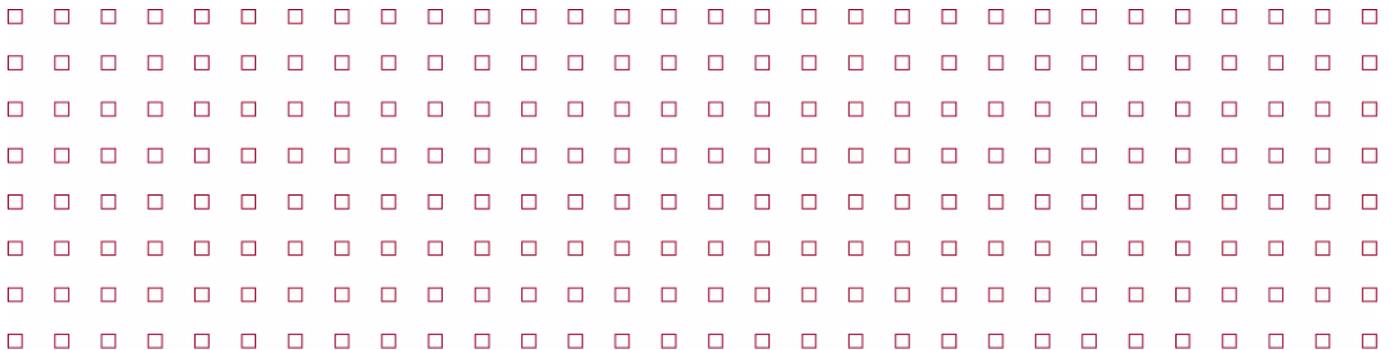




Lord Bradley's report on people with mental health problems or learning disabilities in the Criminal Justice System: the Government's response

30 April 2009



1. The Government is very grateful to Lord Bradley for carrying out this review and to the many organisations and people who formed part of the consultation and contributed. The Government welcomes the report and its analysis, identifying where further work or reforms are needed and setting out the case for change.

2. We recognise that this is an area that has long called for reforms in the way that services work together to achieve a better outcome overall, in the interests of victims, rehabilitation of offenders and the public. As the evidence in the report makes plain, the prevalence, among suspects and offenders, of mental disorders, learning disabilities, drug and alcohol problems is very high. Improving access to services before contact with, and at all points of the criminal justice system (in the community, on arrest, at court, prison or community sentence) can be expected to lead to a more efficient and just system, and one that increases the chances of successful resettlement and reduction of further offending. It is important that young people's problems are identified early and handled effectively to avoid them entering the criminal justice system or, if necessary, to support them within it.

3. Public protection is a key priority in the criminal justice system and in achieving that we must have the support and confidence of the public. The Government believes, in line with Lord Bradley's Report, that there is a need for system reform that enables us, by ensuring that we have a proportionate and effective response to offender health, that we are able to balance the twin objectives of public protection and the needs of offenders: delivering improvements to the way offenders are able to access mental health and learning disability services whilst ensuring they are properly risk managed. There are five main components to such system reform:

- A. a clear national vision and commitment among the departments and service agencies involved to improve health and re-offending outcomes for offenders
- B. new governance arrangements that support the joining up of policy, strategy, commissioning and service delivery across the health and criminal justice pathway
- C. clear statements about what changes to the system will be expected to be achieved in the short-term, the medium and longer term, so that services may direct their commissioning and planning accordingly

- D. measurable outcomes that enable progress and the pace of change to be monitored
- E. an integrated inspection framework that enables the NHS and CJS to be held jointly to account for improving these outcomes

4. To help deliver the necessary reforms the Government accepts Lord Bradley's recommendation that a National Programme Board - to cover all aspects of mental health and the criminal justice system - should bring together the relevant government departments covering health, social care and criminal justice. This, Health and Criminal Justice Board, will develop a clear national direction underpinned by robust service commitments to improve access, as appropriate, for suspects and offenders to mental health or learning disability services, as well as for those with multiple treatment needs, for example, including drugs or alcohol.

5. The Board's first priority will be to consider the recommendations in Lord Bradley's report, and come forward with a national plan by October 2009. In August 2008 the Government published the results of a consultation **Improving Health Supporting Justice** which proposed a cross Government strategic approach to these issues alongside national and regional delivery plans to address all the health and social care needs of offenders. It is our intention that work following Lord Bradley's report would form part of our overall strategic approach to improving health and social services for offenders.

6. The Government accepts the need for systematic engagement, involvement and scrutiny by delivery and other partners, as well as service users, in the formulation of plans and oversight of progress in this area. As a first step, and in order for the work of the new Board to be informed by a wider set of views, the Government is inviting comments on Lord Bradley's Report and recommendations, by 31 May 2009. The Government also accepts Lord Bradley's recommendation for a National Advisory Group to help ensure the continuing wider involvement in the development and delivery of improvements in this area. The Government would also welcome views about the nature and constituency of the National Advisory Group by the same date.

7. The National Programme Board will comprise representatives from the Department of Health, Ministry of Justice, Home Office and Department for Children, Schools and Families. Officials from the Welsh Assembly Government will also be able to participate. The Board will be fully in place by the end of May, supported by a cross departmental team. As already noted the Board will develop a national delivery plan.

