Briefing for DHSC Permanent Secretary / Chief Medical Officer for meeting with Cabinet Secretary

Purpose: Discuss progress against actions from National Security Committee meeting on Southport attacks / Violence Fixated Individuals.

Background

On 25th March, the National Security Committee, T1, convened to discuss the Government's response to the attacks in Southport and the threat posed by a group of Violence Fixated (or Fascinated) Individuals (VFI) that have been identified by Home Office as a new and emerging risk.

In that meeting, T1. These are set out in the briefing paper for the meeting. The actions most relevant to DHSC are:

- Objective 1: T1
- Objective 3:

The Cabinet Secretary has called this meeting to discuss progress against these actions.

Current position

Government departments have agreed a high-level definition of VFIs:

The term VFI is used to describe an individual who has a fascination with extreme violence and intent to inflict extreme violence (i.e. a mass casualty attack in a public or private setting), where ideology is not the primary driver. The terms non-ideological extreme violence or non-ideologically motivated extreme violence refer to the harm we are seeking to address.

Agreeing this definition is a useful first step. However, it is our view that we need to break this down further in terms of biopsychosocial / clinical drivers to help us identify and flag VFIs. T1A T1A T1A. We understand that HO and Counter-Terror Police (CTP) have conducted analyses of the cohorts of concern, but little information about this has been shared despite best efforts to request it and engage in regular governance forums.

Currently, where a person is referred to mental health services from Prevent with a diagnosable mental illness and that person poses a risk of harm to others, that person should be prioritised for treatment. Mental health services also play a role in diagnosing neurodevelopmental conditions such as autism and ADHD, and can prescribe ADHD medication.

DHSC officials have leaned in to support the work of the central Home Office team, including helping to map out relevant services, working with NHS England to

understand and scope potential solutions, and helping the Home Office team to understand the health and NHS service delivery landscape.

Objective 1: Immediate activity to prioritise a known risk cohort

Home Office and CTP have identified a cohort in their system of around 1,000 people who were referred to Prevent over the last few years and who they consider meet the definition of VFIs.

DHSC and NHSE have proposed a process by which we can identify what happened to any members of this cohort who were referred to mental health services, including whether the referral was accepted, what action was taken and any information about discharge. This is a necessary first step to understanding where and why members of this cohort may not be being appropriately prioritised. We have been clear that this needs to be a local process between Prevent partnerships and MH Trusts, as DHSC does not hold any patient-level data.

However, **as yet no information has been shared about this cohort**, either at national level with DHSC / NHSE or at local level. To be able to make progress on this action, we need to understand who the cohort are.

Once we have this information, we **could offer to write to ICBs to ask them to ensure that VFIs are being appropriately prioritised**. Currently, where a person is referred to mental health services from Prevent with a diagnosable mental illness and that person poses a risk of harm to others, that person should be prioritised for treatment.

Objective 3: Scoping a future system to manage the risk of VFI.

The paper sets out some of the challenges in developing a future system for VFIs, including the significant demands on CTP and the Prevent system. The paper suggests that we need to scale back our ambitions for a future system to manage these risks due to operational pressures and fiscal restraints. **T1A** **T1A**.

DHSC have worked with NHS England to consider ways in which we could more substantially adapt or expand existing services, including the Framework for Integrated Care Vanguards and Forensic CAMHS services to work with VFIs and accept referrals from Prevent; we included a bid in our 'higher' scenario in the SR. However, it is unlikely that funding will be available to deliver any expansion to services along these lines.

We recommend that you propose the convening of a **detailed mapping exercise**, based on evidence and case studies from the analytical work conducted by Home Office and CTP, so that we can understand more about exactly who individuals are, where the gaps and concerns are in the system, and identify solutions. These should be convened with clinical experts and practitioners, so that any solutions are designed with those who will have to deliver them. **We expect DfE will make a similar point**.

In the meantime, there are also some no / low cost options we could consider with NHSE that could help support the CTP / Prevent system more broadly. These include:

- Reviewing the clinical guidance for adult and CYP MH services in relation to risk of harm to others.
- Reviewing the role mental health services play in 'assertive advocacy' with Prevent services, recognising the important and unique role MH services play in identifying and highlighting risks with Prevent.

For Prevent services, we are also seeking to update NHS guidance for staff which will outline best practice in support for those at risk of radicalisation into terrorism and suffer mental ill health or are neurodiverse. We also plan to hold a conference this financial year with a range of international partners to share best practice, identify potential gaps in this space and opportunities for working closer together in regards to Prevent, mental ill health & neurodiversity.

Risks / handling

- There is a risk that 'social policy departments' come under pressure to do more to support this cohort. In the context of a challenging SR settlement across Government, we recommend that you do not commit to any particular actions, but stress the need for Government to more effectively come together to map out what the solutions could be together. We continue to lean in at DHSC level, are sending someone formally to the HO unit and have identified and offered a clinical expert to support the Unit who we identified via Claire Murdoch.
- At the Directors meeting that preceded this meeting, Cabinet Office pushed very strongly for Home Office and other departments to continue to have a high level of ambition for this work. We expect this meeting will have a similar tone.
- The Prime Minister and the Home Secretary have identified addressing the risk from VFIs as a priority – the Prime Minister described the attacks in Southport as a 'line in the sand'. Full statement here: PM statement on the Southport public inquiry: 21 January 2025 - GOV.UK

Attendees

- *Sir Chris Wormald (Cabinet Secretary)*
- *Susan Acland-Hood (PUS, DfE)*
- *Emran Mian (Director General for Digital Technologies and Telecoms DSIT)*
- *Amy Rees (PUS, MoJ)*
- *Sarah Healey (PUS, MHCLG)*
- *James Bowler (PUS, HMT)*
- *Ben Archibald (No10)*
- *Douglas Wilson (DG, AGO)*
- *Graeme Biggar (DG, NCA)*
- T2 *(DG, CO)*
- *Chloe Squires (DG, HO)*
- *Emma Churchill (DG, EDS)*
- *Madeleine Alessandri (JIC Chair, CO)*

- *Victoria Evans (Met Police, Senior National Coordinator for CTP)*
- *Paul Taylor (CSA, NPCC)*
- *Jonathan Emmett (Director, HO)*
- *Peter Abbott (Director, CO)*
- T2)
- T2
- *Michael Bourke (Director, CO)*
- *Louise Holliday (DD, HO VFIU)*
- T2