ACADEMY for JUSTICE COMMISSIONING

Autumn 2013 News Bulletin

Issue No. 22

Guest Editor

Ken Elliot
NOMS Health, Wellbeing and Substance Misuse Co-commissioning Team

Content

Welcome to the Autumn edition of our quarterly news bulletin.

With unprecedented reforms to both the Health Service and the Justice System, this issue has a focus on offender health and is guest edited by Ken Elliot, a Senior Co-commissioning Manager in the NOMS Health, Wellbeing & Substance Misuse Co-commissioning Team.

Academy News

Academy Autumn Conference - Tuesday, 15 October 2013

There has been high demand for the conference and we are now fully booked and have a reserve list running. The event will be themed around Innovative Commissioning and features expert speakers, panel discussions and round table debates. For those that aren't able to attend on the day we will be offering filmed highlights of speakers and a conference summary. **For information on speakers please follow this link**.

Facilitator Led Learning Groups

We currently have two Integrated Offender Management learning groups running and learning from these groups will be shared with members. Each group consists of Academy members drawn from all sectors to ensure a good cross section of views

Link to Learning Groups info

Learning Group topics

We are currently looking at setting up another learning group and reviewing topics. Do you have a topic that would work well in a learning group environment?

Please email any suggestions to us at:
academy@noms.gsi.gov.uk

Manchester Academy Seminars

Our 3rd seminar in the North on 8 October which is entitled Integrated Services for Public Reform. Manchester Metropolitan University have kindly offered us free meeting space for these seminars. Please do endeavour to attend if you are based in the North as we are piloting these seminars and if attendance is good we plan to make these a permanent feature.

Feedback

If you have any comments or suggestion about our news bulletins or any other Academy service please email:
academy@noms.gsi.gov.uk

Editors' Comments

Thank you to our Guest Editor for this issue - Ken Elliot, Senior Co-commissioning Manager – Community in the NOMS Health, Wellbeing & Substance Misuse Co-commissioning Team

Ken Elliot

We are undoubtedly in a period of unprecedented change to both the Health Service and the Justice System.

Last year saw the introduction of new health commissioning structures; NHS England taking on national level health commissioning, including direct commissioning of primary care (GPs), supported with clinical oversight by Public Health England.

Local commissioning responsibility moved to the new Clinical Commissioning Groups. These clinician led groups are guided and supported in their commissioning of local health services by Health & Wellbeing Boards, made up of elected representatives, service user representatives, local directors of public health and social services among others. Health commissioning in Wales is the responsibility of the Welsh Assembly Government through NHS Wales, supported by Public Health Wales and seven local health boards covering Wales.

Furthermore, the coming year will see major change to the justice system with the roll out of Transforming Rehabilitation. This programme will change the way offenders are supported throughout the offender journey from prison to community. Probation Trusts will be replaced by a new National Probation Service, with commissioning of new local contracted providers of probation services expected to enter the system as community based providers.

These reforms to the health and social care system are challenging but they do present opportunities for effective joint working at a local level between Criminal Justice System (CJS) and health commissioning agencies. This will bring opportunities to improve commissioning and achieve better health outcomes for people in contact with the criminal justice system, including those at risk of offending and re-offending, as well as victims.

Since there are strong links between health inequalities and offending behaviour, real improvements to the health and wellbeing of offenders will benefit the entire local community.

Health Needs of Offenders

Offenders are more likely to smoke, misuse drugs and or alcohol, suffer mental health problems, report having a disability, self-harm, attempt suicide and die prematurely compared to the general population.

Additionally, offenders have higher rates of problems with housing, employment and social care and 'face discrimination and a double disadvantage of both health inequality and difficulty of access to health services generally, and primary care in particular'. *Cabinet office, 2006, Reaching Out: An action plan on social exclusion*

It is evident that the links between health and reoffending create a potentially vicious circle and there are clear links between the wider determinants of poor health and reoffending. Offenders who experience poor health are more likely to need support with housing, education or employment needs and at the same time find it more difficult to access mainstream help. Studies consistently show that offenders suffer health inequalities disproportionately higher than mainstream society. For example:-

- Over one-third (36%) of prisoners are estimated to be disabled, which is higher than similar estimates of the general population (which range from 1 in 5 to 1 in 4), with female prisoners more likely to be considered disabled than male prisoners (55% vs 34%)
- Nearly half of prisoners were identified as suffering anxiety and/or depression (25% anxiety *and* depression, 23% anxiety *or* depression (but not both)) as compared with 15% of the general population.
- 49% of female prisoners were assessed as suffering from anxiety and depression compared 23% male.[1]
- The health of offenders in the community is significantly worse than the general population in terms of role limitation (physical, and emotional), social function and general health perception and

the health of female offenders is both significantly worse than their male counterparts and the general population.[2]

- 23.8% report a chronic health condition Moorish, D (2011) A Health Needs Assessment of the Hertfordshire Probation Trust Caseload, NHS Hertfordshire/ Hertfordshire Probation Trust
- Offenders in the community are four times more likely to die than the general male population – a rate that is twice as high as that of imprisoned offenders.[3]
- 69% of men and 53% of women in contact with the probation service were classed as having an alcohol misuse disorder with reported substance misuse among offenders at 32% as against 3.4% in the general population.[4]
- 49% of probationers had a previous psychiatric diagnosis and 19% had multiple diagnoses. A mental health need was identified in 92% and 71% had a history of substance misuse.[5]

There has been a greater emphasis over recent years on offender health in prisons, this having been subject to changes in commissioning and delivery, with the NHS taking over lead responsibility.

