

LONDON ASSEMBLY

Detained, not forgotten Healthcare in police custody



Police and Crime Committee
September 2018

Holding the Mayor to
account and
investigating issues
that matter to
Londoners

LONDONASSEMBLY

Police and Crime Committee Members



The Police and Crime Committee examines the work of the Mayor's Office for Policing and Crime (MOPAC) and investigates issues relating to policing and crime reduction in London.

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Steve O'Connell AM

Chairman of the Police and Crime Committee



The Met detains many thousands of people in its custody suites each year. We expect officers and staff to keep them safe and healthy and ensure that their needs are met so that justice can be applied fairly. When something goes wrong, the consequences can be devastating.

Back in 2014, we found that the Met was struggling to provide enough medical staff in its custody suites. Four years on, we wanted to see what has changed, and understand how the new model of healthcare provision is working.

We heard from frontline staff that there has been some improvement in the workforce—both in terms of numbers and morale—but with increasing demand they are still feeling the stretch. We will continue to monitor this. Ambulance calls to custody suites in London have risen, and we are pleased that the Met is working to understand why this is happening.

We remain concerned about the treatment of vulnerable adults and children in custody, including, for example, those with mental health problems. We want to see evidence of action to ensure that everyone who needs an Appropriate Adult gets one, which may mean a London-wide effort to mobilise willing volunteers.

There is a consensus that police custody suites are an inappropriate place for children to be. Yet we heard about continued problems sourcing appropriate accommodation for young people who had been charged with an offence, with real gaps in London. While the situation seems to be improving slowly, detained children must have access to such accommodation as a matter of urgency.

“We want to see evidence of action to ensure that everyone who needs an Appropriate Adult gets one, which may mean a London-wide effort to mobilise willing volunteers”

We would like to thank all those people who took time to speak with us during our investigation. We hope our recommendations will help to bring about a safe and resilient model for police custody in London, that provides the most vulnerable detainees with the care and support they need, when they need it.

Summary

Anyone detained in police custody should rightly expect to be kept safe. This includes addressing any healthcare needs they may have.

We have long had concerns about the availability and quality of healthcare in the Met's custody suites. The Police and Crime Committee's 2014 report, 'Falling short: the Met's healthcare of detainees in custody', highlighted a "major problem" with the recruitment and retention of healthcare staff. It also found that doctors working in custody suites were being sidelined by the Met when it came to discussions on healthcare arrangements, and that the Mayor's Office for Policing and Crime (MOPAC) needed to use the information it holds from independent assessments of custody provision to bring about better outcomes.¹

The number of people being taken into police custody has fallen in recent years [...] But the demand for healthcare services in custody is not falling in line with this



Members of the Police and Crime Committee visited Brixton Custody Suite in February 2017 to hear about detainee healthcare provision

In this report, we examine the development of healthcare provision in the Met's custody suites over the past four years. In summary, we have found:

- The number of people being taken into police custody has fallen in recent years. In 2017-18, around 161,000 people were detained in custody. When we last investigated this issue the number stood at nearly 250,000 a year.²
- But the demand for healthcare services in custody is not falling in line with this reduction. In fact, the proportion of detainees being examined by a healthcare professional is increasing.
- Progress has been made in the recruitment of healthcare professionals in custody suites. But even with a smaller number of custody suites to cover, many are still stretched.

Progress has been made in the past four years, but there is still more to do to improve the provision of healthcare in custody, to benefit both those delivering it and those receiving it.

- A lack of secure accommodation for children in London often means there is no option but to keep a child in a police cell, sometimes for periods overnight.
- Vulnerable adults held in custody—including, for example, those with mental health problems—could be left at risk because no-one has responsibility to provide them with an Appropriate Adult.

This report sets out our immediate and ongoing concerns. In particular, we would like to see the Met develop a better understanding of the current pressures on healthcare provision in custody, and see MOPAC take a much stronger lead to ensure that children and vulnerable adults in custody have their needs met consistently. Progress has been made in the past four years, but there is still more to do to improve the provision of healthcare in custody, to benefit both those delivering it and those receiving it.

Recommendations

Pressures in the system

Recommendation 1

As part of the Mayor's review of healthcare in custody arrangements, he should assess how detainees are encouraged to register with a General Practitioner, and how the number of detainees registered with a GP can be increased.

Recommendation 2

The Metropolitan Police should, by October 2018, have completed its analysis of ambulance callouts to custody suites. This should feed into the Mayor's review of police custody healthcare arrangements and a copy should be provided to this committee.

The custody workforce

Recommendation 3

The Metropolitan Police should, by the end of 2018, have improved the mechanisms for bringing together FMEs, CNPs and other custody staff. This could, for example, be through joint training, or networks to discuss developments in the provision of custody.

Children in custody

Recommendation 4

MOPAC should, as part of its review of custody healthcare arrangements, carry out a robust assessment of the need for secure and non-secure accommodation for detained children and young people across London.

By the end of 2018, we expect MOPAC and London Councils to have developed a roadmap for improvement in this area, demonstrating the steps they will be taking to reduce the number of children kept in custody.

Vulnerable detainees

Recommendation 5

MOPAC should conduct an urgent feasibility study for a pan-London Appropriate Adults scheme, like the one it runs for Independent Custody Visitors.

Recommendation 6

Whatever the results of the proposed feasibility study for a pan-London Appropriate Adult scheme, MOPAC should use its unique position, in conjunction with other parts of the GLA such as Team London, to increase awareness of the AA role as a volunteering opportunity and how Londoners can become an Appropriate Adult.