This plan will draw on Lord Bradley's recommendations and other work including the views of stakeholders. Aspects of the report which are specific to children and young people will be taken forward through existing governance arrangements between the Department of Health, Department for Children, Schools and Families and the Ministry of Justice, in liaison with the National Programme Board. The Government will publish the delivery plan by 31 October 2009. The Board will be jointly accountable to Department of Health, Ministry of Justice, Home Office and Department for Children, Schools and Families ministers and report regularly to them. The Board will be chaired by the Department of Health's Director General, Social Care, Local Government and Care Partnerships.

8. The Government attaches particular importance to Primary Care Trusts (PCTs) and criminal justice partners jointly planning services to ensure coordinated commissioning and delivery. This is an essential component of the service reforms that will underpin the transformational change necessary to tackle the current fragmented arrangements. World class commissioning has set out a new approach to commissioning for health and care services. The programme is already bringing about a step change in commissioning, ultimately improving health and well-being outcomes. PCTs are developing the skills and behaviours that underpin effective commissioning including working in partnership with their community partners, including those in the criminal justice system. The commissioning assurance system is a key part of the world class commissioning programme. It will hold commissioners to account, reward performance, and ensure health outcomes are improving. As a consequence, we expect to see significant improvements in PCT commissioning capability, resulting in improvements in health and well-being outcomes, including for offenders and those who come into contact with criminal justice agencies. The Department of Health agrees that the needs of offenders with mental health and learning disabilities should be considered by the NHS and the Programme Board will establish the best way to communicate this to the NHS, which could include through the Operating Framework however there maybe other appropriate mechanisms.'

9. The Government will look to the Care Quality Commission and partner inspectorates in the criminal justice system, to examine the impact of joint commissioning on improving access to health, learning disability and related criminal justice services, and on the scope for further improvement.

10. The Government welcomes Lord Bradley's recognition of the importance of prevention and early intervention. The Government is committed to ensuring that all children with mental health problems or

learning disabilities have their needs identified early and addressed swiftly, particularly those children and young people most at risk of negative outcomes such as anti-social and criminal behaviour. We will look to Children's Trusts to ensure effective planning and commissioning of services, ensuring high quality arrangements to identify and intervene early in every case where a child or young person needs additional help on issues such as health, education or behaviour. The Government has taken measures to ensure that all teachers meet core professional standards, including knowing how to make effective personalised provision for children who have special educational needs (SEN) or disabilities.

11. The independent review of Children and Adolescent Mental Health Services (CAMHS) published on 18 November 2008 highlighted the needs of vulnerable children and young people, including those at risk of offending or who are in secure settings. It set out wide-ranging and challenging recommendations on which the Government has committed to act. Our action will address weaknesses in the delivery system around leadership and commissioning and the training and development needs of appropriate staff in universal services, such as schools. It will build on the inclusion of CAMHS within the 2009/10 NHS Operating Framework in order to drive and embed real improvements in mental health services for these children and young people.

12. A forthcoming strategy to meet the health and social care needs of children and young people across the youth justice pathway will ensure that needs of this particularly vulnerable group of children and young people are given a more effective profile across Government and will build on many of the principles laid out in the Bradley Review. It will address the way services are delivered by health and social care, including to those youngsters who spend time in secure settings.

13. The Government endorses the aims behind Lord Bradley's recommendation for Criminal Justice Mental Health Teams that would be responsible for ensuring continuity in an individual's mental health care when in contact with the criminal justice system. Lord Bradley has defined that diversion **"is a process whereby people are assessed and their needs identified as early as possible in the offender pathway (including prevention and early intervention) thus informing subsequent decisions about where an individual is best placed to receive treatment, taking account public safety, safety of the individual and punishment of the offence"**. This is a helpful clarification to the nature and outcomes from services that would need to be put in place at various stages of the offender pathway, in particular for those offenders in police custody or under court proceedings.

14. There are already many examples of court liaison and diversion services, some of which have been referenced by Lord Bradley in his report. However, we accept there is a need to make progress right across the country. The Government considers that, as a medium term goal, every police custody suite and every court will have access to mental health liaison and diversion services, able to carry out timely assessments, and where appropriate refer offenders to treatment. This goal should form part of the joint PCT and criminal justice commissioning referred to above.

15. In this context the Government agrees with Lord Bradley that the issue of how services in police stations are commissioned and provided needs to be reviewed. The National Board will examine the case for moving commissioning of health care services from the police to the NHS, and report to Ministers on the options and their merits.

16. It is a key Government objective that the public will be protected from those who have committed serious violent or sexual offences, and will do all that is needed to maintain the confidence of victims and the public. We agree with Lord Bradley that the current programme of work in this area should be extended to improve security at low and medium secure mental health facilities. The Board will consider what further steps are needed to improve security, including promoting the use of standardised risk assessments, and a new model of combined assessment of mental health need and risk for use both by the NHS and criminal justice agencies.

17. The Government also recognises that there is a need to improve the timeliness of access to secure mental health care by prisoners with acute, severe mental illness. Lord Bradley has recommended that a target of 14 days should be set. The Board will consider the feasibility of such a target. It will also ensure that where further guidance to the NHS and criminal justice agencies is necessary, this is issued by 2010, so that along with improved commissioning of services and availability of secure health services the goals of improved security and timely access to secure health services by prisoners can be achieved.