However, offender health in the community has not been so easily addressed, and there are significant challenges for example with offenders' access to primary care, mental health services and social care services.

Changes to local health commissioning have resulted in some confusion locally about responsibilities for who commissions and provides health services. NOMS Health, Wellbeing and Substance Misuse Co-Commissioning Team is responsible for working with a wide range of strategic commissioning partners to highlight the importance of adult offenders having access to the same levels of healthcare services as the general population. For example during the implementation of the NHS reforms of 2012, we worked with the NHS Confederation, local and national government partners and the voluntary sector to develop and publish a briefing on the new health commissioning landscape and how criminal justice agencies and health commissioners can productively work together. The briefing can be found at; http://www.nhsconfed.org/Publications/Documents/criminal-justice-system-agencies.pdf

Despite these challenges and the new complexities in health service commissioning, there are many examples of excellent joint and partnership working, involving commissioners from health and justice working together to creatively find solutions to service delivery as well as provider agencies working in partnership to share and maximise resources. As well as challenges there are also opportunities and successes as can be seen from the articles in this newsletter.

There is an increasing emphasis on developing partnerships to deliver services, using a multi disciplinary approach.

There are developments in research and our knowledge of offender health needs is increasing in ways that help commissioners in both health and justice inform better health and social care commissioning for this group.

This edition highlights the very different activities of agencies operating in custody and community, on service delivery and research and the importance of commissioning partnerships and joint action in service provision. I am grateful to the contributors for drawing attention to their specialist areas and for highlighting the diversity of approaches across the offender management system which is addressing the health and social care inequalities experienced by offenders, helping them to recover from addiction and illness, together we can reduce reoffending and make communities safer.

Ken Elliot
Senior Co-commissioning Manager
NOMS Health, Wellbeing and Substance Misuse Team

1. *Cunniffe, C Van de Kerckhove, R Williams,K and Hopkins, K (2012) Estimating the prevalence of disability amongst prisoners: results from the Surveying Prisoner Crime Reduction (SPCR) survey, Ministry of Justice Research Summary 4/12*
2. *Brooker, C et al (2008) A Health Needs Assessment Of Offenders On Probation Caseloads In Nottinghamshire and Derbyshire, University of Lincoln*
3. *Sattar G (2001) Deaths of offenders in prison and under community supervision. Findings 153. Home Office. London*
4. *Moorish, D (2011) A Health Needs Assessment of the Hertfordshire Probation Trust Caseload, NHS Hertfordshire/ Hertfordshire Probation Trust*
5. *13 Cohen et al (1999) Working in partnership with probation: the first 2 years of a mental health worker scheme in a probation service in Wandsworth Psychiatric Bulletin 23:405-408*

Improving outcomes of offenders with multiple and complex health and social care needs: Embedding practitioner and service user voice within commissioning

Esther Dickie

REVOLVING DOORS AGENCY

The extent and complexity of mental health need among the offender population is well known. It is well documented in the research literature and it is all too familiar to criminal justice practitioners working on the ground. The complex interaction of mental health, substance misuse, offending and social problems can create significant barriers to clients accessing and progressing with mental health services.

These can be challenging and frustrating cases for offender managers who are attempting to address intractable issues requiring multi-disciplinary expertise and navigate a complex and shifting health and social care service landscape. Confusion around roles, responsibilities and eligibility criteria of mental health services can leave offender managers and other criminal justice practitioners frustrated with the feeling that they have somehow been left 'holding the baby'. There is a strong need for sharing of resources and expertise between mental health and criminal justice services so that partnerships are likely to be crucial in meeting the needs of many offenders.

Revolving Doors Agency is a charity working at the interface of the criminal justice and mental health systems. We aim to improve systems and services for individuals with multiple and complex needs in repeat contact with the criminal justice system. Much of our work is focused on facilitating partnerships between mental health and criminal justice agencies. Relationships matter; we believe strongly that bringing people together at all levels is the key to improving responses to this group. This means both strategic partnerships, involving commissioners and service leaders, and operational partnerships, involving those working on the ground. Crucially, it also means partnerships between those people receiving services and those who commission and deliver them.

Our experience suggests that while valuable such partnerships can be challenging to forge. They can be inhibited by different professional cultures. They are vulnerable to changes in personnel and the loss of champions in other agencies who 'get it' and are committed to driving partnerships forward. They are hampered by a lack of resources and service cuts so that partnership working and the flexibility this entails can be seen as an ill-afforded luxury.

The good news is that small and relatively cheap interventions can improve partnership working locally. In 2012 we established the 'Communities of Practice Development Programme', jointly with the Social Care Workforce Research Unit at King's College London, in an attempt to support frontline staff working with complex client groups. In addition to an initial pilot site, five new 'communities of practice' were convened which brought together practitioners across a range of disciplines, including health, housing, substance misuse, social care and criminal justice on a monthly basis. Communities were also encouraged to include 'experts by experience' to capture the perspective of those with experience of using services. Two communities were focused on improving responses to offenders, while others looked at specific groups who might come into contact with the criminal justice system such as women with

substance misuse problems. The aim of the programme was to build inter-agency and inter-disciplinary relationships and facilitate practitioner led improvements in service integration.