We expect MOPAC to report back to the committee by December 2018, detailing its plans to improve the availability of Appropriate Adults across the capital.

1. Introduction

- 1.1 Anyone detained in police custody should be kept safe: this includes addressing any healthcare needs they may have. Custody officers and staff must “make sure a detainee receives appropriate clinical attention as soon as reasonably practicable” if that person appears to have a physical or mental illness, is injured, or otherwise appears to need clinical attention.³
- 1.2 The London Assembly Police and Crime Committee has long had concerns about the availability and quality of healthcare in the Met’s custody suites. Our 2014 report, ‘Falling short: the Met’s healthcare of detainees in custody’, found that there was a “major problem” with the recruitment and retention of healthcare staff. It also said that doctors working in custody suites were being sidelined by the Met when it came to discussions on healthcare arrangements, and that the Mayor’s Office for Policing and Crime (MOPAC) needed to use the information it holds from independent assessment of custody to bring about better outcomes.⁴
- 1.3 Four years on, there has been major change. In January 2015, the Met centralised its custody arrangements and established ‘Met Detention’ to manage its operations. The number of custody suites operated by the Met is being reduced from 36 to 23, of which the 14 busiest will be staffed by Custody Nurse Practitioners (CNP) every day for 24 hours a day.⁵ Forensic Medical Examiners (FMEs), doctors who work in custody and support CNPs, provide medical cover for the remainder of the suites and the 14 busiest suites as required.⁶

A Custody Nurse Practitioner is a nurse who makes clinical assessments, identifies and implements interventions, collects forensic samples, provides advice and guidance to other staff, and keeps detailed records to ensure the safety and wellbeing of detainees.⁷ **A Forensic Medical Examiner** is an ‘on-call’ doctor who provides care for detainees and advises on their fitness for detention, interview and discharge.⁸

- 1.4 The creation of Met Detention was supposed to be followed by changes to the way healthcare services in custody are commissioned. But these changes failed to materialise. A proposal to transfer the commissioning function to the NHS—which was expected to deliver significant improvements in provision—was cancelled by the then Home Secretary.⁹ The decision was described by experts as “devastating” and is said to have resulted in “no consistency of governance” and a “postcode lottery” within the Met with regards to care.¹⁰

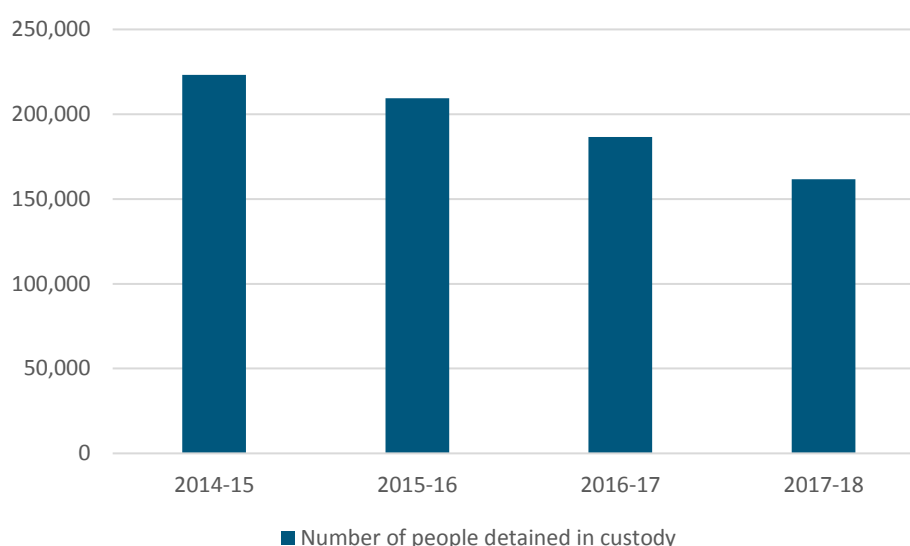
1.5 In this report, we examine these changes and the development of healthcare provision in the Met’s custody suites over the past four years, and highlight our immediate and ongoing concerns. Progress has been made, but there is still more to do to improve provision to benefit both those delivering it and those receiving it. The Mayor, through his Police and Crime Plan, has committed to “review the effectiveness of the current arrangements to provide health services to people in custody to ensure they are provided in an effective and well-managed way”.¹¹ We hope that our findings will feed into that review.

2. Pressures in the system?

The number of people being held in custody is falling, but the demand for healthcare is not

- 2.1 The number of people being taken into custody is falling: in 2017-18, around 161,000 people were detained in custody, and around 187,000 the year before that. When we last investigated this issue, the number stood at nearly 250,000 a year.¹²

Chart 1: The number of people being detained in custody by the Met is falling



Source: Metropolitan Police

- 2.2 The reduction in the use of custody appears to contradict what we know about rising crime. We heard that the reduction in people being taken into custody is due, in part, to the Met using other approaches to deal with offending, such as community resolution, which do not result in arrest.¹³
- 2.3 A fall in the overall numbers in custody, however, has not resulted in a fall in demand for healthcare services. In fact, as custody numbers have fallen, the proportion of people examined by a healthcare professional has increased. In 2017-18, healthcare professionals examined 45 per cent (around 72,500) of all detainees. This compares with 40 per cent the previous year and 36 per cent the year before that. Many of these detainees saw a healthcare professional more than once: in 2017-18, for example, over 121,000 healthcare examinations were carried out for those 72,500 detainees.¹⁴
- 2.4 The complexity of the health problems presenting in custody suites has also increased. This includes “a lot more complex mental health problems that

overlap with drug and alcohol dependencies”, and older people with more complex medical conditions, all of which makes medical management “particularly difficult.”¹⁵

- 2.5 We heard that many detainees are often not in contact with General Practitioners (GP) or other primary care professionals. This can mean they enter custody with longstanding unaddressed illnesses, creating additional demand for healthcare while in custody and on an ongoing basis.¹⁶ We believe there is merit in exploring whether encouraging detainees to register with a GP would alleviate some of the demand placed on healthcare professionals within custody suites.

