



# Seating Plan





# **<OPCC Footprint> Integrated Non-Custodial Healthcare Services Stakeholder Event**



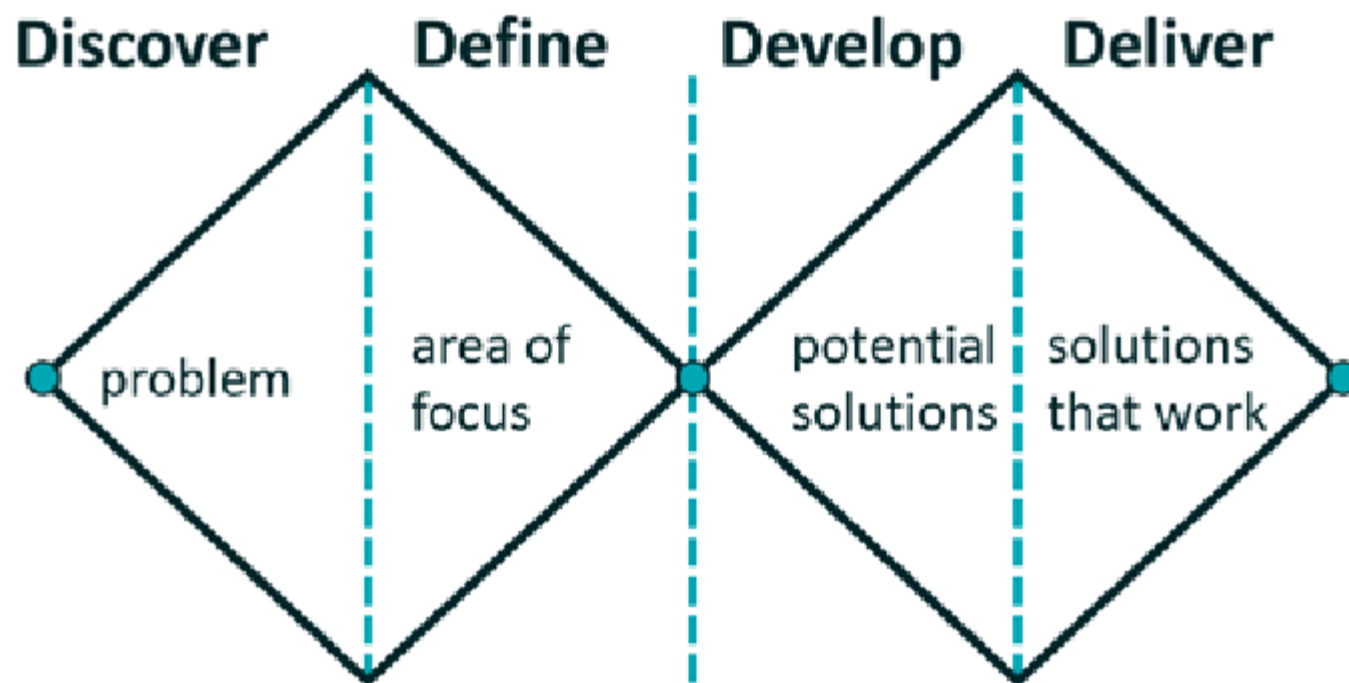
# Welcome and Introductions

- Gail Warnes, Senior Commissioning Manager, Non-Custodial Services
  - Martin Parker, Non-Custodial Integration Lead
  - Shannon, Assistant Commissioner CYP and Non-Custodial Services
- 
- Nifty Fox Creative