Structured, facilitated meetings, centred on the discussion of an anonymised case study, provided a forum to explore particularly challenging cases held by community members and to share examples of innovative practice. Cases were specifically selected to generate learning on wider issues, such as dual diagnosis, personality disorder pathways, or boundary setting for clients excluded from support services for inappropriate behaviour. As well as facilitating access to professional expertise across a range of services, each community of practice was supported by a dedicated knowledge broker who brought relevant literature to the discussion such as policy guidelines or research evidence that could support practice improvements.

In an in-house evaluation, participant feedback highlighted the benefits of improved knowledge of local services and professional skills in managing complex clients through membership of the community of practice. Among community participants responding to a survey, over 90% agreed firstly, that their knowledge of the role and function of other agencies had increased and secondly, that their skills and competencies in working with people facing multiple needs and exclusions had improved through membership of the community .The peer support found within the collaborative working was also invaluable to participants. Desistance theory highlights the central role that consistent and trusted relationships play in moving away from offending, but working with complex clients in which quick wins are rare, can be particularly draining on staff and may give rise to 'burn out' and high staff turnover.

However, achieving sustained improvements in client outcomes proved more challenging. Gaps in local services or recurrent service blockages, such as exclusion of clients with multiple needs from a local dual diagnosis pathway, impacted on the outcomes that participants felt could be achieved through operational joint-working alone. Many participants confessed to holding 'secret caseloads', accepting clients who did not strictly fit service criteria or who had reached the time limit for support. This may help in individual cases but it does not solve systematic problems and is likely to be unsustainable.

What this programme demonstrated to us was the importance of an open and active dialogue between practitioners and commissioners. Bringing a practitioner perspective into commissioning decisions offers a number of potential benefits. They can highlight service blockages, gaps and service design problems. They can shine a light on the complexity of a client's problems. They can raise awareness of the conflicting pressures that they, as practitioners, face which may hamper service outcomes. Equally, however, commissioning decisions need to recognise the value of the service user voice and actively facilitate the perspective of those with direct, personal experience of using – or trying to use – services.

As we move into an increasing complex commissioning landscape across both the health and social care system and criminal justice system, utilising tools such as the Joint Strategic Needs Assessment intended to support service integration and improve access to services among disadvantaged groups, including offenders, gains increasing importance. A three-way partnership between service users, practitioners and commissioners across the criminal justice and mental health sectors is needed, and consideration should be given to how such partnerships can be nurtured. An active and open dialogue with commissioners, to understand the journey of service users, and the experiences of those supporting them along the way, has much to offer in realising commissioning which is responsive to local need and the delivery of improved client outcomes.

Esther Dickie
Research and Information Officer
Revolving Doors Agency

Esther.dickie@revolving-doors.org.uk

[1] Anderson et al. (2012). Big Diversion Project Current State Analysis of Diversion Services in the North East Region – Final Report, North East Offender Health Commissioning Unit, Durham. Available at: http://www.revolving-doors.org.uk/documents/final-report-bdp/

[2] Cornes, M., Manthorpe, J., Hennessy, C. and Anderson, S. (2013) Little Miracles: Using Communities of Practice to improve frontline responses to multiple and complex needs and exclusions, Revolving Doors Agency, London. Available at: http://www.revolving-doors.org.uk/documents/little-miracles/

[3] Department of Health (2013), Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, Department of Health, London

Health needs assessment to enhance mental health of offenders

The prevalence of mental health problems amongst prisoners is known to be 90%.[1] There is a higher prevalence of mental health needs amongst prisoners than the general population, often comprising a combination of complex needs including self harm, substance misuse, alcohol abuse, common mental health problems, learning difficulties and personality disorders.[2]

Prison Health Needs Assessment

Wandsworth borough hosts HMP Wandsworth, one of the largest prisons in the UK. Wandsworth Public Health undertook a detailed health needs assessment of prisoners highlighting the lifestyle, preventative, medical and health service needs of the prison population. The assessment revealed that the prison population at HMP Wandsworth is young, with the majority of prisoners aged between 21 and 39 years (64%), and 14.3% of prisoners aged over 50 years and about 45% of prisoners had been dependent on drugs before imprisonment. It is also important to note that the prevalence of neurotic and psychotic disorders was considerably higher in the prisoners than in the general adult male population in England. The needs assessment also found out that the following mental health services are available at HMP Wandsworth

- Primary care mental health only carries out assessments and triages referrals to secondary mental health services;
- Primary care mental health team does not have the capacity to provide a full range of primary mental health psychotherapeutic interventions and there is the intention to increase the workforce to meet these service requirements;
- The current secondary mental health care service model mirrors the role of community in-reach;
- The care programme approach is fully implemented in conjunction with community mental health teams;
- Mental health awareness training is provided for all discipline staff.

Based on the identified gaps between existing provisions, the needs assessment made recommendations for mental health services to be included:

- Development of the primary care mental health service;
- Training for Prison Officers to enable them to help identify prisoners with mental health problems and particularly those prisoners at risk of self-harm.

This resulted in a clear action plan on which the prison is showing real progress. For example mental health awareness training is offered to all discipline staff.