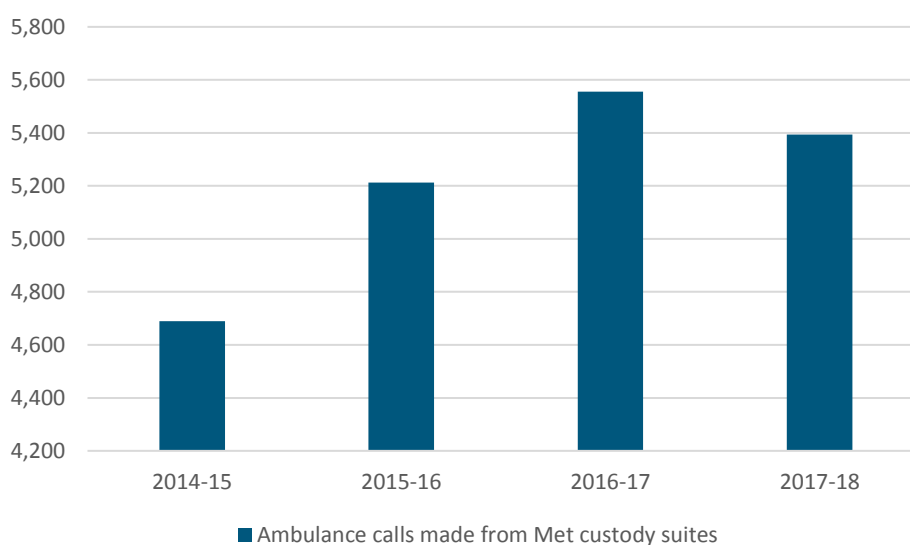
Recommendation 1

As part of the Mayor’s review of healthcare in custody arrangements, he should assess how detainees are encouraged to register with a General Practitioner, and how the number of detainees registered with a GP can be increased.

Ambulance calls for people in custody are rising, but it is not immediately clear why

- 2.6 If the need for clinical attention of a detainee seems to be urgent the nearest available healthcare professional or an ambulance must be called immediately.¹⁷

Chart 2: The number of ambulance calls made from Met custody suites has increased in recent years



Source: Metropolitan Police

- 2.7 The number of times that custody staff have called an ambulance has increased in recent years. In 2017-18 nearly 5,400 ambulance calls were made from Met custody suites, a slight decrease on the previous year but a 15 per cent increase on 2014-15. So far this year, nearly 2,000 calls have been made.¹⁸
- 2.8 This increase does not necessarily result from a lack of medical staff in custody. We heard that the Met supports its staff to take a risk-averse approach as part of its commitment to the safety of people in custody. The Met stressed that it will always “put the safety of our detainees first and foremost” and when “faced with some uncertainty as to whether there could well be an underlying medical condition that does need hospital attention and, in the interest of patient safety, it is the right decision for an individual to be transferred to hospital.”¹⁹ The potential consequences of a failure to act are so severe that they “cannot tell custody staff not to be risk averse.”²⁰

“a death in custody is catastrophic, but a death in custody that could have been prevented is even worse.”

- Sergeant Andy Watts, Metropolitan Police

- 2.9 A detainee would not necessarily end up going to hospital just because staff had called an ambulance for them.²¹ Ambulances have the benefit of providing diagnostic technology that is not available within custody suites. Assessment rooms in custody “are not treatment rooms” and are not equipped as such.²² Custody staff might, therefore, call for an ambulance to access their mobile technology, such as electrocardiography.
- 2.10 Frontline and senior professionals agree that not enough is currently understood about the range of reasons ambulances attend custody suites. Without this evidence base, it is difficult to draw conclusions about why the increase has happened and what the implications are for the healthcare of detainees, and police and NHS resources.²³
- 2.11 The Met agrees that it needs to understand more about ambulance callouts. It is working to analyse data to look at the number of repeat calls, the reasons for calls, outcomes, and treatment. This will help the Met determine whether training needs to be more effective.²⁴ The essential piece of work should be completed as soon as is possible and fed into the Mayor’s review of the effectiveness of police custody healthcare arrangements, which he committed to in his Police and Crime Plan.²⁵

Recommendation 2

The Metropolitan Police should, by October 2018, have completed its analysis of ambulance callouts to custody suites. This should feed in to the Mayor's review of police custody healthcare arrangements and a copy should be provided to this committee.

