House of Lords
House of Commons
Joint Committee on Human Rights

Deaths in Custody: Further Government Response to the Third Report from the Committee, Session 2004–05

Second Report of Session 2005-06
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Second Report of Session 2005–06

Report, together with formal minutes and appendices

Ordered by The House of Lords to be printed 7 November 2005
Ordered by The House of Commons to be printed 7 November 2005
Joint Committee on Human Rights

The Joint Committee on Human Rights is appointed by the House of Lords and the House of Commons to consider matters relating to human rights in the United Kingdom (but excluding consideration of individual cases); proposals for remedial orders, draft remedial orders and remedial orders.

The Joint Committee has a maximum of six Members appointed by each House, of whom the quorum for any formal proceedings is two from each House.

Current Membership

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Powers

The Committee has the power to require the submission of written evidence and documents, to examine witnesses, to meet at any time (except when Parliament is prorogued or dissolved), to adjourn from place to place, to appoint specialist advisers, and to make Reports to both Houses. The Lords Committee has power to agree with the Commons in the appointment of a Chairman.

Publications

The Reports and evidence of the Joint Committee are published by The Stationery Office by Order of the two Houses. All publications of the Committee (including press notices) are on the internet at www.parliament.uk/commons/selcom/hrhome.htm.

Current Staff

The current staff of the Committee are: Nick Walker (Commons Clerk), Ed Lock (Lords Clerk), Murray Hunt (Legal Adviser), Roisin Pillay (Committee Specialist), Jackie Recardo (Committee Assistant), Pam Morris (Committee Secretary) and Tes Stranger (Senior Office Clerk).

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1 Report

1. With this Report we publish the second response of the Government to the Report of the Joint Committee on Human Rights in the last Parliament on Deaths in Custody. This second response, provided to us by Baroness Scotland on 17 October 2005, follows an initial Government response of February 2005, which the Committee published without comment in its 11th Report of 2004–05, and which addressed the majority of the Committee’s recommendations. In that response the Government, although accepting the Committee’s analysis of many aspects of deaths in custody, and pointing to the efforts already under way to address the problem, did not propose any substantial changes to policy or practice. A number of the Committee’s recommendations, including the recommendation that there should be an inquiry into the death of Joseph Scholes, were not accepted.

2. The Government response published here addresses the final and most significant recommendation of the previous Committee’s Report on Deaths in Custody, that a cross-departmental expert task-force should be established to address deaths in all forms of state custody. Our predecessor Committee made the creation of such a body its “principal conclusion”. It called for the task-force to be an active, interventionist body, with human rights expertise at its disposal, and set out a number of functions and powers which it thought the body should possess.

3. The Report on Deaths in Custody emphasised the scale and urgency of the problem. In this it has not been alone, and since the publication of that Report, grave concerns about the numbers of deaths in custody have continued to be raised in Parliament and elsewhere. The numbers of recent deaths in custody (including one of a 17 year old), as well as the increasing pressure on an already overcrowded prison system, are a continuing cause for concern. They are also, as the previous Committee’s Report stressed, a human rights issue, and call into question the positive obligation of the state under Article 2 of the European Convention on Human Rights to protect the lives of those in its custody.

4. The Government’s further response describes the various mechanisms in place for addressing the issue of deaths in custody. We recognise the importance and the potential of the institutions described in the Government’s response. In particular, we welcome the recent establishment of the multi-agency group chaired by the Independent Police Complaints Commission (IPCC), which provides an independent forum for exchange of expertise between service providers, inspectorates and investigators working in police, prison, immigration and mental health custody. We note that this new group is in the early

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3 Third Report of Session 2004–05, op. cit., para. 376
4 HL Deb, 20 October 2005, col. 887 (debate on suicides in prisons)
5 ibid., col. 906, Lord Corbett of Castle Vale: in June 2005, 16 people killed themselves in prison, the highest number for any month on record; Howard League for Penal Reform, press release 20 October, Most Overcrowded Prisons have Highest Numbers of Suicides.
stages of its development, and that its relationships and co-ordination with other bodies in the field are not yet settled. We also note that “the status of its recommendations for consideration and action will be developed over the next few months.” These developments will be crucial to the capacity of this new group to contribute effectively to preventing deaths in custody. The planned allocation of resources for a permanent secretariat will also be significant.