Probation Health Needs Assessment

There are many more offenders in the community than there are serving prison sentences. At the end of March 2010 there were around 85,000 people (80,894 males and 4,290 females) in custody in England and Wales[3], compared with 241,504 offenders being managed in the community by the Probation Trusts as at end December 2009.[4]

More recently, the Wandsworth Public Health team undertook a detailed health needs assessment for those on the Probation caseload in Wandsworth to assess the use of existing health services and to make recommendations for improvements in the light of perceived gaps in service provision. The needs assessment portrayed a picture of the physical and mental health needs of the probation service users. The number of offenders on London Probation Trust in Wandsworth caseloads for July 2012 was 899 people of which 86 were female representing approximately 10% of the total as shown. Nearly three-quarters of probation service users were 40 years or under, that more than half were 30 years old

or 

under, and that as much as a third were in the 18 – 24 age group. There are significantly higher proportions of both probation service users and prisoners in the 40-49 age group compared to the general population of Wandsworth. More than 40% of the probation services' users are white (40.5%), closely followed by black or black British (38.6%).

The prevalence of mental illness is almost double that in the general population with nearly half of the respondents (47.6%) suffered from depression in the last 3 years, more than a fifth (22.2%) suffered from anxiety and about 12.7% was diagnosed with schizophrenia. Whilst 60% felt their mental health was 'good' or 'very good', around 10% felt it was 'fairly poor' or 'poor' on the day of the interview. 40% claimed to have been seen formally by a mental health service and 22 to have self harmed in the past. Their health status is often compounded by chaotic lifestyles, housing difficulties and dysfunctional family circumstances.

Qualitative surveys revealed that a large number of probation service users reported some degree of mental health problems and there was a general feeling amongst them that there was inadequate provision of mental health services. The perception was that there was a high level of unmet need. Some clients, either because of their male gender, their low self-esteem, or not wishing to admit to their own sense of hopelessness, remained in denial of their mental health problems. It was noted that referral by GPs to the Community Mental Health Team (CMHT) was limited as they tended to focus only on the most serious mental disorders. This meant that engaging the specialist mental health services was problematic, and that the threshold they placed for accessing service was too high. The needs assessment recommended initiating mental health promotion by organising awareness training for Offender Managers on mental health issues, including referral pathways for diagnosis and treatment.

Based on the above health needs assessments, Wandsworth Public Health are now in discussion with partners to consider expanding integrated offender management to include general practice, mental health and social care workers. It was accepted that the case management is a sensible way forward and Integrated Offender Management would provide with a well defined cohort to pilot and evaluate this work.

Houda Al Sharifi
Director of Public Health, Wandsworth

References:

1. *Marshall T, Simpson S, Stevens A. Health care in prisons: A health care needs assessment. Department of Public Health and Epidemiology, University of Birmingham. Feb 2000.*
2. *SCMH 2007. Getting the basics right: Developing a primary care mental health service in prisons. Policy Paper 7. Sainsbury Centre for Mental Health, London.*
3. *Ministry of Justice, 2010, Population in custody, monthly tables.*
4. *Ministry of Justice, 2010, Population Statistics: Quarterly Brief as at end December 2009.*

MANCHESTER EVENING SEMINAR

Tuesday, 8 October

Evening Seminar 17.30 to 19.30

Integrated Services for Public Reform

featuring

Dr Jennet Peters, Gtr Manchester Public Service Reform Team

Richard Barnes, Greater Manchester Probation Trust and
CI Paul Hale, Greater Manchester Police

In this free to attend seminar Jennet, Richard and Paul will give an overview of why reducing reoffending is an area of significance for Public Service Reform (PSR), including how Greater Manchester, as a Community Budget pilot area have built their business case for a whole system approach to Transforming Justice.

Venue: Manchester Metropolitan University, Manchester

Perspectives on NOMS Offender Personality Disorder (PD) Strategy

The offender personality disorder programme will re-shape the existing Dangerous and Severe Personality Disorder services in the NHS and in prisons and set a new direction for working with this complex group of offenders. It will improve identification and assessment of offenders early in their sentence; increase treatment capacity for those in custody; and improve their management in prison and in the community.

We know that around two-thirds of prisoners meet the criteria for at least one type of personality disorder. For a relatively small number of offenders, in its most severe forms, personality disorder is linked to a serious risk of harm to themselves and to others. For this group of offenders, the programme aims to:

- Reduce the risk of serious harm to others and serious further offending
- Improve psychological health and wellbeing, and tackle health inequalities
- Develop leadership in the field of health, criminal justice and social care, and create a workforce with appropriate skills, attitudes and confidence.

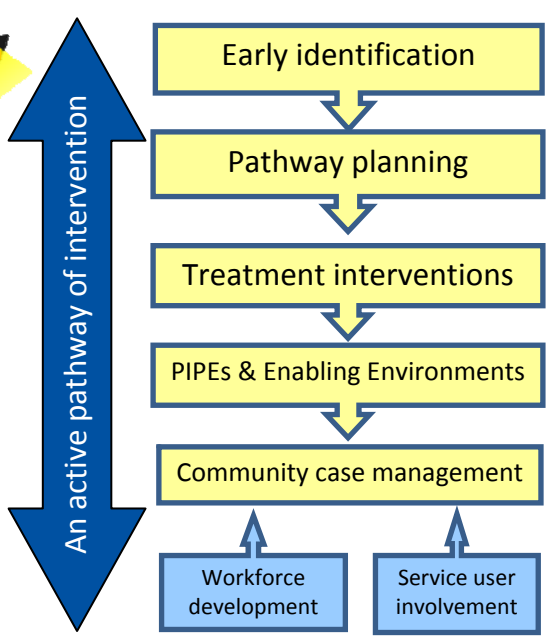
For more information about the programme, please visit the personality disorder website.

With implementation of the offender PD strategy now firmly underway, this article shines a spotlight on the strategy from various perspectives along the pathway.

