

Financial support to the Bradley Review

Bradley Review Team

4 December 2008

Services for life

Contents

1 Introduction 1

1.1 Background 1

1.2 Nature of our analysis 1

1.3 Structure of this report 2

2 Confirming the objectives of our review 3

2.1 Introduction 3

2.2 Objectives and benefits workshop 3

2.3 Overview of the Criminal Justice System 3

2.4 Potential points of intervention 4

2.5 Potential benefits 5

3 Intervention at arrest 8

3.1 Introduction 8

3.2 Offender pathway between arrest and court 8

3.3 Opportunities identified by the workshop 9

3.4 Criminal Justice Liaison Schemes 9

3.5 Prompt identification of mental health disorders through triage 11

3.6 Assessment of needs for those identified with MHD 13

3.7 Speedy diversion of offenders with serious mental health disorders 14

3.8 Quantification of proposed interventions at arrest stage 15

3.9 Qualitative benefits of interventions at arrest 16

3.10 Conclusions 17

4 Supporting the court process 18

4.1 Introduction 18

4.2 Court process pathway 18

4.3 Opportunities identified by the workshop 19

4.4 Health and Social Circumstances (H&SC) reports 19

4.5 Psychiatric Court Reports (PCR) 21

4.6 Overall impact of interventions 23

4.7 Conclusions 24

5 Sentencing 25

5.1 Introduction 25

5.2 Sentencing pathway 25

5.3 Opportunities identified 26

5.4 Scope for alternate sentencing 26

5.5 Impact of alternate sentences on prison places 27

5.6 Quantification of number and cost of alternate sentences 28

5.7 Quantification of impact on CJS and the mental health sector 30

5.8 Qualitative impact 32

5.9 Conclusions 33

6 Conclusions 34

6.1 Summary conclusions 34

6.2 Next steps 34

Figures

Figure 1: Data quality categories 1

Figure 2: Sections within this report 2

Figure 3: Workshop participants 3

Figure 4: Simplified process map 3

Figure 5: Objective of each intervention 4

Figure 6: Benefit Dependency Network 6

Figure 7: Arrest to Court pathway 8

Figure 8: Description of types of triage 11

Figure 9: Analysis of offenders proceeded against 12

Figure 10: Estimated cost of triage options 12

Figure 11: Estimate of current cost of assessments 13

Figure 12: Estimated cost of new assessment process 14

Figure 13: Impact on arrestees with serious mental health disorders 14

Figure 14: Financial impact on mental health sector 15

Figure 15: Financial impact of new triage and assessment..... 15

Figure 16: Impact of interventions on arrestees with serious MHD 16

Figure 17: Qualitative benefits of interventions at arrest 16

Figure 18: Pathway from prosecution to sentencing..... 18

Figure 19: Impact of speedier production of H&SC reports 20

Figure 20: Change in cost of PCRs 22

Figure 21: Impact on number and cost of remand places 22

Figure 22: Summary of impact of interventions at court stage (£m)..... 23

Figure 23: Qualitative benefits of interventions at court stage..... 23

Figure 24: Sentencing pathway 25

Figure 25: Prisoners with MHD that could receive alternate sentence..... 27

Figure 26: Reduction in number and cost of prison places..... 28

Figure 27: Community sentence that could be applied..... 28

Figure 28: Cost of community sentences..... 29

Figure 29: Cost of mental health support for alternate sentences 30

Figure 30: Quantification of impact of alternate sentences on CJS..... 31

Figure 31: Quantification of overall impact of alternate sentences 31

Figure 32: Qualitative benefits of alternate sentencing..... 32

Appendices

Appendix A – Data Sources 35

Executive summary

Background

1. In 2007 the Secretary of State for Justice asked Lord Bradley to undertake an independent review of the diversion of offenders with mental health problems or learning disabilities away from prison.
2. The review will report jointly to the Department of Health and the Ministry of Justice in late 2008 and will examine the extent to which offenders with mental health problems or learning disabilities could, in appropriate cases be diverted from prison to other services and the barriers to such diversion.

Tribal's approach

3. In September 2008, Lord Bradley commissioned Tribal to support the Bradley Review team by estimating the financial costs and benefits of a discrete number of proposed actions identified by the Review Team for offenders with mental health disorders.
4. Given the limited nature of the data available and the Bradley review team's wish not to impose solutions on the CJS, we have not developed a detailed analysis based on regimented and pre determined service models and approaches.
5. Instead we have developed high level costings of the key elements of three interventions identified by and agreed with the Bradley review team. This high level analysis gives a broad indication of the scale of costs and benefits, but does not identify the level of set up costs required or the staffing implications for the particular interventions considered.

Interventions assessed

6. The Bradley review team identified three stages within the Criminal Justice System where intervention would be effective:

Intervention stage	Objective
On arrest	<p>To effectively identify and treat arrestees that have a mental health disorder after arrest, where appropriate diverting them out of the criminal justice system and into the mental health system, before the decision is made whether to prosecute</p> <p>Provide information to facilitate smooth working of subsequent stages in the Criminal Justice System</p>
Court hearing	Provide prompt and robust information on the offenders mental health condition to courts to improve the efficiency and effectiveness of the court process
At sentencing	Assessing the scope for community sentence options for individuals with a mental health disorder when still in the Criminal Justice System (convicted) but before sentencing. This should provide an alternative to a custodial sentence that will facilitate an improvement in mental health for the individual

Quantitative results

7. The results of our quantitative analysis of the impact on the Criminal Justice System focused on the following areas for each intervention:
 - The financial impact
 - The change in the number of prison places required
8. The table below summarises the key results of the quantitative analysis.

Intervention stage	Financial impact (£m)	Reduction in prison places
At arrest	Range + £3.8m to +£9m	-
Court hearing	-£2.73m	122
At sentencing	-£41.2m	2,117

9. This analysis does not take into account the projected cost of £31.5m for mental health services required to support the interventions at sentencing. The funding issues around mental health services for these interventions are discussed in more detail in the body of this report.

Qualitative benefits

10. The qualitative benefits arising from these interventions are shown below.

Intervention stage	Benefit
At arrest	<ul style="list-style-type: none"> ■ Swiftly and effectively identifying and assessing mental health needs after arrest, with rapid access to treatment for mental health disorders ■ Ensuring that those arrestees with serious mental health disorders can be dealt with in an appropriate environment earlier, rather than spending time on remand before their condition is diagnosed ■ Providing information for court services about individual’s mental health disorder so judiciary staff understand the impact that individual’s disorder might have on court services ■ If an individual’s mental health disorder is the primary cause of their committing low level crime, then facilitating their access to treatment would encourage them to seek treatment which would help avoid subsequent re arrest
Court hearing	<ul style="list-style-type: none"> ■ Reports produced in a more timely manner, delivering higher standard and more consistent reports that result in a more efficient and effective court process ■ Less time spent on remand awaiting court reports and consequent reduction in prison places and costs ■ Enhancement of community mental health and prison in reach teams as improvements in court reports means that proposed interventions to address mental health disorders will be better developed and more capable of being successfully implemented, whether undertaken in or out of prison

Intervention stage	Benefit
At sentencing	<ul style="list-style-type: none"> ■ Providing community sentencing options for certain categories of offenders without compromising public safety ■ Timely and appropriate treatment made available to MDO, whether in or outside of prison ■ Improvement in wellbeing

11. The aim is to ensure that individuals with mental health disorders pass smoothly through the Criminal Justice System and that:
- Their mental health disorder does not slow down or impede their progress through the Criminal Justice System
 - They have access to prompt and effective treatment for their mental health disorder
 - Judiciary staff have sufficient knowledge of the availability of mental health support so they feel able to take advantage of a range of sentencing options including community sentences and are confident that adequate treatment for mental health conditions would be available within the community

Overall conclusion

12. The Bradley review team have identified three areas where intervention would benefit mentally disordered offenders and the Criminal Justice System, without being prescriptive as to the way these interventions should be implemented. The benefits identified are both financial and qualitative, and expected to generate reductions in cost and the number of prison places required, whilst improving the identification, treatment and sentencing of mentally disordered offenders.
13. Whilst the data available is not as structured or comprehensive as in other sectors such as general acute healthcare, within these limitations, we believe the estimates in this report are robust and reasonable; making the best possible use of information that is available from a range of sources
14. The next steps for the Bradley Review team will be to:
- Identify any further analysis required to support the proposed interventions
 - Consider how best to develop the proposed interventions so they can be rolled out effectively, but without being prescriptive
 - Formulate a clear clinical governance framework for the different elements of mental health input to the Criminal Justice System and work with clinicians to support the dissemination and implementation of evidence based best practice
 - Develop a framework for monitoring the implementation of these measures to ensure that the costs and benefits are in line with those identified in this report

1 Introduction

1.1 Background

1.1.1 In 2007 the Secretary of State for Justice asked Lord Bradley to undertake an independent review of the diversion of offenders with mental health problems or learning disabilities away from prison.

1.1.2 The review will report jointly to the Department of Health and the Ministry of Justice in late 2008 and will examine the extent to which offenders with mental health problems or learning disabilities could, in appropriate cases be diverted from prison to other services and the barriers to such diversion.

1.2 Nature of our analysis

1.2.1 In September 2008, Lord Bradley commissioned Tribal to support the Bradley Review team’s work by estimating the financial costs and benefits of a discrete number of proposed actions identified by the Review Team for offenders with mental health disorders.

Data quality

1.2.2 There is little systematically collected data within the Criminal Justice System (CJS) of the type found for general acute clinical care within the NHS in England. The NHS has agreed activity and cost metrics for such general acute clinical procedures, which are supported by a national tariff giving set prices per procedure and activity information. This is collected into a national dataset so activity and cost for acute care can be identified at patient level.

1.2.3 By contrast, the CJS information systems are not as well developed. There is activity information available through NOMS (National Offender Management Service) and a range of other annual statistics, but these cannot be combined to generate a detailed offender level activity analysis of the type that would provide supporting information for this study. In addition, whilst the cost of activity in a prison can be established, there is no systematic analysis available of costs per prisoner or sentence type.

1.2.4 Consequently, we have relied on a mixture of data sources to develop our analysis and the estimates of activity and costs. A schedule of data sources available for this review is shown at Appendix A.

1.2.5 As the quality and reliability of available information varies, we adopted a grading system to show the nature of data and evidence used, which is set out in the table below.

Figure 1: Data quality categories

Category	Definition
Green	Nationally published data or statistics using accepted metrics
Amber	Data or analysis from studies or reports which may only cover samples of the relevant population or portions of costs
Red	Estimate made by a professional, but not supported by direct evidence from a study or other report

Principles adopted for cost benefit analysis

- 1.2.6 Given the limited nature of the data available and the Bradley review team’s wish not to impose solutions on the CJS, we have not developed a detailed analysis based on regimented and pre determined service models and approaches.
- 1.2.7 Instead we have developed high level costings of the key elements of interventions identified and agreed with the Bradley review team. This high level analysis gives a broad indication of the scale of costs and benefits, but does not identify the level of set up costs required or the staffing implications for the particular interventions considered.
- 1.2.8 We have also not taken account of the interrelationships between the interventions we have costed. Whilst there may be a cumulative impact of the interventions as offenders progress through the CJS, there is insufficient data to make an assessment of what that effect might be. We have therefore not considered this potential effect in our analysis.
- 1.2.9 Within these limitations, we believe that the estimates made are robust and reasonable; making the best possible use of information that is available from a range of sources.