5. We welcome Baroness Scotland’s acceptance that sharing of experiences and learning of lessons across the board can be improved, and her undertaking that the recommendation of the previous Committee that an expert task-force be established will be kept under review.6 There remains a serious concern, however, that neither of the Government’s responses to the previous Committee’s Report fully recognise or address the gravity or urgency of the problem of deaths in custody. In particular the Report’s identification of a need for an active, interventionist body, with the powers and resources to develop guidance and good practice standards, review and monitor implementation of recommendations from coroners and public inquiries, and make recommendations to Government, has not been met by the institutions referred to in Baroness Scotland’s response.

6. We therefore intend to keep these matters under active review in the current Parliament, and to return to consider the effectiveness of the IPCC’s multi-agency group and to monitor progress on our predecessors’ recommendation for an expert task force.

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6 Letter of 17 October 2005, Appendix 1
Formal Minutes

Monday 7 November 2005

Members present:

Mr Andrew Dismore MP, in the Chair

Lord Bowness  Mary Creagh MP
Lord Judd  Dr Evan Harris MP
Lord Lester of Herne Hill  Dan Norris MP
Baroness Stern  Mr Richard Shepherd MP

Draft Report [Deaths in Custody: Further Government Response to the Third Report from the Committee, Session 2004–05], proposed by the Chairman, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 6 read and agreed to.

Resolved, That the Report be the Second Report of the Committee to each House.

Ordered, That several papers be appended to the Report.

Ordered, That the Chairman do make the Report to the House of Commons and that Baroness Stern do make the Report to the House of Lords.

[Adjourned till Monday 14 November at 4 pm.]
Appendix 1: Government Response

Letter from Rt Hon Baroness Scotland of Asthal QC, Minister of State, Home Office

My predecessor, Paul Goggins, wrote to you on 23 February on behalf of the Government in response to the Joint Committee’s report on Deaths in Custody published on 14 December 2004. In his response he undertook to let you have a further memorandum by August 2005 (extended by agreement to early October) responding more fully to the Committee’s final recommendation that the Government should establish a cross departmental expert task force on deaths in custody. I am now able to let you have the Government’s considered response.

Tackling deaths in custody is a key priority for the Government and we are determined to do everything possible to reduce the number of deaths in our institutions. Our response to the Joint Committee’s valuable report in February illustrated that much work is being done in this area and indeed the Committee commended many of the initiatives reported to them in evidence and the efforts of many dedicated staff who strive to keep safe troubled and vulnerable people in various forms of state custody.

Individual Government Departments are not working in isolation on this important subject but we believe that sharing of experiences and learning of lessons across the board can be improved. There are a number of initiatives in hand to this end. In essence, we think that the next best steps are, through better coordination of existing machinery across government and the firming-up of a new multi-agency group established on the initiative of the Independent Police Complaints Commission, to build on the huge amount of work that is already being done in this area under the authority of both the Home Office and Department of Health. The Government will keep these efforts, and the Joint Committee’s main recommendation, under review and re-consider as necessary in the light of experience over the next year or so.

We accept that the functions which the Joint Committee lists (in paragraph 376 of its report—reproduced for ease of reference at Annex A of the memorandum) are important to the Government’s suicide prevention strategies to make our institutions safer. We believe that these functions can be carried out most effectively within existing structures, some of which are being reconstituted, and with the prompting of the new multi-agency group that will aim to improve learning across sectors by better connecting relevant work in respect of prisons, police and health etc and share lessons learned.

The attached paper surveys recent developments in this area of Home Office and Department of Health work and sets out how the Government intends to move forward, for example the moves (described in paragraphs 3.1 to 3.5) towards firming-up the multi-agency group and how it will operate. I will be taking a close personal interest in the development of this work.

17th October 2005
The Government Reply

1. Introduction

1.1 In its report of 14 December 2004 on deaths in custody, the Joint Committee on Human Rights, based on evidence it heard from the organisation INQUEST, recommended that the Home Office and Department of Health should establish a cross-government expert task force on deaths in custody. When the Government was preparing its response to the report, all of the three main Departmental working groups in the area of suicide prevention—the Home Office-led Ministerial Roundtable on Suicides, the ACPO-led National Custody Forum and the Department of Health-led Suicide Strategy Advisory Group—were reconsidering their roles. Additionally a new working group of inspectors, investigators, commissioners and practitioners, convened by the Independent Police Complaints Commission (IPCC) and focussing on learning lessons across the board, was being established.

