Information Compliance and Records Management Unit (ICRMU)
Information Management Branch

GREATER MANCHESTER POLICE

[redacted]

Date: 20/04/2023
Our ref: 1513/23

[redacted]

FREEDOM OF INFORMATION REQUEST REFERENCE NO: GSA 1513/23

I write in connection with your request for information dated 20/03/2023, received by Greater Manchester Police (GMP) for the following information:

I am requesting a copy of the Mentally Vulnerable offenders panel (MVOP) previously known as (MDO)
Policing Policy, procedures, protocols and legislations of the mvop process.

Outlining the criteria of using this process and stages from beginning to end.

I am also requesting a copy of the individuals human rights when a MVOP being carried out.

Result of Searches
Following receipt of your request searches were conducted within Greater Manchester Police (GMP) to locate the requested information and I can confirm the information requested is held by GMP.

A copy of the MVOP procedure is attached.

Regarding your request for a copy of the individuals' human rights, this information is not held by GMP. A copy of the Human Rights Act (1998) can be found here: Human Rights Act 1998 (legislation.gov.uk)

[redacted]

Mentally Vulnerable Offender Panel

Terms of Reference

The formal process for information sharing in relation to mentally vulnerable offenders is the Mentally Vulnerable Offender Panel (MVOP).

The MVOP is a multi-agency group aiming to assess and improve the health and well-being of offenders with a range of intellectual impairments in order to reduce re-offending and support the efficient and effective application of the justice process.

MVOP Objectives

- To divert mentally vulnerable offenders into treatment services which will address their health problems (in particular where these problems are a factor in offending behaviour)
- Diversion to services may be in addition to or as an alternative to criminal proceedings. It is the purpose of the Panel to decide which alternative best supports the offender and benefits the wider community and *where applicable* to make such recommendations to the CPS
- Diversion should result in reduced propensity to commit further crime and reduced reoffending .

The primary purpose of the MVOP is to make a decision as to whether an offender with mental health concerns or learning difficulties/disabilities should be taken through the criminal justice system and/or should be further diverted into services. Consent from the offender being referred should be sought in order that information can be shared within the panel membership, though a refusal to consent does not mean that cases cannot be discussed in line with the objectives listed above. Offending behaviour is not necessarily a direct result of mental illness and, therefore should not be treated as such.

The CPS Code of Practice states that decisions to prosecute must include consideration of the impact that prosecution could have on the offender's mental state. A mentally disordered person should only be prosecuted when it is in the public interest to do so. The guidance also states that if the offence is part of a pattern of behaviour, prosecution may be appropriate as a way of ensuring the offender accepts responsibility for their actions. A starting point could be that the individual concerned has a right to be treated in the same way as everybody else, which presumes that they will be taken through the criminal justice system but with support offered for their mental health needs.

Victims should also be able to see that justice is being served.

A person may be sent to the MVOP on more than one occasion as circumstances and/or the severity of health issues are subject to change. An offender may be diverted on one occasion but may not on another, depending on the decision made after all the factors are taken into consideration.

Wherever possible the Panel is expected to refer offenders into local services aimed at addressing their health needs and the causes of their offending behaviour.

