Ministerial Board on Deaths in Custody

This is a summary of the eighth meeting of the Ministerial Board on Deaths in Custody held on Tuesday 18 October 2011. It was chaired by Nick Herbert MP, Minister of State for Policing and Criminal Justice Strategy.

1. Coronial Reform: Ministry of Justice Proposals in the Public Bodies Bill

1.1. The Ministry of Justice (MoJ) attended the Board meeting to discuss the proposals in Schedule 5 of the Public Bodies Bill, to retain the office of Chief Coroner in statute but to transfer its functions to the Lord Chief Justice and Lord Chancellor. The plans for a new Ministerial Board to focus on matters of coronial reform and standards of service, and a supporting Bereaved Organisations Committee (BOC) were also discussed. Board members reinforced the view that, whatever the governance structure, there should be sufficient focus on death in custody inquests. *[Note: On 23 November 2011, the Government amended the Public Bodies Bill so that the office of the Chief Coroner could now be implemented, but without the new appeals provisions under the Coroners and Justice Act 2009 which will instead be repealed.]*

2. IAP Paper on Delays to Inquests into Deaths in Custody[1]

2.1. The holding of timely inquests is important to satisfy the requirements of Article 2 of the European Convention on Human Rights (ECHR). Delays to inquests can have a significant emotional impact on families and staff and can also frustrate the timely dissemination of learning following that death. The paper highlighted that 49% of inquests are completed in less than 12 months, with 27% of inquests taking between one and two years. Inquests taking between two and three years represented 12%, with 6% taking between three and four years. The remaining 6% of inquests were over four years old.

2.2. There were a number of reasons for delays including the disproportionate number of custodial settings in some coroner districts; waiting for investigations undertaken by other bodies; difficulties with securing dates for witnesses to attend and finding appropriate accommodation in which to hear the inquest, including accommodation for a jury. The paper contained a number of recommendations on how to address delays, which were accepted in principle by the Board. The IAP will be working with MoJ to agree how to take these recommendations forward.

3. Update on the Work of the Independent Advisory Panel (IAP) on Deaths in Custody

3.1. Lord Toby Harris updated Board members on the IAP's second family listening day for families whose relatives had died whilst detained under the Mental Health Act (MHA). Updates were also provided on the IAP's workstreams considering Article 2 compliance and the deaths of patients detained under the MHA.

[1] http://iapdeathsincustody.independent.gov.uk/news/iap-report-on-delays-to-inquests-into-deaths-in-custody/

3.2. Professor Richard Shepherd presented the review of the medical theories and research behind restraint deaths, which was undertaken by Caring Solutions (UK) Ltd and the University of Central Lancashire[2]. The IAP is planning to focus on the following three issues highlighted in the report: reporting mechanisms on restraint; mental health awareness and restraint reduction techniques.

3.3. Professor Stephen Shute provided an update on his work on information flow through the criminal justice system. An information sharing statement had been developed by the IAP to improve the flow of risk of self harm / suicide information and healthcare records. The Panel will consider how best to communicate the statement to practitioners. Work is also underway with Her Majesty's Inspectorate of Prisons and Her Majesty's Inspectorate of Constabulary on identifying the accuracy and consistency of information contained within the Person Escort Record (PER) forms. An update on these strands of work will be presented to the Board in February 2012.

4. National Offender Management Service (NOMS) Analysis of Prisoner Deaths in 2010: Reclassification of Unclassified Deaths

4.1. The NOMS Director of National Operational Services informed the Board that he would be commissioning a review of unclassified deaths in 2010 and 2011 to understand whether any were related to mixed drug use and to identify any similarities in root causes in order to implement early learning to prevent further deaths. An update on this work would be provided to the Ministerial Board in February 2012.

5. Offender Health Update on Pathfinder Liaison Scheme

5.1. Commissioning of health services for prisoners is due to transfer from Primary Care Trusts to the new NHS Commissioning Board (NHSCB), with work underway to determine how this responsibility will be discharged. As part of this, the transfer of commissioning responsibility for secure training centres and secure children's homes will be transferred to the NHS, which would bring them in line with young offender institutions. Furthermore, 10 early adopter police force sites had been selected to work with commissioners to plan for transfer of healthcare in police custody suites to the NHS.

5.2. In March 2011, Ministers announced investment of £5 million for the creation of a liaison and diversion development network. This network is comprised of 54 adult and 37 youth liaison and diversion sites, along with the 10 police early adopter sites. These sites would lead the way in developing models for diversion schemes in future and their performance would help inform the development of a business case to inform future roll-out.

6. Prison Reform Trust Update on 'Care Not Custody'

6.1. The 'Care Not Custody' campaign was inspired by the death in prison of a son of a Norfolk Women's Institute member and seeks an end to the use of prison for people with severe mental health problems. In March 2011, the Secretary of State for Health and the Secretary of State for Justice made a commitment to divert people with mental health needs away from the justice system where possible and to improve treatment and support in the community by 2014. A number of mental health charities were also supporting the campaign, including Centre for mental health, Mind, Rethink and Mencap.

[2] http://iapdeathsincustody.independent.gov.uk/news/review-of-medical-theories-on-restraint-deaths-published/

7. Independent Police Complaints Commission (IPCC) Statistics 2010/11

7.1. The annual IPCC statistics contains statistics about deaths in or following police custody, some of which are outside the remit of the Ministerial Board – for example, road traffic fatalities. In 2010/11, there were 21 deaths in or following police custody, of which, 19 were male and two were female. Sixteen of the deceased were White, four were White 'Other' and one was Black. The IPCC reported that the number of deaths in or following police custody had increased in 2011[3].

8. Update on the Evaluation of the Ministerial Council

8.1. The Ministerial Council was nearing the end of its first three-year term. The Secretariat had conducted an evaluation which would be presented to Ministers in November for a decision on whether to continue the arrangements beyond 2011/12.

9. Date and Time of the Next Meeting Ministerial Board

9.1. Tuesday 7 February 2012

[3] http://www.ipcc.gov.uk/en/Pages/reports_polcustody.aspx