1.2 There were also two other key developments unfolding which the Government wanted time to consider before responding fully to this recommendation. First the transfer of responsibility of investigating deaths in police custody and prison custody to the IPCC and the Prisons and Probation Ombudsman (PPO) respectively, which had taken place only nine months before publication of the Joint Committee’s report. Second, the development of the National Offender Management Service (NOMS) and how, by bringing closer together relevant Department of Health and Home Office policy teams and prison and probation suicide prevention strategies, it might help prompt significant improvements to joint working, sharing experience and, most significantly, learning lessons across the board within institutional settings and in the wider community. In its response to the report dated 23 February 2005 the Government therefore undertook to consider this recommendation and respond fully to the Joint Committee by August 2005 (extended by agreement to early October). For ease of reference the full text of the recommendation and the Government’s interim response appears at Annex A.

2. The existing working groups

a) Home Office Ministerial Roundtable on Suicide in prisons

2.1 The Ministerial Roundtable on Suicide was established by the Prison Service some five years ago initially, as its title suggests, to concentrate on suicide prevention in prison. But it covers deaths in approved premises also and its discussions increasingly extend to related issues affecting deaths and vulnerability of offenders in the community. It is currently chaired by Baroness Scotland and attended also by the other Home Office Minister with responsibilities for prisons and Probation, Fiona Mactaggart. There are generally three meetings a year, frequently in a prison setting. Holding meetings in prisons enables prisoners to attend and provides members with an opportunity of seeing a prison at first hand and talking to prisoners (Samaritan-trained Listeners, in particular, make a valuable contribution) and staff.
2.2 Membership of the Roundtable includes HM Chief Inspector of Prisons (HMCIP), the Prisons and Probation Ombudsman (PPO), and representatives of the Youth Justice Board (YJB), National Probation Service, Prison Health (based in the Department of Health), Samaritans, Howard League, Prison Reform Trust (PRT), INQUEST and Independent Monitoring Boards. Safer Custody Group, formerly part of HM Prison Service but now migrated to the Headquarters of NOMS, provides the secretariat of the Roundtable. The Roundtable scrutinises and discusses work to prevent suicide in prisons and approved premises; takes forward any specific work commissioned by Ministers (for example, a delegation visited North America four years ago on behalf of the Roundtable to see what could be learned from suicide prevention strategies there); and promotes inter-agency working on suicide by pooling of ideas, developing projects and networking.

2.3 The sixteenth meeting of the Ministerial Roundtable on Suicide in Prison, chaired by Paul Goggins, took place on 15 December 2004, the day after publication of the Joint Committee’s report on deaths in custody. Coincidentally the agenda for that meeting included an item on the future of the Roundtable as members wished to consider whether it conducted its business in the most effective way possible. The Joint Committee’s final recommendation to establish a cross-government task force provided a useful and timely basis for discussion. This was followed up with a written consultation and further discussion at the Roundtable’s subsequent meeting on 14 July.

2.4 Members agreed that the Roundtable was a vital forum for sharing developments and knowledge; its usefulness was enhanced by the informality of a “hands-on” group that found practical ways to address a very serious issue; it brought together different groups which all had a shared commitment (which might otherwise engage only in stand-offs); it facilitated learning; it effected real change; and it ensured Ministerial attention to this important area. Members were concerned that the Roundtable should not become too large or bureaucratic or that its expertise on prison matters should not become diluted by taking on too wide a remit. But they recognised that closer links with groups working in parallel in respect of other institutional settings could bring benefits and that the Roundtable could have a role in bringing together experiences and learning. It was unanimously agreed that the Roundtable should be retained; should continue to focus broadly on prison issues and meet in prison settings; should seek to improve its links with others working in parallel (for example, the newly constituted IPCC group of practitioners (see paragraph 3 below). It was also agreed, at the suggestion of Baroness Scotland, that a Department of Health Minister should be invited to attend the Roundtable: Rosie Winterton will be joining the Roundtable from its November 2005 meeting.