1.3 Structure of this report

- 1.3.1 The structure of the report which is shown in the table below sets out the main areas prioritised by the review team.

Figure 2: Sections within this report

Section	Content
2	Confirming the objectives of our review - shows a simplified overview of the CJS process and the interventions we have assessed which were agreed by the Bradley Review team
3	Intervention at arrest - identifying and dealing effectively with offenders that have mental health disorders after arrest, and where appropriate, diverting them out of the criminal justice system and into the MH system
4	Supporting the court process - providing prompt and robust information on the offenders mental health condition to courts to speed up the court process and reduce the time spent on remand
5	Sentencing – the scope for employing community sentence options for individual with mental health disorder whilst still in the Criminal Justice System
6	Conclusions – summarises the key conclusions from this review

2 Confirming the objectives of our review

2.1 Introduction

2.1.1 This section of the report sets out the key aspects of our review agreed at a workshop with members of the Bradley Review Team:

- An overview of the key stages within the Criminal Justice System (CJS)
- The potential points of intervention within the CJS
- The potential benefits of those interventions

2.2 Objectives and benefits workshop

2.2.1 A workshop was held in October 2008 to provide clarification on the development of the cost benefit analysis for the Bradley Review. The participants are shown below.

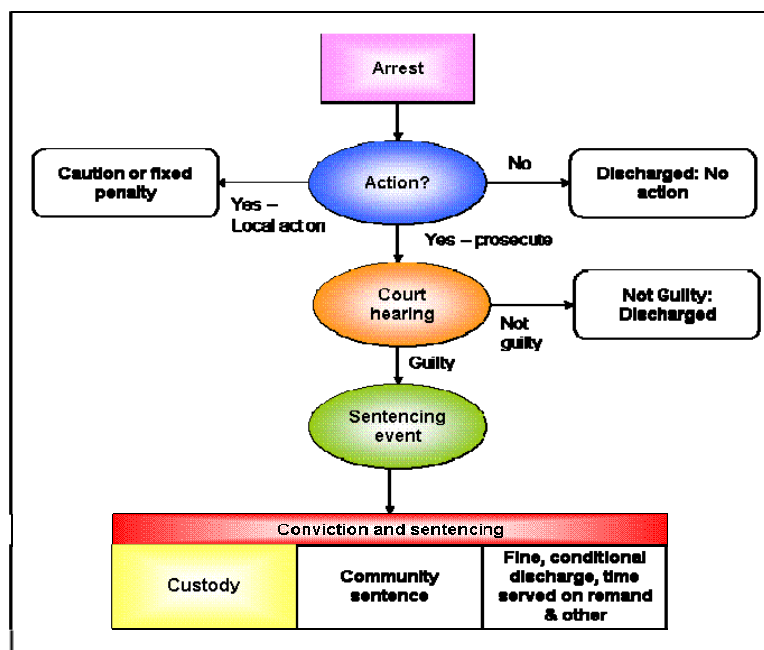
Figure 3: Workshop participants

Bradley Review Team	Tribal team supporting the review
<ul style="list-style-type: none"> ■ Richard Bradshaw ■ Susannah Nisbett ■ Mark Johnson 	<ul style="list-style-type: none"> ■ Roman Baczynski ■ Phil Confue ■ Nigel Norman

2.3 Overview of the Criminal Justice System

2.3.1 The diagram below which was agreed at the workshop, provides a simplified overview of the key stages in the CJS from arrest through to discharge. This may involve prosecution and a court appearance, whether in a Magistrates Court, Crown Court or both.

Figure 4: Simplified process map



2.4 Potential points of intervention

2.4.1 The Bradley Review team evaluated and analysed a range of reports, research material and other data. From this evaluation, the team identified three key points in the criminal justice system where mental health services could intervene and deliver improved outcomes for offenders. The three points of intervention identified were:

- At point of arrest through Criminal Justice Liaison (pink box)
- Supporting the court hearing (orange box)
- At sentencing (green and yellow boxes)

2.4.2 The Bradley Review team confirmed these areas as those where the greatest impact or gain could be made to an individual with a mental health problem being processed by the criminal justice system. The table below summarises the objective of each area we examined, which was reviewed and agreed with Lord Bradley.

Figure 5: Objective of each intervention

Intervention stage	Objective
On arrest	To effectively identify and treat arrestees that have a mental health disorder after arrest, where appropriate diverting them out of the criminal justice system and into the mental health system, before the decision is made whether to prosecute Provide information to facilitate smooth working of subsequent stages in the Criminal Justice System
Court hearing	Provide prompt and robust information on the offenders mental health condition to courts to improve the efficiency and effectiveness of the court process
At sentencing	Assessing the scope for community sentence options for individuals with a mental health disorder when still in the Criminal Justice System (convicted) but before sentencing. This should provide an alternative to a custodial sentence that will facilitate an improvement in mental health for the individual

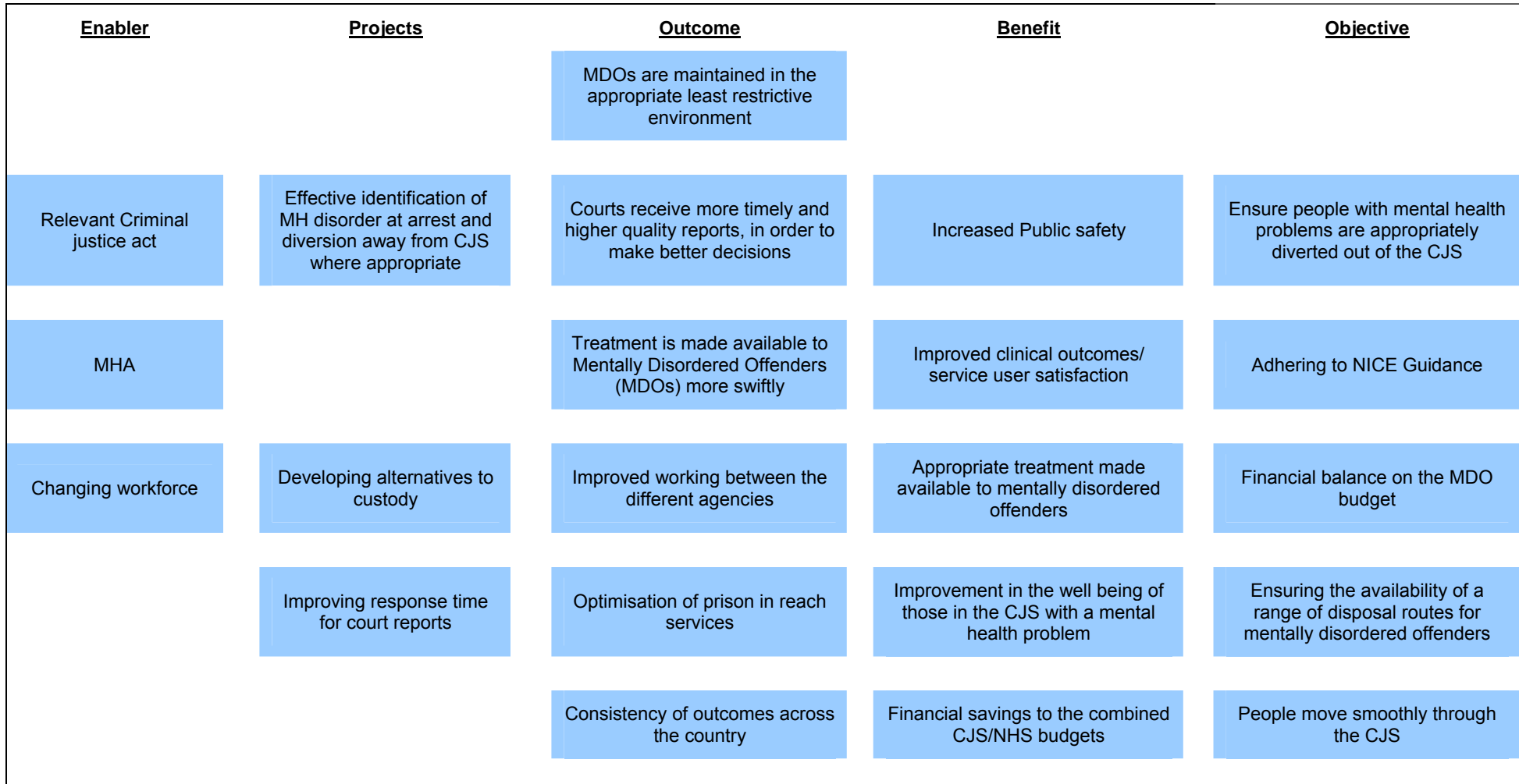
2.4.3 The aim is to ensure that individuals with mental health disorders pass smoothly through the Criminal Justice System and that:

- Their mental health disorder does not slow down or impede their progress through the Criminal Justice System
- They have access to prompt and effective treatment for their mental health disorder
- Judiciary staff have sufficient knowledge of the availability of mental health support so they feel able to take advantage of a range of sentencing options including community sentences and are confident that adequate treatment for mental health conditions would be available within the community

2.5 Potential benefits

- 2.5.1 Given these issues, the workshop also confirmed a benefits dependency network for the study to ensure that the objectives of the Bradley Review were being met. This would enable the pathways for the intervention points to be clearly reviewed and ensure that the options developed are in line with the overall objectives of the Bradley Review. The agreed Benefits Dependency Network is shown in the table below.

Figure 6: Benefit Dependency Network



2.5.2 The following sections of our report summarise our analysis and findings in each of the three potential intervention areas.

