November 2014 • Bulletin

INDEPENDENT ADVISORY PANEL ON DEATHS IN CUSTODY

Welcome to the thirteenth e-bulletin from the Independent Advisory Panel (IAP) on Deaths in Custody.

This has been a busy period for the Panel as we have been following up progress on a range of our mainstream projects and recommendations that have previously been accepted by the Ministerial Board. I met with a range of senior stakeholders over the summer months and we have had another full Panel meeting. We have also submitted comments on a number of important consultation papers, including the Authorised Professional Practice on Detention and Custody.

We continue our work on the Harris Review and I am pleased to say that by March 2015 we will have assessed the evidence to put forward recommendations.

Further information on all of these can be found in this bulletin. The next bulletin will be published in March 2015 when I will be able to report on the Panel's workplan for 2015/16.

As always, should you wish to comment on any of the issues raised or have any questions, please contact the **Secretariat** who will pass them on to me and the other members of the Panel.

Thank you,

Toby Harris

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Update on IAP Projects

The **IAP Workplan 2014-15** is published on the website. Below is a summary of the progress made by the IAP since the last E-bulletin:

Use of Physical restraint

At a meeting of the IAP in September, the Panel discussed next steps regarding the use of physical restraint. We welcomed feedback from organisations that suggests that they will be complying with the common principles on the use of physical restraint which the Panel published in 2013. The Panel may come back to a review of the principles as practices develop in this area.

Lord Harris met with the Director of Returns at the Home Office in August to follow up on development of their bespoke restraint system which has been approved by the Independent Advisory Panel for Non-Compliance Management. He was pleased to hear that the new system was supported by a training package with a focus on de-escalation techniques and managing people through the entire escort journey, rather than just the application of restraint techniques. Panel members hope to be able to observe the training course in the near future and to receive feed back about the evaluation of the training.

At their meeting in September, the Panel discussed the growing importance of understanding the use of tasers. We have now obtained data about the use of tasers in mental health settings and note that the Home Secretary has announced a review of the data collected on taser use. We will be discussing how to take forward further work in this area at our next meeting in December.

Information Flow through the Criminal Justice System

The Panel followed up a short evaluation study on the Information Sharing Statement completed by University of Greenwich, which was presented to the Ministerial Board in February 2014. They contacted individual organisations to discuss the next steps for ensuring staff act upon the statement. The issue was also raised during Lord Harris's meetings with NHS England and Immigration in August.

Lord Harris also met the Director of National Operational Services for NOMS, in September, to discuss how the statement could be communicated more effectively in prisons. The Director agreed that it would be incorporated into the safer custody policy (Prison Service Instruction 64/2011) and that regional safer custody leads would help to increase awareness at a local level.

The IAP has had an update from NOMS on how they are implementing HMIP recommendations, made in 2012, to improve the quality of the information on the risks of harm recorded on Person Escort Records (PERs). Key developments include NOMS activity to design updated PERs, two draft versions of which they hope to pilot in the new year; as well as a pilot regional forum which has met on two occasions to discuss how PER might be improved - producing the two versions proposed for piloting; how the quality of PER completion could be raised; and to provide an opportunity for a range of agencies across the Criminal Justice System to meet and discuss issues of mutual interest including how each uses the information recorded on PER. A Steering Group has also been established with representatives from all stakeholders to oversee the development work. The Panel will discuss this in full at their meeting in December.

Cross Sector Learning

The Panel has been considering its role in drawing out thematic learning from coroners' reports to Preventing Future Deaths (PFD) reports. The Chief Coroner's Office has started to publish these on their website, and have agreed to include deaths of patients detained under the Mental Health Act in the state custody category in future. The Panel acknowledge the progress the Chief Coroner's office has made by producing the first publicly accessible depository of learning from inquests into deaths in custody inquests. However, there is more to do to ensure thematic learning is drawn out and to ensure organisations are acting upon the lessons these reports identify. At our Panel meeting in December, we will be discussing what our role could be in relation to identifying thematic learning. The Panel will also contribute to a discussion planned for the next Ministerial Board meeting in February about learning lessons to enable organisations to pick up best practice from each other.

Article 2-Compliant Investigations

The Panel met the NHS England Patient Safety Directorate in June to discuss the development of their policy in relation to investigations of deaths of detained patients. They have since submitted a full response the draft serious incident framework. They welcomed the acknowledgment that Article 2 could be applicable to a range of investigations following deaths or incidents, as well as the improved level of involvement envisaged for patients and their families. However, the Panel expressed concern about the inclusion of guidance on investigating deaths in custody within the broader rubric of serious incidents which could occur anywhere throughout the NHS system. Lord Harris met Dr Mike Durkin, the Director of Patient Safety, in November to discuss these matters in detail.