2.5 The National Custody Forum (NCF) was established in 2004 to provide an integrated multi-agency strategic forum to assist in the dissemination of policy, guidance and best practice, thereby enhancing the safe and efficient provision of police custody services. It incorporates the work of the former Police Complaints Authority (PCA)-led ACPO Standing Committee on learning the lessons from adverse incidents, which was disbanded with the abolishment of the PCA and its replacement with the IPCC.
2.6 Membership brings together ACPO, National Centre for Police Excellence (NCPE), Home Office, trade unions, National Appropriate Adult Network (NAAN), Association of Forensic Physicians, HMIC, Legal Services Commission, Crown Prosecution Service, YJB, NOMS and IPCC interests. NCF will have a key role in providing a strategic lead for the regional custody forums and aiding the dissemination of learning. It will be integral to the police response to IPCC in respect of deaths in custody.

2.7 The recommendations and action points from the new multi-agency learning group described at paragraph 3 would be tasked, from a policing perspective, to the NCF. The national forum is organised through regional forums for each regional ACPO area. Both the regional network and national group will be tasked with taking forward and, where appropriate, implementing action points and recommendations around improving the efficiency and effectiveness of custody and custodial care. At a national level, a range of stakeholders are members of the Forum and regional chairs are being encouraged to consider how best external stakeholders should be more engaged at regional level.

2.8 The forum structure will help oversee the implementation of the Safer Detention Guidance being developed by NCPE on behalf of ACPO and Home Office. The Guidance is a key initiative in, among other things, helping reduce the incidence of adverse incidents and deaths involving those coming into police contact. It is a definitive body of work—due for implementation in early 2006—focused on raising standards to meet the needs of the criminal justice system whilst ensuring appropriate and timely protections and safeguards for the suspect.

2.9 The work on deaths in police custody and improving the safety and effectiveness of custody is part of a wider programme to raise police efficiency and effectiveness and ensure more successful outcomes to investigations. The safety and wellbeing of those that come into police contact is a key part of that strategic process and we are looking to enhance the capacity of the existing structures both to develop and to deliver improvements to help reduce deaths and adverse incidents in custody.

c) Department of Health led Suicide Prevention Strategy Advisory Group (SPSAG)

2.10 The Suicide Prevention Strategy Advisory Group was established in 2002 to provide leadership and expert advice to the many partners and stakeholders working to implement the newly launched National Suicide Prevention Strategy. The goals of the national strategy are:

- To reduce risk in high-risk groups.
- To promote mental well-being in the wider population.
- To reduce the availability and lethality of suicide methods.
- To improve reporting of suicidal behaviour in the media.
- To promote research on suicide and suicide prevention.
- To improve monitoring of progress towards the Our Healthier Nation (OHN) target: Saving Lives target to reduce suicides.
2.11 Professor Louis Appleby, National Director for Mental Health, chairs the Group, which meets twice a year. It brings together health interests: the National Institute for Mental Health in England (which is developing infrastructure at national, regional and local level to work with partners to deliver extensive programme of work outlined in the strategy document), NHS, Department of Health; research interests and academic interests: University of Bristol, Centre for Suicide Research, Oxford University, Institute of Psychiatry; and Samaritans. While SPSAG is primarily concerned with reducing suicides in the whole community, a key component of the national strategy is suicide reduction in high-risk groups. Prisoners are a specified high risk group within the overall strategy. In recognition of this, and that there needs to be close working between the National Suicide Prevention Strategy and the strategy for reducing deaths in prison, Safer Custody Group (SCG)’s Head, Nigel Hancock, is a member of SPSAG with prison deaths routinely discussed and information shared.

2.12 Also relevant, given the close association between mental health and suicide issues, is the prison mental health programme which is developed and managed by the Department of Health and CSIP (Care Services Improvement Partnership, formerly the National Institute for Mental Health). “Changing the outlook: A strategy for developing and modernising mental health services in prisons”, published in December 2001, sets out the future development of mental health services so that they more closely match those that would be available in the community. A Prison and Offender Mental Health National Programme Board meets regularly to address a range of mental health issues, including currently a review of how the 2001 strategy can best be developed. The Board’s membership overlaps with that of the Ministerial Roundtable on Suicide and the SPSAG. Twice a year the Board is attended by a range of experts such as health professionals, academics, and representatives of mental health and prison NGOs.

3. Sharing lessons from deaths in custody across institutions: New multi-agency group

3.1 In July 2004 the Chair of IPCC canvassed views on the possibility of establishing an informal process for coordination and sharing of lessons following deaths in custody across sectors. IPCC had already come across issues that were likely to cut across institutional frameworks. This suggestion was welcomed and an exploratory meeting followed in March 2005, bringing together police, prison, Immigration and Nationality Department (IND), HMCIP, PPO, IPCC and Mental Health Act Commission interests.