# Introduction to Day

- Purpose of the day

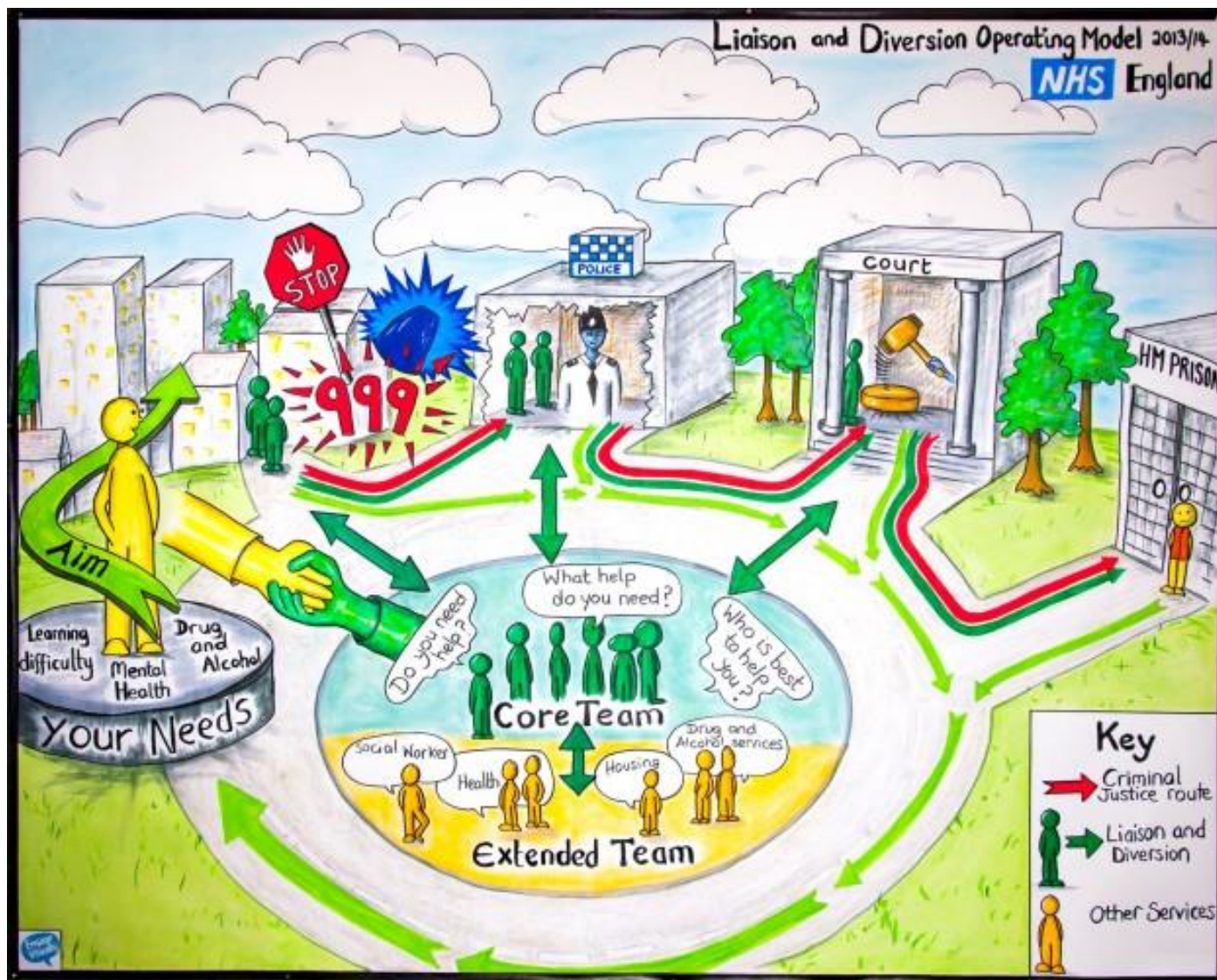


- Local context in afternoon





# Liaison & Diversion (L&D)



## Liaison & Diversion (L&D)

- Liaison and Diversion (L&D) services identify people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders.
- The service can then support people through the early stages of criminal system pathway, refer them for appropriate health or social care or enable them to be diverted away from the criminal justice system into a more appropriate setting, if required.
- L&D services aim to improve overall health outcomes for people and to support people in the reduction of re-offending. It also aims to identify vulnerabilities in people earlier on which reduces the likelihood that people will reach a crisis-point and helps to ensure the right support can be put in place from the start.
- Five mature services across the SW with lived experience/peer support core to service delivery.





# Mental Health Treatment Requirement (MHTR)

- MHTR's are one of three possible treatment requirements which may be sentenced to as part of a Community or Suspended sentence Order:
  - Mental health Treatment Requirement (MHTR)
  - Drug Rehabilitation Requirement (DRR)
  - Alcohol Treatment Requirement (ATR)
- MHTRs are available as an alternative to a prison sentence for people with mental health issues irrespective of their level of needs, for those from low level to more severe mental health issues requiring specialist secondary care services.
- NHS England has separated MHTR into 1) Primary 2) secondary provision, with NHS England taking the lead on developing a new psychologically led service provision for those requiring Primary MHTRs.



# MHTR



**Reduce re-offending** and **prevent victims of crime** by **improving health** and **wider social outcomes** through speedy and timely access to **effective individualised treatment plans**



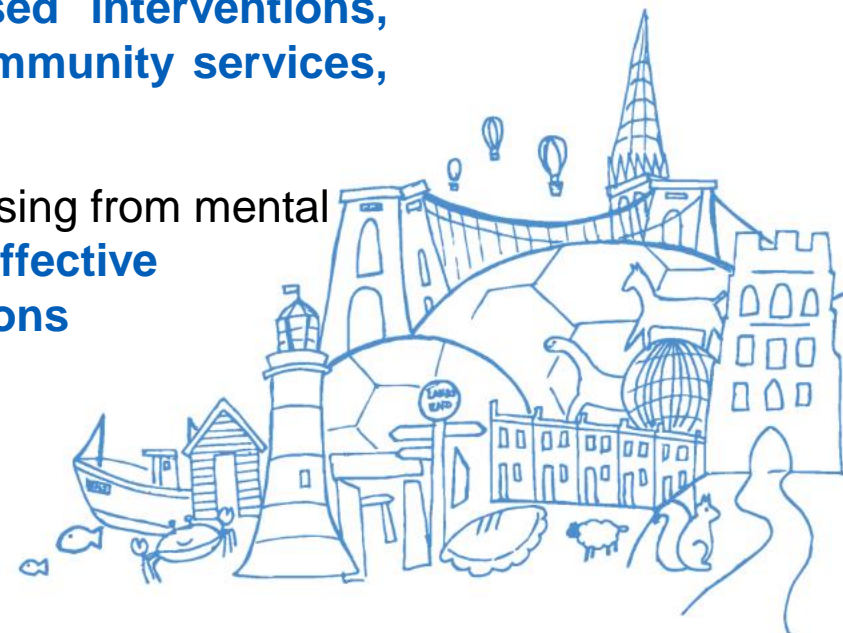
**Reduce number of short custodial sentences** by providing **access to treatment** that addresses the underlying causes of the offending behaviour(s)