3 Intervention at arrest

3.1 Introduction

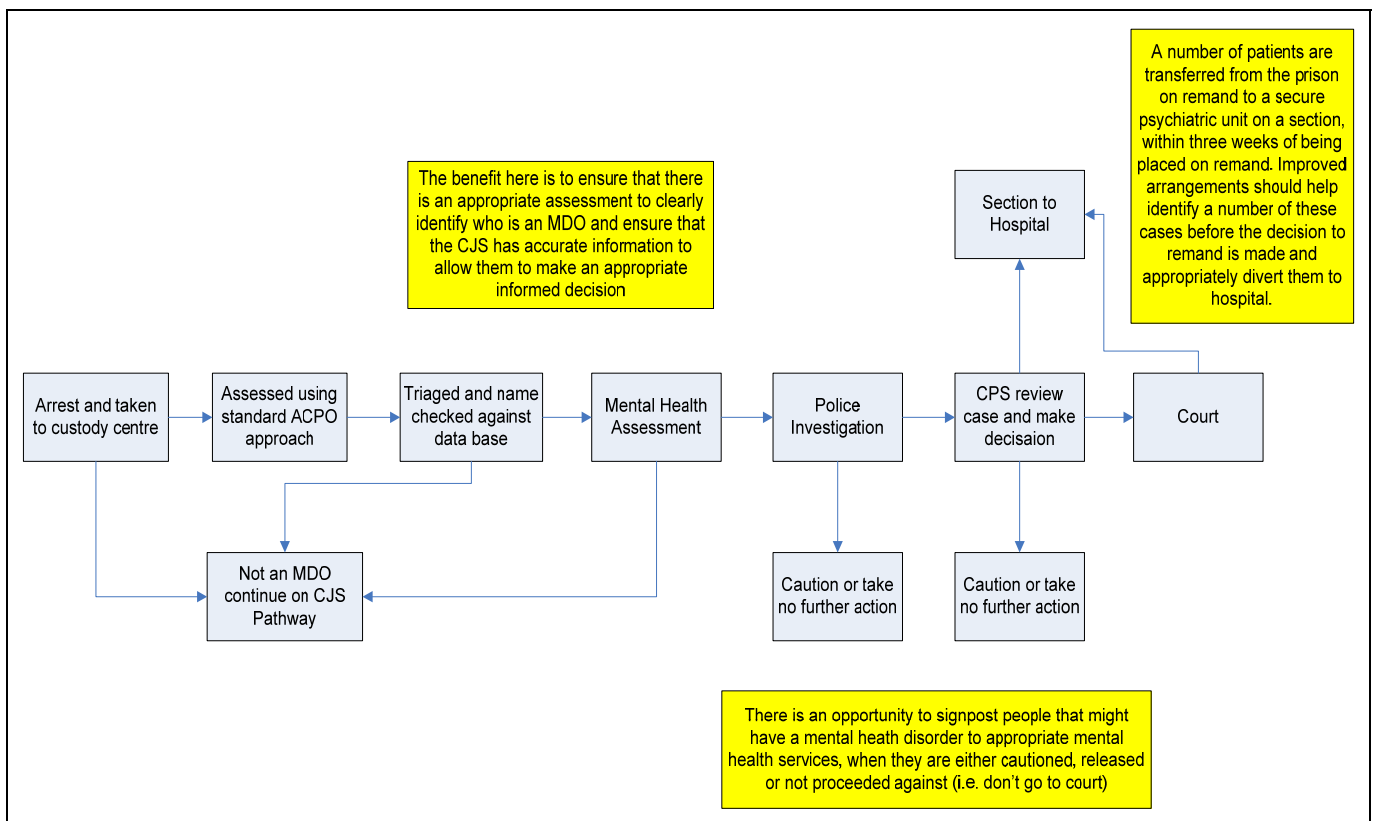
3.1.1 This section of our report discusses the potential benefits of intervention at arrest stage and covers the following areas.

- The offender pathway between arrest and court
- Opportunities of intervention identified
- Criminal Justice Liaison schemes
- The impact of the proposed interventions of triage, assessment and diversion of seriously disordered individuals out of the Criminal Justice System

3.2 Offender pathway between arrest and court

3.2.1 The diagram below shows the pathway from arrest to court appearance, which was developed and agreed at the workshop in October 2008.

Figure 7: Arrest to Court pathway



3.3 Opportunities identified by the workshop

3.3.1 The workshop confirmed there is a significant opportunity for interventions to improve the treatment of offenders with mental health disorders by ensuring:

- The early identification of mental health disorders in people who come into contact with the CJS to provide the earliest and best opportunity for an appropriate and effective outcome
- That people with mental health disorders who come into contact with the CJS receive a speedy and appropriate assessment for early treatment of their disorder
- That people that might have a mental health disorder, but do not pass through subsequent stages of the CJS (i.e. cautioned or not proceeded against) are 'signposted' to mental health services at an early stage to encourage them to seek treatment. If the individual's mental health disorder is the primary cause of their committing low level crime, then facilitating their access to treatment could avoid subsequent re arrest.

3.3.2 The discussion at the workshop confirmed three areas that required a more detailed evaluation:

- Prompt identification of those with mental health disorders
- Assessment of needs for those identified with mental health disorders
- Speedy diversion of offenders with serious mental health disorders to secure facilities rather than remand

3.3.3 The likely benefits of signposting were identified in studies such as James (2000). However, this potential intervention was not assessed in detail because there was no satisfactory data available to analyse and evaluate its impact.

3.3.4 These interventions are often components of Criminal Justice Liaison schemes or Court Diversion schemes, which are discussed in more detail below.

3.4 Criminal Justice Liaison Schemes

3.4.1 A Criminal Justice Liaison (CJL) Scheme is a decision making process which should result in:

- The prompt identification of offenders with mental health disorders
- Diverting those suffering from mental health disorders into treatment and where appropriate, away from the criminal justice system to the health and social care sectors
- Rapid access to psychiatric treatment

3.4.2 *The Report on National Criminal Justice Mental Health team audit* (Pakes & Winstone, 2008) identified some 143 schemes of different types operating in England including:

- Psychiatric assessment teams operating in police stations or courts
- Community based psychiatric nurses based in court
- Community mental health teams linked to the court

3.4.3 In general the services provided within these schemes include screening, mental health assessment, inter-relationships with other services, advocacy, report writing, making recommendations to the courts and referral and linking within the CJL schemes and outside agencies.

3.4.4 The Bradley Review Team has reviewed a range of evidence which suggests that the schemes currently in operation have the potential to deal with a range of both minor and serious offences which could:

- Improve the recognition of mental health
- Cut the time from arrest to admission
- Reduce the use of remand prisons for offenders with mental health disorders
- Facilitate better links between elements of the CJS through improved information flows

Current problems with CJL schemes

3.4.5 The Pakes and Winstone report has identified a number of problems with the CJL schemes currently in operation. There are a wide variety of different kinds of schemes and they only cover some 20% of courts in England. The most significant problem is that schemes do not generally measure outcomes which make it difficult to determine the extent to which they are effective in terms of either outcomes or cost effectiveness.

3.4.6 These schemes suffer from a number of deficiencies that reduce their overall benefits, they are expected to generate. Nevertheless, the Bradley Review Team judged some elements of these schemes to have enough potential merit, to be pursued and developed.

Proposed interventions

3.4.7 Rather than propose a standardised solution that should be adopted across England, the Bradley Review team identified four aspects of CJLS that could form effective interventions at arrest stage:

- Prompt identification of arrestees with mental health disorders through triage
- Assessment of needs for those identified with mental health disorders
- Speedy diversion of offenders with serious mental health disorders to secure facilities rather than remand
- Signposting people that are arrested but do not pass through the CJS to mental health services

3.4.8 Although the team recognised the potential benefits of the fourth intervention, we did not include this in our analysis because of the limitations on available data.

3.4.9 Studies such as the *South West Courts Mental Health assessment and advice pilot (2008)* suggest that these interventions are effective in achieving the opportunities identified by the workshop participants.

3.5 Prompt identification of mental health disorders through triage

3.5.1 There are currently no consistent processes to identify arrestees with mental health disorders. ACPO guidelines require custody officers to undertake a risk assessment of arrestees; however this assessment is not designed to identify those arrestees that might have a mental health disorder.

3.5.2 It is important to promptly identify arrestees that might have a mental health disorder to ensure that

- Their needs for treatment can be promptly assessed and actioned
- The arrestee is safe whilst in custody
- The need to consider the arrestees mental health if they progress through the CJS has been identified
- For those offenders whose mental health disorder is so serious they should not pass through the CJS, ensure that their disorder is promptly identified so they can be diverted into secure psychiatric accommodation

Triage options

3.5.3 Two broad types of triage were considered to identify arrestees that might have mental health disorders, which are set out below.

Figure 8: Description of types of triage

Triage option	Description of option
Option 1 - triage for only those deemed likely to have a mental health disorder	Screening in this triage option involves a short interview with arrestees that have either exhibited clear cut symptoms of a mental health disorder or identified as representing significant risks through the ACPO assessment, followed by a search to identify the presence of a CPA (Care Programme Approach) record
Option 2 – triage everyone	This screening would be faster as it would apply to a greater number of arrestees and would be done on a more informal observation basis normally conducted by a Community Psychiatric Nurse (CPN) in conjunction with the custody officer

Number of arrestees that would be triaged

3.5.4 As there is no data to identify clearly the number of arrestees with mental health disorders, we reviewed the available data and concluded that the most appropriate proxy would be the number of offenders proceeded against. To include the number of offenders dealt with by caution, fixed penalty or arrestees who had no action taken against them would inflate inappropriately the number of cases being considered.

3.5.5 The table below shows an analysis of offenders proceeded against and the estimated proportion with mental health disorders.

Figure 9: Analysis of offenders proceeded against

Description	Data	Data source and quality rating
Total proceeded against (England and Wales)	406,223	Crime statistics 2006, MOJ (table S1.1A).
Total proceeded against (England)	383,475	Population split England & Wales using 2001 Census (ONS)
Estimated proportion with mental health disorders (England)	7%	Population report - mental health in the criminal justice system 2008 (C Rennie et al)
Offenders proceeded against with mental health disorders	26,843	

3.5.6 This analysis shows a significantly different number of arrestees would be triaged under each option:

- Option 1 – 26,843 (those likely to have a mental health disorder)
- Option 2 – 383,475 (arrestees proceeded against)

Cost of options

3.5.7 We developed estimated costs for the two triage options using the data shown in the table below.

Figure 10: Estimated cost of triage options

Option	Description	Data	Data source and quality rating
Option 1: triage for only those deemed likely to have a mental health disorder	Number triaged	26,843	Figure 9
	Time taken to triage	0.6 hours	0.3 hours for screening + 0.3 hours for CPA record check (<i>South West Courts Mental Health assessment and advice pilot, 2008</i>)
	Cost per hour	£66/hour	Unit costs of Health & Social Care 2007 (PSSRU)
	Estimated cost of option 1	£1.1m	
Option 2: triage everyone	Number triaged	383,475	Figure 9
	Time taken to triage	0.25 hours	Tribal estimate
	Cost per hour	£66/hour	Unit costs of Health & Social Care 2007 (PSSRU)
	Estimated cost of option 2	£6.3m	

3.5.8 This analysis shows a significant difference in the cost of implementing the two options, with Option 2 at £6.3m costing almost six times the estimated cost of Option 1 (£1.1m).

3.5.9 Whichever of these two options are chosen, the impact of this intervention at arrest stage would be to help identify promptly those arrestees that have a mental health disorder. The paragraphs below discuss assessment, which is the second intervention at arrest stage.

