

**SP1: Protecting the most vulnerable people from harm
(Victims Services, Service Delivery Assurance and Mental Health)**

**Link Member Report: Cllr Shearer, Cllr Willis
June 2020**

Introduction and scope:

Cllr Roz Willis and I attended a Link Member meeting on 5th September 2019. I visited the Lighthouse Safeguarding unit at Bridgwater on 29th November 2019 accompanied by Marc Hole and had a virtual meeting with March Hole on 19th March 2020.

The main issues covered in those meetings and this report are:

1. The status of the Mental Health Control Room Triage for Police officers attending.
2. The work to reduce the backlog of cases at the LSU (Lighthouse Safeguarding Unit) at Bridgwater, with a focus on the multi-agency team including domestic abuse that meets daily to assess and allocate the cases – *review of Protecting the most vulnerable from harm Assurance report dated 30th May 2019.*
3. The review into the handling of Rape and Serious Sexual Offences (RASSO) cases – *review of RASSO Assurance report dated 27th February 2020.*

There is a recurring theme of mental health affecting all of these activities: victims with mental health issues need more support and are more likely to drop out of the justice system; referral pathways and access to therapies is very scarce; frontline officers still need support to deal with these issues day to day.

In preparation for our meetings in September and March we received the assurance reports from the Constabulary as mentioned above. Copies are attached. The reports that panel members see as part of the link member meetings are the same reports that are produced for the Constabulary Management Board and the Police and Crime Board. This approach was agreed when establishing the link member meetings – the report that is shared with link members is the report relevant to that priority that was most recently discussed at the Police and Crime Board.

As an aside from a personal perspective, each report was very comprehensive and detailed, making it a little opaque for a new Panel member who was also new to the subjects. They make more sense when discussed at the Link meetings.

The details on each subject follows, but the **follow-up actions for the Link member/Panel** are:

- Scrutiny of the LSU performance statistics and visit other safeguarding units to see how others are managing these issues (when visits are allowed).
- Review the current situation regarding support for Police Officers dealing with mental health-related issues both from the call centre Triage operation and in their general duties.
- Understand how mental health support is provided at the custody suites.

- Review the Investigations strategy for RASSO cases (Moving Forward RASSO 2020) and the Bluestone pilot.

1.0 Issue 1: Mental Health Control Room Triage

1.1 Mental Health Triage – background

The PCC decided to contribute £158,463 per annum to work with clinical commissioning groups and other partners across Avon and Somerset to take forward a Control Room Triage pilot project. The pilot was to last for a period of two years from 2017.

This was described as:

Analysis of demand nationally and locally shows a large proportion of daily Police business (20-40%) having an element of mental health. Additionally, that there has been an increase in the use of Police powers under the Mental Health Act 1983 (sections 135 and 136) across our communities. Although the number of those individuals being detained in Police cells is gradually reducing, the demand on health-based places of safety often outstrips supply. The percentage of detainees going on to being sectioned under the Mental Health Act is also worryingly low (around 20%).

Opportunities are being missed to intervene prior to crisis point and to more effectively choose when police powers should be used, to reduce unnecessary demand on NHS places of safety and importantly unnecessary distress for individuals.

The project created an embedded, integrated mental health team in the Police control room meeting demand at first point of contact, ensuring that intervention takes place at the earliest possible moment. Access to both Police and Health information databases will ensure that decisions made from that point onwards are fully informed and best placed to manage risk. The mental health professionals can advise officers on the appropriate course of action and importantly, provide timely access into services for persons encountered.

Anticipated benefits of the project:

- Reduction in volume of individuals detained under the mental health act, easing demand on health-based places of safety and ensuring the beds are available for those truly in need. Similar schemes across the country have seen the number of s136 detentions fall by around 30%, financial savings in this area will release funding to be reallocated elsewhere in the system.
- Reduction in presentations to Emergency Departments by persons in mental health crisis by enhanced early intervention.
- Improved engagement with mental health services by persons regularly in contact with Police/Fire/Ambulance, reduction in repeat caller demand.
- Improved information flow between partnership agencies, in terms of quality, quantity and timeliness, leading to greatly improved management of threat, harm and risk (to and from individuals).
- Early identification of individuals not known to mental health services that are likely to require intervention to prevent them reaching crisis point.
- The multi-agency collaboration proposed will lead to significantly improved professional relationships between Health, Police, Fire and Ambulance. Increased levels of mental health awareness in frontline staff and jointly delivered training.