**Improve health outcomes** by providing **evidence-based interventions**, alongside **GP registration** and **supported access to community services**, as necessary



**Reduce accident and emergency visits and 999 calls** arising from mental health or addiction related health crisis through delivery of **effective psychological treatments delivered 1:1 – up to 12 sessions**





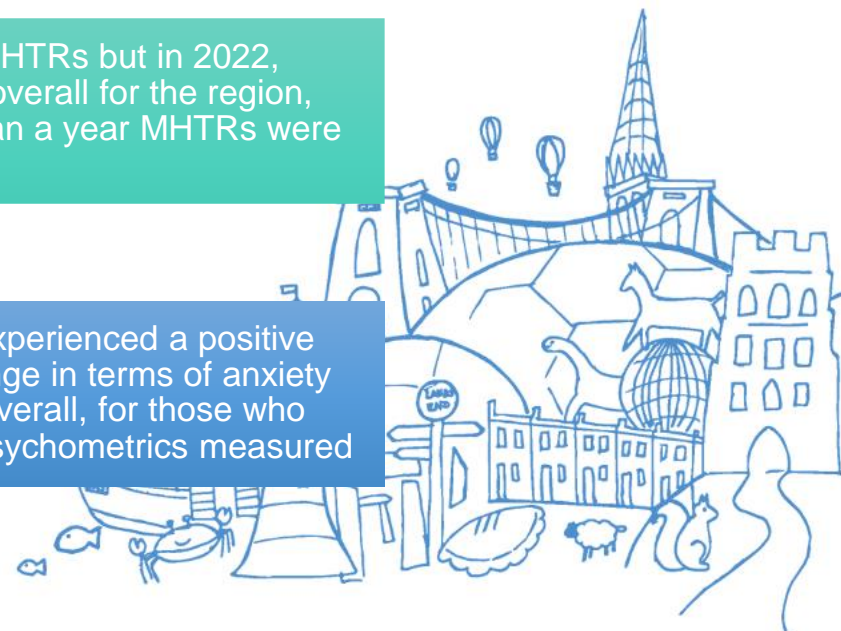
# MHTR

Community Sentence Treatment Requirements (CSTRs) have been a sentencing option since being introduced in the Criminal Justice Act, 2003. Despite high numbers of individuals with mental health and substance misuse issues, use of treatment requirements remains low: In 2019, only 4% of commenced requirements as part of a community order or suspended sentence order were DRRs, 3% ATRs and **less than 1% MHTRs**.

**CSTR partnership introduced in 2017 aims to increase the use of all three treatment requirements** to reduce re-offending and provide alternatives to short custodial sentences, thus directly addressing underlying mental health and substance misuse issues which contribute towards offending behaviour

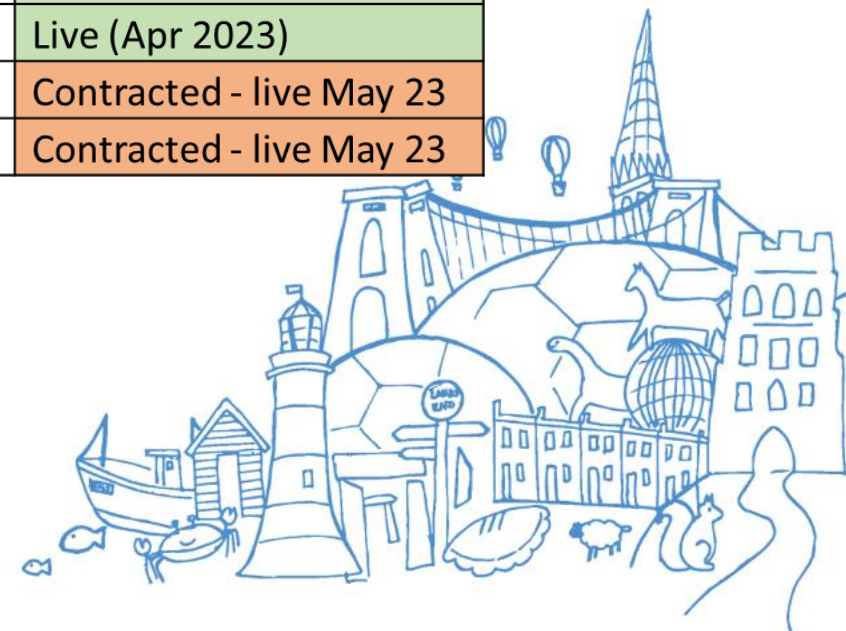
Covering the South West there are nine Primary MHTR sites. In 2021 there was a total of 181 MHTRs but in 2022, through the roll out of the SW MHTR programme, there were 414, **a 119% increase**. This was, overall for the region, 5% of all community or suspended sentence orders, however those sites established greater than a year MHTRs were between **12% and 20%** of all community or suspended sentence order

