

WMCA Wellbeing Board

Date	5 April 2019
Report title	Birmingham and Solihull CSTR Test Bed Pilot
Portfolio Lead	Cllr Izzi Seccombe - Wellbeing
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Report has been considered by	Not applicable

1.0 Recommendation(s) for action or decision:

1.1 The Wellbeing Board is recommended to:

- Note the progress in implementation of the commitment to help implement a programme to increase the number of Mental Health Treatment Requirements and alignment with the national Community Sentence Treatment Requirement programme in the Birmingham and Solihull test bed pilot.

2.0 Purpose

- 2.1 The purpose of this report is to update the Board on the implementation of the programme to increase the use of Mental Health Treatment Requirements (MHTRs) as a sentencing option at the courts in Birmingham and the alignment of this work with the national Community Sentence Treatment Requirement (CSTR) test bed pilot programme.

3.0 Background

- 3.1 The Mental Health Commission recognised that offenders and ex-offenders are at increased risk of poor mental health and people leaving prison are at an increased risk of suicide and self-harm. Persistent offenders are likely to have experienced severe and multiple disadvantage. Poor mental health and/ or substance abuse increases the risk of re-offending, strengthening the case for effective mental health support, including early intervention, family-based approaches and increasing capacity across the criminal justice system to identify and respond to poor mental health. The report also found that based on the conservative assumption that the proportion of crime attributable to mental ill health, including personality disorder and substance misuse, is around 20%, the mental health-related cost of crime in the WMCA comes out at about £0.98 billion a year.
- 3.2 To address this issue the Thrive Action Plan included a commitment to help implement a programme to make more regular and widespread use of the Mental Health Treatment Requirements. The MHTR is a sentencing option which offers offenders with mental health problems the option of a treatment plan that addresses the underlying causes of offending. The focus has been on offenders with primary level mental health needs who would benefit from therapeutic support. Nationally the number of MHTR orders has been low and the Birmingham pilot was established in 2018 to put the services and processes in place to embed this within the courts in Birmingham and provide evidence to support the case for wider roll out of this support.
- 3.3 The first phase of the pilot from January – October 2018 was successful in achieving 28 MHTR orders at court. However, as reported to the January Wellbeing Board meeting one of the key learning points from this phase of the pilot was the need to establish better processes to enable offenders with substance misuse and alcohol problems to receive dual orders as an MHTR can be given jointly with either an Alcohol Treatment Requirement (ATR) or a Drug Rehabilitation Requirement (DRR).

4.0 Phase 2 of the Community Sentence Treatment Requirement Pilot

- 4.1 Based on the partnerships that have been developed during Phase 1 and the increase in the number of MHTR orders achieved NHS England has provided £80k to fund phase 2 of the pilot as part of the national CSTR programme. In recognition of the scale and complexity of the processes at Birmingham Magistrates Court the WMCA Mental Health Commission has contributed an additional £20k to commission the service and the NHSE Health and Justice Service in the West Midlands has allocated a further £20k for mobilisation, communication and training costs. Some of the key developments for Phase 2 are:

- 4.2 A revised service specification has been developed to address the learning from Phase 1 and will be commissioned by Birmingham and Solihull CCG. This will extend the number of offenders eligible to those registered with a GP within this area.
- 4.2 The partnership Steering Group has agreed to align with the national CSTR programme and review the number of MHTR, DRR and ATR orders made at the Birmingham courts. The terms of reference for the group has therefore been updated to include local authority substance misuse commissioners.
- 4.3 The service to carry out the MHTR assessments at court and provide the therapeutic treatment will be commissioned from the Birmingham and Solihull Mental Health Foundation Trust with a commitment to explore future opportunities for partnership working with the 3rd Sector.
- 4.4 Phase 2 of the Birmingham and Solihull testbed pilot will continue to inform the national CSTR programme. This phase of the pilot will commission the assessment process at court for 7 months with the delivery of the treatment for MHTR orders over a 12 month period. There is a continued national focus on the use of community orders as highlighted in the NHS Long Term plan (reported to the last Board meeting) and more recently in a speech by the Secretary of State for Justice:

“Underpinned by evidence of what works to reduce reoffending, we are also increasing the treatment requirements of community orders. Our research shows that nearly 60% of recent offenders who engaged with a community-based alcohol programme did not go on to reoffend in the two years following treatment. Offenders given a community sentence including mental health treatment have also shown to be significantly less likely to reoffend. That’s why we have worked with the Department of Health and Social Care, NHS England and Public Health England to develop a Treatment Requirement Programme which aims to increase the number of community sentences with mental health, drug and alcohol treatment requirements.

The programme is currently being tested in courts across five areas in England – Milton Keynes, Northampton, Birmingham, Plymouth and Sefton. It dictates a new minimum standard of service, with additional training for staff to improve collaboration between the agencies involved – all of which is increasing confidence among sentencers to use them. I look forward to seeing the outcomes of those trials shortly.”

(Speech: Beyond prison, redefining punishment, 18th February 2019)

9.0 Financial Implications

- 9.1 The 18/19 WMCA Mental Health Commission Budget for non-staffing is £130,000. This included £20,000 allocated for the costs associated with the MHTR work stream.

10.0 Legal Implications

- 10.1 There are no immediate legal implications flowing from this report

11.0 Equalities Implications

- 11.1 MHTR orders are a sentencing option available for offenders aged 18 and over. Of the MHTR orders during Phase 1 where the gender was recorded 69% were male and 31% were female. This reflects the national pattern of convictions, in 2017 there were 1.1 million convictions, of which, 27% of convictions were of female offenders and 73% were of male offenders. Further analysis of the proportion of Community Sentence and Suspended Sentence Orders in 2017 shows that male offenders accounted for 85% and female offenders accounted for 15% of these orders. (Statistics on Women and the Criminal Justice System 2019, A Ministry of Justice publication under Section 95 of the Criminal Justice Act 1991).
- 11.2 Due to the small cohort it is difficult to make a valid comparison to national data in relation to other groups with protected characteristics.
- 11.3 The equalities data of offenders given an MHTR order will continue to be recorded and analysed in Phase 2.

12.0 Geographical Area of Report's Implications

- 12.1 During Phase 2 of the CSTR test bed the option for MHTR orders will be extended to offenders who fall within the sentencing guidelines and are assessed as suitable who are registered with a GP within the Birmingham and Solihull CCG area.

13.0 Other Implications

- 13.1 None

14. Schedule of Background Papers

- 14.1 None