BRIEFING NOTE, March 2014

How will Community Rehabilitation Companies (CRCs) impact upon offender health provision in Cheshire?

1. Introduction

1.1 The Government's Transforming Rehabilitation Strategy completely reorganises probation services, with the present 35 Probation Trusts dissolved in April 2014 and replaced with a National Probation Service (NPS) and 21 Community Rehabilitation Companies (CRCs).

1.2 The new CRCs will deliver a large tranche of rehabilitation services in England and Wales. At the time of writing, the competition to find the future owners of the 21 CRCs, covering Contract Package Areas (CPAs), is entering the 'Invitation to Negotiate' stage (ITN) – with the Ministry of Justice having published ITN documentation to tier 1 providers in January 2014, prior to eventually awarding and mobilising the contracts by 2015. 30 potential bidding entities passed the Pre-Qualification Questionnaire stage for CRCs[1].

1.3 This document considers the localised implications of CRCs on health service delivery for offenders in the community. Further Briefing Papers will explore other elements of the Transforming Rehabilitation reforms which impact upon offender health, including the 'Through the Gate' initiative and impact of Resettlement Prisons.

2. CRCs and local partnership working

2.1 CRCs will add a new element to local partnership working – bringing with them their own unique structures, values and cultures. There is naturally a necessity for CRCs to quickly embed themselves into local partnership structures and process – as they will "*achieve best results by working in partnership with local authorities, Police and Crime Commissioners (PCCs), and other local services to bring together the full range of support, be it in housing, employment advice, drug treatment or mental health services*"[2].

2.2 Health service providers and CRCs will be expected to liaise closely in future. This will include practitioner level, case management activities – for example when dealing with 'emergency risk escalation', where

[1] http://www.justice.gov.uk/transforming-rehabilitation/competition
[2] Page 4, February 2014 refreshed Target Operating Model: http://www.justice.gov.uk/downloads/rehab-prog/competition/target-operating-model-2.pdf

direct contact is needed with "*health services including GPs and Community Mental Health Teams*"[3]. At a strategic level, there will undoubtedly be lobbying from CRCs to influence local health provision for offenders. This is implicitly referenced in the Target Operating Model: "*As levels of provision of local services such as health and accommodation are at the discretion of bodies such as Clinical Commissioning Groups and local authorities, CRCs will want to establish relationships and integrate with the wide range of local partners which commission and provide services to allow them to demonstrate the mutual interests in providing services for offenders which contribute towards reducing reoffending (such as housing, healthcare, substance misuse treatment services, employment and education, benefits and debt etc)*[4]".

2.3 CRCs will be subject to particular duties if the contracts make express provision to this effect. This issue arises in particular in the context of partnership working. They will be required to participate in relevant statutory partnerships (including CSPs, MAPPA, Safeguarding Children Boards) but not in all partnerships (for example, there are few requirements for involvement in Youth Offending Partnerships), and non-statutory partnership working is unclear.[5] Other partnerships and joint working arrangements in which Probation Trusts are presently an important agency include:

- Integrated Offender Management (IOM) schemes;
- Community Budget pilots and 'Total Place' initiatives with Troubled Families;
- Women Offender Community Schemes;
- Strategic engagement with Health and Well Being Boards;
- Resettlement, social housing and back to work projects;
- Victim Support and Restorative Justice;
- service user mentoring schemes.

2.4 In terms of 'policing' how well the new probation arrangements are working locally, the new Rehabilitation Services Account Management (RSAM) function within NOMS is pivotal, and needs to be fully understood by all stakeholders. RSAM is responsible, amongst other things, for engagement with stakeholders at national and local levels. Within that set up will be new Community Account Management teams, covering each of the CPAs. Their importance is clear: "*Account managers will also work with local stakeholders within each CPA including PCCs, local authorities, health, the NPS, prisons, the CRC and other providers to agree local arrangements to review how probation services are working with a view to identifying areas for improvement and opportunities to align service planning for mutual benefit*".

2.5 How effective future working arrangements between health and criminal justice partners will be across Cheshire in relation to offenders in the community is hard to predict. The next section of this report highlights possible implications and indeed risks associated with the reforms, which can be tested with stakeholders to identify those priority concerns that need to be 'unpacked' early in 2014/15.

3. Implications on offender health across Cheshire

3.1 The proposed delivery structure for managing offenders in the community represents a significant departure from the existing system. The Justice Committee interim report on the Governments Transforming Rehabilitation programme highlights "*three key design problems with the model related to:*

- *the risks of separating aspects of offender management;*
- *the potential impact on relationships between probation services and their local partners;*
- *and limitations in opportunities for staff development*"[6].

[3] Page 25, February 2014 refreshed Target Operating Model: http://www.justice.gov.uk/downloads/rehab-prog/competition/target-operating-model-2.pdf
[4] Page 44, February 2014 refreshed Target Operating Model: http://www.justice.gov.uk/downloads/rehab-prog/competition/target-operating-model-2.pdf
[5] http://www.justice.gov.uk/downloads/publications/transforming-rehabilitation/statutory-partnerships.pdf
[6] http://www.publications.parliament.uk/pa/cm201314/cmselect/cmjust/1004/100405.htm

3.2 Specifically relating to offender health, early horizon scanning would indicate several potential risks associated with changing probationary arrangements:

- There is a potential risk that health services for offenders will deteriorate under the new probation structures as CCGs across Cheshire struggle to negotiate and agree services with two different probation structures (the National Probation Service NPS and the local CRC), complicating both commissioning and referral structures.

- The CRC will soon be trying to establish new working relationships across Cheshire, at a time when many agencies are retrenching away from joint working structures, to cater for public sector spending cuts – a far from ideal time to develop new partnership was of working. There are associated risks in weakening statutory and non-statutory partnerships.

3.3 Nationally, there appears little impetus to devise a strategy for the healthcare of offenders. Within that strategic vacuum, therefore, it is important for local and regional decision-makers to fill the gap – with Cheshire CCGs and Lancashire NHS Area Team encouraged to systematically review and prioritise pan-Cheshire interventions, actively supporting the development of a 'what works' body of evidence, and giving continued support to our ongoing Cheshire/Warrington & Wirral action plan project.

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