Nationally, an evaluation of the programme shows that **75%** of people completing a MHTR experienced a positive reliable change in terms of global distress (CORE 34), **59%** experienced positive reliable change in terms of anxiety (GAD 7) and **52%** experienced a positive reliable change in terms of depression (PHQ 9). Overall, for those who completed the intervention, **80%** experienced a positive reliable change in at least one of the psychometrics measured



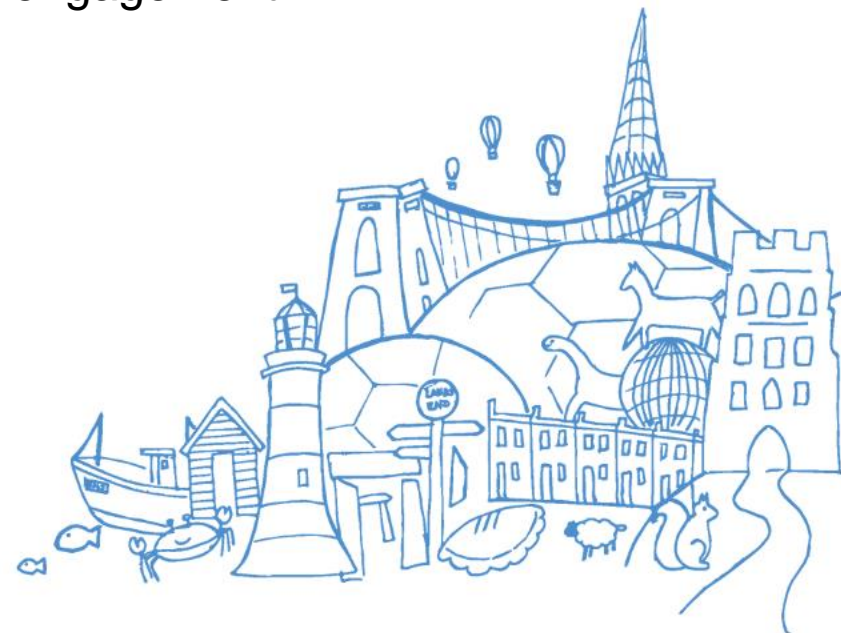
# Current MHTR Services

| Site                           | Provider              | Collaborative Commissioning | Status                   |
|--------------------------------|-----------------------|-----------------------------|--------------------------|
| Plymouth                       | Livewell (SMS)        | OPCC                        | Live (July 2018)         |
| Cornwall                       | We Are With You (SMS) | OPCC, Probation             | Live (Oct 2018)          |
| Wiltshire & Swindon            | Turning Point (SMS)   | OPCC                        | Live (Oct 2021)          |
| Gloucestershire                | GHC (MHFT)            | OPCC, LA, ICB, Probation    | Live (Oct 2021)          |
| Somerset                       | Turning Point (SMS)   | ICB, OPCC, LA, Probation    | Live (Apr 2022)          |
| Avon (Bristol, Bath, Sth Glos) | DHI (SMS)             | OPCC, Probation             | Live (Oct 2022)          |
| North Somerset                 | Turning Point (SMS)   | Probation                   | Live (Apr 2023)          |
| Devon & Torbay                 | EDP (SMS)             | OPCC, LA, Probation         | Contracted - live May 23 |
| Dorset                         | EDP (SMS)             | OPCC, LA, Probation         | Contracted - live May 23 |



# Reconnect

- RECONNECT is a care after custody service that seeks to improve the continuity of care of individuals with an identified health need leaving prison. This involves working with them before they leave to support their transition to community-based services, thereby safeguarding health gains made whilst in prison.
- RECONNECT services aim to improve the wellbeing of people leaving prison, reduce inequalities, address health-related drivers of offending behaviours and/or absconding. Whilst not a service which provides clinical interventions, the RECONNECT service offers liaison, advocacy, signposting and support to those leaving prison to support engagement in community-based health and support services.



# Reconnect

Care After Custody Service, working pre and post release to reconnect individuals to community based health services

Support for those who would otherwise struggle to engage in community healthcare services

Building on, safeguarding and embedding health gains made whilst in custodial settings

Support a period of transition and change

All vulnerabilities service, taking a holistic approach

Non-clinical and peer support





# Current Reconnect Services

| Prison                            | Provider  | Status              |
|-----------------------------------|---|---------------------|
| HMP Exeter and HMP Channings Wood | Devon Partnership Foundation Trust              | Live (October 2022) |
| HMP Bristol                       | AWP MH Partnership Foundation Trust             | Live (October 2022) |
| HMP Eastwood Park                 | AWP MH Partnership Foundation Trust             | Live (October 2022) |
| HMP Guys March and HMP Portland   | Dorset Healthcare Universities Foundation Trust | Live (March 2023)   |
| HMP Erlestoke                     | AWP MH Partnership Foundation Trust             | Live (March 2023)   |



