

Implementing recommendations from Cheshire, Warrington & Wirral HNA of Offenders in the Community

QUARTERLY PROGRESS REPORT 1

In October 2013 eight recommendations in the 2013 HNA report were prioritised for action in 2013/14, covering four thematic areas. This list will be extended in January 2014 – see page 4.

	Improvement (priority 2013/14)	Actions	Lead(s)	Progress expected in Quarter?	PROGRESS
1	Mental Health (MH) A1: To increase levels of awareness across Cheshire on 'what works' for offenders with complex MH needs (for example New Directions Warrington; Tomorrows Women Wirral TWW)	<ul style="list-style-type: none"> ➤ A1.1 Ask stakeholders to identify local examples of 'what works' initiatives – to shortlist showcase examples. ➤ A1.2 From projects/initiatives identified in A1.1, contact project managers and request / collate evidence of 'what works' (outcomes data). ➤ A1.3 Assess evidence provided on health outcomes, available from evaluation documents for 'what works' examples (including TWW and New Directions) ➤ A1.4 If evidence is positive, showcase projects Cheshire-wide. 	MB	YES – on actions A1.1 to A1.3 (A1.4 by July'14)	<p>MH, LD & DAAT commissioners across CWW have been contacted with a request of meeting up, to describe local examples of good practice. Email responses from all report stakeholders are awaited in Jan'14 regarding identification of notable practice, a year on. Notable practice will then be collated and shared with partners across CWW.</p> <p>A meeting has taken place with NHS Lancs. (Lead Area Team for Offender Health) to agree how work-plans can be co-ordinated.</p> <p>MB has also met with the newly appointed Healthcare Justice Specialist, Public Health England. CWW is seen as being well placed in addressing the health of offenders and PHE will look forward to forging this working relationship.</p> <p>A meeting has taken place with the Manager of Tomorrow's Women Wirral. Information gathered, including about the recent CCG investment to provide GP sessions in the Centre, will be used to inform the wider, good-practice sharing exercise.</p> <p>In addition, the outcomes of the Cheshire Constabulary/5BP Street Triage pilot (Operation Emblem) will be shared with colleagues. Early evaluation has shown a 72% reduction in the use of</p>

					<p>Section 136 by having mental health practitioners accompanying police to “calls for concern”. Project brief/update will be delivered to the Cheshire Constabulary Mental Health Board on 16 January 2014.</p> <p>Event planning to start this next Quarter for summer 2014 event, to showcase notable practice.</p>
2	<p><i>Learning Disability (LD)</i></p> <p>A2: To ensure more staff working with offenders feel empowered to support and inform people with LDs about how to improve their health.</p>	<ul style="list-style-type: none"> ➤ A2.1 Critically review CHAMPS funded report into LD and recommendations/advice relating to offender health, and summarise in briefing. ➤ A2.2 Raise awareness on what works to promote better healthcare to offenders with LD, using Warrington initiative (Shingi) as example. ➤ A2.3 Review effectiveness of awareness raising via staff/key stakeholders consultation. ➤ A2.4 Showcase notable practice Cheshire-wide. 	MB/ML	<p>NO (A2.1 – 2.3 pre-Apr’14; A2.4 by July’14)</p>	<p>No actions timetabled for this Quarter (Oct’13 – Dec’13), but early groundwork on offender LD has begun.</p> <p>There is an initial summary sheet compiled by ML of initiatives being progressed by CJLT and also Cheshire Probation with LD offenders, as part of SAF return in Nov’13. To be circulated in Jan’14</p>
3	<p><i>Personality Disorders (PD)</i></p> <p>A3: To ensure that PD as a priority concern for stakeholders is given greater prominence and resource</p>	<ul style="list-style-type: none"> ➤ A3.1 Raise awareness on what works, including promotion of Mark Sampson CD/guidance (with Marks permission). ➤ A3.2 Review effectiveness of awareness raising via staff/key stakeholders consultation. ➤ A3.3 Showcase notable practice Cheshire-wide. 	MB	<p>YES – on action A3.1 (A3.2 pre-Apr’14; A3.3 by July’14)</p>	<p>Training is to be delivered at Cheshire Constabulary’s multi agency training day for Halton & Warrington, 23/4/14 for 5 weeks. Subjects to be covered - Alcohol, PD, Section 136, CJLT, Mental Capacity Act, L&D and self-harm. Audience will consist of Police, 5BP, LA, WHHFT, NWAS and commissioners.</p> <p>Training IS being delivered to West Cheshire front line police officers. East Cheshire training starts Feb 12th, followed by Halton and Warrington. Force Control room staff and Custody Sergeants will receive training too.. Topics covered will include - pathways for offenders post and prior Section 136 and use of Custody to facilitate this.</p>
4	<p><i>Military Veteran Offenders</i></p> <p>B1: To evaluate continuing efforts to</p>	<ul style="list-style-type: none"> ➤ B1.1 Review evidence on how effective efforts have been to ‘ask the question’ at all stages of the offender journey 	MB/ML	<p>YES – on action B1.1 (B1.2 pre-</p>	<p>A meeting has taken place between MB and Cheshire Constabulary/NHS Lancs Contract Leads. MB has advised that the LAE contract ends in</p>