3. The healthcare workforce

3.1 We have previously identified long-standing concerns about attracting and retaining enough CNPs to work in the Met's custody suites. In 2009, the Met had a target of having 189 CNPs across its custody suites. But this target was never met. In 2014, we reported that there were "not enough nurses (they are leaving the force quicker than they are being recruited), many doctors are concerned with how the service is being run, and staffing levels in custody suites may not be sufficient to manage demand."²⁶

Becoming a Custody Nurse Practitioner is now a more attractive career option

3.2 The current model for healthcare, across fewer custody suites, requires far fewer nurses. We understand that the Met is now working towards a target of 80 CNPs providing 24-hour cover in the 14 busiest custody suites by 2020.²⁷ In March 2018, the Met told us that it would have 64 CNPs—enough to staff the first 12 custody suites of the 24/7 suites—by June 2018, and was well on its way to achieving a full complement of CNP staff for 14 custody suites by 2020.²⁸ The Met currently has 63 CNPs (61.6 Full Time Equivalent).²⁹

3.3 While there have been problems with the recruitment of nurses, "the number of nurses coming through has much increased."³⁰ We heard that some of the factors that stopped nurses from considering a CNP role instead of working for the NHS have changed:

- Pay and conditions have improved such that salary and annual leave arrangements are now comparable to those in the NHS.³¹ We heard that before this change "not only would you take perhaps a £10,000 pay cut, but you would lose a week's holiday. There was very little incentive."³²
- Training has also improved, with each CNP now given a £1,000 education budget, intended for use when management and or/members of staff identify that there is a gap in their knowledge.³³ Custody nurses also have twice-yearly development days.³⁴

3.4 Perhaps most importantly, we heard that morale amongst CNPs is beginning to improve. Previously, and perhaps unsurprisingly given the low staff numbers, CNPs "would get a prolonged period of time where you were, I would not say despairing, but heading in that direction".³⁵ CNPs said they had felt "very isolated" and that they lacked contact and support from

management.³⁶ We heard that this has changed, with CNPs feeling valued and supported by police officers as part of a team.³⁷

“in my understanding the police like having us there. They are very welcoming. They are protective. They are supportive [...] there is a sense of team that exists. There is no question.”

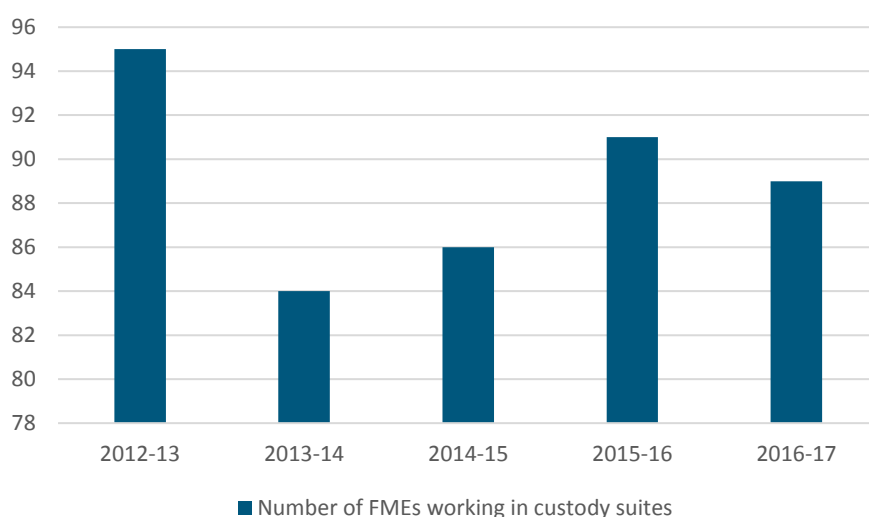
Jon Duggan, Custody Nurse Practitioner

- 3.5 To further build on this, one suggestion we received to support newer or more isolated staff was a “global floating team” of experienced CNPs. These CNPs could act as mentors, working with less experienced or struggling CNPs, and backfilling absences, which could also reduce the need for last minute FME cover. We were told that discussions have taken place about this idea, but the outcome is not known.³⁸

Doctors working in custody suites are feeling the pressure

- 3.6 Those custody suites not covered 24/7 by CNPs, will be staffed by FMEs. FMEs are “not employed by the Met, they provide their services under contracts and as such, they can work as many or as few hours as they wish to fit in with whatever other employment / commitments they may have. The Met cannot influence this.”³⁹ In 2012-13, the Met had 95 FMEs, it currently has 74 FMEs on its books, with a Full Time Equivalent of 37.⁴⁰

Chart 3: The number of FMEs working in custody suites fluctuates each year



Source: [Mayor's Question 2017/4154](#)

- 3.7 FMEs continue to tell us that they feel stretched, with a lack of resilience in the system when both FMEs and CNPs are sick. We heard that they might be “progressively stretched” if the number of CNPs cannot be guaranteed,

meaning they end up covering “a large custody suite that really needs a constant medical attendance,” in addition to their usual responsibilities.⁴¹ This could be particularly problematic as there are certain duties that only doctors can perform, such as seeing people who have been tasered and administering controlled drugs.⁴²

- 3.8 We also heard concerns about the large areas that FMEs are expected to cover. Custody suites at the extremity of the Met area, that do not have a 24/7 CNP service, might experience delays as FMEs travel to reach them. Those we spoke to were not hopeful about the potential for working together with forces outside London to solve this.⁴³ We will continue to monitor these concerns.

Doctors and nurses in custody should be enabled to work together more closely

- 3.9 Opportunities to build strong working relationships between FMEs and CNPs are sometimes lacking. CNPs and FMEs have distinct roles, which can make it hard for them to work together. The former are salaried employees of the Met, but the latter are not.
- 3.10 We heard that even though healthcare professionals work “everywhere else” as multidisciplinary teams, this does not seem to happen in custody.⁴⁴ Instead, there are “different tensions and [...] different needs for the two groups of healthcare professionals who work in different ways.”⁴⁵ We heard that one CNP who had started their role in October 2017 had not yet met a single FME in person. Phone contact between the two professionals tended to focus on immediate issues with patients, but without face-to-face contact it “is very difficult to build trust.”⁴⁶
- 3.11 Senior Met officers told us that multidisciplinary working was an “improving picture” and that the new Met Detention model should mean that some staff travel around less and are able to build more effective teams. The Met also runs custody update sessions, and agreed that there was “some merit” in looking at joint training for FMEs and nurses.⁴⁷ We believe there is merit in this idea, and would like the Met to take it forward.