MVOP Arrangements

- There will be clear ownership and accountability at district Senior Leadership level for MVOPs and the local processes that underpin how we deal with suspects with mental health conditions. It is recommended that this is an officer of at least Chief Inspector rank with overall responsibility for Partnerships and/or Criminal Justice.
- The identified CI would be responsible for ensuring that the MVOP operates in line with the Terms of Reference, there is a clear referral pathway into the MVOPs and consistency in decision making for crimes where suspects have mental health conditions.
- The Panel should be chaired by the local Police representative – Inspector or Police staff equivalent. The Chair should be a person authorised to make decisions but who has sufficient training and experience to allow them to fulfil their role. The force contact for the provision of mental health training is mentalhealth@gmp.police.uk.
- The panel should meet at least monthly - or more often dependent on caseload.
- Minimum composition should be the police representative, probation, mental health service, learning disability service and an assistant/OSO to take minutes.
- Other members may be a representative from the Youth Offender Team, social services and any other invited member with specific knowledge of an offender (for example, care coordinator).
- Outcomes should consider all holistic support options, and not focus solely on the CJ route. Out of Court Disposal options should also be considered as part of the outcome.
- Panel referrals should be made at least one week in advance of the next panel meeting date.
- Panel referrals can be made by any officer about a person from any circumstance they feel necessary and appropriate. This can and should be triggered by a crime being recorded and includes various investigation channels such as voluntary attendance
- MVOPs are linked into crime governance processes. Crimes must not be closed due to a suspect's mental health or learning disability unless a referral has been made into MVOP and outcome delivered. This ensures there is consistency across districts on the closure of crimes where the suspect has mental health issues or learning disability.
- An admission to the offence is not a pre-requisite for a referral.
- Panel referrals can be made by L&D practitioners who will email the CJU Cluster to assess.
- All MVOPs should be recorded via minutes to ensure there is an audit trail for accountability and transparency.
- There needs to be administrative support for the panels to avoid delays in obtaining the right information from other agencies.
- To comply with GDPR and MOPI, the Force MVOP Database must be used (Appendix A). This allows provision of accurate performance data on the MVOPs and consistent record keeping of decisions.
- The chair is the police decision maker for all specified offences in the latest DPP Charging Guidance. The views of the other panel members must be considered. Where proceedings take place the panel Record of Discussion form must be sent to the CPS.
- As per DPP Charging Guidance, all serious offences must be referred to CPS for decision (the panel Record of Discussion form must be sent with recommendations to CPS with the file).
- The minutes of panel meetings will be retained by the police, with actions circulated to relevant partners on a case by case basis. Subsequent meetings will measure progress against actions.
- The progress of offenders subject to Panel recommendations will be monitored and discussed at subsequent meetings to establish whether there has been actual engagement

with services and how effective this has been in improving health and reducing offending behaviour.
- Clinical diagnosis should result in update on the Police National Computer where there is no current marker for the relevant condition. It is the responsibility of the police representative at panel to make arrangements for this to take place.

Creation and maintenance of MVOP records

Records of discussion and actions in relation to any person subject to a panel should be created on an individual basis. The retention period should be for 7 years from the time the person is discharged from further panel consideration, i.e. not simply from the date of the initial meeting. This takes account of offenders who are subject of panel consideration for differing periods of time. It also means that if an individual reoffends and is subject of referral at a future date, all available prior panel records should then be retained for a further 7 years. This retention period falls in line with the retention period of associated documents of Group 2 and 3 MOPI offences.

A guidance document is available containing advice about managing both electronic and manual filing systems for retention and disposal. Best practice is to file records by the offender, i.e. by surname, reference number etc. once discharged from further Panel consideration, file by year of discharge and then surname. If revisited the file is simply taken from the discharge files and placed back into the current files. All files in discharge are then disposed of after 7 years.

Performance Monitoring

The police representative should be able to record and provide the following data to panel members and other relevant parties:

- Total number of offenders referred to the panel
- Total number of offenders provided with a health-based outcome by way of diversion
- Numerical breakdown by CJ disposal outcome, i.e. charged, summonsed, cautioned (simple/conditional), subject of fixed penalty notice
- Breakdown of offenders referred by panel to CPS for disposal decision: by name, offence, CJ and health outcome (these are the more serious offences).

The GMP Mental Health Lead within the Local Policing Branch should be made aware of any issues affecting performance: for example lack of/inadequate local community services; delays in arranging assessments, diagnoses, medical statements; or anything else which has an adverse impact on the operation of the panel.

The Justice Rehabilitation Executive should be informed about any strategic cross GM issues that need a coordinated partnership response.