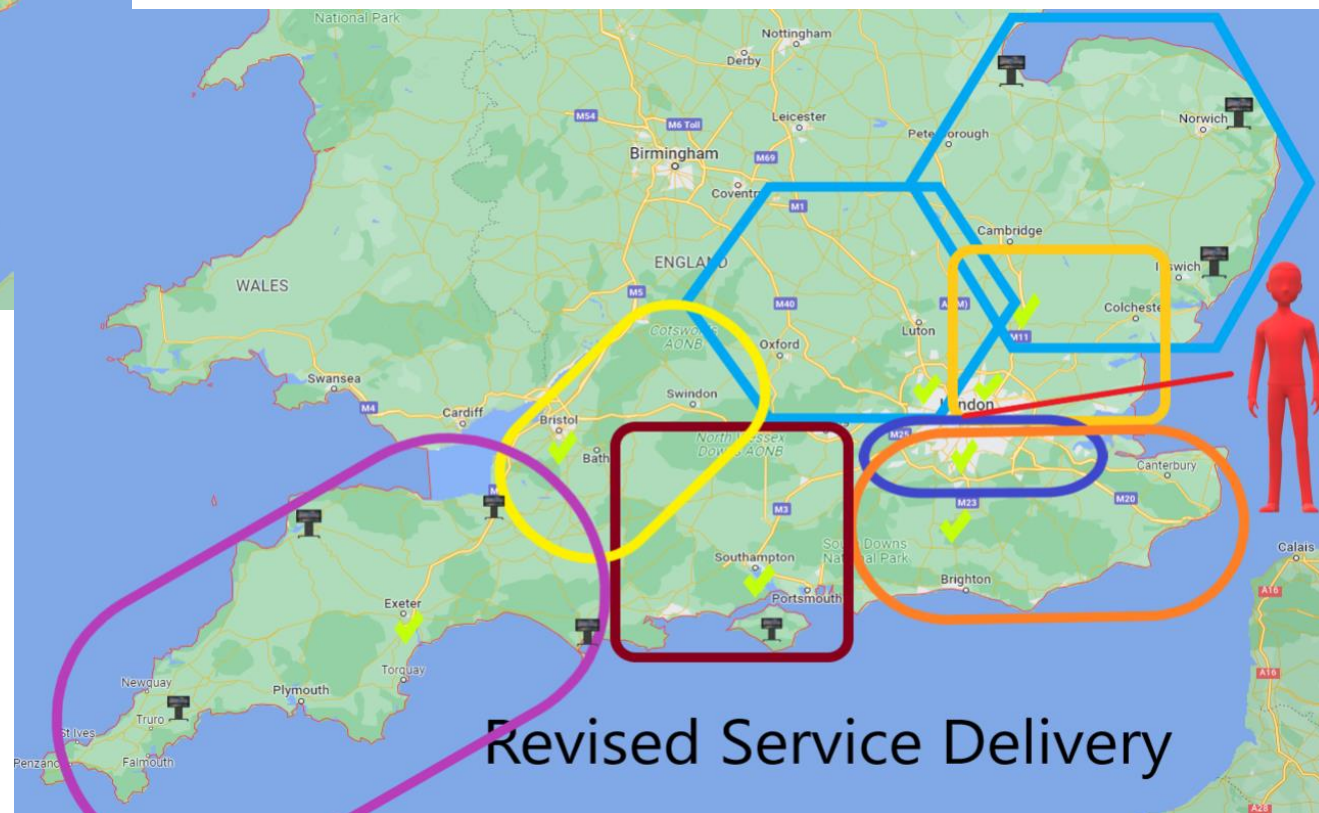
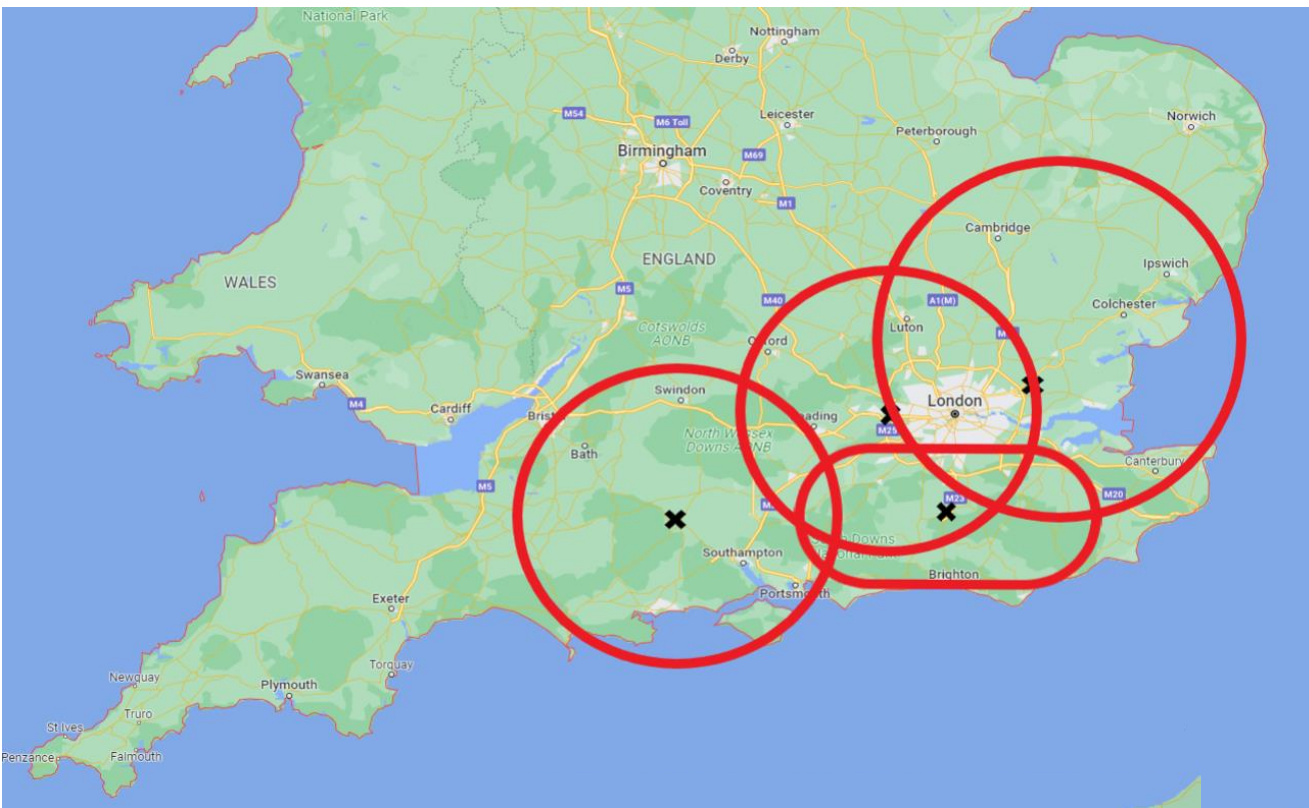
# Court Healthcare