	Identify Military Veteran offenders, so as to develop accurate baseline statistics and inform needs assessment.	<p>and/or in different CJS / Health environments (starting with Custody; APs; CPT).</p> <ul style="list-style-type: none"> ➤ B1.2 Report back with improvement ideas ➤ B1.3 Revisit statistics in 12 months time, to compare numbers and process. 		Apr'14; B1.3 by Dec'14)	February 2014 so this "service" and pathway will need reconsidering. MB and LAE have met with the PCC who is supportive of the LAE/ Veteran/ Custody Suite service and is concerned that the contract is due to end. Meanwhile, MB has recommended to CWW Accountable Officers that Veterans (and all that go with it as per Operational Framework requirements) is flagged as a 2014/15 commissioning intention. Part of this will look at how veterans are identified in both primary and secondary care.
5	<i>Military Veteran Offenders</i> B2 To assess the effectiveness of awareness raising and training for stakeholders – for example in APs and Custody.	<ul style="list-style-type: none"> ➤ B2.1 Gather stats on vet referrals from CPT, 3 custody suites and the APs, and ask for outcome data. ➤ B2.2 Review effectiveness of awareness raising via staff/key stakeholders consultation. ➤ B2.3 Report back with improvement ideas. 	MB/ML	YES – on action B2.1 (B2.2 pre-Apr'14; B2.3 pre-Apr'14)	<p>Custody: Outcome information about the service has been requested by MB (of LAE) and is awaited.</p> <p>APs: No progress to date (see D1 and D2).</p> <p>CPT: Data from CPT reveals 60 offenders on system in November 2013, but CPT investigating if all records have transferred with IT system.</p>
6	<i>Custody Suites</i> C1 To support the development of a robust evaluation framework for the Cheshire Custody Suites, in light of the post-May'13 Tascor contract re health promotion / healthcare	<ul style="list-style-type: none"> ➤ C1.1 Clarify with contract/performance management team any support requirements needed and discuss our brief. ➤ C1.2 If contract leads are receptive to our proposals, review performance monitoring management processes. ➤ C1.3 Clarify the statistics available on offender health promotion / health care, referrals and outcomes - and present in briefing paper. 	KW	YES – on action C1.1 (C1.2 – 1.3 pre-July'14)	<p>A meeting has taken place between MB/KW and Cheshire Constabulary/ NHS Lancs Contract Leads. They assured MB/KW that evaluation framework is robust, and no need for further action.</p> <p>Revisit in June 2014, a year on from when new Tascor contract initiated.</p>
7	<i>Approved Premises</i> D1: To clearly evidence whether healthcare promotion programmes within APs have impacted on an offenders health whilst resident.	<ul style="list-style-type: none"> ➤ D1.1 Contact senior Cheshire Probation leads (Angela Cossins and colleagues), to see if they are willing to work jointly with us on an effectiveness review of health promotion programmes in APs. ➤ D1.2 If CPT receptive, review 'Health and Harm Reduction Programme' and other initiatives with AP Managers. ➤ D1.3 Report back with improvement ideas. 	KW/ML	YES – on action D1.1 & 1.2 (D1.3 pre-Apr'14)	Behind schedule - Email and 'proforma' to be sent to all Report stakeholders to ask what's changed since ML visits 12 months ago – seeking any notable practice. CPT leads to be followed up in Feb'14 re 'Health and Harm Reduction Programme' rolled out in Bunbury House.
8	<i>Approved Premises</i> D2: To ensure greater staff	<ul style="list-style-type: none"> ➤ D2.1 If CPT receptive, revisit and review issues identified in HNA report, to 	KW/ML	NO (D2.1 – 2.2)	

	satisfaction relating to their ability to handle complex MH or PD cases.	<p>explore if anything has changed since Jan'13 AP visits. Interview AP staff on MH / PD issues.</p> <p>➤ D2.2 Report back with improvement ideas</p>		Jan-Apr'14)	
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Review of resource inputs – for period Oct'13 to Dec'13

- Margi Butler - 1 day per week since 1.10.13 (second commissioned day is allocated to the Armed Forces / Veteran Health agenda)
- Michael Lloyd – 23.5 hours logged to project. Resource is 1 day per month, so slight underspend to date.
- Kate Woods - as required / circa 1 day per week

Action plan improvements – in period Jan'14 to March'14

- Refresh the Plan this Quarter to cater for actions that need to be completed in short term (ie Substance Misuse recommendations).
- Increase from four to six priorities thematic areas being targeted by project team, to include alcohol misuse and drug misuse recommendations.

Next steps for period Jan'14 to March'14

- Mental health recommendations: Notable practice examples from both the stakeholder questionnaire circulated in January and MH/LD/DAAT Commissioner meetings will be collated and evidence sought to tease out 'what works'. Event planning to start in February, to showcase those notable practice examples which have robust evidence behind them.
- Learning Disability recommendations: Circulation this Quarter of briefing notes on the CHAMPS LD reporting and also the CJLT/Probation initiatives collated for the recent SAF returns, that are relevant to the offender population. Awareness raising on LD and identification of notable practice to be integrated into the event planning (as above).
- Military Veteran recommendations: Circulation of brief review document relating to the post-February Live-At-Ease contract and implications. Statistics on the service awaited, but will be included in review document.
- Approved Premises recommendations: Notable practice examples from the stakeholder questionnaire circulated in January will be collated and CPT leads to be contacted in February to assess whether the 'Health and Harm Reduction Programme' should be included in summer event showcasing.

Contact details for project team

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