18. The report makes many recommendations whose intent is to join up services, provide clear frameworks so that front line staff are able to work across boundaries, and for research, evaluation and training to support these aims. Subject to the further detailed work that the Board will be carrying out, the Government is happy to endorse these aims. There is already good work in this area. As in other areas there is a need to build and unify these initiatives, to ensure that front line staff have a good awareness of mental health and learning disability, and their role also in working with other agencies.

19. The Government has already recognised the special issues that relate to women offenders in the criminal justice system. Baroness Jean Corston published her independent Review of Women in the Criminal Justice System with Particular Vulnerabilities in March 2007. This made a number of significant recommendations aimed at improving health and support services for women in the criminal justice system. Good progress is being made and was reported to Parliament (**Official Report**, 10 December 2008, column 59WS and 3 February, Column 43WS). The Board will ensure that the delivery plans based on Lord Bradley's recommendations also meet the requirements of women, as well as the specific needs of black or minority ethnic groups. Lord Bradley does not deal specifically with the mental health needs of veterans who are involved in the criminal justice system, nevertheless the Government also recognises that this is an important group and whose needs will also be taken into account as the delivery plan is developed.

20. Lord Bradley's Report has made 82 recommendations. There is a need for further work to be undertaken against these recommendations to establish their full potential impact on resources and deliverability. Given the current economic climate, there is a strong possibility that no new resources will be available for this work and existing resources may need to be reprioritised. The attached grid gives the Government's initial view. Lord Bradley's report itself recognises many recommendations will need further work to ensure that all implications are considered for children and young people and adults. As already stated the Board will look in detail at all recommendations as part of preparing the national delivery plan, and the Government will make a further report to Parliament in six months, reporting progress in relation to mental health and learning disability, as well as the broader health and CJS strategy.

21. Finally, we will discuss the implementation of the report with the Welsh Assembly Government in respect of devolved functions with the aim of ensuring the best possible outcomes for offenders in Wales and for shared learning. The Welsh Assembly Government is conducting a separate consultation on the future of Secure Mental Health Services for Wales and will consider the findings of the Bradley Report alongside that review. Welsh Assembly Government Officials will join the National Programme Board we intend to establish.

The Government's response to the recommendations made by Lord Bradley in his review of people with mental health problems or learning disabilities in the criminal justice system

Introduction

The following grid sets out the Government's response to each of the recommendations made in Lord Bradley's report and what action is to be taken. The Grid forms part of the statement made by the Government responding to Lord Bradley's report and needs to be read in conjunction with it.

Many of the responses to Lord Bradley's recommendations require further work to establish their cost and deliverability. There is a need for further work to be undertaken against these recommendations to establish the full potential impact on resources and deliverability. Given the current economic climate, there is a strong possibility that no new resources will be available for this work and existing resources may need to be reprioritised. Where possible, the Government has set out a timescale for the activity against the recommendation.

The recommendations are grouped under the following headings. The page number where the recommendation appears in both Lord Bradley's full report and executive summary report is provided for ease of reference.

- Governance Arrangements
- Children & Young People
- Police
- Courts
- National Offender Management Service
- Criminal Justice Mental Health Teams
- Overarching Systems

As indicated in the Government statement, all those recommendations being taken forward will be incorporated into the government's wider strategy for health and social care for offenders. This strategy is due to be published in November 2009.

A Glossary of Abbreviations is available at the end of the document.

Governance Arrangements

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
21	124	National accountability for this agenda will be via a new Programme Board, which will bring together all the relevant government departments, covering health, social care and criminal justice. The National Programme Board will develop a clear, national approach to mental health/learning disability for offenders.	Accepted	This key recommendation is accepted. The National Board will be in place by the end of May 2009 and will be supported by a cross dept team.
21	125	A National Advisory Group should be set up to support Ministers and the Programme Board. The role of the Advisory Group will include: <ul style="list-style-type: none"> ○ Provision of independent, evidence-based advice to Ministers and the Programme Board on the developing agenda; ○ Acting as an independent challenge to the development and progress of the work programme; ○ Highlighting examples of good practice and commissioning in-depth studies in areas of particular interest. 	Accepted in principle	The Government agrees with the need to have a National Advisory Group. The Government has asked for views by 31 st May 2009 about the nature and constituency of the National Advisory Group, and will make arrangements to establish it by 31 July 2009.
21	125	An independent Chair should be appointed for the Advisory Group.		
21	125	The Advisory Group will incorporate service user/carers experience into its work.		
21	125	The National Programme Board and Advisory Group will be supported by a small, cross-government implementation team that will draw together all the key agencies needed to deliver this agenda.		

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
23	130	<p>The National Programme Board will oversee the development of a national model of Criminal Justice Mental Health Teams with agreed common elements and its roll-out across the country. The core activities of this work will be development of the following:</p> <ul style="list-style-type: none"> • Core minimum standards for each team • National network • Reporting structure • National minimum dataset • Performance monitoring • Local development plans • Key personnel 	Accepted in principle	<p>The Government agrees with the goal behind this recommendation, and as a medium term goal that every police custody suite and every court should have access to mental health liaison and diversion services, able to carry out timely assessments, and where appropriate refer offenders to treatment.</p> <p>The Programme Board will consider, as part of the delivery plan, what further advice needs to be given to PCT commissioners, and the CJS to help achieve this goal.</p>