3.6 Assessment of needs for those identified with MHD

Purpose of assessments after triage

3.6.1 The purpose of assessment is to identify the actions required to respond effectively to the arrestee’s mental health disorder. This should include identification of the level and type of treatment that may be required and suggestions for the most appropriate route for accessing this treatment. The assessment may also flag up the need to commission more detailed reports such as a Health and Social Circumstances (H&SC) report so judicial staff in courts have appropriate information to manage the court case smoothly and effectively.

Current cost of assessment

3.6.2 Assessments of arrestees are undertaken in some localities, but there is no centrally collected or validated data which shows the cost of current assessments. We analysed a range of sources to estimate the current cost of assessments.

3.6.3 This analysis in the table below shows the estimate of the current cost of assessment to be £1.66m.

Figure 11: Estimate of current cost of assessments

Description	Data	Data source and quality rating
Number of arrestees assessed	26,843	Figure 9
Cost per assessment	£62	Final report of the Strategic Policy Team project on mentally disordered offenders
Estimated cost of current assessments	£1.66m	

Proposed assessment process

3.6.4 Assessments are generally carried out by Forensic Medical Examiners (FME). A review of reports such as the South West pilot indicates that assessments do not need to be carried out by FMEs, but could be satisfactorily undertaken by appropriately trained Community Psychiatric Nurses.

3.6.5 Using this information, we have estimated the cost of undertaking assessments by CMH nurses, which is shown in the table below.

Figure 12: Estimated cost of new assessment process

Description	Data	Data source and quality rating
Number of arrestees assessed	26,843	Figure 9
Time for assessment	2.5 hours	1 hour assessment interview, 1 hour CPA check, 0.5 hours discussion and recommendation (<i>South West Courts Mental Health assessment and advice pilot, 2008</i>)
Cost per hour	£66	Unit costs of Health & Social Care 2007 (PSSRU)
Cost per assessment	£165	Time for assessment x cost/hour
Estimated cost of new assessment process	£4.43m	
Estimated cost of current assessments	£1.66m	Figure 11
Additional cost of assessments if new approach implemented	£2.76m	

3.6.6 This analysis shows that the cost of the suggested assessment process would be £4.4m, which is £2.76m more than the estimated current cost of assessment.

3.7 Speedy diversion of offenders with serious mental health disorders

3.7.1 Each year a number of arrestees once placed on remand are identified as suffering from serious mental health disorders. In these cases, they will be transferred, on average within three weeks, from remand to a more appropriate setting to treat their mental health disorders, most commonly a medium secure unit, rather than passing through the CJS to trial.

3.7.2 If the interventions described above were implemented, it is expected that more of these cases would be promptly identified before being placed on remand and transferred immediately to a medium secure facility. The impact of quickly and successfully identifying mental health disorders in this group of arrestees is summarised in the table below.

Figure 13: Impact on arrestees with serious mental health disorders

Description	Data	Data source and quality rating
Number of MDOs transferred unsentenced, untried (England & Wales)	476	MDO statistics (MoJ) table 6
No of MDOs transferred - England only	449	Population split England & Wales using 2001 Census (ONS)
Average length on remand (days)	10	Average of period before transfer
Reduced requirement for remand days	4,493	Average length on remand x no. of MDOs transferred

Description	Data	Data source and quality rating
Reduced requirement for prison places	12	Reduced remand days/365
Cost per prison place per annum (£)	23,585	Matrix Knowledge Group <i>The economic case for and against prison</i> (2007) multiplied by number of prison places
Reduced financial impact on CJS (£m)	0.29	

3.7.3 The impact shown in this analysis is a reduction of 12 prison places per annum and a reduced cost of £0.29m. However there is also a significant qualitative benefit, because such cases are disruptive in remand units, so remand units will benefit from a calmer environment because of not having to deal with such cases.

3.7.4 There is also an offsetting financial impact on the mental health sector, as there will be a requirement to pay for additional medium secure capacity. The table below summarises the estimated cost of these medium secure beds, which would be £1.85m.

Figure 14: Financial impact on mental health sector

Description	Data	Data source and quality rating
Reduced requirement for prison places	12	Figure 13
Cost of medium secure place per year (£)	150,000	Tribal estimate
Financial impact on mental health sector (£m)	1.85	

3.8 Quantification of proposed interventions at arrest stage

3.8.1 Our analysis has shown that the impact of the three interventions at arrest stage will have generated additional costs for the CJS. The impact of the new triage and assessment processes are summarised in the table below.

Figure 15: Financial impact of new triage and assessment

	Triage option 1	Triage option 2	Data source and quality rating	
Cost of new triage system	1.06	6.33	Figure 10	Figure 10
Cost of new assessment process	4.43	4.43	Figure 12	
Total cost of new processes	5.49	10.76		
Cost of existing assessment process	1.66	1.66	Figure 11	
Total additional cost to CJS	3.83	9.09		

3.8.2 The net impact of these interventions is between £3.83m and £9.09m each year.

3.8.3 These interventions will also impact on offenders with serious mental health disorders at arrest stage. The effect is summarised in the table below.

Figure 16: Impact of interventions on arrestees with serious MHD

Description	Data	Data source and quality rating
Reduced requirement for prison places	12	Figure 13
Financial impact on CJS (£m)	0.29	Figure 13
Financial impact on mental health sector (£m)	1.85	Figure 14

3.8.4 This analysis has identified a reduced requirement of 12 prison places for remand prisoners, reducing the cost to the CJS by an estimated £0.29m. There would be an offsetting cost of £1.85m to the mental health sector because of the cost of housing these arrestees in medium secure accommodation.

3.9 Qualitative benefits of interventions at arrest

3.9.1 The qualitative benefits of these proposed interventions are summarised in the table below.

Figure 17: Qualitative benefits of interventions at arrest

Benefit	Rationale
Prompt identification assessment and treatment of offenders with mental health disorders	Swiftly and effectively identifying and assessing mental health needs after arrest to speed up access to appropriate treatment
Appropriately dealing with arrestees that have a serious mental health disorder	Ensuring that those arrestees with serious mental health disorders can be dealt with in an appropriate environment earlier, rather than spending time on remand before their condition is diagnosed
Encourage people to seek treatment that might have a mental health disorder, but do not pass through subsequent stages of the CJS	If the individual's mental health disorder is the primary cause of their committing low level crime, then facilitating their access to treatment would encourage them to seek treatment which would help avoid subsequent re arrest.
Supporting subsequent stages in the CJS	Providing information for court services about individual's mental health disorder so judiciary staff understand the impact of an individual's disorder might have on court services and deal with this appropriately

3.10 Conclusions

3.10.1 The potential interventions at arrest reviewed in this section of the report provide significant benefits by:

- Identifying and assessing mental health needs swiftly and effectively after arrest
- Ensuring that those arrestees with serious mental health disorders can be dealt with in an appropriate environment earlier, rather than spending time on remand before their condition is diagnosed
- Providing information for court services about individual's mental health disorder so judiciary staff understand the impact of an individual's disorder might have on court services and deal with this appropriately
- Encouraging people that might have a mental health disorder, but do not pass through subsequent stages of the CJS to seek treatment, which may help avoid subsequent re arrest

3.10.2 The impact of these measures is:

- A net increase in cost of between £3.83m and £9.09m each year to implement effective triage and assessment of mental health disorders
- A reduced requirement of 12 prison places for remand prisoners, reducing the cost to the CJS by an estimated £0.29m, with an offsetting cost of £1.85m to the mental health sector because of the cost of housing these arrestees in medium secure accommodation.

4 Supporting the court process

4.1 Introduction

4.1.1 The previous section of the report identified potential interventions at arrest stage, which are designed primarily to effectively identify arrestees with a mental health disorder and for those that are likely to have a disorder, assess their needs.

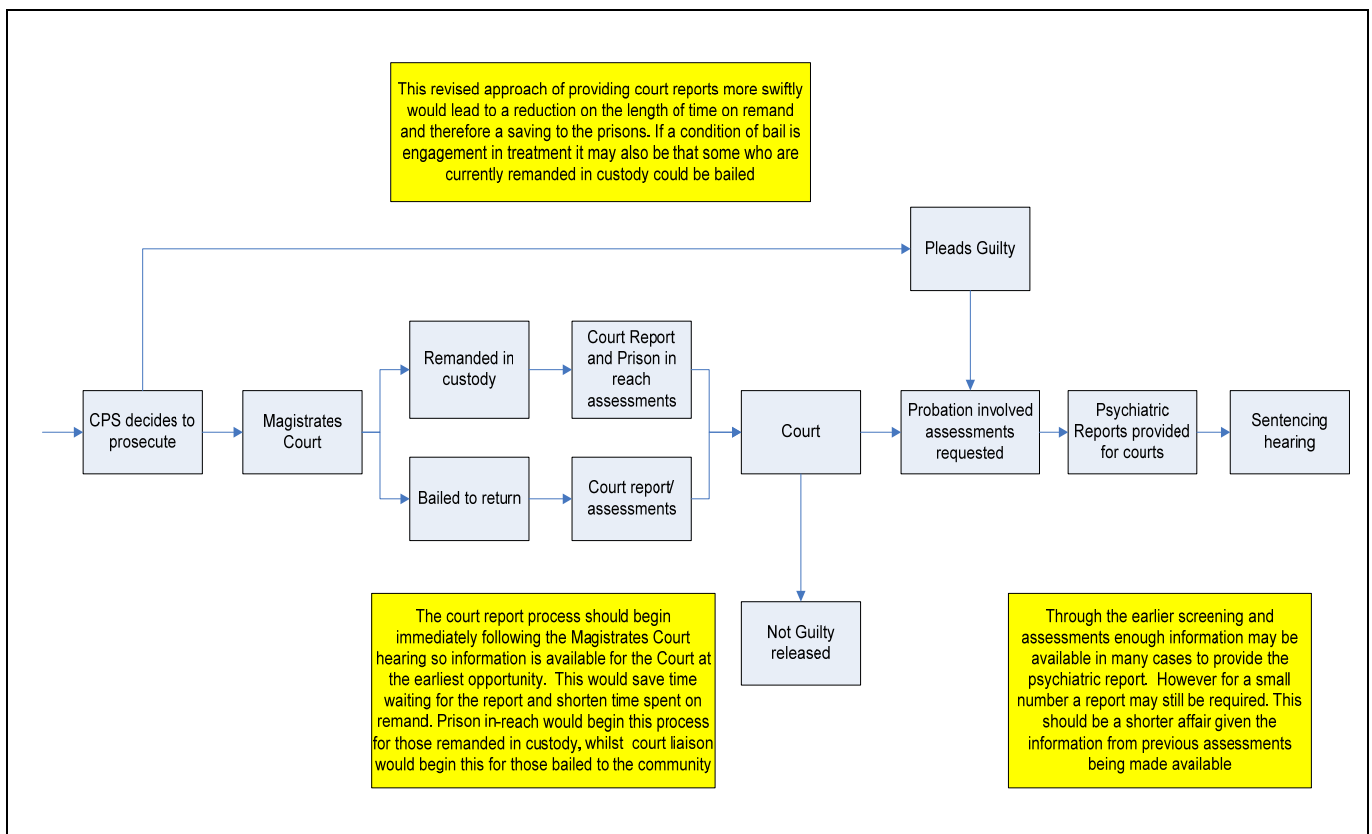
4.1.2 This section of the report examines interventions, once the decision has been made to prosecute and how the court process can be supported through Health and Social Circumstances (H&SC) reports and Psychiatric Court Reports (PCR) for those with an identified mental health disorder. This section of the report considers:

- The court process pathway
- The opportunities identified
- Health and Social Circumstances (H&SC) reports
- Psychiatric Court Reports (PCR),

4.2 Court process pathway

4.2.1 The diagram below shows the pathway from the decision to prosecute and the first court appearance to sentencing. This pathway was developed and agreed at the workshop in October 2008.