We asked colleagues: "What will the PD strategy mean for you?"

- Rachel Wilson and Terry Kirkby, NOMS and NHS PD co-commissioners for the Mid sector, give us the co-commissioners' view
- Sue Ryan from Resettle offers a view on service user involvement
- Alex Worsman and Nikki Jeffcote at HMP Belmarsh provide the view from a new service on the offender PD pathway
- Alice Bennett, trainee forensic psychologist at the Westgate Unit at HMP Frankland, gives us the view from an existing treatment site and

Tracy Clarke, manager of Crowley House Approved Premises, shares her view from a women's psychologically informed planned environment (PIPE).



The co-commissioners' view

To implement the offender PD strategy nationwide, the programme has recruited an NHS co-commissioner and a NOMS co-commissioner for each of the four commissioning regions: North, South, Mid and London. Together, the co-commissioners plan, commission and performance manage offender PD services across their area.

The team has concluded the Mid region's contribution to the national initiative to introduce community-based offender PD

services, where Probation Trusts and a selected health care partner work together on case screening, formulation and pathway planning. Within the next three months, the probation/ health partnerships will screen offenders for PD and develop comprehensive training plans for all key staff.

At HMPS Gartree and Dovegate, we have opened democratic therapeutic communities for offenders with learning disability (known as TC+). Specialist expertise is accessed from Rampton Hospital.

The Mid region is also taking the lead on implementing the first women offender PD pathway in the country. Involving services at HMP Foston Hall, Drake Hall and Crowley House Approved Premises in Birmingham, these services add to the existing national services for women at

resettle
COMMUNITY RISK ASSESSMENT AND CASE MANAGEMENT SERVICE

HMP Low Newton (Primrose) and HMP Send (democratic therapeutic community).

A view on service user involvement – Resettle community PD service

One of the underpinning principles of the offender PD programme is meaningful and ongoing service user involvement in all aspects of the work we do and the services we co-commission.

An exemplar of these principles is the Resettle project in Merseyside, a community project that addresses the PD needs and risks of adult men with significant offending histories.

Dr Sue Ryan, Clinical & Forensic Psychologist / Lead Sociotherapist tells us more:

"Involving participants in the day to day running of the project and in their own intervention plan is key to the project ethos and to participants achieving their goals.

"Participants are involved in selection of staff, teaching to psychology doctorate trainees, project development, and meeting with visitors. We recently developed a service user working group; we regularly seek participants' views in the development of the project; and they are actively involved in the running of the community such as chairing meetings and preparing lunch. Participants are also involved in setting their goals, assessing their progress and writing to the MAPPA (multi-agency public protection arrangements) panel to make sure their voice is represented. We are developing a participant support group and a participant representative role. Finally, we have a service user representative on our Project Board. "

A view from a treatment site – Westgate at HMP Frankland

The Westgate PD service opened in 2004 as part of the Dangerous & Severe PD Programme, and is one of two male high security prison sites offering assessment and treatment for PD.

Westgate treatment includes formal group and individual sessions encompassing a range of therapies, supported by the Good Lives model, which is designed to encourage the setting and attainment of treatment-related goals.

Due to the widening of availability of offender PD services, the referral process is being refined and treatments evaluated in order to attract the most appropriate referrals for Westgate. The new pathway includes supported progression options for service users. This will allow prisoners access to

more vocational training opportunities to support progression towards release.

To quote a prisoner who recently completed Westgate treatment:

"It's been challenging but rewarding. It's not nice having things pointed out to you but when you know about them you can change them. Gaining insight is where I've got my rewards from. I can see where I went wrong and avoid certain things in the future and it's developed me as a person. I've got these [PD] traits and I'll probably always have them but at least I know about them, [and] when they portray themselves, I can do something about it."

A view from Crowley House, a women's community PIPE

Crowley House in Birmingham is one of just six Approved Premises for women in the country. It has 20 beds and is operated by Staffordshire and West Midlands Probation Trust.

Along with Foston Hall and Drake Hall prisons, Crowley House forms part of the women's PD pathway in the Mid region. The Approved Premises has also been involved in the enhanced women's service being developed and delivered by the Probation Trust.

PIPEs are specifically designed environments in prisons and Approved Premises where staff members have additional training to help them develop an increased psychological understanding of their work. Change comes in the form of a psychologist joining the team as clinical lead and helping the Approved Premises work in a more psychologically informed way – this will maximise the impact and effectiveness of the Aprpoved Premises' work by building on what it already does, helping to form containing and attached relationships and creating an environment at Crowley House where women feel supported and safe, and those who have undertaken treatment can practise new skills. This resonates with the Trust's focus on the principles of effective Probation practice which include positive working relationships, hopefulness for the future and building on recognised strengths.

A view from a new pathway service – the London Pathways Progression Unit at HMP Belmarsh

The London Pathways Progression Unit (LPPU) at HMP Belmarsh is a service for 41 men who have significant personality difficulties. Having opened in April 2013, the unit aims to assist participants in progressing towards safe and successful release. The LPPU works primarily with men who have a realistic pathway into the community within two years but also with those who need support to progress through their sentence, whether downgrading from category A or by progressing into open conditions.

The LPPU is delivered by a partnership between HMP Belmarsh, the London Pathways Partnership, a collaboration of four NHS mental health trusts, and London Probation Trust, which supports frequent input from specialist Probation Officers. This approach ensures that men who come to the unit receive consistent support that continues through their sentence and into the community. Integrated and joint working is the essence of what the strategy means to the LPPU: taking a flexible approach that responds to individual needs and seeks outcomes that enhance the safety and wellbeing of offenders, the staff working with them, and the wider community.

