

Warwickshire Health and Wellbeing Board

17 July 2013

Offender Health and the Criminal Justice Mental Health Liaison Service.

Recommendation

That the Warwickshire Health and Wellbeing Board notes the report of the Assistant Chief Officer - Interventions Warwickshire Probation Trust

1. Warwickshire Probation Trust (WPT) is responsible for the supervision of approximately 2000 offenders a year. 75% of these offenders are living within the community in Warwickshire. The remaining 25% are serving prison sentences and subject to offender management by WPT in preparation for their release back to Warwickshire. It should be noted that WPT is not currently responsible for the supervision of any other offenders who are sentenced by the courts to periods of imprisonment of under 12 months as this cohort are not subject to statutory supervision (although this is likely to change in line with recent Government proposals to reform the delivery of probation services).
2. Offenders supervised by WPT will come from all sections of the community in Warwickshire but a significant proportion are likely to come from groups identified as 'hard to reach'. It is estimated (based on WPT's offender need assessment data of) that 29% experience drug problems, 51% have alcohol problems, and 31% report emotional well-being concerns. There is limited information available on other health needs but there are concerns that the offender population, and their families, may either not be engaged with health services or not engaged appropriately (i.e. over-reliant on crisis and emergency services).
3. At present, within Warwickshire, there is some designated provision for offenders requiring health interventions. Treatments relating to substance misuse can be accessed through the Recovery Partnership, and there is a priority service purchased by WPT for offenders required to reside at the two Approved Premises (residential premises for high risk offenders) in the county in order to ensure access to local GP surgeries. A further specialist service is the Criminal Justice Mental Health Liaison Service (CJMHL) which

provides a single point of access for mental health assessment and liaison to individuals in contact with the criminal justice system and identified as being in need of additional support for mental health needs.

4. The CJMHLS (formerly know as the Mentally Disordered Offender Scheme) has been in existence since 1996. It is funded through a multi-agency partnership arrangement comprising of WPT (£38,000), Warwickshire County Council Adult Social Care (£41,000), Coventry & Warwickshire NHS Partnership Trust (£42,000) and Warwickshire Police (£23,000) at an annual cost is £144,000 (individual agency contributions in preceding brackets). The service is delivered by 2 full time Community Forensic Psychiatric Nurses (CFPNs) who attend both police custody suites in the county, and management is provided by the NHS Partnership Trust. The service provides a single point of access and has a focus on assessment, diversion and liaison; it is also responsible for some individual case work and attendance at Multi Agency Public Protection Meetings (MAPPA). The CJMHLS deal with approximately 400 referrals a year (some of which may be repeat referrals) of which approximately 60% are from custody suites and a further 40% are brought to the attention of the CJMHLS post-sentence (approximately 40% of all referrals are identified as having a previous mental health history).
5. Although small in scale the CJMHLS has established itself as a model of practice that is included within the National Diversion and Liaison Network set up by the Ministry of Justice/Department of Health (MoJ/DoH) in order to assist with the implementation of measures recommended in the Bradley Report. (Government sponsored report into provision for mentally disordered offenders). It is also a nominated site for an ongoing national evaluation of diversion and liaison services which will inform future plans for delivery of these services throughout the country.
6. A further development in relation to delivery of mental health services to offenders is an innovative project that provides IAPT (Improving Access to Psychological Therapies) to offenders under probation supervision. This is another MoJ/DoH funded initiative to provide alternatives to custody for offenders following a successful bid by criminal justice and health partners. The project had an initial focus on Prolific and Priority Offenders but has now been extended to a wider probation cohort. This has been a challenging programme but is now beginning to demonstrate some successes in engaging 'hard to reach' individuals with a health intervention not normally associated with this client group.
7. Despite the Service's notable longevity, ability to attract national attention, and interest in extending service delivery it has limited resilience in terms of overall resources and is subject to year on year uncertainty in relation to funding. This is uncertainty is likely to be further emphasised in 2014/2015 with the impending reforms to Probation Trusts. The funding for the IAPT service is time limited and currently due to cease from the end of September this year.

8. Within the new commissioning landscape following the enactment of the new Health and Social Care Act 2012 the responsibility for commissioning services to meet the health needs of offender within custody lies with the NHS Commissioning Board but the responsibility for health needs of offenders in the community will remain with local Clinical Commissioning Groups. It is important that commissioners are aware of the specific needs of this offender group and are able to work alongside partners to assess, identify, and deliver appropriate interventions. In addition there are existing partnership arrangements and identifiable stakeholders with a clear interest in community safety and the links with health services (e.g. Community Safety Partnerships, Police and Crime Commissioner, Public Health) but it will be important to ensure there is a co-ordinated approach to the commissioning and delivery of services. Whilst it is anticipated there will be scope to sustain and develop existing services for offenders there will also be opportunities for further innovation in order to ensure offenders, and their families, achieve required health outcomes.
9. There are many potential benefits both in terms of cost and enhanced public safety in addressing the needs of offenders. It is likely that many offenders make significant demands on the health service as a consequence of their behaviours or medical conditions; failure to obtain required treatments are likely to contribute to increased offending resulting in further costs to public services and potential victims. A well co-ordinated and focused response will serve to reduce these costs.