- There is a legal requirement under the Health and Social Care Act (2013) for NHSE to commission healthcare for those detained in criminal court settings to the extent it considers reasonable. It is currently partly delegated to the Ministry of Justice via their Prisoner Escort Contract Service (PECS). The PECS contractor Serco have sub-contracted the health element to IPRS Aeromed.
- NHSE SW have been working with PECS on behalf of the South of England to enhance and improve the current healthcare provision - full service delivery commenced 1<sup>st</sup> April 2023. The model is as follows:
  - Central telephone triage service accessible by Serco staff, which facilitates a clinical decision to be made as to whether to deploy a paramedic, offer telephone advice, complete a medication check or signpost to another service
  - Eight regional bases across the South, strategically placed to ensure timely and equitable dispatch
  - Reduced two hour maximum response time
  - Two embedded HCPs in the courts with the greatest need and footfall - Bristol & Westminster
  - Twenty-six courts with video triage
  - Dedicated off bail risk assessment
  - Trauma informed training for custody officers
  - Facilitation of continuity of care back into community or onto prison



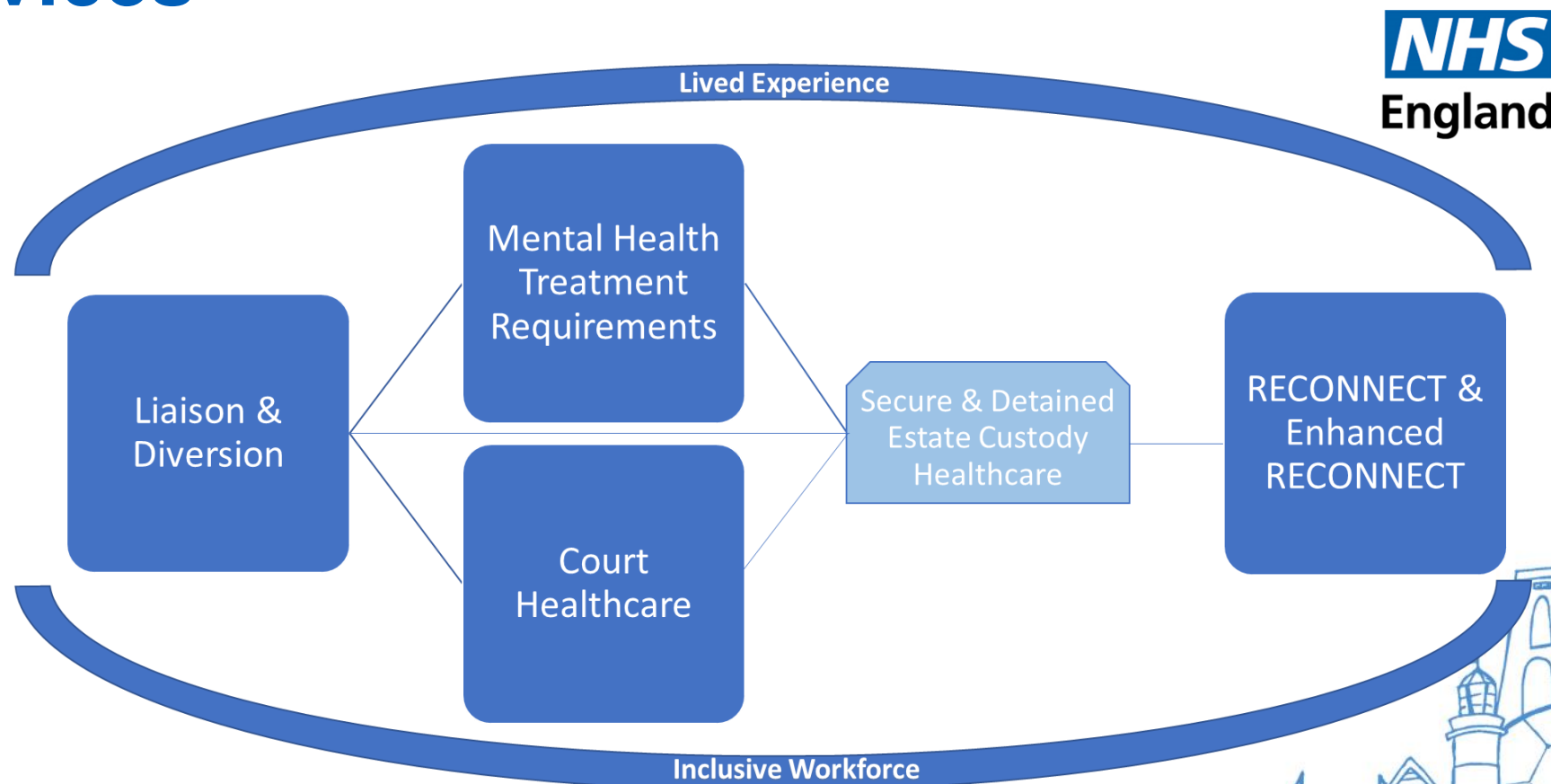
*Improving Health and Justice Outcomes for People in the South West*