Laura d'Cruz
Women Offender Personality Disorder Strategy Implementation Manager, NOMS Personality Disorder Team

Online commissioning learning tool

Wanted

Commissioning case studies

The Academy have just commenced development of the online A to Z of Commissioning course and are seeking commissioning case studies from all sectors to use as examples in the learning tool.

The course is aimed at helping all those involved in commissioning develop a shared understanding of commissioning and the essential components that make it work .

For more information on how to get involved or to submit case studies please email academy@noms.gsi.gov.uk

Support 4 Change – A Unique Specified Activity Requirement in Warrington

Julie Palin and Jennie Heston-Kellett – Warrington Criminal Justice Liaison team

The Warrington Criminal Justice Liaison Team is an integrated, multi-professional and practitioner led service consisting of a Team Manager, Community Psychiatric Nurse, Learning Disability Nurse, Probation Officer, Social Worker and administrative worker. The service acts as a link between Health, Social Services and all Criminal Justice Agencies in their work with adults. The team provides a high quality service to persons who have severe and enduring mental health needs or learning disability, who find themselves at any stage of the criminal justice system. The Warrington CJLT has been recognised nationally as an effective team.

In September 2011 the Department of Health invited network members to submit bids for funding for specific initiatives to develop their service and for adult schemes to test provision of alternative forms of treatment for mentally ill and drug dependant offenders. They were looking for examples of innovative approaches that actively involve probation, courts, treatment providers and other services.

Warrington Borough council piloted "Revolving Doors" which worked with adults who have come to the attention of the police and appear to be vulnerable and in need of

support. On the success of this project this was re-launched into mainstream business as "New Directions". This service builds on statistical evidence of success indicating the benefit of early intervention with adults, addressing unmet needs around primary care mental health difficulties and other social needs, reducing offending and misuse of criminal justice agencies.

The Warrington CJLT successfully submitted a business case to offer to the Courts an alternative specified activity requirement specifically to address mental health. This project, "Support 4 Change", has been available as a disposal since October 2012.

The specified activity requirement is part of a Generic Community Order and is always accompanied by a Supervision requirement aimed at vulnerable adults who have moderate and common mental health problems, including personality disorder, who would not ordinarily qualify for a Mental Health Treatment Requirement. These offenders may have other unaddressed needs such as substance misuse, impaired functioning, learning disabilities, poor social networks or coping skills and are escalating in risk with frequent contact with the Criminal Justice System (including those in breach) and assessed as at risk of custody or likely to receive a high-level community sentence.

The aim is to offer intensive and assertive CJLT support, coupled, where appropriate, with an element of compulsion provided by a formal court order, to catalyse the engagement of these offenders and to help them turn their lives around.

The offender is assisted to complete a STAR Recovery assessment. This identifies their needs and areas for intervention. The programme offers one to one appointments with support workers to address their

individuals goals, which is specifically person centred. Parallel to this intervention they will also complete theoretical based group sessions each week.

The group sessions are;

- positive thoughts/thinking;
- anxiety management;
- confidence and self esteem;
- anger and assertiveness;
- sleep and relaxation; healthy living.

Offenders are offered practical support to help change habitual behaviours and address their identified problems.

The Support 4 Change team proactively pre-screen weekly court listings. Daily remand/ breach court data triggers a paper assessment including the offence, deposition and whether individuals are known to Mental Health Services. Clients are asked at court for permission to work with them by a CJLT mental health practitioner who identifies their suitability, needs and risk. Probation are informed of any mental health and social care needs and encouraged to recommend this new disposal in verbal, fast delivery or standard Pre-sentence Reports.

Case Study: example of this unique Specified Activity Requirement:

Mr X appeared before the Court in breach of his Community Order and commission of new offence excess alcohol. He was at risk of receiving a custodial sentence. All disposals had been offered to

the defendant and failed. Mr X's mitigation was his mental health and social circumstances and after completing an assessment at Court the SAR was recommended through an oral report. Mr X's intervention was accessing mental health treatments for low mood and suicidal ideations. Mr X was homeless. We worked with local housing providers to bid for his own tenancy, re-instate his benefits, undertook liaison with children services to re-establish contact with his children, offered support to access alcohol services and citizen advise bureau to look at debt solutions, including an application for a care grant and also explored employment options.

At the end of the SAR Mr X had secured his own tenancy and successfully cut down and managed his alcohol misuse. As a consequence he was allowed to have weekly contact with his children. Through completion of an all male project at Head and Feed based at Warrington Wolves, Mr X self efficacy and self esteem increased. He successfully secured a voluntary placement within the project and he has since gone on to obtain full time employment.

Mr X commented at the end of specified activity "at the start of the intervention I could not see any future" and at the closure STAR review he stated "that mine and my children's future looks fab and it has been many years since I felt this good", and he recognised that without the support he would not of achieved all his goals. This is indicative of the interventions and objectives that were worked with the individual to empower them to problem solve within their own lives and develop confidence to access mainstream services within the community. To date we have screened 1993 people, of which 459 were repeat attendees. The total known to mental health services is 34.5%. We have had 33 SAR recommendations with 26 being made.

This project will be evaluated by NHS England and funding has been secured until 2014. At present it is only available to Warrington residents, however, it is the aim to try and secure further funding in order to roll out this model to other areas.