At the Ministerial Board in October, the Ministry of Justice provided an update in October on the activity underway to implement the Panel's recommendation (made in June 2011) that the Prisons and Probation Ombudsman's remit should be extended to cover investigations of fatal incidents in secure children's homes. The Department for Education (DfE) had agreed to this in principle but there had been delays with implementation. However, this is now being taken forward and the Panel will be meeting DfE and other key organisations, including the PPO and Youth Justice Board in December to discuss next steps.

Mental Health

The IAP commissioned University of Greenwich to undertake a literature review on the mental health of detainees and deaths in custody with the aim of identifying the nature of the relationship between the two and to set future priorities in this area. The literature review showed that although there were a number of studies about the prevalence of mental health problems amongst the prison and police custody population as well as studies about deaths in these settings, there was an absence of literature about the relationship between these two factors. The relationship is complex and cannot be described systematically in order to inform suggestions for improvement and action at this stage. However, a small number of studies showed the positive impact on care of detainees as a result of improved attitudes by staff in relation to mental health in general.

Since the Review was commissioned a range of policy and delivery projects have been developed to improve the response to people who are experiencing a mental health crisis. The Panel is supportive of the Mental Health Crisis Care **Concordat** and Lord Harris spoke on 23 October at the joint **Home Office and Black Mental Health UK summit on policing and mental health.** The Panel also welcomes the announcement that the Home Office will be working with the national policing lead to undertake a review of the publication of taser data (given indicative data that 30% of those tasered in London were emotionally or mentally distressed at the time).

The Panel will be hosting a round table discussion with all relevant custodial organisations and commissioners to discuss their plans for staff training in relation to mental health. This will also be an opportunity to identify activity to promote staff mental wellbeing to de-stigmatise mental health problems and improve staff resilience.

Statistical Analysis of Deaths 2000 – 2013

Work is underway to produce the statistical publication which will cover deaths in all state custody to the end of the 2013. The University of Greenwich have produced a draft for the Panel to review, including a thematic section on self-inflicted deaths.

Meetings

IAP Meeting - September 2014

The twenty-third meeting of the Independent Advisory Panel (IAP) on Deaths in Custody took place on Wednesday **10 September 2014.** At this meeting, the Panel received an update from the University of Greenwich on the progress of the IAP Statistical publication for 2013 data. The Panel discussed the Panel's current and future work programme, mental health and policing and the role of the Panel in receiving and disseminating learning from coroners' report to Prevent Future Deaths reports.

Ministerial Board meeting – October 2014

The seventeenth meeting of the Ministerial Board was held on Tuesday 21 October 2014 and was chaired by Norman Lamb MP, Minister of State for Care and Support at the Department of Health. There were a number of presentations from Board members, including the IPCC, PPO and NHS England. The Panel presented an update on the work of the Harris review and submitted the findings of the Mental Health Literature Review.

Consultations

In August we submitted a response to the College of Policing consultation on the revised Authorised Professional Practice on Detention and Custody. We were pleased to note that the guidance now defines custody as commencing from the point of arrest and that the guidance requires collection of data about the use of force. We suggested that this data collection should include information on protected characteristics

to provide a fuller picture of how it is being used and to identify any dis-proportionality. The Panel welcomed inclusion of the Information Sharing Statement and reiterated the importance of custody and health care staff being informed that they are able to share information for the purposes of managing a detainee's risk of self harm or suicide.

The panel have also commented on the NHS England Patient Safety draft Serious Incidents Framework, setting out the specific ways in which the guidance and investigations into deaths in custody could be made Article 2 compliant.

The Harris Review

The Independent Review into Self-Inflicted Deaths in Custody of 18-24 year olds started work in April 2014 and is due to report to Ministry of Justice ministers by the end of March 2015. Lord Toby Harris is leading the Review, supported by members of the Independent Advisory Panel on Deaths in Custody (IAP).

The parameters of the Review include self-inflicted deaths of 18-24 year olds since the roll out, in April 2007, of Assessment, Care in Custody and Teamwork (ACCT) – the care planning system for prisoners identified as at risk of suicide or self-harm.

The Review is focusing on a range of issues relating to deaths in custody, including vulnerability, effective communication and information sharing, safety, staff-prisoner relationships, family contact and staff education and training. The panel are exploring how these themes are raised and perceived by a number of different stakeholders, as well as examining existing cases and empirical evidence.

