individuals are either mental health nurses or trained professionals such as psychologists and community teams can work with the individual for up to 3 months.

CSTR (pilot and rollout) is a national programme being rolled out in London. Currently, MOPAC and NHSE/I Health & Justice London co-fund delivery for women in South London (12 boroughs). The programme provides dedicated mental health court assessments and primary treatment to support the use of MHTRs and seeks to improve partnership working around ATR/DRRs.

NHSE/I H&J are in discussion with MOPAC and the NPS on how to expand the CSTR programme further across London as part of the NHS Long Term Plan.

Prison healthcare is provided through the 'Prime model' which includes integrated mental health services and joint work with safer custody. They provide support to those who are waiting for a mental health bed when non are available and will continue to push for them to be transferred.

RECONNECT (continuity of care from prison) is a through the gate provision to support those due for release to reconnect into society. Within London there are two pilot sites, HMP Brixton and HMP Bronzefield.

The pilot within HMP Bronzefield works with women on remand who will be living in London upon release. The HMP Brixton pilot works with men who have been serving long sentences and are coming up to their release date.

Framing, actions and prioritisation

Other PCCs frame mental health in criminal justice very differently; some as a standalone piece, some focus on dual diagnosis, and others see it as wrapped into a multiple disadvantage/cohort approach.

Initial discussion with NHSE/I H&J suggests that the preferred option for framing would be as a standalone piece, as the future of substance misuse will pull criminal justice into health which is not appropriate for mental health, and a 'cohort' should not make a difference to service access.

MOPAC summarised the gaps in current activity and areas for development:

- CSTRs expanding offer and improving uptake
- Support for lower level need
- Strategic partnerships – identify and address any local disconnect and share best practice
- Adolescent trauma – including impact of Covid

It agreed that mental health would be looked at as a standalone piece but it should be a lens through which the priority areas are considered, and this will be built into the workplan.

3. Next steps

Annual workplan & performance framework

The priority areas and other activities captured today will be used to inform the annual workplan.

This will also be used to develop a new performance framework which will help us to measure progress and impact on outcomes.

Provider forum/ service user voice

Following the identification of priority areas, a provider forum or other mechanism will be established, to enable service users and providers to shape the work of the RRB.

Discussions in advance of subsequent RRB meetings can help to shape each thematic conversation.

4. AOB and Close

Next meeting: 26th August 2021