Figure 18: Pathway from prosecution to sentencing



4.3 Opportunities identified by the workshop

4.3.1 The opportunities at this stage build on a more streamlined and more cohesive approach involving earlier and effective intervention at arrest stage. This should help reduce and optimise the time taken to produce any reports that the court may require.

4.3.2 The interventions in this section of the report centre on two types of reports that are produced to support the court process:

- **Health and Social Circumstances (H&SC) reports** – these are designed to provide the court with information on the individual’s mental health and social circumstances that are likely to have a bearing on how the court should manage the individual’s court case. It is also likely to contain suggestions and recommendations for disposal (sentencing)
- **Psychiatric Court Reports (PCR)** – these will be generated for a far smaller cohort of individuals and are an assessment of the individual to define their level of illness and the appropriate interventions to be undertaken, fitness to plead and fitness to take responsibility for their actions

4.3.3 The opportunities generated by these interventions are:

- More consistent and effective reporting within and across courts
- Courts receiving more timely and higher quality court reports to improve decision making both for the type on information requested and the subsequent decisions made
- For the offender - reducing time spent on remand waiting for court reports
- For the CJS - reducing the number of adjournments and delays in cases

4.4 Health and Social Circumstances (H&SC) reports

Nature of the proposed changes to H&SC reports

4.4.1 Both Magistrates and Crown Courts currently commission and receive H&SC reports. The problems identified in studies that have considered the use of H&SC reports are delays in producing the reports, which lead to delays in court proceedings and longer periods on remand.

4.4.2 The suggestion in this intervention is that there should be a focus on prioritising the production of the H&SC report to reduce the period on remand and both the overall and elapsed time taken to complete court proceedings. This should not generate additional costs as these reports are already produced. The issue is one of timeliness of production rather than cost of production.

Proposed assessment process

4.4.3 The South West pilots, amongst others, show that there is significant scope for reducing the period on remand by promptly producing H&SC reports. The pilot report includes a service level agreement that sets the target time for producing H&SC reports at 14 days. If this was achieved, then the elapsed time required to try a case would significantly fall, as would the period spent on remand, which is currently an average of 49 days (Data provided to the Bradley Review Team by RDS NOMS in 2008).

4.4.4 The pilot’s aim is to achieve this scale of reduction and indeed the Bradley Review team has identified other initiatives where the turnaround time for reports is even lower. However, as there is no consistent evidence to suggest what an appropriate target would be, we have chosen to identify the implications on remand days, using a nominal target of a ten day reduction. Whilst this reduction should be achievable and indeed could be exceeded, given that the South West pilot suggests a reduction of 35 days is possible, we believe showing the impact for a nominal number of days is the most appropriate way of quantifying the potential effect.

Quantification of benefits

4.4.5 The table below shows the estimated impact on the CJS by reducing the average period on remand by ten days resulting from the more speedy production of H&SC reports.

Figure 19: Impact of speedier production of H&SC reports

Description	Data	Data source and quality rating
Offenders proceeded against with a mental health disorder	26,843	Figure 9
% age remanded of total offenders for indictable offences	9.3%	Crime statistics 2006 Table 4.4 (MoJ) - adjusted for England only
No of offenders with a mental health disorder appearing at Magistrates court and placed on remand	2,485	Number of offenders proceeded against x % remanded
Reduction of days spent on remand because of wait for H&SC reports (per offender)	10	Nominal assumption
Reduced requirement for prison places	68	Number of offenders on remand x reduction in days, annualised, assuming 100% occupancy
Annual cost of prison place	23,585	Matrix Knowledge Group <i>The economic case for and against prison</i> (2007), multiplied by number of prison places
Reduction in cost of prison places (£m)	1.61	

4.4.6 This analysis shows the significant impact of this intervention, which for every reduction of ten days time taken to produce H&SC reports would result in:

- A reduction in requirement of 68 prison places
- A reduction in cost of £1.61m

4.4.7 There is no national data available on adjournments, trial length and trial costs, therefore we have not included an assessment of the impact on the time and cost of court proceedings in this analysis.

4.5 Psychiatric Court Reports (PCR)

The nature and purpose of PCRs

- 4.5.1 The criminal justice system aims to give offenders that are found guilty the most appropriate sentence. Magistrates and Crown Court judges will commission reports to help them decide on the most appropriate sentence. For offenders with mental health disorders, a psychiatric court report (PCR) is an essential tool to help Magistrates or Judges formulate an appropriate sentence.
- 4.5.2 PCRs are schedule 2 (on the old consultant contract) and are not part of routine NHS work, although if a case is open to a Consultant Psychiatrist then that individual would be expected to write the court report.
- 4.5.3 The production of a PCR is in effect an assessment of the individual to decide their level of illness and the appropriate interventions to be undertaken, fitness to plead and fitness to take responsibility for their actions.
- 4.5.4 Until PCRs are produced and considered by the court to decide the most appropriate sentence, offenders will be generally placed on remand and held in prison.

Problems encountered

- 4.5.5 Reports including the South West pilot, show there is often a significant delay in producing PCRs which is the critical factor in lengthening an offender's remand period.
- 4.5.6 Producing a PCR is usually a relatively uninteresting piece of work, which will often not be given a high priority. PCRs are commissioned as part of a consultant's private work and there is no effective mechanism to speed up their production. Delays in producing PCRs will therefore lengthen the time spent in prison on remand before a final sentence is decided. Courts also depend on a small pool of consultants to write these reports, which means backlogs can quickly build up.
- 4.5.7 The Strategic Policy Team's report on MDOs (2006) estimated that some 2,000 PCRs were commissioned for individuals with mental health disorders before sentencing.
- 4.5.8 If there were an alternative mechanism for producing PCRs more quickly, with no compromise, or indeed an improvement in quality, there would be benefits in adopting such an approach to reduce the amount of time that offenders were held on remand before sentencing. The average remand period is 49 days.

Proposed new approach to PCRs

- 4.5.9 The solution proposed is to develop a new role where an individual would carry out all the court reports for a given geographic area, whilst working as part of the prison in-reach team. This role is akin to that of a "Liaison Psychiatrist" in a general acute hospital. Here the individual works with a general acute hospital to support them to understand mental illness and ensure people get holistic treatment. This may be a useful analogue to make as it is a widely understood approach.
- 4.5.10 The proposed role could also strengthen the Prison in-reach teams, as the solution would generate funding to support the cost of psychiatrists who would work as part of the team with a focus on carrying out court reports.

4.5.11 The new role would also be attractive to potential employees, as it would be linked to the in-reach team, especially if this is part of the local forensic services. Adopting this approach would also provide an integrated professional role so the individual was not simply constantly writing court reports, which can be seen as a repetitive and unrewarding job.

Quantification of impact of proposed approach to PCRs

4.5.12 The table below shows the change in cost of producing PCRs based on the new approach discussed above.

Figure 20: Change in cost of PCRs

Description	Data	Data source and quality rating
Number of PCRs requested	1,985	Final report of the Strategic Policy Team project on mentally disordered offenders (2006)
Current cost of PCR (£)	738	Final report of the Strategic Policy Team project on mentally disordered offenders (2006), with additional Tribal estimate for oncosts
Projected cost of PCR (£)	817	Tribal estimate
Additional cost per PCR (£)	79	Difference between current and projected costs
Additional reporting costs (£m)	0.16	

4.5.13 This analysis shows there is a minimal additional cost arising from implementing the new approach to producing PCRs of £0.16m.

4.5.14 The new approach to PCRs will also have another impact on the CJS by reducing the average period on remand which is shown in the table below, assuming a reduction in the remand period of ten days

Figure 21: Impact on number and cost of remand places

Description	Data	Data source and quality rating
Number of PCRs requested	1,985	Final report of the Strategic Policy Team project on mentally disordered offenders (2006)
Assumed reduction in remand period per person (days)	10	Nominal assumption
Reduction in remand days	19,850	Number of PCRs x assumed reduction in remand period
Reduction in requirement for prison places	54	Reduction in days annualised, assuming 100% occupancy
Cost per prison place (£)	23,585	Matrix Knowledge Group <i>The economic case for and against prison (2007)</i> , multiplied by number of prison places
Reduction in costs (£m)	1.28	

4.5.15 The analysis in the table above demonstrates that a reduction in the average remand period of ten days would result in:

- A reduction in requirement of 54 prison places
- A reduction in cost of £1.28m

4.6 Overall impact of interventions

4.6.1 The overall quantitative and qualitative impact of the suggested interventions at court stage is summarised below

Quantitative impact

4.6.2 This table shows that the overall impact of court interventions is a reduced requirement for 122 prison places annually and a net reduction in costs of £2.73m.

Figure 22: Summary of impact of interventions at court stage (£m)

Description	Data	Data source and quality rating
Reduced requirement for prison places (annual number of places)	122	Figure 19 and Figure 21
Reduced cost of prison places	2.89	Figure 19 and Figure 21
Additional reporting costs for PCRs	0.16	Figure 20
Net reduction in costs from interventions at court stage	2.73	

Qualitative benefits

4.6.3 The qualitative benefits of the proposed interventions at court stage are summarised below.

Figure 23: Qualitative benefits of interventions at court stage

Benefit	Rationale
Reports produced in a more timely manner	Reports would be produced more quickly so that mental health issues could be addressed promptly as part of a sentencing package
Less time on remand awaiting court reports	The offender would spend less time in remand, freeing up a number of prison places
Delivers higher standard and more consistent reports	By making the role more professional, rather than an ‘add on’ or ‘part time assignment’ there is an opportunity to develop a higher standard of report and ensure more consistency, improving the quality of information available to magistrates and judges as an aid to improve sentencing. This could also improve clinical governance in this area of clinical activity.