1.2 Current situation:

At the Link meeting it was reported that the pilot Mental Health Control Room Triage was not working as intended. As a result, it would not be able to continue in its current form. Contributing factors were:

- The service had evolved to receive written referrals from call handlers (via Storm – Police command and control system) with the mental health nurses then providing written advice to officers comprising mainly medical history, rather than verbal advice over the phone in real time as intended.
- It has been hard to retain mental health practitioners. They were based in the 999 Control Room, which requires extensive vetting and allowed less flexibility and support from medical colleagues.
- It would have benefitted from clearer triaging to prevent overloading the support available; emergency calls with any reference to mental health were referred to the service.
- The service was commissioned across several organisations which made accountability and oversight unclear.

The OPCC advised at the meeting in September that they were working with the provider and the Constabulary to review the operation of the service and consider the best way forward. This review was due to conclude by the end of November 2019 and with three further months (until the end of March 2020) to implement the recommendations of that review, subject to those recommendations being agreed by all the funders – whilst the OPCC is the biggest funder, all the CCGs also fund and Avon Fire and Rescue.

Currently, the service is running fewer hours than intended (9am-5pm Monday to Friday and 9am-10pm on weekends). From April 2020 they were due to move to a health-based setting.

2.0 Issue 2: Lighthouse Safeguarding Unit (LSU)

2.1 LSU – Background

In April 2018, the Lighthouse Victim and Witness Care teams, and the Safeguarding Coordination Units were restructured and rebranded as the Lighthouse Safeguarding Units (LSU). The primary reason for the restructure was to manage increasing demand by introducing efficiencies created by duplication and double handling, and maximising on opportunities to increase resilience between the two teams. The LSUs are situated at the same three hubs as before, but the teams are now co-located and work closely within a team environment.

2.2 Current situation:

From the report a number of key issues struck me and are listed below.:

- The number of referrals is increasing. There was a 52% increase in referrals across all crime types between September 19 and April 19. Domestic Abuse accounted for 46% of all referrals in that time period.
- The complexity of the reporting required and the increase in volumes mean that victims are not always being contacted in the timeframes required. The average it takes for all teams to refer into the LSU therefore equates to 59% within 24 hours.

- There has been a push for Police Officers to complete a DASH and/or BRAG assessments as appropriate (DASH being the domestic abuse assessment and BRAG the general assessment of vulnerability). The majority of BRAG assessments are being coded as Amber, which are for those cases where there is sufficient concern, but not enough information available in order to clearly understand the risk for that specific individual. These cases require further multi-agency intervention and can sometimes be difficult and complex to resolve. There may be a need for more training for Officers on these assessments.
- The VCOP (Victims Code of Practice) Compliance tests are not being met across the service: The Ministry of Justice has developed a national VCOP compliance proposal based on five key entitlements. Development of measures is at local discretion, to take account of local systems and processes. The Avon and Somerset VCOP Compliance Framework will form one of the nine assurance strands within the A&S Police and Crime Plan 2019-21, with the first quarterly performance report due in June 2019. The Panel needs to use this as part of our oversight work.

The content of the report prompted my request to visit the Bridgwater LSU on 29th November, where we met with the LSU manager, Andrew Bishop, and were able to talk to a team leader and case officer. The key points that arose were:

- The unit has experienced high volumes and backlogs but then worked to turn around the situation by creating a multi-disciplinary, triage team, including a domestic violence specialist worker, which meets daily and allocates/refers cases there and then as needed.
- There is a risk that when backlogs form and the team is under pressure, the things that can slip are the one-to-ones within the safeguarding team which can affect the staff's mental health and morale, as well as the quality of the work done.
- The officers said there is no mental health pathway so they cannot refer anyone with mental health issues that are lower than emergency level.
- There is a disparity between the outcomes at the three LSUs, partly as a result of recruitment and retention issues.

The tables below show volumes of referrals handled over time; some encouraging progress has been made, but more is still required. The LSU has seen an increase in referrals over time, which partly accounts for the increase in a couple of areas in recent months. However not all the hubs are yet VCOP (Victims Code of Practice) compliant given the figures in the northern hub.

You can see the low numbers of cases or tray volumes in the Southern or Bridgwater LSU. These are the number of cases that are outstanding. The team at Bridgwater have worked incredibly hard to achieve these figures.