Children & Young People

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
2	32	All staff in schools and primary health care, including GPs, should have some mental health and learning disability awareness training to help them to identify individuals needing help and refer them to specialist services.	Accepted in principle	Accept in principle pending further assessment. Government is already ensuring that all teachers should meet core professional standards, which include making effective personalised provision for children who have special educational needs (SEN) or disabilities. For the serving school workforce, schools and settings are also being supported to become more effective at meeting the needs of individual pupils, including those with SEN and disabilities, through a 3-year Inclusion Development Programme. Government's programme of work to improve psychological wellbeing and mental health services as part of Public Service Agreement 12 on Child Health includes specific focus on early intervention and prevention work by practitioners in universal service settings. We will consider the issue of further training for the appropriate staff in schools and primary health settings as part of our ongoing dialogue with appropriate professional and training bodies for these sectors.
3	33	The membership of all Youth Offending Teams must include a suitably qualified mental health worker who is responsible for making appropriate referrals to services.	Accepted in principle	Accept in principle pending further assessment. Government is acting on the recommendations contained within the recent Healthcare Commission report 'Actions Speak Louder'. Further information on how Government will respond to these recommendations will be set out in the forthcoming Health Strategy on children and young people in contact with the Criminal Justice Strategy.

Lord Bradley's report on people with mental health problems or learning disabilities in the Criminal Justice System: the Government's response

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
3	33	The government should undertake a review to examine the potential for early intervention and diversion for children and young people, with mental health problems or learning disabilities, who have offended or are at risk of offending, with the aim of bringing forward appropriate recommendations which are consistent with this wider review.	Accepted in principle	Accept in principle pending further assessment to judge whether there is a case for a further review. Significant relevant review work has recently taken place, for example the major independent review of children and adolescent mental health services "Children and Young People in Mind". We are already supporting a pilot programme of effective liaison and diversion. The aims of this are to enable young people to access a holistic assessment of need and integrated support.

Police

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
3	36	Local Safer Neighbourhood Teams should play a key role in identifying and supporting people in the community with mental health problems or learning disabilities who may be involved in low level offending or anti-social behaviour by establishing local contacts and partnerships and developing referral pathways.	Accepted in principle	The Programme Board will consider further analysis of roles to determine the most effective leadership of initiative and potential for enhancing existing partnerships, to facilitate service referrals.
6	42	The Crown Prosecution Service should review the use of conditional cautions for individuals with mental health problems or learning disabilities and issue guidance to advise relevant agencies.	Accepted in principle	The CPS will review the feasibility and achievability of this recommendation and will consider whether a pilot could be developed to establish practical arrangements

Lord Bradley's report on people with mental health problems or learning disabilities in the Criminal Justice System: the Government's response

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
5	43	A review of the role of appropriate adults in police stations should be undertaken and should aim to improve the consistency, availability and expertise of this role.	Accepted in principle	The Programme Board will examine the resource implications of this review. This consideration will incorporate the work being carried out under the Review of PACE (Police & Criminal Evidence). Potentially significant resource and structural change maybe required.
5	43	Appropriate Adults should receive training to ensure the most effective support for individuals with mental health problems or learning disabilities.	Accepted in principle	The Programme Board will examine the scope of this training and quantify the potential cost.
4	45	All agencies involved in the use of Section 135 of the Act must agree a joint protocol on the use of this section.	Accepted	This issue is addressed in the Code of Practice for the Mental Health Act (2007).
4	47	All partner organisations involved in the use of Section 136 of the Act, should work together to develop an agreed protocol on its use.		
4	47	Discussions should immediately commence to identify suitable local mental health facilities as the place of safety, ensuring that the police station is no longer used for this purpose.	Accepted	This issue is addressed in the Code of Practice for the Mental Health Act (2007).
5	48	The NHS and the Police should explore the feasibility of transferring commissioning and budgetary responsibility for healthcare services in police custody suites to the NHS at the earliest opportunity.	Accepted	The Programme Board will examine the potential benefits of transferring commissioning to the NHS and report to Ministers on the options and their merits by April 2010

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
7	53	Mental health awareness and learning disabilities should be a key component in the police training programme.	Accepted in principle	The National Policing Improvement Agency commenced work last year on guidance for the police service and mental health. The development of training for new and existing police and staff will have significant resource implications. The level of inter-agency input, cost and potential timeline for rollout, particularly around refresher training will need to be determined.
3	36	Community Support Officers and Police Officers should link with local mental health services to develop joint training packages for mental health awareness and learning disability issues.		
8	61	Immediate consideration should be given to extending to vulnerable defendants the provisions currently available to vulnerable witnesses.	Accepted in principle	The Programme Board will review the resource implications of such an extension including the potential increase in legal aid. In addition it will consider how to improve practice building upon recent practice direction and legislative changes without the need for primary legislation.

Courts

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
10	73	Courts, health services, probation and CPS should work together to agree a local Service Level agreement for the provision of psychiatric reports and advice to the courts	Accepted	Service level agreements are being piloted in the South West and London HMCS regions. Independent evaluations are expected to be delivered in June and October 2009 which should inform a national approach. The CPS and the Defence and Legal Services Commission will be involved in the development of the SLA. A core SLA will be agreed and implemented by April 2011.