Benefit	Rationale
More efficient and effective court process	Fewer adjournments and shorter trial length. Court processes more effective as appropriate information on offender’s mental health disorder and the impact on proceedings and sentencing more swiftly available
Enhancement of prison in reach teams	Linking the production of PCRs more closely to the prison in reach team means that proposed interventions to address mental health disorders will be better developed and more capable of being successfully implemented, whether undertaken in or out of prison

4.7 Conclusions

4.7.1 The process and results of the present system for producing both H&SC reports and PCRs are unsatisfactory. The length of time taken to produce reports, which acts as a constraint by:

- Increasing the time spent on remand
- Increasing the number of adjournments, trial length and trial costs

4.7.2 The proposed approach has a range of qualitative and quantitative benefits, particularly

- A reduction in 122 prison places required
- A net reduction in cost of £2.73m
- Speeding up the court and sentencing process with quality H&SC reports and PCRs to help understand and address offender’s mental health issues at this stage in the CJS

5 Sentencing

5.1 Introduction

5.1.1 The previous sections of this report identified the potential interventions at arrest, designed to effectively identify and assess the needs of arrestees with mental health disorders, and at court, reducing the length of time spent on remand whilst speeding up the efficiency and effectiveness of the court process.

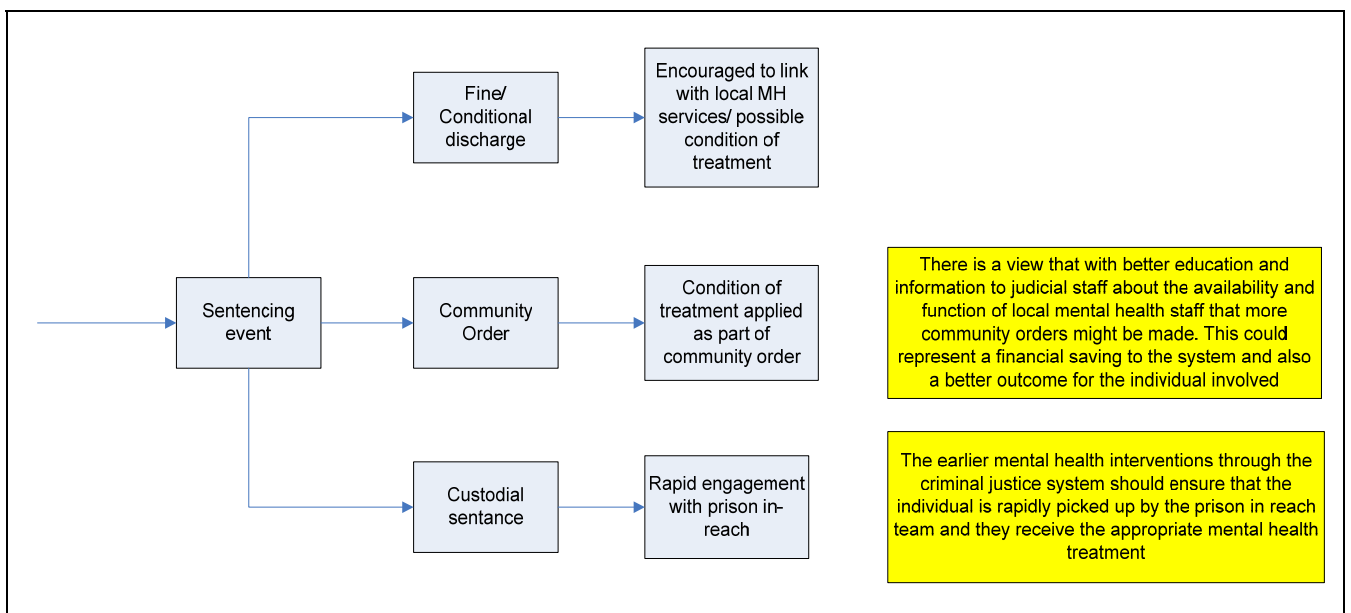
5.1.2 This section of the report examines the third area of potential intervention identified by the Bradley review team – the scope for alternate sentences for MDOs. The areas covered in this section of the report are:

- The sentencing pathway
- Opportunities identified
- Scope for alternate sentencing
- Impact of alternate sentences on prison places
- Quantification of number and cost of alternate sentences, showing the overall impact on the CJS and the mental health sector
- Qualitative impact of alternate sentencing

5.2 Sentencing pathway

5.2.1 The diagram below shows the sentencing pathway, which was developed and agreed at the workshop in October 2008.

Figure 24: Sentencing pathway



5.3 Opportunities identified

5.3.1 The workshop participants agreed that studies examined by the Bradley Review team indicated that there is scope for a greater number of MDOs to receive a community rather than a custodial sentence, as long as:

- The offence was not significant
- The mental health disorder was a root cause of the offence
- Judiciary staff have all the relevant information relating to the offender's mental health condition and mental health services available when sentencing
- Judiciary staff have sufficient knowledge of the availability of mental health support so they feel able to take advantage of a range of sentencing options including community sentences and are confident that adequate treatment for mental health conditions would be available within the community

5.3.2 Providing information on an offenders' mental health condition and assurance that appropriate mental health services were available for offenders on community orders would help judiciary staff select the most appropriate disposal route. With the knowledge that engagement with treatment was a condition of the order there may be an increase in community orders for MDOs to a similar level to other groups.

5.3.3 For those offenders receiving a custodial sentence, through an early and improved screening service in the whole pathway, prison in reach staff should be able to identify cases promptly, thereby ensuring that individuals receive the most appropriate mental health care which would start as early as possible during their custodial stay.

5.4 Scope for alternate sentencing

5.4.1 The MoJs Criminal Justice Women's Strategy Unit, has suggested that there are a range of offenders who receive short custodial sentences for less serious offences for whom it would be appropriate to apply an alternative non custodial sentence (*Criminal Justice Women's Strategy Unit - Diverting Women from Custody Project, OBC September 2008*).

5.4.2 Although the MOJs project relates solely to women offenders, the same assumptions on less serious offences could reasonably be applied to offenders of either sex.

5.4.3 The table below shows an estimate of the number of prisoners with mental health disorders that could be eligible for community sentences, calculated by using the following data:

- The total number of offenders sentenced
- The proportion of those offenders whose sentences are less than 12 months that the MoJs project indicates are of a low enough risk to be considered for a non custodial sentence
- The proportion of those offenders that have a mental health disorder, based on the report *A National Evaluation of Prison Mental Health In-Reach Services: A Report to the National Institute for Health Research* (Shaw et al 2008), which indicated that for sentences of less than 12 months, 23% of individuals had emotional well-being needs. Whilst "emotional well-being needs" are not the same as a mental health disorder, this category was used as a proxy in this case.

5.4.4 The table also shows that offenders sentenced for sexual offences and robbery are not deemed to suitable for non custodial sentences.

Figure 25: Prisoners with MHD that could receive alternate sentence

Crime Type	Total sentenced (England and Wales)	Total sentences less than 12 months (England)	Number of prisoners with sentences less than 12 months and mental health disorders (England)
Violence against the person	12,354	5,468	1,203
Sexual offences	2,808	Not eligible	Not eligible
Robbery	4,802	Not eligible	Not eligible
Burglary	9,229	3,885	855
Theft and handling	19,631	16,801	3,696
Fraud & Forgery	4,403	2,565	564
Drug offences	7,532	1,697	373
Motoring offences	1,727	1,027	226
Other offences	11,046	7,584	1,668
Total	73,532	39,028	8,586
Data source and quality rating	Crime statistics 2006, MOJ (table 5.8)	Crime statistics 2006 (MOJ) and 2001 Census (ONS)	Shaw et al 2008 <i>A National Evaluation of Prison Mental Health In-Reach Services</i>

5.4.5 This analysis shows an estimated 8,586 prisoners receiving sentences of less than 12 months that have mental health disorders and would be suitable for non custodial sentences.

5.4.6 A more detailed analysis of sentence length for offenders sentenced to less than 12 months in prison showed the average sentence length to be six months. We assumed that the average sentence length for the 8,586 prisoners with mental health disorders would also be six months.

5.5 Impact of alternate sentences on prison places

5.5.1 The impact of using community sentences for these 8,586 offenders would depend on the average length of sentence. As we assumed an average sentence length of six months, with parole the actual length of time served would be 90 days.

5.5.2 The table below shows the reduction in the number of prison places required and the financial value of those places. The analysis also shows the impact of a shorter average length of sentence.

Figure 26: Reduction in number and cost of prison places

Average length of custodial sentence served	Reduction in number of prison places	Financial value of reduction in prison places (£m)
90 days (six month sentence with parole)	2,117	49.9
45 days (three month sentence with parole)	1,059	25.0
Data source and quality rating	Assumes 100% occupancy	Cost per prison day - Matrix Knowledge Group <i>The economic case for and against prison (2007)</i> , multiplied by number of prison places

5.5.3 This analysis clearly shows a significant annual reduction of 2,117 prison places (233 would be for female prisoners), which would be the equivalent of two prisons the size of Wandsworth or Lindholme (prison sizes from Population in Custody statistics, Table 4, MOJ September 2008). The financial impact of the reduced requirement for prison places is a reduction in cost of £49.9m.

5.6 Quantification of number and cost of alternate sentences

5.6.1 The following paragraphs project the number and cost of alternate sentences for the estimate of 8,586 MDOs identified above. The analysis shows:

- A projection of the number and type of alternate sentences
- The cost of the alternate sentences
- The cost of mental health support for those sentences identified

Projection of number and type of alternate sentences

5.6.2 The recent Sainsbury Centre report (*The community order and the mental health treatment requirement*) provides an analysis of community orders made in 2006. We used this analysis to generate an estimate of the type of community orders that would be made for the 8,586 offenders previously identified as suitable for community sentences. This breakdown is shown in the table below.

Figure 27: Community sentence that could be applied

Type of Community orders	% of each type of order used	Number if applied to prisoners with sentences less than 12 months and with mental health disorders (England)
Supervision	37	3,177
Unpaid Work	31	2,662
Accredited Programme	17	1,460
Drug treatment	6	515
Curfew	4	343

Type of Community orders	% of each type of order used	Number if applied to prisoners with sentences less than 12 months and with mental health disorders (England)
Specified Activity	3	258
Alcohol treatment	1	86
Others (Mental Health treatment access)	1	86
Total		8,586
Data source and quality rating	Sainsbury centre for mental health - <i>The community order and the mental health treatment requirements</i> (Jan 2008)	Sainsbury centre breakdown and Figure 25

Cost of alternate sentences

5.6.3 Having identified the number and type of community sentences that would be applied to the estimated 8,586 offenders, we estimated the costs of those community sentences using unit costs for each type of community sentence from Accenture’s 2007 report (*Final report costing community order requirements*).