Progress to Date

The Review panel has set itself a challenging range of issues to explore in order to be able to provide the most effective and feasible recommendations. They have heard evidence from senior stakeholders from government and non government organisations including, among others, NOMS, HMIP, the PPO, the Chief Coroner, Department of Health, NHS England, Care Quality Commission, the Independent Monitoring Boards, the Prison Reform Trust, the Howard League and the Samaritans. In addition, the Harris Review issued a public Call for Submissions, and in excess of

40 responses have since been considered by the panel. Panel members are themselves visiting a number of institutions, where they have been speaking directly to staff and to young adults in custody. In September, they also heard from a group of young adult ex-offenders who had spent time in custody.

The Review has held an open stakeholders' consultation meeting, a community groups' engagement day and a family listening day where the Panel met families who had lost a child or young adult through self-inflicted death in custody.

The Review has commissioned two pieces of independent research; the first is a literature review and the second is a qualitative study on the perspective of staff working in prisons and YOIs. These pieces of research are currently underway and the contractors' final reports are due to be presented to the panel respectively in December and January 2015. In addition, the Review has been able, with the support of analysts from NOMS and the Ministry of Justice, to analyse years of existing data in order to look at trends and patterns related to this topic.

The panel are confident that by March 2015 they will have assessed the evidence comprehensively so that the recommendations that are put forward will be informed, viable, constructive and far-reaching.

Practitioner and stakeholder group

There are now over 150 members of the practitioner and stakeholder group, drawn from inspectorate and investigative bodies, lawyers, Third Sector organisations, families, academics and practitioners from the custodial sectors. The Panel would like to encourage practitioners from a range of organisations, particularly mental health settings, as well as families to join the group.

As a member of the group you can expect to receive the IAP bi-monthly mail-shots with links to relevant news and publications from across the sectors; updates from the IAP website and invitations to stakeholder events.

If you would like to join the practitioner and stakeholder group please contact Alice Balaquidan on **alicia.balaquidan@noms.gsi.gov.uk.**

IAP learning library

The Secretariat acts as a hub for the sharing of learning and information about the means of preventing deaths in custody. In June 2011, the Secretariat launched the IAP's Learning Library, which contains learning documents from the criminal justice agencies and third sector organisations which may have cross sector applicability. If you think there are documents that should be included in the library, please contact the Secretariat via **iapdeathsincustody@noms.gsi.gov.uk.**

News

NOMS Safety in custody statistics quarterly update
The Ministry of Justice and the National Offender Management Service (NOMS) have published their safety in custody statistics covering deaths, self-harm and assaults in prison custody in England and Wales. This publication updates statistics at a national level up to the end of June 2014 and a safety in custody summary tables up to September 2014.
https://www.gov.uk/government/statistics/safety-in-custody-statistics-quarterly-update-to-june-2014

HMIP publishes annual report for 2013/14
Her Majesty's Inspectorate of Prisons (HMIP) published their annual report for 2013/14. Between 1 April 2013 and 31 March 2014, HMIP published 98 inspections of prisons (establishments holding children and young people), immigration removal centres, police custody suites and other custodial establishments.
http://www.justiceinspectorates.gov.uk/hmiprisons/inspections/annual-report-2013-2014/

IAP Death in Custody Parliamentary Log – Update October 2014
The IAP published its latest update on the summary of all Parliamentary business concerning deaths in state custody since 1 April 2009. The log includes information on Parliamentary Questions and Debates, and Written Ministerial Statements from the UK Parliament and devolved assemblies.
http://iapdeathsincustody.independent.gov.uk/news/iap-death-in-custody-parliamentary-log/

PPO Annual Report 2013-14 published
The Prisons and Probation Ombudsman (PPO) published their annual report for 2013/14. During this time period, the PPO opened 239 investigations into deaths. Of these, 130 investigations have been opened into natural cause deaths, 9 were classified as 'other non-natural, 90 were apparently self-inflicted deaths. The report also covers topics such as ACCT, deaths in segregation in units, deaths of 18-24 years olds, restraints and restraints on immigration detainees.
http://www.ppo.gov.uk/wp-content/uploads/2014/09/PPO-Annual-Report-2013-14_FINAL_web.pdf

PPO Learning Lessons Bulletin - young adult prisoners
The Prisons and Probation Ombudsman (PPO) published their Learning Lessons bulletin regarding their Fatal Incident investigation on young adult prisoners. The bulletin examines learning from investigations into the self-inflicted deaths of 18-24 year old prisoners.
http://www.ppo.gov.uk/wp-content/uploads/2014/08/LLB-FII-06_Young-adults-.pdf

Chief Coroner's first annual report published
In August, the Chief Coroner published his first annual report to the Lord Chancellor under section 36 of the Coroners and Justice Act 2009.
https://www.gov.uk/government/publications/chief-coroners-annual-report-2013-to-2014

The Independent Advisory Panel

Panel Chair

Lord Toby Harris

Lord Harris has been Chair of the IAP since it was established in 2009. He was made a Life Peer in June 1998 and is Chair of the Labour Peers.
He is a former Chair of the Metropolitan Police Authority and the Association of London Government. In Parliament, he Chairs the All-Party Parliamentary Group on Policing, was a member of the Joint Committee on National Security and in 2013 he chaired the House of Lords Committee on the Olympic and Paralympic Legacy. He has been Chair of the National Trading Standards Board since 2013.