3.2 At the exploratory meeting it was agreed that the aim of the multi agency group would be to share and learn from deaths and near misses in custodial institutions. It was agreed that there is currently a void in cross institutional sharing from deaths in custody, and there was a lot that could be gained by developing a mechanism to facilitate this. The group set out to undertake this by focussing on themes (such as mental health, restraint and information exchange); extracting opportunities for learning; and examining how existing recommendations can read across institutions. Additionally it was agreed that:

- The group would cover deaths of those people who have been detained by law in England and Wales
• The membership of the group should include service providers as well as investigators/inspectors (consequently the ACPO custody lead and a representative from DH were invited to the following meeting)

• The group should not be a bureaucratic process

• The group should focus on what is achievable in practice rather than be aspirational.

3.3 The second meeting was held on 9 June 2005, where there were presentations and some preliminary discussion on suicide, family liaison and information exchange. It was agreed that these themes would be explored in further detail in future meetings, including how to take forward the recommendations. There is a half day meeting in November (which in addition to the existing members the Coroners Society will also be attending) focussing on information exchange from the point of arrest to release back into the community. In advance of the meeting, service providers (i.e. prison service, police service, health service and immigration) and the corresponding inspectors/investigators (IPCC, PPO, HMO, HMPI) will be preparing joint papers in advance outlining some of the problems and challenges, while the discussion at the meeting will be looking at solutions.

3.4 How exactly the group relates to the parent bodies of its members, for example in respect of the status of its recommendations for consideration and action, will be developed over the next few months. The group’s conclusions and recommendations will of course be communicated as necessary to bodies such as the Roundtable and the NCF. It may also make sense for the chairs or senior representatives of the existing groups to meet annually to discuss the range of issues raised by the multi-agency group. Meetings of some or all of the group members with other agencies may also be necessary to address relevant issues, for example data collection processes involving such as the National Confidential Inquiry for Homicides and Suicides and the National Patient Safety Agency.

3.5 These operational and related organisational issues will be resolved over the next few months. At the moment the IPCC is chairing and providing the secretariat for the group. The next meeting of the group in November will consider who (or which organisation) will chair the strengthened group. One option would be a sharing of the Chair by bodies such as the IPCC and the PPO. So that the group can continue effectively and make an impact it will need some permanent secretariat resource and this will be established. The secretariat will plan and support the meetings held, ensure that they are coordinated with relevant initiatives and change agendas, and liaise as necessary with the members of the group and their relevant bodies the on consideration and actioning of recommendations from the group.

4. IPCC and PPO – independent investigators

4.1 From 1 April 2004 all deaths in police custody are investigated by the IPCC and all deaths in prisons, those of residents of approved premises and detention centres, are investigated by the PPO. There are plans to expand the PPO’s terms of reference to include secure training centres and to give his role statutory footing. The prime purpose of involving the IPCC and PPO in investigating deaths in custody was to ensure independence from the police and Prison Service respectively. But other advantages accrue.
As they acquire expertise, both organisations are adopting leading roles in the search to find ways to reduce deaths in custody and are anxious to work with Government to share their experience and learn lessons across the board.

4.2 As indicated in paragraph 3 above, the IPCC is already developing a working group of practitioners and the PPO is active both in this group and in the Ministerial Roundtable referred to at paragraph 2.4 above. Both organisations are also engaged in researching trends and common features and will report on these issues. Similar work is being taken forward by Safer Custody Group within NOMS (see 5 below) with a small unit being set up to analyse recommendations and findings made by the PPO and oversee the responses made to the PPO.

5. National Offender Management Service (NOMS)

5.1 Although the fine detail of the organisation of NOMS (which will integrate the Prison and Probation Services in order to provide end-to-end offender management) is still being worked up, the new organisation is already benefiting in the deaths in state custody area from improved links both internally and with key partners such as education and health. Safer Custody Group is placed within the Directorate of Health and Offender Partnerships, which brings together from the Prison Service: drugs strategy, psychology and safer custody; from the Home Office: mental health and dangerous severe personality disorder work; and from the Department of Health: prison health. The Director of Health and Offender Partnerships works jointly to the Chief Executive of NOMS in the Home Office and the Director of Care Services in the Department of Health.