Recommendation 3

The Metropolitan Police should, by the end of 2018, have improved the mechanisms for bringing together FMEs, CNPs and other custody staff. This could, for example, be through joint training, or networks to discuss developments in the provision of custody.

4. Children in custody

4.1 A custody suite is not an appropriate place for the detention of a child or young person for any significant length of time. A young person might be kept in custody for several reasons:

- There may be a lack of appropriate accommodation to transfer them to if they are to be remanded after charge. If accommodation can be found but is not sufficiently local, there may not be time for the young person to reasonably travel there and back before their court appearance.
- There may be no parent or guardian who can provide an address for them to be bailed to.
- Timely attendance from an Appropriate Adult or legal advisor could be a problem.⁴⁸

Finding secure accommodation for children and young people is a major problem

4.2 The Police and Criminal Evidence Act 1984 (PACE) regulates police powers, and includes requirements around the detention and treatment of detainees. It states that children and young people must be transferred to the care of a local authority, rather than kept in police custody, unless exceptional circumstances render movement of the child impossible; or the young person is aged 12 or over and “no secure accommodation is available and other accommodation would not be adequate to protect the public from serious harm from that juvenile.”⁴⁹ In addition, the recent changes in the Policing and Crime Act 2017 make clear that “police cells may no longer be used as places of safety for children.”⁵⁰

4.3 The roles and responsibilities of the police and local authorities, with regards to the accommodation of children and young people who have been charged and detained, is set out in a Home Office Concordat. The Concordat—which the Met has signed up to along with some London boroughs—recognises that there are “long-standing problems in the transfer of children from police custody to local authority accommodation,” and sets out some principles for the detention of children and young people.⁵¹

The Home Office Concordat on children in custody sets out a number of principles:⁵²

- Whenever possible, charged children will be released on bail.
- Children denied bail will be transferred whenever practicable.
- Secure accommodation will be requested only when necessary.
- Local authorities will always accept requests for non-secure accommodation.
- The power to detain will be transferred to the Local Authority.
- Where a local authority fails to provide accommodation, it will reimburse the police.
- Police forces will collect data on transfers.

- 4.4 In 2017, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) inspected police custody in north London. It found that detainees "were usually well treated, in good conditions, but too many children were kept in cells overnight and even at weekends." The report noted that while Custody Officers were treating children well in a positive and reassuring way, they were often held in custody for an average eleven hours after being charged. It recommended that the Met "agree arrangements with local authority partners to avoid the overnight detention of children in custody by their transfer to suitable alternative accommodation."⁵³
- 4.5 The Met is making efforts to ensure that fewer children are detained in police custody. But there is a shortage of suitable accommodation for young people in the capital. There are six secure units across the country, none of them within the M25 region.⁵⁴ Non-secure accommodation, provided by local authorities, is also limited.
- 4.6 Between January 2017 and January 2018, the Met made 394 requests to local authorities for secure accommodation, and 420 requests for non-secure accommodation. 50 children were placed into the care of the local authority. 48 of these were in non-secure accommodation and two in secure accommodation in Leeds and Manchester.⁵⁵ We heard that there have been some improvements in the Met's ability to place children in suitable local authority accommodation. But this should be taken in context: we heard that "previously, it would be zero."⁵⁶
- 4.7 We are encouraged by the steps the Met is taking to improve the way it responds to children in custody. We heard that it is "working more intensely" with local authorities, and an inspector now oversees requests for secure accommodation, mediating over whether secure or non-secure

accommodation is needed. The Met also tracks demand for this need, which previously went unrecorded.⁵⁷

- 4.8 We are disappointed by the apparent lack of action from City Hall on improving the provision of alternative accommodation, especially given the priority MOPAC assigns to child protection. Although it is the responsibility of local authorities, MOPAC is alive to the needs for such accommodation. It told us that it has placed the issue “firmly in our London Safeguarding Children Board agenda” and has established partnership groups.⁵⁸ MOPAC reported, however, that taking concerted action was challenging due to decision-making processes and budget pressures.
- 4.9 We do not believe that is good enough. We urge MOPAC, London Councils and the London Safeguarding Children Board to return to this issue to find a solution. We highlighted in our discussions with MOPAC that it is unlikely one borough would have enough demand to justify a local secure unit, despite a significant need for accommodation across London.⁵⁹ As such, we believe that the possibility of either MOPAC or a single London borough taking the lead for providing a pan-London secure accommodation service should be explored.

Recommendation 4

MOPAC should, as part of its review of custody healthcare arrangements, carry out a robust assessment of the need for secure and non-secure accommodation for detained children and young people across London.

By the end of 2018, we expect MOPAC and London Councils to have developed a roadmap for improvement in this area, demonstrating the steps they will be taking to reduce the number of children kept in custody.