Lord Bradley's report on people with mental health problems or learning disabilities in the Criminal Justice System: the Government's response

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
10	73	All criminal courts should carry out a six-month base-line study recording psychiatric and psychologist reports commissioned by the court and the cost of those reports, in order to inform the development of the Service Level Agreement.	Accepted	The Programme Board will await the results of current pilot evaluations and review what needs to be done as a baseline study is likely to feature as part of roll out plan.
11	74	The judiciary should undertake mental health and learning disability awareness training.	Accepted	This recommendation will be taken forward by HMCS / Judicial Studies Board with advice from DH-OH.
11	76	The Ministry of Justice should examine how individuals with a dual diagnosis are served in drugs courts.	Accepted in principle	The Programme Board will consider the development of an appropriate model in the context of a review of all courts and assess the resource implications.
11	80	HM Courts Service and the Department of Health should investigate how defendants with a dual diagnosis of mental ill health and drugs/alcohol are currently served by all courts, including specialist courts.		
11	80	A study should also be undertaken to evaluate how Community Justice Centres impact specifically on people with mental health problems or learning disabilities.	Accepted in principle	The Board will review the need for this once the impact of other work has been assessed.
12	96	The Department of Health and HM Courts Service should commission further research on the use of MHTRs.	Accepted	We are currently awaiting independent research results from Sainsbury Centre for Mental Health. The Programme Board will consider the scope of further research following evaluations from a range of current pilot schemes. The Offender Health Research Network will be commissioned to undertake further research which will be incorporated into its current work plan.
12	96	A Service Level Agreement between the Court Service, Probation Service and National Health Service should be developed to ensure the necessary mental health requirements for community orders are available.	Accepted	Model Service Level Agreement's will be developed by December 2009, pilots will be identified before April 2010, pilot reports will be delivered by September 2010 with national roll out completed by April 2011.

Lord Bradley's report on people with mental health problems or learning disabilities in the Criminal Justice System: the Government's response

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
12	96	The Department of Health and HM Courts Service should issue clear guidance for sentencers and probation staff regarding the use of MHTRs.	Accepted	To be taken forward with the Sentencing Guidelines Council, with a view to setting a timetable for issuing guidance.

NOMS

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
9	67	An audit should be undertaken of the mental health needs of individuals in approved premises, and the capacity of local services to deal with the identified level of need.	Accepted	It is anticipated that this audit could be undertaken fairly quickly, completed and fed into local commission plans by October 2010.
9	67	PCTs should identify and address the health needs of residents in approved premises when planning local services as part of their commissioning plans.		
9	67	A full evaluation of the three approved premises with enhanced mental health provision should be undertaken. The evaluation should look at the effectiveness of the current service provision, and whether it offers value for money.	Accepted	A study will be commissioned and will report to the Programme Board by April 2010
9	67	The national approved premises training package addressing suicide and self-harm should be reviewed and updated to include mental health awareness training.	Accepted	The updated package will be presented to approved premises by December 2009
10	69	All probation staff (including those based within courts and approved premises) should receive mental health and LD awareness training.	Accepted	A rolling training programme will be introduced in April 2010 which aims to have trained all probation staff within 5 years
13	100	A study should be commissioned to consider the relationship between IPP sentences and mental health or learning disability issues.	Accepted	Work in this area is currently on-going and will report to the Programme Board

Lord Bradley's report on people with mental health problems or learning disabilities in the Criminal Justice System: the Government's response

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
14	102	An evaluation of the current health screen should be undertaken in order to improve the identification of mental health at reception into prison.	Accepted	An evaluation is already underway, with a view to developing an improved reception screening tool. The results of the evaluation will be reported to the Programme Board in May 2009. DH and NOMS to commission revised tool development, to be completed by April 2010.
14	102	Urgent consideration should be given to the inclusion of the identification of learning disability as part of this screen.		
14	103	Robust models of primary mental health services should be developed, ensuring an appropriately skilled workforce to assess and treat those with mild to moderate conditions.	Accepted	Offender Health currently has a programme of activity to ensure robust models of Primary Care are developed, Working with regional offender health commissioning groups and part of the specified regional development activity during 2009 / 2010. Offender Health are already engaged with the 3 rd sector to improve the pre-release arrangements for offenders with Mental Health and Learning Disabilities into the community
14	103	Primary mental health care must include a range of non-health activities to support well-being in prison.		
15	104	NHS commissioners should seek to improve the provision of mental health primary care services in prison.		
15	104	The involvement of non-health agencies, including statutory and 3 rd sector providers should be urgently considered in order to improve the support for prisoners with mental health problems or learning disabilities.		
16	106	The Department of Health should develop a new minimum target for the NHS of 14 days to transfer a prisoner with acute, severe mental illness to an appropriate healthcare setting.	Under review	The Government agrees with the goal behind this recommendation and considers that the time to transfer those with acute severe mental ill health from prison should be reduced to a minimum. The Board will consider what further guidance should be issued to the NHS and criminal justice agencies along with improved commissioning of services to achieve this. The priority level will be considered against the principles for developing the NHS Operating Framework.
16	106	This new target should be included as a mandated item in the Central Mental Health contract and included in the next edition of the Operating Framework.		