5.6.4 The table below shows the additional annual costs for these community sentences would be some £8.8m.

Figure 28: Cost of community sentences

Type of Community Orders	Community sentence unit cost (£)	Number of community sentences	Community sentence cost (£m)
Supervision	652	3,177	2.1
Unpaid Work	779	2,662	2.1
Accredited Programme	1,791	1,460	2.6
Drug treatment	1,923	515	1.0
Curfew	1,103	343	0.4
Specified Activity	747	258	0.2
Alcohol treatment	1,670	86	0.1
Others (Mental Health treatment access)	3,703	86	0.3
Totals	-	8,586	8.8
Data source and quality rating	Accenture <i>Final report costing community order requirements</i> (Oct 2007)	Figure 25	

Mental health component of alternate sentences

- 5.6.5 To be effective, community sentences for the type of MDO we have identified need to be complemented by an effective package of community mental health support. To identify the full cost of alternate sentencing strategies, we generated an estimate of the cost of mental health support for these types of sentences.
- 5.6.6 Accenture’s report identified the cost of a package of mental health support for a community sentence at £3,703. We used this figure to generate our cost estimate of mental health support for the 8,586 MDOs that could receive community sentences.
- 5.6.7 The table below shows the estimated cost of this mental health support for the cohort of 8,586 offenders to be £31.5m.

Figure 29: Cost of mental health support for alternate sentences

Type of Community Orders	Mental Health component - unit cost (£)	Number of community sentences	Mental Health cost (£m)
Supervision	3,703	3,177	11.8
Unpaid Work	3,703	2,662	9.9
Accredited Programme	3,703	1,460	5.4
Drug treatment	3,703	515	1.9
Curfew	3,703	343	1.3
Specified Activity	3,703	258	1.0
Alcohol treatment	3,703	86	0.3
Others (Mental Health treatment access)	0	86	0.0
Totals	-	8,586	31.5
Data source and quality rating	Accenture <i>Final report costing community order requirements</i> (Oct 2007)	Figure 25	

5.7 Quantification of impact on CJS and the mental health sector

5.7.1 Using alternate sentences for this cohort of 8,586 MDOs has a significant impact on the CJS which is summarised in the table below. The analysis shows:

- A reduced requirement each year of 2,117 prison places
- A net reduction in costs of £41.2m (£49.9m reduction in cost of prison places offset by the cost of community sentences of £8.8m)

Figure 30: Quantification of impact of alternate sentences on CJS

	90 days (six month sentence with parole)	45 days (three month sentence with parole)	Data source and quality rating
Number of MDOs that could be eligible for alternate sentences	8,586	8,586	Figure 25
Reduction in number of prison places required if community sentence used	2,117	1,059	Figure 26
Financial cost of reduction in prison places required (£m)	49.9	25.0	Figure 26
Alternate sentences costs excluding mental health costs (£m)	8.8	8.8	Figure 28
Reduction in costs to CJS (£m)	41.2	16.2	

5.7.2 However, the analysis in the table above only considers the effects on the CJS. It does not take into account the cost of additional mental health services that would be required to support the offenders and make the community sentences effective. The estimated cost of the mental health services required to support this level of community sentences for MDOs would be some £31.5m.

5.7.3 Incorporating these costs into the analysis which is set out in the table below shows:

- A net saving of £9.7m across the CJS and mental health sector, even taking into account £31.5m mental health costs, where the offenders spend an average of 90 days in prison (six month sentence with parole)
- A net additional cost of £15.3m across the CJS and mental health sector where the offenders spend an average of 45 days in prison (three month sentence with parole)

Figure 31: Quantification of overall impact of alternate sentences

	90 days (six month sentence with parole)	45 days (three month sentence with parole)	Data source and quality rating
Reduction in costs to CJS (£m)	41.2	16.2	Figure 30
Cost of additional mental health provision (£m)	(31.5)	(31.5)	Figure 29
Financial cost of reduction in prison places required (£m)	9.7	(15.3)	

5.7.4 There are two issues arising from this analysis:

- A breakeven point where there is an additional cost to the CJS and mental health sectors for implementing these interventions
- The funding for the mental health services required to support these alternate sentences

Break even analysis

5.7.5 The analysis in the table above shows an overall increase in costs where the average length of time served by the offender is reduced from 90 to 45 days. We estimate that the break even point is an average sentence of 72 days. Where the average sentence served is below 72 days, our analysis shows an overall increase in costs.

5.7.6 However, this is dependent on the funding assumptions which are discussed below.

Funding issues

5.7.7 Our analysis in the tables above shows the mental health impact of alternate sentences as additional costs. However, it could be argued that as the formula used for funding mental health services is calculated on a capitation basis, then the funding required to deliver these services to MDOs as part of a community sentence are already provided for within the existing NHS funding allocation.

5.7.8 It is beyond the scope of this study to assess in detail the appropriateness of the factors used within the formula to calculate the funding for mental health services and we are therefore unable to definitively confirm whether the funding for the services we have identified are fully and appropriately funded within current NHS allocations.

5.7.9 We would therefore suggest that:

- It is not automatically assumed that all the costs of these services are either not funded or that they are fully funded
- A more detailed evaluation of the funding formula is required to definitively answer the funding question

5.8 Qualitative impact

5.8.1 We have identified a range of qualitative improvements for MDOs that would receive community rather than custodial sentences as well as those MDOs that would remain in custody.

5.8.2 The table below shows that these benefits would be enjoyed by MDOs whether they are transferred to community sentences or remain in custody.

Figure 32: Qualitative benefits of alternate sentencing

Qualitative benefit	MDOs transferred to community sentences	MDOs remaining in custody
Improved clinical outcomes	✓	✓
Timely and appropriate treatment made available to MDO	✓	✓
Improvement in wellbeing	✓	✓

5.9 Conclusions

5.9.1 Studies considered by the Bradley review team, particularly the MoJ study *Problems and needs of newly sentenced prisoners* indicated that there is potential for certain MDOs to receive community rather than custodial sentences, without compromising public safety.

5.9.2 The impact of alternate sentencing for offenders with mental health disorders is significant. The benefits of investing £8.8m each year in community sentencing provision would be:

- An annual reduction of 2,117 prison places required
- A net reduction in costs to the CJS of £41.2m

5.9.3 A number of issues should be borne in mind when considering the conclusions in this area:

- The sensitivity of these estimates to sentence length
- The potential impact of additional community mental health services that would be required
- Whether the existing funding formula would adequately cover the cost of additional services in the community.

6 Conclusions

6.1 Summary conclusions

6.1.1 The Bradley review team have identified three areas where intervention would benefit mentally disordered offenders and the Criminal Justice System, without being prescriptive as to the way these interventions should be implemented.

6.1.2 Whilst the data available is not as structured or comprehensive as in other sectors such as general acute healthcare, within these limitations, we believe that the estimates made in this report are robust and reasonable; making the best possible use of information that is available from a range of sources

6.1.3 The benefits identified are both financial and qualitative, and expected to generate reductions in cost and the number of prison places required, whilst improving the identification, treatment and sentencing of mentally disordered offenders.

6.2 Next steps

6.2.1 The next steps for the Bradley Review team will be to:

- Identify any further analysis required to support the proposed interventions
- Consider how best to develop the proposed interventions so they can be rolled out effectively, but without being prescriptive
- Formulate a clear clinical governance framework for the different elements of mental health input to the Criminal Justice System and work with clinicians to support the dissemination and implementation of evidence based best practice
- Develop a framework for monitoring the implementation of these measures to ensure that the costs and benefits are in line with those identified in this report

Appendix A – Data Sources

Tribal file reference	Document / file name	Date	Description	Areas Covered			
				Gen	Area 1	Area 2	Area 3
M 1	03.09.08_Bradley_levers_enablers_paperv0.4	Sept 08	Main policy, levers to support Bradley Review	√			
M 1	Bradley Review Working Paper - Commissioning	Sept 08	Guidance for commissioning services for offenders	√			
M 1	Prison Workstream Full report draft1	Aug 08	In-reach services report			√	
M 1	Prison Workstream Summary Report draft1	Aug 08	Summary of In-reach services report			√	
M 1	Care continuityv04draft	Sep-08	Continuity of care issues			√	
M 1	CJLD schemesreviewApr08	Sep-08	Background review on liaison & diversion		√		
M 1	Community%20Sentencing%20Report%20(English)	Jun-08	Community sentencing				√
M 1	Draft Bradley Paper Sept08	Sep-08	Issues around probation	√			
M 1	Economic-case-for-and-against-prison	Dec-07	Discussion on case for / against custodial sentencing	√			
M 1	Embargoed s136 Report (yet to be proofed)	Aug-08	Police custody as a place of safety under s136	√			
M 1	Es019a Woman and the Criminal justice System The facts	Sep-08	Facts on woman offenders	√			
M 1	In-reach Evaluation Final report	Aug-08	A national Evaluation of Mental Health In-Reach services	√			
M 1	Interim Report jun08vfinal	Jun-08	The South West Court Mental assessment and Advice Pilot				
M 1	Lord Bradley Dave Knight Report	Aug-08	report on current situation / issues around in-reach			√	
M 1	MOJRS11	Jun-08	Problems and needs of newly sentenced prisoners	√			

Tribal file reference	Document / file name	Date	Description	Areas Covered			
				Gen	Area 1	Area 2	Area 3
M 1	nacro-2008081900	Mar-07	Evaluation of CJ Liaison & Diversion schemes for woman		√		
M 1	NPIA - Mental Health-140808	Aug-08	Police Response to people with mental health problems	√			
M 1	Pakes & Winstone 1st MH Literature Review - 2005	2005	Literature review; interface between mental health & CJS	√	√		
M 1	Pakes & Winstone 2nd MH Literature Review - Effective practice	10 / 2006	Literature review; interface between mental health & CJS	√	√		
M 1	Police Best practice Report 2508	Aug-08	Best Practice for the Police and Health and Social Services in Dealing with people with a Mental Disorder	√			
M 1	Remand paper Aug 2008 (Draft)	Aug-08	Impact of Remand			√	
M 1	Report on National Criminal Justice Mental Health Team Audit	Sep-08	Report on survey of Liaison / diversion schemes		√		
M 2	070805 Economic Impact	01-Dec	Model to assess the Economic Impact of integrating CRHT and Inpatient Services	√			
M 2	Briefing36_police_and_mental_health	01-Sep	Interface between the police& mental health	√			
M 2	Community orders NAO report2	Jan-08	Supervision of community orders in England & Wales				√
M 2	Community orders NAO	Jan-08	Supervision of community orders in England & Wales				√
M 2	Costing of Community orders	Oct-07	Indicative costs of implementation and breach				√
M 2	Effectiveness of community orders	2008	Literature review on effectiveness of community orders				√

Tribal file reference	Document / file name	Date	Description	Areas Covered			
				Gen	Area 1	Area 2	Area 3
M 2	scmh_mental_health_treatment_requirements_paper	Sep-08	Community orders and mental health treatment	√			√
M 3	2008_10_15 key findings -workstream1	Oct-08	Mental Health and offending report	√			
M 3	arrests-recorded-crime-engl-wales-2006-07	Oct-08	latest National statistics for recorded crime	√			
M 3	Bournemouth University interim report Jun 08	Oct-08	Interim report on evaluation	√			
M 3	crim-stats-2006-tag	2006	Crime Statistics 2006	√			
M 3	Diversion outcomes			√			
M 3	integrated	Oct-08	Integrated offender statistics	√			
M 3	Interim report Jun 08 appendices	Oct-08	South west mental health court assessment & advice pilot	√			
M 3	Interim report Jun 08vfinal	Oct-08	South west mental health court assessment & advice pilot	√			
M 3	MDO statistics	2004	Statistics of mental health offenders 2004	√			
M 3	NACRO Scoping Report	Oct-08	Mentally disordered offenders	√			
M 3	omcs2006	Oct-08	Offender management caseload statistics	√			
M 3	Population Report	Oct-08	Population report	√			
M 3	MOJRS11	Oct-08	The problems and needs of newly sentenced prisoners: results from national survey	√			
M 3	Safer_Detention_and_Handlin1	Oct-08	The safer detention and handling of offenders in police custody	√			
M 3	sentencing-stats2006			√			
DATA	Asset counting rules 2007-8	Sep-08	Rules regarding outcome analysis	√			