5. Protecting vulnerable people in custody

- 5.1 An Appropriate Adult (AA) helps vulnerable detainees to understand what is happening to them in the police station while a suspected offence is investigated. They support, advise and assist the detainee; ensure that the police act fairly and respect the rights of the detainee; and help communication between the detainee, the police and others. They do not provide legal advice.⁶⁰

The provision of Appropriate Adults for children is difficult but for vulnerable adults is particularly poor

- 5.2 When the police detain a child or young person, or interview them as a voluntary attender, they must ensure that an AA attends as soon as practicable.⁶¹ This could be a parent, guardian, local authority representative, social worker or other adult who is not connected to the police. We heard that “very often the parents are not suitable for one reason or another,” for example if they are suspected of involvement in the offence, at which point they cannot be an AA.⁶²
- 5.3 Local authorities are ultimately responsible for providing AAs for children and young people. But we heard that the approach is “very piecemeal” at moment, and there are difficulties when more than one borough is involved, with local authorities perhaps not taking responsibility for a child. The Met and MOPAC need to understand the extent to which this is causing a problem, and consider whether the introduction of Basic Command Units (BCUs) will exacerbate any problems.

“a juvenile [was] living in one borough, arrested in another borough and taken to custody in another borough. Which local authority was going to deal with him? None of them”

Simon Mackenzie, Independent Custody Adviser

- 5.4 We are particularly concerned about the support that vulnerable adults in custody receive, including those with mental health problems. As well as for children and young people, an AA must be secured as soon as practicable for an adult detainee who is “vulnerable.”⁶³ Revisions to the PACE Codes of Practice aim to define vulnerability more clearly, clarify when an AA is needed, and strengthen the requirement to supply one.⁶⁴ The custody officer must assess adult detainees on a “case by case” basis to establish their vulnerability.⁶⁵

“There is a disparity between what the local authority is supposed to provide for juveniles - which they do not, generally speaking - and nobody having responsibility for vulnerable adults.”

Simon Mackenzie, Independent Custody Adviser

- 5.5 However, unlike for children and young people, no agency has a statutory responsibility for AAs for vulnerable adults.⁶⁶ We heard that it can be difficult to source AAs when they are required. We heard one report of a Custody Officer having “popped across to the local library opposite the police station” to see if anyone could be an AA for a detainee in his custody suite.⁶⁷ If this is happening often, then it is not an acceptable situation.
- 5.6 In order to ensure that vulnerable adults and young people across London have access to an AA when they need one, commissioners need to understand the demand for such services. In July 2018, the Home Office published a voluntary Appropriate Adult PCC-Local Authority Partnership Agreement for England. This sets out how Police and Crime Commissioners can work together more effectively to secure AAs for vulnerable adults. The framework firmly places the responsibility for oversight of AA provision (including the establishment of a demand profile) with Police and Crime Commissioners.⁶⁸

A pan-London Appropriate Adult scheme could help to solve this problem

- 5.7 We need to ensure that access to AAs is not a postcode lottery. One “radical” suggestion to the shortage of AAs is that a solicitor could play the role of AA, an option which is currently being explored. However, this raises questions about both the potential for professional conflict of interest and the logistics of a solicitor being present to perform all the duties of an AA.⁶⁹

“A London-organised, borough-based scheme, very like the custody visitor panels...would work very well. There are plenty of people around.”

Simon Mackenzie, Independent Custody Adviser

- 5.8 Individual local authorities are making their own efforts to improve AA provision. We understand that some source paid Appropriate Adults through third-party providers, such as Appropriate Adults UK, while others use voluntary schemes. We have heard, however, about at least one award-winning scheme of this type which has had its funding cut.
- 5.9 It was suggested to us that this London-wide problem needs a London-wide response: namely a pan-London AA scheme. We believe that there is potential here for MOPAC to act. It already runs a scheme whereby Independent Custody Visitors (ICVs) are recruited and organised on a pan-London basis,

and are made available for visits across different boroughs. MOPAC told us that a pan-London scheme had been considered in the context of criminal justice system devolution, but that the idea had met with “resistance” or “questioning” from local authorities so far.⁷⁰ We need further evidence on this and believe MOPAC should explore further whether the ICV model can be replicated for AAs.

5.10 Aside from a pan-London scheme, at a basic level there is more that MOPAC can do to use its unique position to promote the awareness of the AA role. We were told that there is a lack of awareness across London that the role exists—hardly surprising, given the apparent lack of promotion that it receives—but that “there is a willingness there in the public to volunteer to do this sort of thing.”⁷¹

5.11 The role of AA is a valuable volunteering opportunity for Londoners. The Mayor has committed to work “with communities and civil society groups across London to encourage active participation in community and civic life.”⁷² We see no reason why MOPAC, in conjunction with other parts of City Hall, cannot use its unique position to promote this volunteering opportunity to contribute to this commitment. Part of the solution could be in utilising Team London, which advertises a range of volunteering opportunities.⁷³ We note that some individual boroughs have advertised for AAs through this route in the past: MOPAC could provide that consistency across London and support the recruitment of more volunteers.

Recommendation 5

MOPAC should conduct an urgent feasibility study for a pan-London Appropriate Adults scheme, like the one it runs for Independent Custody Visitors.

Recommendation 6

Whatever the results of the proposed feasibility study for a pan-London Appropriate Adult scheme, MOPAC should use its unique position, in conjunction with other parts of the GLA such as Team London, to increase awareness of the AA role as a volunteering opportunity and how Londoners can become an Appropriate Adult.

We expect MOPAC to report back to the committee by December 2018, detailing its plans to improve the availability of Appropriate Adults across the capital.

Our approach

The Police and Crime Committee agreed in December 2017 to follow up on its work on the provision of healthcare in custody.

In December 2017 the committee held a round table meeting with representatives working within custody, including Custody Nurse Practitioners; Forensic Medical Examiners; Liaison and Diversion Officers; and Custody Sergeants.