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
16	106	The Department of Health should expedite planned work on assessing the quality of security at low and medium secure mental health facilities in order to retain public confidence in the diversion of prisoners with mental health problems to these facilities.	Accepted in principle	<p>The Programme Board will consider what further steps are needed to improve security, including promoting the use of standardised risk assessments, and a new model of combined assessment of mental health need and risk for use both by the NHS and criminal justice agencies.</p> <p>The Programme Board will report by April 2010</p>
16	107	Improved services for prisoners who have a dual diagnosis of mental health and drugs/alcohol problems should be urgently developed.	Accepted in principle	<p>The Programme Board will consider the resource implications of this recommendation for all CJS and Health services as this is a cross departmental objective.</p> <p>Work is already underway to improve the management of dual diagnosis among offenders, to embed the skills needed to assess complex mental health disorders within prison primary care, and the impact on the work of mental health in-reach teams</p>

Lord Bradley's report on people with mental health problems or learning disabilities in the Criminal Justice System: the Government's response

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
17	109	An evaluation of treatment options for prisoners with personality disorder, including current therapeutic communities in the prison estate.	Accepted	A Personality Disorder strategy will be developed by February 2010 that will address this recommendation.
17	109	An evaluation of the DSPD programme to ensure it is able to address the level of need.		
17	109	In conjunction with other government departments the Department of Health, NOMS and NHS should develop an interdepartmental strategy for the management of all levels of personality disorder within both the health and criminal justice services reflecting the management of these individuals into through custody and management in the community.		
17	110	Offender Managers should be aware of their role in the Care Programme Approach (CPA) process and the new DH guidance 'Refocusing the Care Programme Approach', should be fully implemented in prisons as a matter of urgency.	Accepted	As part of the roll out programme for Offender Management, CPA training will be included as appropriate, as part of the wider training strategy for the system.
17	110	Improved continuity of care for prisoners subject to CPA should become a mandatory item in the standard NHS contract for mental health.	Accepted in principle	Further assessment required by DH to determine the impact on local NHS organisations
18	111	Awareness training on mental health, and learning disabilities must be made available for all prison officers.	Accepted	A programme of training is currently being implemented through Offender health regional teams
18	113	NOMS, in partnership with the Department of Health, and the NHS should develop a National strategy for rehabilitation services for those leaving prison with mental health problems or learning disabilities, who are not subject to supervision from the Probation Service.	Accepted	The Programme Board will consider the outcomes of Prime Minister's Delivery Unit (PMDU) work relating to short sentence offenders, due in July 2009. It will take forward the development of a strategic approach with MoJ.

Lord Bradley's report on people with mental health problems or learning disabilities in the Criminal Justice System: the Government's response

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
19	116	Further work should be undertaken to ensure better implementation of CPA for people with mental health problems in prisons, to ensure continuity of treatment through the prison gate.	Accepted	<p>The Programme Board will consider the results of the recent 5 year evaluation (Offender Health commissioned) of in reach services and bring forward a program building upon the recommendations.</p> <p>The Programme Board will also consider the results from the current Prison Health Performance and Quality indicators which are due to report in July 2009.</p>
20	116	Joint care planning between mental health services and drug and alcohol services, should take place for prisoners on release.	Accepted in principle	<p>The MoJ and DH have formed an Alcohol Policy Working Group with Home Office, DCSF and third sector and user group organisations to increase the provision of treatment for alcohol dependence across all Probation Areas, to address the causes of offending behaviour. The Group will also consider the salient issues and developments that relate to increasing risk or higher risk drinking and mental health problems among offenders.</p> <p>Further assessment required by DH to determine the impact on local NHS organisations</p>
20	119	A comprehensive mentoring programme for people leaving custody with mental health problems or learning disabilities and returning to the community should be established.	Accepted in principle	<p>The Programme Board will consider the resource implications of such a programme, the potential models of delivery and will link into the wider recommendations of Baroness Neuberger report on Volunteering across the CJS.</p>

Criminal Justice Mental Health Teams

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
7	53	All police custody suites should have access to liaison and diversion services. These services would include improved screening and identification of individuals with mental health problems or learning disabilities, providing information to police and prosecutors to facilitate the earliest possible diversion of offenders with mental disorders from the criminal justice system, and signposting to local health and social care services as appropriate.	Accepted in principle	The Government agrees with the goal behind this recommendation, and considers that every police custody suite and every court should have access to mental health liaison and diversion services, able to carry out timely assessments, and where appropriate refer offenders to treatment. The Programme Board will consider, as part of the delivery plan, what further advice needs to be given to PCT commissioners, and the CJS to help achieve this goal ..
7	53	Liaison and diversion services should also provide information and advice services to all relevant staff including solicitors and appropriate adults.		
11	74	Liaison and diversion services should form close links with the judiciary to ensure that they have adequate information about the mental health and learning disabilities of defendants, and information concerning local health and learning disability services.	Accepted in principle	The Programme Board will consider this recommendation further, reviewing current mental health pilots and the recent developments in MH service directories. The resource implications of this will be examined.

Lord Bradley's report on people with mental health problems or learning disabilities in the Criminal Justice System: the Government's response

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
11	80	All courts, including current specialist courts should have access to liaison and diversion services, in order that specialist courts are seen as an addition to a comprehensive liaison and diversion service.	Accepted in principle	<p>The Government agrees with the goal behind this recommendation, and considers that every police custody suite and every court should have access to mental health liaison and diversion services, able to carry out timely assessments, and where appropriate refer offenders to treatment.</p> <p>The Programme Board will consider, as part of the delivery plan, what further advice needs to be given to PCT commissioners, and the CJS to help achieve this goal.</p> <p>Further assessment required by DH to determine the impact on local NHS organisations.</p>
15	104	The Department of Health should examine the current role of mental health in-reach teams and explore how they can be refocused on providing services for those with severe mental illness. This should include the development of liaison and diversion services to undertake some of the current non-clinical activities.	Accepted	The Programme Board will consider the results of the recent 5 year evaluation (Offender Health commissioned) of in reach services and bring forward a program building upon the recommendations.
17	110	Prison mental health teams must link with liaison and diversion services to ensure that planning for continuity of care is in place prior to a prisoner's release, under the Care Programme Approach.	Accepted	<p>The Programme Board will consider operation of the Criminal Justice Mental Health Teams to incorporate this recommendation</p> <p>The Programme Board will also consider the results form the current Prison Health Performance and Quality indicators which are due to report in July 2009, and include CPA reporting</p>

