NHS
Warrington
Clinical Commissioning Group

**3rd OCTOBER 2014 – HEALTH OF OFFENDERS IN THE COMMUNITY EVENT**

# WORKSHOP 'Q&A' NOTES

**Question 1 – What have you learned today?**

- It's everybody's business – reiterating the importance of the cross-sector approach adopted at the event.

- Children and families became a common thread throughout the day. Understanding offender health from the families/carers perspective was identified in terms of:
    - Impact
    - Inclusion
    - Early Intervention – with a key theme being to intervene as early as possible in an offender's life.

- Role of Troubled Families Agenda – with many of the issues relating to joining up budgets and linking multi-faceted impacts of offending behaviour (including inequalities) being tackled to some degree by the Troubled Families teams.

- Domestic Violence – (and the wider definitions of domestic abuse) can be seen as both 'cause and effects' in impacting on the behaviour of perpetrators. For example, many are from abusive family backgrounds, and this can impact upon what they consider behaviour 'norm'. And of course DV can be directly attributed to the abuse of alcohol, which in turn creates a spiral of ill health throughout families.

- Reinforce compassion! This is about people not just targets and outcomes.

- Duplication of spend and provision. Again reiterating the need for better cross-sector and intra/inter departmental co-ordination of spend.

- How can we pool/optimise/align use of resources? Following on from the bullet-points above, in an age of austerity in the public sector, breaking down silos is tricky. Whilst there is often buy-in to the principle of pooling, being able to cover core business and associated targets/measures means that there can be pragmatic hurdles to looking innovatively at problems. It is hard in some quarters to look beyond the "what's in it for me?" barrier question. Examples of notable practice, as summarised in presentations at today's event, can help people vision ways to align resources and breakdown traditional boundaries.

- Improvement of HNA/JSNA – evidence of holistic need. More than ever, business cases behind improvement plans need to be backed up by a sound evidence base.

- Perseverance / service delivery at the right time etc. The service user perspectives presented at the event were a great reminder that the subject matter here is people – and understanding behaviour and the inconsistencies in how people can react to both 'push/pull' forces is vital. Sometimes an intervention may not be right at one time, but fits with a person's needs months or years down the line. So perseverance is required. It's not an exact science applying the right solution to a person's need in many cases – but often timing is an important factor in success.

- Being there for clients when they are ready. Again, remembering that making services accessible whenever people are willing to make a change is important – albeit difficult to align with constraints on budgets and strategic demands to continually find a 'magic bullet' solution.

- The challenge of "opting in" e.g. IAPT – IAPT and secondary care assessment team have to "opt in", after initial referral has been received from a health care professional.

- Service can be inflexible and rigid – inaccessible.

**Question 2 – Where do the issues relating to offender health need to be presented?**

- Children Partnership Boards

- Public Service Transformation Board

- Health & Well Being Boards

- NHS England

**Other**

Very clear pathway for offenders is needed which can be presented to HWBBs for endorsement. e.g .of veterans in custody was used.

**Question 3 – How can we work together to make change?**

- A Directory of Services
  (Disadvantages of this option is the obvious difficulty of the upkeep of the directory, they are often out of date). Opportunities with Veteran's Council website / directory of resources to be explored.

- Appointment made at point of contact – rather than service users having to opt in

- Showcasing event (integration of services)

- Feed back to Custody Suites. Services being commissioned that require feedback from GPs (Tascor)

- Creation of an Offender Health Partnership Board that could report to the Health and Wellbeing Boards. Other partnership boards were cited in terms of good examples, as described below.

Mental Health Partnership Board (MHPB) )
Learning Disability Partnership Board (LDPB) ) Offender Health PB
Drug and Alcohol Joint PBs (DAAT) )
Cheshire Police/Mental Health Board – extend scope )
Merseyside Police Offender Health Board )