Panel Members

Professor Philip Leach

Philip Leach is Professor of Human Rights Law at Middlesex University, a solicitor, and Director of the European Human Rights Advocacy Centre. He has extensive experience of representing applicants before the European Court of Human Rights. He is on the Editorial Board of European Human Rights Law Review, a Trustee of the Media Legal Defence Initiative and a member of the Legal Advisory Board of the Human Dignity Trust.

He has been a member of the Independent Advisory Panel on Deaths in Custody since 2009, leading on its work relating to Article 2-compliant investigations.

Deborah Coles

Deborah Coles is co-director of INQUEST, a charity providing expertise on contentious deaths and their investigation with a particular focus on custodial deaths. She leads its policy, legal and strategic work and is called upon as an expert to numerous committees and inquiries including the IPCC Review on investigation of Article 2 deaths. She has expertise in specialist areas including coronial reform, policing, human rights compliant investigations, family engagement, traumatic bereavement, juvenile and youth justice, race and gender and criminal justice.

Deborah has been a member of the Independent Advisory Panel since 2009, leading its work stream on cross sector learning, equalities and family liaison.

Professor Richard Shepherd

Professor Richard Shepherd is Consultant Forensic Pathologist at the Royal Liverpool Hospital and a leading forensic pathologist in the field of deaths during restraint, with experience of deaths in all forms of custody, including those from natural, suicidal and homicidal causes. He has sat as an expert on the Restraint Advisory Board Panel for the Children's Secure Estate (MMPR) and the UKBA panel for Non Compliance Management.

Richard has been a member of the Independent Advisory Panel on Deaths in Custody since 2009 and leads the IAP workstream on the use of physical restraint.

Stephen Cragg QC
Stephen Cragg is a barrister specialising in public law, and human rights. His main areas of public law include police law, community care and health law, the retention and disclosure of information by public bodies, the criminal justice system, and coroners' inquests. He has acted in many death-in-custody inquests on behalf of families of the deceased.

Stephen sits as a part-time judge for the mental health review tribunal.

Matilda MacAttram
Matilda MacAttram is founder and director of Black Mental Health UK (BMH UK), a human rights campaigns group established in 2006 to raise awareness and address the stigma associated with mental illness in the UK's African Caribbean communities. She is a member of the Government's Ministerial Working Group on Mental Health and Equalities, as well as the Care Quality Commissions' Annual Mental Health Act Report Expert Advisory Group, and New Scotland Yard's Vulnerability Independent Advisory Group. Matilda is also a fellow of the United Nations, Office of the High Commissioner for Human Rights and the Working Group of Experts on People of African Descent.

Also a journalist and public speaker, she is frequently asked to comment in print and broadcast media on issues arising from BMH UK's work.

Dinesh Maganty
Dinesh Maganty is currently Lead Consultant for intensive care for Birmingham and Solihull Mental Health NHS Foundation Trust Secure Care Services. He is a member of the National Clinical reference group for Health and Justice for NHS England. He has acted as a Psychiatric expert instructed by coroners in cases of death in prisons and psychiatric hospitals for the last decade.

Dinesh has also acted as an expert for the NHS litigation authority in cases of deaths in hospitals and in the community and has been an expert in over 700 criminal and civil cases.

Meng Aw-Yong
Dr Meng Aw-Yong is a practising Forensic Medical Examiner and Medical Director for the Met Police and is currently working in Emergency Medicine at Hillingdon Hospital. Meng is also a Medical Member Social Entitlement Chamber, and a council member of the British Academy of Forensic Science.

He is an expert witness at inquests. He is a former council member of College of Emergency Medicine and President of Clinical Forensic and Legal Medicine for the Royal Society of Medicine.

Graham Towl
Professor Graham Towl is Pro Vice Chancellor and Deputy Warden at Durham University. He is a Professor of forensic psychology and was formerly Chief Psychologist at the Ministry of Justice. He has extensive experience working in criminal justice and mental health and is widely published.

Previously he chaired the Prison Service Suicide Awareness Support Unit research partners group. He is a Council Member of the Health and Care Professions Council and the national mental health advisor to the student helpline, Nightline.