# Court Healthcare





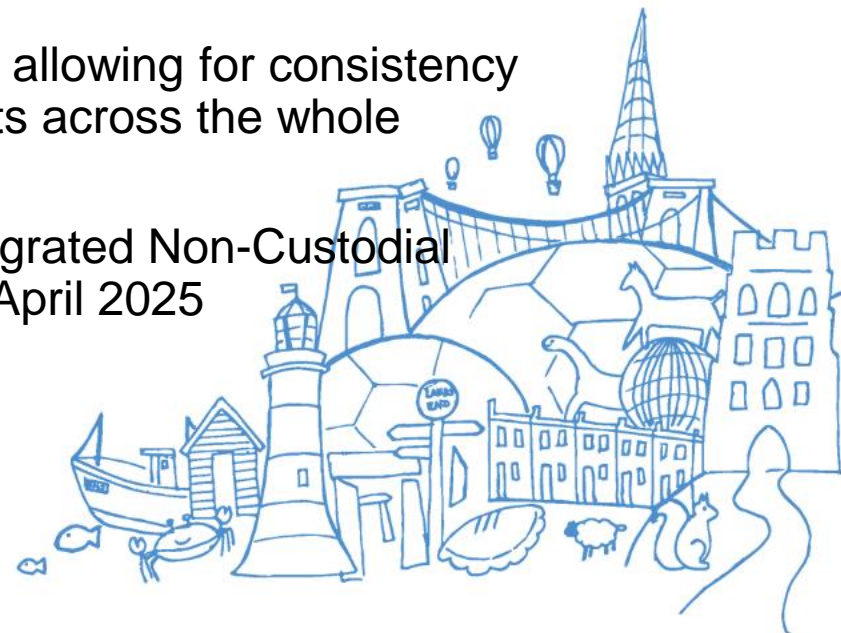
# Future Model for Integrated Non-Custodial Services