Julie Palin and
Jennie Heston-Kellett
Warrington Criminal Justice
Liaison team
and
Marie Orrell
Assistant Chief Executive
Cheshire Probation Trust

Building Effective Engagement - a local Senior Probation Officer's perspective

We've probably all heard the expression: "There is no health without mental health." Although the same could not be said about the relationship between good physical health and desistance, they are inextricably linked. Spurred on by this thought, fortitude and patience have underpinned ten years of building effective health engagement in the West Midlands borough of Sandwell.

The "Mental Health Cop", Michael Brown (find him on Twitter @MentalHealthCop), has raised mental health awareness across the police community. His article "The Adebowale Deficit" succinctly reflects our journeys through mental health. The issue is not what type of health treatment is provided, but whether patients' needs are met in the long term. Such are the complexities of healthcare inequalities across the criminal justice system.

Why is offender health important?

Department of Health statistics show high health costs and morbidity rates among drug and/or alcohol users. The issues affecting them include:

- 60% of those leaving prison have mental health problems
- Over 50% have no GP
- A lack of dentistry and sexual health services
- Huge pressures on Accident & Emergency and GP surgeries
- Higher smoking rates among offenders
- Concerns about an older, infirm and disabled population in Approved Premises

A diverse population who present culturally stigmatised healthcare needs and lack ease of access

So 'Building Effective Engagement' is a most timely paper.

Offender health – my journey

My journey started as a new Senior Probation Officer arriving in Sandwell. I liaised with local mental health services and, over time, we built substantial links and aligned processes. In 2008, we received the Butler Trust Award for Innovation. I also contributed to our Probation Trust's response to the Bradley report and the Ministry of Justice's mental health treatment specification.

Alongside Staffordshire and West Midlands (SWM) Probation Trust's mental health group, in Sandwell we established a link with our Strategic Health Authority's offender healthcare team. A secondment in 2010/11 gave me the job of auditing existing mental health and learning disability training and providing an inventory of community mental health and GP services across the Trust's Approved Premises.

While completing an offender health survey, I came across Leicestershire's innovative offender health trainer scheme (@CharnwwodHC). This involves ex-offenders working as health advisors, and has generated estimated savings of nearly £4 million. The advisors are trained and employed by the Probation Trust to provide health advice and support to men and women on probation.

Visiting SWM's ten Approved Premises (APs) really developed my understanding of wider health issues. I was amazed to witness staff focussing on offenders' healthy eating, stopping smoking and exercise and impressed by their care of older and disabled residents. Absorbing innovative ideas, we spread best practice across the Trust's APs. We also launched a monthly Health Briefing, using a "Dr Who" brand to get people's attention.

In Building Effective Engagement, we should be inspired by others. SWM Probation recently renamed an AP after one of our officers who tragically died. She was SWM's healthy lifestyle guru. She provided inspiration, joy and opportunities to develop dietary and budgeting skills.

Across our Trust's different offices, I saw contrasting views about the benefits of good health in reducing reoffending. After dental hygiene sessions organised by one Probation office, clients would leave with broad smiles, armed with teeth-cleaning sets, lists of NHS dentists, with the Probation Officer saying: "It's all about looking after yourself." In contrast, at another office, I was told, "But Ian, we are the sex

offender unit!" Getting your foot through the door and finding a "hook" is a challenge.

But I was encouraged when NOMS asked me to be part of a working party to revamp the OASys health section.

The abolition of the Strategic Health Authority Offender Health Unit, which had been a strong negotiating arm, felt like another nail in the coffin as my secondment ended and I returned to my day job. Strong links with drug/alcohol commissioning existed, but mental health, learning disability and primary care services slipped away. It has been left to innovative schemes like Leicestershire and Rutland's, which are championed by probation, to put health firmly back on the agenda.

Building Effective Engagement is born

Building Effective Engagement is another "strong arm" opportunity to promote offender health.

With West Midlands Police involved, Sandwell's Health and Wellbeing Board seemed a good place for the criminal justice system to have a voice.

This was the "acorn moment" when the seed of holding an Effective Engagement Workshop was sown. The aims of the event were:

- Fulfilling the hopes and aspirations of Building Effective Engagement
- Map pathways across the criminal justice system and Health
- Identify gaps and need

Present findings to the Health and Wellbeing Board

The event was held in West Bromwich in March 2013. Sixty people attended, including five health commissioners, police, Women's Aid, service users, third-sector and Health partners. Leicestershire offender health trainer scheme and Sandwell and West Birmingham's Safe Project also gave presentations.

Sandwell had worked closely alongside a Health Commissioner, Lisa Hill, sharing trust, hope and a vision alongside funding for the event. I would also like to thank my team for their remarkable spirit and drive in enabling a successful event.

Lisa Hill, commenting on its success, said: "By developing integrated pathways, improving access to healthcare will make a real difference to communities."

The event's synopsis has been published and a Strategic and Operational Health group established, involving our partners. Terms of Reference have also been agreed. To maintain momentum, every six weeks, briefings are sent to more than a hundred people.

The future

Efforts are under way to engage the Health and Wellbeing Board. While welcome as a stakeholder, membership is our real goal. Sandwell's criminal justice agencies now have a copy of the Board's strategic plan, and we have been asked to identify what we contribute to the Board's objectives. We have also been invited to a stakeholder event in October 2013.