5.2 The purpose of the Directorate is to improve offenders’ health and well being, address health inequalities and reduce crime by maximising the opportunities provided by better integration of health, social care and criminal justice systems. The Directorate will oversee key ongoing work, for example, the transfer of prison health responsibilities to the NHS, which will secure better health and mental health services for offenders; it will continue to provide policy advice and support to the operational line in the delivery of drug interventions (as well as supply reduction and through-care initiatives); it will lead on safer custody strategies in custody; it will help to protect the public from further offending by dangerous mentally disordered offenders by more effective assessment and supporting their effective management in prison or hospital and monitoring their safe rehabilitation in the community. The Directorate is also taking on significant new work including a programme of three major projects. These are court diversion and care; raising standards and reducing harm by improving access to appropriate health services for those in police custody or on the pathway to police custody; and Improving health services for offenders in the community. These are complex projects working across boundaries of a number of criminal justice agencies and encompassing offenders’ community health issues.

6. Conclusion

6.1 The Government is committed to doing all it can to reduce deaths in custody and agrees that the tasks listed in paragraph 376 of the Joint Committee’s report are key functions within the suicide prevention strategy. The government believes that this work can best be taken forward by building on the existing well-respected experienced Ministerial Roundtable and strengthening the links between the Roundtable, the new
grouping of practitioners initiated by the IPCC, the NCF and SPSAG. Work will be put in hand to improve links and formalise detailed arrangements, which might for example, include a sharing of the Chair by independent bodies such as the IPCC and PPO, who support this response. The Government will provide an additional dedicated post to facilitate these changes; to provide the link between the groups; and coordinate the secretariats.

Annex A


Final Recommendations

Our principal conclusion is therefore that there is a need for a central forum to address the significant national problem of deaths in custody. One existing model for such work is the cross-government group on the management of violence, which is working towards the production of joint guidance on the use of restraint and other responses to violence, applicable across prison, police, and mental health act detention. We consider, however, that a permanent body, with a remit to address all aspects of deaths in custody, is required.

376. We recommend that the Home Office and the Department of Health, as the main responsible departments, should establish a cross-departmental expert task force on deaths in custody. This should be an active, interventionist body, not a talking-shop, with its membership drawn from people with practical working experience of the problems associated with deaths in custody. The task force should also have at its disposal human rights expertise. Broadly, the functions and powers of such a body should be-

- To share information on good practice in preventing deaths in custody between each form of detention;
- To develop guidelines on matters relating to prevention of deaths in custody;
- To review systems for the investigation of deaths in custody and to seek to establish consistency in such investigations;
- To develop consistent good practice standards on training in issues relating to deaths in custody;
- To review recommendations from coroners, public inquiries and research studies, to consider how they can be taken forward, and to monitor progress in their implementation;
- To collect and publish information on deaths in custody;
• To commission research and to make recommendations to Government. Where such recommendations involve expenditure we would expect the Government to meet the needs where funding was clearly necessary to ensure observance of ECHR rights.

The Government accepts that the State has particular responsibilities to seek to preserve the lives of those in its care and wishes to give further consideration to this recommendation, in consultation with existing bodies and their sponsoring organisations. As the Committee recognises, there is much evidence of good and developing practice in individual sectors such as prisons and police, but there is scope to share this much better and a new central, permanent body would be one way forward. Among the issues that need to be further examined are the extent to which existing and developing approaches satisfactorily address the functions suggested for a new body, whether a new body could be funded without diverting resources away from frontline efforts to prevent and reduce deaths, how a new body would sit in relation to existing bodies, and the relevance as a model of the cross governmental group on the management of violence. Whatever the Government decides about a new body, it wishes to build on the considerable work underway in this whole area and develop existing structures, with a renewed stress on analysing the lessons from deaths in custody and seeking where appropriate to make effective changes in policy and practice. The Government will respond further in six months.

Meanwhile, the rest of this response sets out the existing and developing machinery—in respect of prisons, probation, police, immigration, and secure hospitals—that might better be brought together. For prisons and probation, the development of the National Offender Management Service is bringing together some key interests—prisons, probation, mental health, prison health, drugs programmes—under one roof. The prison mental health programme is overseen by the Department of Health and NIMHE. There is a Suicide Prevention Strategy Advisory Group (membership under review) which helps provide leadership and support to partners and stakeholders working to implement the Government’s wider suicide prevention strategy led by Professor Louis Appleby.