In February 2018, Caroline Pidgeon AM held an informal meeting with Elaine Van-Orden, the then Chief Superintendent of Met Detention, to receive an update on the progress of Met Detention.

On 7 March 2018 the committee held a public evidence session, taking evidence from the following guests:

- Dr Amandeep Ranu, Forensic Medical Examiner
- Jason Payne-James, Forensic Medical Examiner
- Jon Duggan, Custody Nurse Practitioner
- PS Andy Watts, Metropolitan Police
- Simon Mackenzie, Independent Custody Adviser
- Andy Crowther, Westminster Police Liaison and Diversion Service
- Commander Neil Jerome, Metropolitan Police
- Rebecca Lawrence, Chief Executive, MOPAC

On 21 March 2018, the committee also took evidence from the Deputy Mayor for Policing and Crime, Sophie Linden, and Sir Craig Mackey QPM, Deputy Commissioner, Metropolitan Police Service.

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- ¹ London Assembly Police and Crime Committee, [Falling short: the Met's healthcare of detainees in custody](#), January 2014
- ² London Assembly Police and Crime Committee, [Falling short: the Met's healthcare of detainees in custody](#), January 2014
- ³ Home Office, [Police and Criminal Evidence Act 1984 \(PACE\) – Code C Revised Code of Practice for the Detention, Treatment and Questioning of Persons by Police Officers](#), May 2018
- ⁴ London Assembly Police and Crime Committee, [Falling short: the Met's healthcare of detainees in custody](#), January 2014
- ⁵ Met Information Rights Unit, [Closure of custody suites between 2012 – 2016](#), accessed 3 July 2018
- ⁶ Meeting between Caroline Pidgeon AM and Elaine Van-Orden, then Chief Superintendent for Met Detention, 22 February 2018
- ⁷ Met, [Custody Nurse Practitioner](#), accessed 5 July 2018,
- ⁸ BMJcareers, [Locking down a culture of isolation: forensic medical examiners](#), 23 June 2015
- ⁹ The then Home Secretary announced in December 2015 that the transfer would not take place. See Police and Crime Committee, [Transcript](#), 28 January 2016
- ¹⁰ Meeting of the Police and Crime Committee, [7 March 2018 \(panel one\)](#)
- ¹¹ MOPAC, [A Safer City for All Londoners: Police and Crime Plan 2017-21](#), March 2017
- ¹² London Assembly Police and Crime Committee, [Falling short: the Met's healthcare of detainees in custody](#), January 2014; Data provided by the Metropolitan Police, August 2018. Detainee number covers January 2018 to July 2018
- ¹³ A 'community resolution' takes place when the person responsible for a less serious offence/antisocial behaviour incident is identified through informal agreement with the parties involved rather than through the traditional criminal justice system – see [Association of Chief Police Officers Guidelines on the Use of Community Resolutions \(CR\) Incorporating Restorative Justice \(RJ\)](#), 2012
- ¹⁴ Data provided by the Metropolitan Police, August 2017 and August 2018

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- ¹⁶ As above
- ¹⁷ Home Office, [Police and Criminal Evidence Act 1984 \(PACE\) – Code C Revised Code of Practice for the Detention, Treatment and Questioning of Persons by Police Officers](#), May 2018
- ¹⁸ Data provided by the Metropolitan Police, August 2018
- ¹⁹ Meeting of the Police and Crime Committee, [7 March 2018 \(panel two\)](#)
- ²⁰ Meeting of the Police and Crime Committee, [7 March 2018 \(panel one\)](#)
- ²¹ As above
- ²² As above
- ²³ As above
- ²⁴ Meeting of the Police and Crime Committee, [7 March 2018 \(panel two\)](#)
- ²⁵ MOPAC, [A Safer City for All Londoners: Police and Crime Plan 2017-21](#), March 2017
- ²⁶ London Assembly Police and Crime Committee, [Falling short: the Met’s healthcare of detainees in custody](#), January 2014
- ²⁷ Data provided by the Metropolitan Police, August 2018
- ²⁸ Meeting between Caroline Pidgeon AM and Elaine Van-Orden, then Chief Superintendent for Met Detention, 22 February 2018
- ²⁹ Data provided by the Metropolitan Police, August 2018
- ³⁰ Meeting of the Police and Crime Committee, [7 March 2018 \(panel one\)](#)
- ³¹ As above
- ³² As above
- ³³ Mental health nurses must use that money initially to increase their skills in “minor injuries, illnesses and suchlike.”
- ³⁴ Meeting of the Police and Crime Committee, [7 March 2018 \(panel one\)](#)
- ³⁵ As above
- ³⁶ As above
- ³⁷ As above
- ³⁸ As above
- ³⁹ Mayor’s Question, [Custody suite healthcare - Forensic Medical Examiners \(FMEs\) \(1\)](#), 16 November 2017