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
19	116	It will be a key role of developed liaison and diversion services (see Chapter 5) to liaise with prison mental health in-reach teams to ensure that planning for continuity of care for prisoners on release is in place. Once a prisoner has been released, the liaison and diversion services will continue to act as a point of information and support for probation and third sector staff, and other organisations involved in resettlement.	Accepted in principle	The Programme Board will consider how models would work together and the practicalities of the potential liaison teams following an offender throughout the pathway
24	131	<p>The development of Criminal Justice Mental Health Teams will be informed by the recent MHEP-AC recommendations in addition to further evaluation work. It is anticipated that some of the core elements will include:</p> <ul style="list-style-type: none"> • Liaison with local community services • Screening and assessment • Coverage of police custody and courts, with links to prison mental health in-reach services and resettlement to ensure continuity of care • Management of information concerning an individual's needs throughout the criminal justice system and back into the community • Direct involvement and input to MAPPA • Standardised assessment processes • Joint training for criminal justice and health and social care staff • Active service user involvement • Access to learning disability expertise 	Accepted in principle	The Programme Board will further consider the delivery model (building upon the Mental Health Effective Practice – Audit Checklist [MHEP-AC] study), its potential development and the resource implications of such an initiative

Lord Bradley's report on people with mental health problems or learning disabilities in the Criminal Justice System: the Government's response

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
24	131	<p>Schemes should also consider how they can best serve the interests of particular groups within the offender population, for example:</p> <ul style="list-style-type: none"> • People with learning disabilities • Women • Children and Young People • People from Black and Minority Ethnic Groups 		
24	131	<p>The requirement for Criminal Justice Mental Health Teams is currently included in the Standard NHS contract for mental health and learning disabilities on a non-mandated basis. This should be included in the contract as a mandated item and reflected in the next edition of the NHS Operating Framework.</p>	Under review	<p>The Government agrees with the goal behind this recommendation and the Board will consider what further guidance should be issued to the NHS and criminal justice agencies along with improved commissioning of services to achieve this. The priority level will be considered against the principles for developing the NHS Operating Framework and fed into the development of the NHS Contract.</p> <p>The Government considers that, as a medium term goal, every police custody suite and every court will have access to mental health liaison and diversion services, able to carry out timely assessments, and where appropriate refer offenders to treatment.</p>
25	135	<p>Criminal Justice Mental Health Teams will be responsible for ensuring continuity in an individual's mental health care when they are in contact with the criminal justice system.</p>	Accepted in principle	<p>The Programme Board will review this recommendation further, working alongside existing mental health and criminal justice services to examine the potential case management model.</p>
25	137	<p>A responsibility of the Criminal Justice Mental Health Teams will be to ensure that appropriate information is shared between all the agencies that are responsible for caring for an offender with mental health problems or learning disabilities.</p>	Accepted in principle	<p>The Programme Board will review how existing information sharing activities and guidance may be more effectively used and consider if this is the most appropriate model to adopt in all cases.</p>

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
25	137	The Criminal Justice Mental Health Teams should have direct involvement and input into local MAPPA arrangements.	Accepted in principle	The Programme Board will consider this recommendation further once clarity on the delivery model has been obtained.
25	139	A minimum data set should be developed, for collection by Criminal Justice Mental Health Teams, to provide improved information to assess need, plan and performance manage services, and inform commissioning decisions.	Accepted in principle	The Programme Board will consider the recommendation further with key lead departments such as the Information Centre, to ensure congruence with existing national data policy.

Overarching Systems

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
4	37	Information on an individual's mental health or learning disability needs should be obtained prior to an ASBO or PND being issued, or for the pre-sentence report if this penalty is breached.	Accepted in principle	The Programme Board will review existing policy for ASBO's, PND's and Pre-sentence reports. It will be necessary to explore the practicalities of this recommendation in relation to PND's. There are policing operational considerations for PNDs issued on the street.

Lord Bradley's report on people with mental health problems or learning disabilities in the Criminal Justice System: the Government's response

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
13	97	The Department of Health, NHS and other relevant government departments must work with voluntary organisations to ensure the adequate provision of alcohol and mental health treatment services across the country.	Accepted	<p>DH already provides funding to voluntary organisations via the Drug Pooled Treatment Budget (PTB) to ensure the adequate provision of substance misuse (drugs and alcohol) and mental health treatment services across the country. This funding is not available to people who only have an alcohol problem.</p> <p>Over two thirds of all PCTs – have made public commitments to reduce alcohol-related hospital admissions in their 2008/11 local plans. These commitments are also mirrored by Local Authorities within Local Area Agreements. Evidence suggests local plans can only be met through investment in alcohol-related primary or secondary services. This suggests that alcohol treatment provision will grow as investment by these PCTs grows. Performance will be reported quarterly from the beginning of 2009.</p> <p>The Alcohol Policy Working Group is already looking at this.</p>
18	111	Where appropriate, training should be undertaken jointly with other services to encourage shared understanding and partnership working. Development of training should take place in conjunction with local liaison and diversion services	Accepted	<p>During 2009 / 20101 each regional delivery plan contains a multi agency training plan and will be reported against as part of the regular reporting schedule during this period.</p> <p>Any additional advice taken from national user group will influence the continuing development of the training programmes during this time.</p>
18	111	The training programme must be developed in conjunction with service users		
25	137	This Review supports the ROCI report recommendation that mental health professionals be engaged in the development of the planned replacement for OASys.	Accepted	Work is currently underway to develop the next version of OASys, NOMS will work with MH professionals to enhance the questions relating to mental health, DH will support.