The Ministerial Roundtable on Suicide in Prisons, chaired currently by Paul Goggins, brings together people responsible for running prisons, probation, prison health and the Youth Justice Board, with the Inspectorate of Prisons, the PPO, and a range of key prison interest groups and partners such as the Howard League, Samaritans and Inquest. Prisoners usually attend meetings too. Prisons (and early probation) safer custody strategies have been set, and progress reported on, with frequent Roundtable discussion taken into account. It does not cover police, immigration or mental hospital interests.

A recent Roundtable discussion, led by Paul Goggins, considered the Roundtable’s future against the background of the Joint Committee’s report. It expressed strong support for the Roundtable as a valuable, informal, inclusive, practically orientated and reasonably sized group that pooled its knowledge to mutual benefit and which should be changed as little as possible. If it did change, members saw the main scope to be in respect of all deaths in prison and offender deaths in the community.

The organisational framework for issues around deaths in police custody centres on the National Custody Forum and the National Centre for Policing Excellence, and an ACPO-
chaired Standing Committee on learning the lessons from adverse incidents. Membership of the National Custody Forum consists of such key stakeholders as the Home Office, the Prison Service, Forensic Physicians and others. The remit of this Group is to provide an integrated multi-agency forum to assist in the development and dissemination of policy guidance and best practice, thereby enhancing the safe and efficient provision of custody services. The NCPE Guidance on the Safer Detention and Handling of Persons in Police Custody will establish minimum standards for custodial care, and includes a chapter on learning the lessons from adverse incidents.

One of the ways in which the Government has shown its determination to address death in custody issues is through the establishment of the independent IPCC to investigate deaths in police custody and the transfer to the Prisons and Probation Ombudsman, on an administrative basis pending legislation, of responsibility for investigating deaths in prisons, probation hostel residents and removal centres. It is already seeking to build on this by establishing machinery better to learn the lessons from what goes wrong. There will be an exploratory meeting in March between representatives of the IPCC, the PPO, the Prisons Inspectorate, NOMS (Prison Service) and the Mental Health Act Commission to examine the scope for, in particular, the co-ordination and sharing of lessons learned. The outcome of this and other consultations will feed into a further memorandum to the Joint Committee by August.
Appendix 2: Letter from the Chairman to Baroness Scotland, dated 25 October 2005

Thank you for your letter of 17 October 2005, providing the Government’s second response to the Joint Committee on Human Rights (JCHR) report on Deaths in Custody. Although the report was published by the previous JCHR in the last Parliament, this Committee continues to take an interest in the implementation of its recommendations. Apart from the human rights importance of the subject itself, you will be aware that some of our current membership were members of the Committee during its inquiry into deaths in custody in the last Parliament.

The scale and urgency of the problem of deaths in custody, to which the previous committee drew attention, remains a matter of serious concern, in particular in light of increasing pressure on an already overcrowded prison system. As the Report on Deaths in Custody stressed, deaths in custody are a human rights issue, and call into question the positive obligation of the State under Article 2 ECHR to protect the lives of those in its custody.

We welcome your acceptance that sharing of experiences and learning of lessons across the board on deaths in custody can be improved, and your undertaking that the recommendation that an expert task force be established will be kept under review. However, there remains concern in the Committee, following both this response and the response by your predecessor Paul Goggins, that the Government has not sufficiently recognised the gravity or urgency of the problem of deaths in custody.

The previous Committee’s report identified a need for an “active, interventionist” body, with the powers and resources to develop guidance and good practice standards, review and monitor implementation of recommendations from coroners and public inquiries, and make recommendations to Government. These needs are not met by the institutions referred to in your response.

We do recognise the importance and the potential of the institutions you refer to, and in particular, the recent establishment of the multi-agency group chaired by the Independent Police Complaints Commission (IPCC). We note that this new group is in the early stages of its development, and that its relationships and co-ordination with other bodies in the field are not yet settled. We also note that the status of its recommendations for consideration and action will be developed over the next few months. We wish to emphasise the urgency of such developments in line with our predecessors’ concerns, and that they will be crucial to the capacity of this new group to contribute effectively to preventing deaths in custody. The planned allocation of resources for a permanent secretariat will also be significant.

We will be publishing your response shortly. Meanwhile we intend to keep these matters under active review in the current Parliament, and to return to consider the effectiveness of the new IPCC group and to monitor progress on the previous Committee’s recommendation for an expert task force.

7 November 2005