Currently, in Staffordshire and the West Midlands, no Head of Probation or police chief sits on a Health and Wellbeing Board. A "virtual board" has been established for criminal justice agencies to present their findings and I have arranged a meeting with the Health and Wellbeing Board's lead councillor – a real foot in the door.

What I've learned

So what of my journey and what would I have done differently? In the new Terms of Reference, we have prioritised a need to ensure buy-in by chief officers, senior managers and commissioners across the health spectrum - without their intervention, progress is arduous.

With hindsight, I wish I had both the insight and the capacity to ensure strong and robust commissioning, governance and Service Level Agreements, rather than relying on good will and word of mouth.

We must think about smarter ways of communicating and sharing information, and using data more effectively across all pathways. This will enable us to target interventions for those who pose the greatest risk and put the most strain on our health services and secure estates. We must be confident that shared outcomes will have benefits - improving individual health and effecting change in those who harm others, while creating safer and healthier communities.

Finally, my advice is: "Never give up." As one door closes, another opportunity emerges. I sense this journey of discovery has only just begun.

Ian Gould,
Senior Probation Officer,
Sandwell Probation

Follow me on Twitter @GouldSWM

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Academy Evening Seminars

These events are free and open to Academy members and provide important context for our work as commissioners & providers, open up networks of contacts and promote the role of the Academy amongst participants from other sectors.

If you would like to attend, please ensure you have registered as a member of the Academy prior to requesting a place. Registration is free and only takes a couple of minutes. Please follow this link to the member registration form on our website

To book your place please email your job title and organisation to Janet at: academy@noms.gsi.gov.uk

Please note that delegate places are limited and are offered on a first come first served basis

MANCHESTER EVENING SEMINAR

Tuesday, 8 October

Evening Seminar 17.30 to 19.30

Integrated Services for Public Reform

featuring

Jennet Peters, Greater Manchester Public Service Reform Team

Richard Barnes, Greater Manchester Probation Trust and
CI Paul Hale, Greater Manchester Police

In this free to attend seminar Jennet, Richard and Paul will give an overview of why reducing reoffending is an area of significance for Public Service Reform (PSR), including how Greater Manchester, as a Community Budget pilot area have built their business case for a whole system approach to Transforming Justice.

Venue: Manchester Metropolitan University, Manchester

Innovative Commissioning Conference

Tuesday, 15 October

focussing on two themes - **Succeeding Through Results** and **Partnering for Success** and featuring expert speakers, panel discussions, debating sessions and networking opportunities.

FULLY BOOKED

Speakers include:

Lord Victor Adebowale, Chief Executive, Turning Point

Tom Gash, Director, Institute for Government

Ian Mulheirn, Associate Director, Oxford Economics

Sally Lewis, Chief Officer, Avon and Somerset Probation Trust

Jonathan Flory, Social Finance

Michael O'Toole, Crown Representative for VCSE sector, Cabinet Office

Clive Martin, Director, Clinks

Tim Cummins, CEO, IACCM

Academy Information

The Academy for Justice Commissioning seeks to source and promote excellence in justice commissioning.

By setting standards and raising commissioner capability we will support the transformation of justice services to enable improved effectiveness and increased public confidence in the justice system.

Academy seminar delegate feedback

"Thought provoking seminar and interesting range of attendees"

"Interesting, and well attended. Good to have different people present on relevant, current issues"

"The range of organisations in the audience and the opportunity to engage in an interesting debate was very good. "

"A very helpful way of keeping abreast of key issues in commissioning"

Contributions and feedback are most welcome.

If you are interested in submitting comments, relevant information or an article for inclusion in a future edition please contact Janet at *academy@noms.gsi.gov.uk*

or call Janet on 01733 443 191

The Academy Executive Group members are:

David Keegan, Legal Aid Agency *(Chair)*

Simon Marshall, Health & Well Being Co-commissioning, NOMS *(V. Chair)*

Martin Blake, London Probation Trust

Janet Cullinan, Academy for Justice Commissioning

John Graham, HR Learning & Development, NOMS

Marios Leptos, HMCTS

Patsy Northern, Department of Health

Mark Ormerod, Probation Association

Hywel Thomas, Justice Policy Group, Ministry of Justice

Tessa Webb, Hertfordshire Probation Trust

Ed Tullett, Governor, HMP Brixton

Kerry Wood, Central Commissioning, Legal Aid Agency

Disclaimer

Please note that the views in this bulletin are expressed by individuals and are not necessarily the views of the Academy for Justice Commissioning

A selection of past Seminar Topics

Developing Community led Approaches to Designing & Delivering Services

Developing Commissioning Skills

Third Sector Commissioning: the reality

The Future Commissioning System

The Challenges of Collaborative Leadership

Investing in Outcomes

Getting more from Commissioning Budgets

Successful Commissioning

Commissioning for Probation

The Future Commissioning of Drug and Alcohol Services for Prisoners

Commissioning Specialised Health Services

Social Return on Investment

Social Enterprise—Worth not Worthiness

Market Transformation of Probation in Germany

Commissioning & procurement: hand in glove

Sentencers & Commissioners: A new relationship?

DWP Work Programme and Next Generation Commissioning

Criminal Justice Reform: The Future of Police and Crime Commissioners

Corporate Social Responsibility

Personalisation in the Criminal Justice System

Information Sharing for Violence Prevention: the Cardiff Model

Transforming Justice Strategy

Alliance Contracting

Implementing the Public Services (Social Value) Act

If you would like a full list of presentations or a summary of a particular one please visit the Resources section of our website

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