Tribal file reference	Document / file name	Date	Description	Areas Covered			
				Gen	Area 1	Area 2	Area 3
DATA	Asset tables	Sep-08	Outcome analysis	√			
DATA	Bradley Review Questionnaire		Background to Bradley Review	√			
DATA	Bradley Review Data requirements		Background to Bradley Review	√			
DATA	Emotional Well being analysis		Findings from OASYS assessments	√			
DATA	img003	2006	Stats on mentally disordered offenders	√			
DATA	Judical court statistics-2006-tag	2006	Overall judicial and court statistics	√			
DATA	Minute predictive rates for disposal types		Predictive ratesfor disposal types	√			
DATA	omcs2006	2006	Offender management caseload statistics	√			
DATA	pyo-mar-08	Mar-08	Average arrest to sentence times for persistant young offenders	√			
DATA	q4brief-probation-2007	Dec-07	Probation statistics	√			
DATA	stats prison population-aug07	Aug-07	Prison population projections 2007-2014	√			
DATA	stats-race-criminal-justice	Jul-08	Statistics on race and the CJS 2006/7	√			
DATA	Table 1.01 & F1.1		Prevalence of neurotic disorders	√			
DATA	Tables 1.02 to 6.4		General stats on offenders into the NHS	√			
DATA	time-intervals-0308	Mar-08	Time intervals for proceedings in Magistrates courts	√			
DATA	Unit costs for health and social care	2007	Detailed unit costs of care and for health professionals	√			
DATA / CHAPTERS	<i>Sub File</i>						

Tribal file reference	Document / file name	Date	Description	Areas Covered			
				Gen	Area 1	Area 2	Area 3
DATA / CHAPTERS	Chapter 1	Mar-08	Summary of persons starting supervision by the Probation Service or being received into prison establishments(1)	√			
DATA / CHAPTERS	Chapter 2	Mar-08	Court reports written by the Probation Service by type of report and court	√			
DATA / CHAPTERS	Chapter 3	Mar-08	Persons starting court order supervision by the Probation Service by sentence type and sex(1)	√			
DATA / CHAPTERS	Chapter 4	Mar-08	Persons supervised by the Probation Service under CROs by region and area	√			
DATA / CHAPTERS	Chapter 5	Mar-08	Serious Further Offence notifications received by NPD between 1st April 2006 and 31st March 2007 which have resulted in a conviction	√			
DATA / CHAPTERS	Chapter 6	Mar-08	Number of commencements of Probation Service supervision of court orders by type of sentence and month of commencement	√			
DATA / CHAPTERS	Chapter 7	Mar-08	Untried receptions into prison establishments (1) by sex, ethnic group and nationality	√			
DATA / CHAPTERS	Chapter 8	Mar-08	Population in prison establishments and police cells: by type of custody, sentence length and sex	√			
DATA / CHAPTERS	Chapter 9	Mar-08	Offences punished per 100 population in prison establishments by type of offence(1) and sex	√			
DATA / CHAPTERS	Chapter 10	Mar-08	Number of first releases from prison on life licence and average time served	√			

Tribal file reference	Document / file name	Date	Description	Areas Covered			
				Gen	Area 1	Area 2	Area 3
DATA / CHAPTERS	Chapter 11	Mar-08	Persons restrained and means of restraint applied to violent and refractory prison	√			
DATA / CHAPTERS	Chapters 1to 11 (combined spreadsheet)	Mar-08	Includes all worksheets in chapters 1 to 11 with a definitive table listing	√			
DATA / CHAPTERS	Data requirements to support working groups		List of key data requirements needed for Bradley Review	√			
DATA / CHAPTERS	Directory of tables omcs 2006		Offender management caseload statistics	√			
DATA / MDO Stats	<i>Sub File</i>			√			
DATA / MDO Stats	mdo stats 2006		Statistics of Mentally Disordered Offenders 2006	√			
DATA / MDO Stats	MDO stats		Statistics of Mentally Disordered Offenders 2006	√			
DATA / MDO Stats	MDO Bulletin		Statistics of Mentally Disordered Offenders 2006	√			
DATA / MDO Stats	MDO's in the CJS		Headline findings on rates of identified MHD at different stages of the CJS	√			
DATA/ Tables 1.02 to 6.04	<i>Sub File</i>						
DATA/ Tables 1.02 to 6.04	Table 1.02	Jun-05	Prevalence of neurotic disorders in 1993* and 2000 by gender:	√			

Tribal file reference	Document / file name	Date	Description	Areas Covered			
				Gen	Area 1	Area 2	Area 3
DATA/ Tables 1.02 to 6.04	Table 1.06	Jun-05	Prevalence of neurotic disorders by locality and gender: adults aged 16-64, 1993	√			
DATA/ Tables 1.02 to 6.04	Table2.1	Jun-05	Trends in psychosocial well-being, adults aged 16 and over, 1993 to 2003	√			
DATA/ Tables 1.02 to 6.04	Table 5.01	Jun-05	In year admissions to NHS hospitals under mental illness specialities by gender and age on admission, 1998-1999 to 2006-2007*	√			
DATA/ Tables 1.02 to 6.04	Table 5.02	Jun-05	In year admissions to NHS hospitals under mental illness specialities by gender and age on admission, 1998-1999 to 2006-2007*	√			
DATA/ Tables 1.02 to 6.04	Table 5.12	Jun-05	Live discharges from NHS hospitals under mental illness specialities by length of stay age at discharge and intended destination on discharge, 2006-2007	√			
DATA/ Tables 1.02 to 6.04	Table 5.14	Jun-05	In year admissions to NHS hospitals under learning disability speciality by gender and age on admission, 1997-1998 to 2006-2007	√			
DATA/ Tables 1.02 to 6.04	Table 5.15	Jun-05	In year admissions to NHS hospitals under learning disability speciality by gender and admission, 1997-1998 to 2006-2007	√			
DATA/ Tables 1.02 to 6.04	Table 5.17	Jun-05	Live discharges from learning disability speciality by age, length of stay and intended destination on discharge, 1997-1998 to 2006-2007*	√			

Tribal file reference	Document / file name	Date	Description	Areas Covered			
				Gen	Area 1	Area 2	Area 3
DATA/ Tables 1.02 to 6.04	Table 6.1 (a-d)	Jun-05	Admissions to special hospitals of patients detained under the Mental Health Act 1983 and other legislation, by legal status, England, 1989-90 to 2006-07	√			
DATA/ Tables 1.02 to 6.04	Table 6.1 e	Jun-05	Formal admissions to NHS facilities (excluding high security psychiatric hospitals)1 and private mental nursing homes registered to detain patients under the Mental Health Act 1983 and other legislation, by category of mental disorder, 1987-1988 to 2002-2007	√			
DATA/ Tables 1.02 to 6.04	Table 6.2	Jun-05	Place of Safety detentions under the Mental Health Act 1983, all facilities, 1993-94 and 1999-00 to 2006-07	√			
DATA/ Tables 1.02 to 6.04	Table 6.3	Jun-05	Guardianship under the Mental Health Act 1983, 1999-2006	√			
DATA/ Tables 1.02 to 6.04	Table 6.4	Jun-05	Patient Management: Care Programme Approach, Supervision Registers and Emergency Psychiatric Readmissions. Q1 1996/97 to Q4 2001/2002	√			
F	Community	Sep-08	Criminal justice process flowchart	√			
F	COURTSc	Sep-08	Criminal justice process flowchart	√			
F	COURTsm1	Sep-08	Criminal justice process flowchart	√			
F	COURTsm	Sep-08	Criminal justice process flowchart	√			
F	CROWN PROSECUTION SERVICE	Sep-08	Criminal justice process flowchart	√			

Tribal file reference	Document / file name	Date	Description	Areas Covered			
				Gen	Area 1	Area 2	Area 3
F	Flowchart	Sep-08	Criminal justice process flowchart	√			
F	Magistrates Court	Sep-08	Criminal justice process flowchart	√			
F	POLICE	Sep-08	Criminal justice process flowchart	√			
F	Prosecution process	Sep-08	Criminal justice process flowchart	√			
S	Offender Health DRAFT 1106	Jun-08	Literature Review and Research Priorities	√			
S	James report	2002	Outcome of Psychiatric admission through the courts	√			
S	Integrated.xls (also in Mark 3)	Oct-08	prisoners remanded to prison by sentence type				√
S	2008_10_15 key findings -workstream1 (also in Mark 1)	Oct-08	MHD analysis of prison pop'n - UNPUBLISHED MOJ				√
S	MRD 12 52 Final report	30-Jun	Outcomes of custody diversion for violent offenders - Report to the national Programme on Forensic Mental Health		√		
OTHER DATA_INFO	Cost of Crime links	current	Link to HO for cost of crime & Class A drugs	√			
OTHER DATA_INFO	RESEARCH NETWORK - population report	Oct-08	Mental illness in the general population and the criminal justice system	√			
OTHER DATA_INFO	Womans Business Case v5.2		DIVERTING WOMEN FROM CUSTODY PROJECT Outline Business Case (MOJ)	√			
OTHER DATA_INFO	Pakes & Winstone 3rd MHLiterature Review - Effective practice	2008	Document & literature review 2008	√			
OTHER DATA_INFO	MJ query on services for MDO's 09102008	Oct-08		√			

Tribal file reference	Document / file name	Date	Description	Areas Covered			
				Gen	Area 1	Area 2	Area 3
OTHER DATA_INFO	Integrated_data_2006	2006		√			
OTHER DATA_INFO	Funding review 09.2008	Sep-08	Review of costs / funding on SW Mental Health Pilot			√	
OTHER DATA_INFO	Funding streams	Sep-08	Funding Flow diagram for SW Mental Health Pilot			√	
RR	20060316 Annex A Mentally disordered offenders pathway	Mar-06	SPT Report on Mentally Disordered Offenders + annexes	√			
RR	20060316 Annex B Mental health data log post SG			√			
RR	20060316 Annex C Mental health flows and cost model			√			
RR	20060316 Annex D Screening questions			√			
RR	20060316 Annex E comparison of health care			√			
RR	20060407 Final Report post steering committee			√			
RR	e mail from RR to RB re SPT report	Oct-08		√			