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
25	138	A new study should be commissioned which repeats the 1997 ONS survey of the psychiatric morbidity of prisoners to provide new baseline data. In addition, the government should explore the feasibility of adding to the study the psychiatric morbidity of offenders at other stages of the criminal justice system.	Accepted in principle	The Programme Board will review the potential scope of such a study, possibly extending its remit to include additional elements.
25	138	A similar study should be undertaken to establish the prevalence of people with learning disabilities in the criminal justice system.		
27	146	PCTs and partners should jointly plan services for offenders to ensure effective commissioning and delivery of services.	Accepted	<p>PCTs are developing the skills and behaviours that underpin effective commissioning including working in partnership with their community partners, including those in the criminal justice system. The commissioning assurance system is a key part of the world class commissioning programme. It will hold commissioners to account, reward performance, and ensure health outcomes are improving. As a consequence, we expect to see significant improvements in PCT commissioning capability, resulting in improvements in health and well-being outcomes, including for offenders and those who come into contact with criminal justice agencies</p> <p>Offender Health has a current programme of activity to ensure robust models are developed, Working with regional offender health commissioning groups and part of the specified regional development activity during 2009 / 2010.</p>
27	146	Consideration should be given to a lead PCT commissioning offender mental health and learning disability services on behalf of a cluster of local PCTs in each area.	Accepted	Offender Health has a current programme of activity to ensure robust models are developed, working with regional offender health commissioning groups and part of the specified regional development activity during 2009 / 2010.

Lord Bradley's report on people with mental health problems or learning disabilities in the Criminal Justice System: the Government's response

Page Ref. Exec	Page Ref. Full	Recommendation	Status	Proposed Action
27	146	The Department of Health should include explicit reference to the needs of offenders with mental health problems or learning disabilities into future NHS Operating Framework documents.	Under review	The Department of Health agrees that the needs of offenders with mental health and learning disabilities should be considered by the NHS and the programme Board will establish the best way to communicate this to the NHS, which could include through the Operating Framework however there maybe other appropriate mechanisms.
27	147	The NHS must engage offenders with mental health problems or learning disabilities with current patient and public involvement mechanisms.	Accepted	<p>The national Prison Health Performance and Quality Indicators (PHPQI's) contains an indicator promoting service user involvement. This indicator builds upon the work of the Making Experiences Count consultation and is coordinated with the new single complaints procedure. The North West region are engaged in a programme to enhance the PHPQI's for the wider CJS. It is anticipated that this new set of indicators will combine guidance on implementing PPI mechanisms.</p> <p>As PCT's are responsible for the commissioning of healthcare in prisons, the new PPI arrangements (from April 2009) will encompass the offender populations</p>
27	148	Inspectors and regulators involved in the criminal justice system in partnership with the new Care Quality Commission should determine how they will ensure quality assurance for services provided to offenders with mental health problems or learning disabilities, with a particular focus on joint inspections.	Accepted	The Programme Board will specifically work with inspectors and regulators across the criminal justice, health and social care sectors, to ensure integration and consistency and to support the further alignment of the joint inspection role, in preparation for inclusion within the Care Quality Commissions realm by April 2010.
27	148	Connecting for Health, PCTs and SHAs should work together to roll out integrated information systems to health services provided in all Criminal Justice Settings.	Accepted in principle	<p>Further assessment required by DH to determine the impact on local NHS organisations.</p> <p>This recommendation will be considered by the Prison Health IT Board, and a report identifying the scope and implication of the development delivered before April 2010.</p>

Glossary of Abbreviations

ASBO	Anti-social Behaviour Order
CJS	Criminal Justice System
CPA	Care Programme Approach
CPS	Crown Prosecution Service
DCSF	Department for Children, Schools and Families
DH	Department of Health
DH-MH	Department of Health Mental Health Branch
DH-OH	Department of Health Offender Health Branch
HMCS	Her Majesty's Courts Service
MHA	Mental Health Act
MHEP-AC	Mental Health Effective Practice-Audit Checklist
MHTR	Mental Health Treatment Requirement
MoJ	Ministry of Justice
NHS	National Health Service
NOMS	National Offender Management Service
OASys	Offender Assessment System
OCJR	Office for Criminal Justice Reform
ONS	Office for National Statistics
PACE	Police and Criminal Evidence Act 1984
PCT	Primary Care Trust
PD	Personality Disorder
PHPQI	Prison Health Performance and Quality Indicators
PMDU	Prime Ministers Delivery Unit
PND	Penalty Notices for Disorder
PPI	Patient & Public Involvement
ROCI	Review of Criminality Information
SEN	Special Educational Need
SLA	Service Level Agreement
SHA	Strategic Health Authority

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