- ⁴⁰ Meeting of the Police and Crime Committee, [7 March 2018 \(panel two\)](#); and Data provided by the Metropolitan Police, August 2018
- ⁴¹ Meeting of the Police and Crime Committee, [7 March 2018 \(panel one\)](#)
- ⁴² As above
- ⁴³ As above
- ⁴⁴ As above
- ⁴⁵ As above
- ⁴⁶ As above
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- ⁴⁸ The Howard League for Penal Reform, [Overnight detention of children in police cells](#), 2011
- ⁴⁹ Home Office, [Police and Criminal Evidence Act 1984 \(PACE\) – Code C Revised Code of Practice for the Detention, Treatment and Questioning of Persons by Police Officers](#), May 2018
- ⁵⁰ See Mind website, [Policing and Crime Act 2017](#)
- ⁵¹ Home Office, [Concordat on children in custody](#), 30 October 2017
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- ⁵³ HMICFRS, [North London – Joint inspection of police custody](#), 8 November 2017
- ⁵⁴ Meeting of the Police and Crime Committee, [7 March 2018 \(panel one\)](#)
- ⁵⁵ As above
- ⁵⁶ As above
- ⁵⁷ Meeting of the Police and Crime Committee, [7 March 2018 \(panel one\)](#)
- ⁵⁸ Meeting of the Police and Crime Committee, [7 March 2018 \(panel two\)](#)
- ⁵⁹ As above
- ⁶⁰ Home Office and Appropriate Adult Network, [Guide for Appropriate Adults](#), February 2011
- ⁶¹ For a young person, an AA may be: the parent, guardian or, if the young person is in the care of a local authority or voluntary organisation, a person representing that authority or organisation; a social worker; or, failing these some other responsible adult aged 18 or over who is not a police officer, employed by the police, under the direction or control of the chief officer of a police force, or a person who provides services under contractual arrangements to assist that force in relation to the discharge of its chief

officer's functions. A parent cannot be an AA if they are suspected of involvement in the offence, are the victim or a witness, are involved in the investigation, or have received admissions prior to agreeing to be the AA. See Home Office, [Police and Criminal Evidence Act 1984 \(PACE\) – Code C Revised Code of Practice for the Detention, Treatment and Questioning of Persons by Police Officers](#), May 2018

⁶² Meeting of the Police and Crime Committee, [7 March 2018 \(panel one\)](#)

⁶³ For a vulnerable adult, an AA may be: a relative, guardian or other person responsible for their care or custody; someone experienced in dealing with vulnerable persons but who is not a police officer, employed by the police, under the direction or control of the chief officer of a police force, or a person who provides services under contractual arrangements to assist that force in relation to the discharge of its chief officer's functions; or failing these, some other responsible adult aged 18 or over who is not subject to any of the exclusions. See Home Office, [Police and Criminal Evidence Act 1984 \(PACE\) – Code C Revised Code of Practice for the Detention, Treatment and Questioning of Persons by Police Officers](#), May 2018

⁶⁴ 'Vulnerable' applies to any person who, because of a mental health condition or mental disorder: may have difficulty understanding or communicating effectively about the full implications for them of any procedures and processes connected with their arrest and detention, or (as the case may be) their voluntary attendance at a police station or their presence elsewhere for the purpose of a voluntary interview, and the exercise of their rights and entitlements: or does not appear to understand the significance of what they are told, of questions they are asked or of their replies: or appears to be particularly prone to: becoming confused and unclear about their position; providing unreliable, misleading or incriminating information without knowing or wishing to do so; accepting or acting on suggestions from others without consciously knowing or wishing to do so; or readily agreeing to suggestions or proposals without any protest or question. See Home Office, [Police and Criminal Evidence Act 1984 \(PACE\) – Code C Revised Code of Practice for the Detention, Treatment and Questioning of Persons by Police Officers](#), May 2018

⁶⁵ Home Office, [Police and Criminal Evidence Act 1984 \(PACE\) – Code C Revised Code of Practice for the Detention, Treatment and Questioning of Persons by Police Officers](#), May 2018

⁶⁶ National Appropriate Adult Network [Policy – Vulnerable Adults](#), accessed 19 February 2018

⁶⁷ Meeting of the Police and Crime Committee, [7 March 2018 \(panel one\)](#)

⁶⁸ Home Office, [Appropriate adult PCC-local authority partnership agreement: England](#), 31 July 2018

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⁷⁰ Meeting of the Police and Crime Committee, [7 March 2018 \(panel two\)](#)

⁷¹ Meeting of the Police and Crime Committee, [7 March 2018 \(panel one\)](#)

⁷² Mayor of London, [Annual report 2017-18](#), June 2018

⁷³ See [Team London Volunteering website](#)

Other formats and languages

If you, or someone you know, needs a copy of this report in large print or braille, or a copy of the summary and main findings in another language, then please call us on: 020 7983 4100 or email: assembly.translations@london.gov.uk.

Chinese

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Greek

Εάν επιθυμείτε περίληψη αυτού του κειμένου στην γλώσσα σας, παρακαλώ καλέστε τον αριθμό ή επικοινωνήστε μαζί μας στην ανωτέρω ταχυδρομική ή την ηλεκτρονική διεύθυνση.

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Hindi

यदि आपको इस दस्तावेज का सारांश अपनी भाषा में चाहिए तो उपर दिये हुए नंबर पर फोन करें या उपर दिये गये डाक पते या ई मेल पते पर हम से संपर्क करें।

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আপনি যদি এই দলিলের একটা সারাংশ নিজের ভাষায় পেতে চান, তাহলে দয়া করে ফো করবেন অথবা উল্লেখিত ডাক ঠিকানায় বা ই-মেইল ঠিকানায় আমাদের সাথে যোগাযোগ করবেন।

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Arabic

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فارجاء الاتصال برقم الهاتف أو الاتصال على
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الإلكتروني أعلاه.

Gujarati

જો તમારે આ દસ્તાવેજનો સાર તમારી ભાષામાં જોઈતો હોય તો ઉપર આપેલ નંબર પર ફોન કરો અથવા ઉપર આપેલ ટપાલ અથવા ઇ-મેઇલ સરનામા પર અમારો સંપર્ક કરો.



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