The Bristol LSU is also showing a positive trend but there is clearly more to do across the three.

Currently the figures achieved mean that the LSU as a whole is not VCOP compliant.

Victims Code Of Practice only LSU tray volumes over time:

	04-Sep-19	25-Oct-19	06-Nov-19	29-Nov-19	06-Dec-19	20-Dec-19	29-Jan-20	26-Feb-20
Southern	265	94	100	48	1	43	13	24
Bristol	238	205	290	160	123	140	231	107
Northern	227	147	154	147	126	161	302	280

VCOP contact timeframes over time:

	04-Sep-19	25-Oct-19	06-Nov-19	29-Nov-19	06-Dec-19	20-Dec-19	29-Jan-20	26-Feb-20
Southern	21	3	2	2	0	0	1	2
Bristol	21	9	5	7	5	3	10	3
Northern	15	13	11	13	12	13	26	12

3.0 Issue 3: Vulnerability and effectiveness of victim support re Rape and Serious Sexual Offences (RASSO)

3.1 Background

In March 2019 the Home Office published its refreshed Violence Against Women and Girls (VAWG) strategy. As part of the refreshed action plan a cross sector, end-to-end review into how rape cases are handled across the criminal justice system was announced. The full report is due in May 2020. The information in this report is based on preliminary findings and looks at current figures and historic trends for RASSO reporting, crime recording, cases referred to Crown Prosecution Service (CPS), CPS charging and court outcomes.

3.2 Current situation

The numbers of RASSO crimes are steady across time, with some peaks and troughs within a fairly constant range.

The majority of cases that are not continued are consistently recorded as being either Suspect identified/Victim declines or Suspect identified/Insufficient evidence.

The percentage of positive outcomes is low and reducing:
Positive outcomes 2017 – 8%; 2018 –5%; 2019 – 4%

Similarly the numbers charged is also falling:
Charging outcomes 2017 – 126; 2018 – 75; 2019 – 66

The research into the current situation has identified a number of issues:

- A key reason for victim withdrawal is the quality of the police-victim relationship.
- If victims do not have access to independent victim support their case is less likely to be taken forward.
- Early Investigative Advice (EIA) and back and forth with CPS causes delay which impacts attrition.

- Cases are less likely to progress where the victim suffers from mental health issues.
- An account that is perceived to be inconsistent from the victim increases the likelihood of the case not reaching court.
- Victim credibility is often at the heart of rape cases and is central to whether cases are taken forward and decisions across the CJS are affected by the nature of the case. These decisions can be influenced by rape myths and stereotypes.

Key to effectively supporting victims are Individual Sexual Violence Advisers (ISVAs) and challenges facing them are:

- High and complex caseloads for support services impact the type of support provided by ISVAs.
- Mental health services face acute pressure which often leads to long waiting times for referrals.
- The way in which reasonable lines of enquiry are defined by criminal justice agencies causes difficulties as ISVAs are sometimes unable to provide timely updates to their clients.
- Further streamlining of communication between support services and criminal justice agencies is required, it can be difficult to support victims, particularly at the court stage if the ISVA role is misunderstood.

Factors that result in fewer and slower prosecutions include:

- Lack of resource within both the Police and CPS
- Poor communication between them
- Increase in the amount of digital evidence.
- Vacancies in Investigation teams
- Files not complete on submission to CPS

Court Outcomes:

Conviction data for the last two years shows the overall conviction rate has risen, but the number of cases reaching court has dropped.

Research shows that victims withdraw due to the stresses of an investigation especially if there are pre-existing psychological issues and that early relationship building with victims is vital if an investigation is to be taken forward. Additionally there has been a reduction in the timeliness of investigations being finalised and fewer cases are reaching court.

3.3 Proposals:

A new Investigations strategy for RASSO cases that will improve our service to victims is planned. This will be covered in a paper entitled Moving Forward RASSO 2020.

To address the issues above, Bluestone Cadres will be introduced across the 4 investigations teams. Bluestone was an initiative from 8 years ago in Bristol; comprising multi-skilled teams with RASSO specialists. They were disbanded due to the austerity measures.

The aim is to upskill officers, improve the quality of evidence gathered by focussing on a trauma informed approach for the victim and offender-based investigation, and increase case reviews.

Cllr Heather Shearer
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