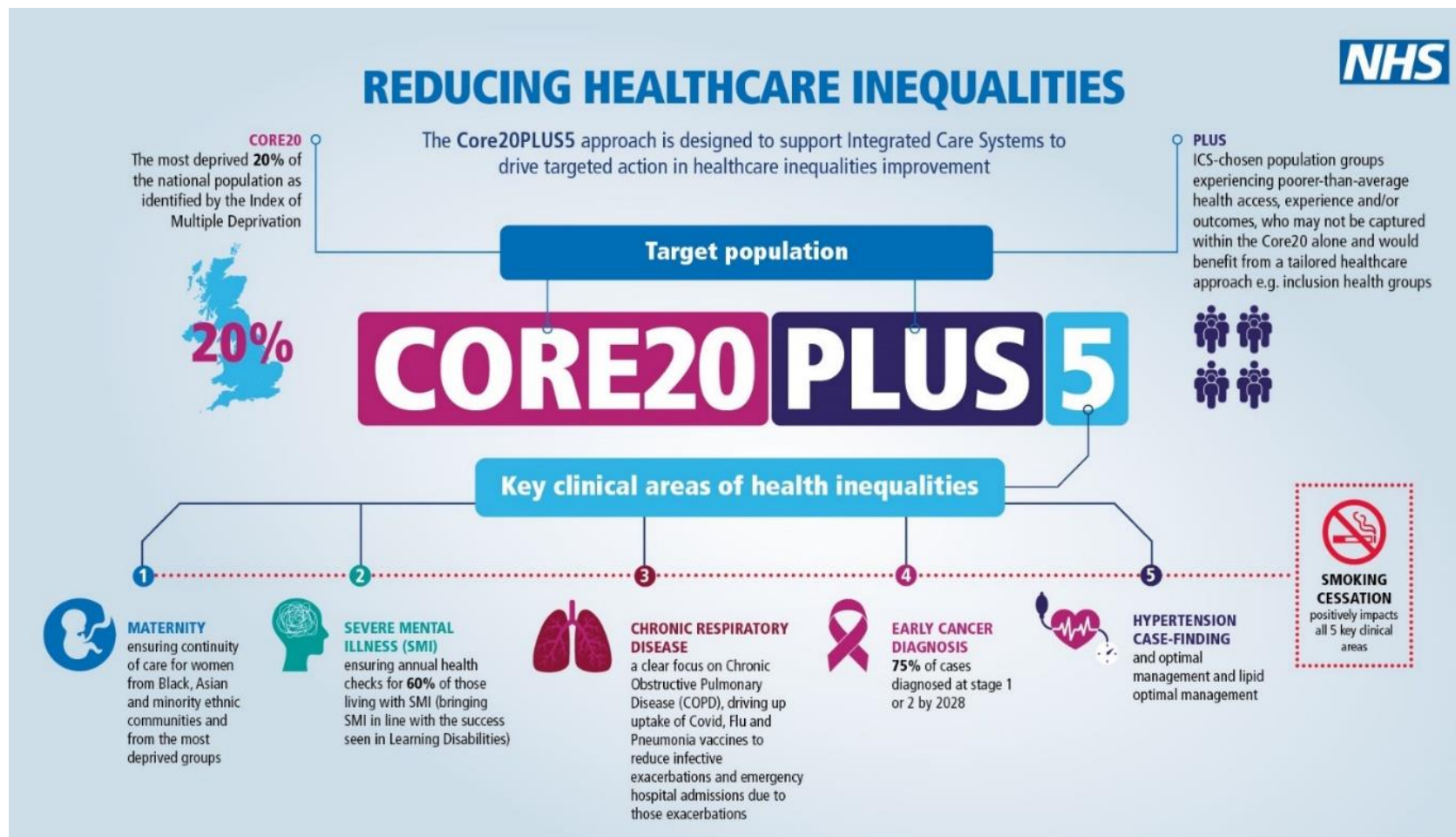


# Integrated Non-Custodial Services (INCS)

- To bring together currently commissioned non-custodial services in order to provide a single integrated model of care that operates across a pathway
- Opportunity to drive an innovative way of jointly working with all stakeholders to develop a detailed understanding of the need to be met and a collaborative design of the services required to meet them
- The aim is a whole care pathway approach with services working collaboratively to ensure that individuals receive a coordinated multi-agency approach to address their health care needs and their offending behaviour
- Model will realise several benefits in relation to service development, allowing for consistency in outcomes and quality standards, and improved services for patients across the whole region
- Robust and comprehensive procurement process of South West Integrated Non-Custodial Services to take place to enable service delivery to commence from April 2025



# INCS – Health Inequalities



# INCS – Health Inequalities

## CORE20PLUS5

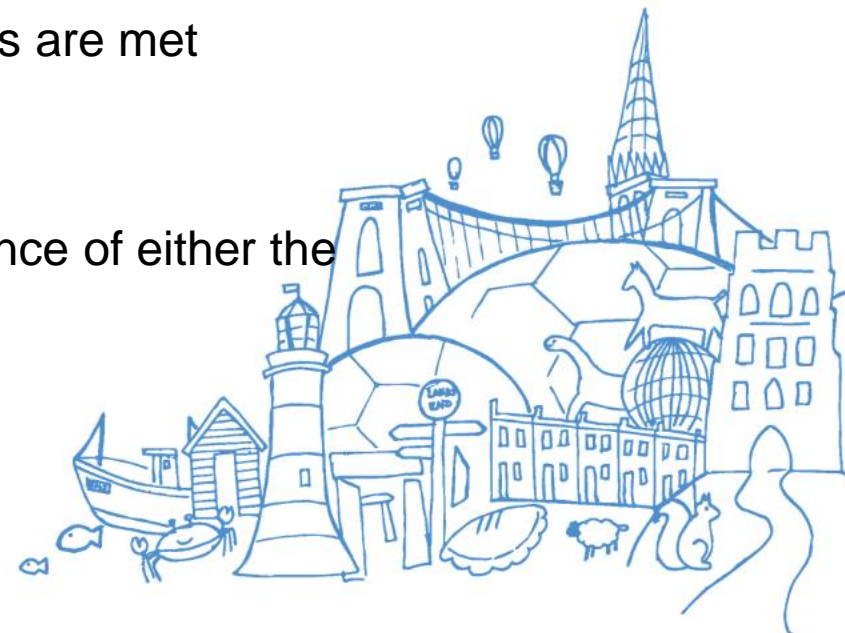
- To support targeted action in improving healthcare inequalities when designing, implementing and delivering Non-Custodial services.
- Work closely with ICS's to identify and meet needs of individuals of the CORE20 population and 5 key clinical areas to improve access, experience and outcomes
  - Maternity
  - Severe mental illness (SMI)
  - Chronic respiratory disease
  - Early cancer diagnosis
  - Hypertension case-finding and optimal management and lipid optimal management





## INCS – Diverse Workforce

- The health and justice inclusive workforce programme, created in response to the NHS People Plan (2020/21), aims to tackle current challenges through a more diverse, inclusive and representative workforce for all health and justice services and programmes.
- Regional and national evidence of peer supporters with service users demonstrates increased engagement and improved quality of experience that:
  - Allow effective system wide integrated early intervention
  - Improve continuity of care
  - Deliver a coordinated response, ensuring that the needs of individuals are met
  - Support self-management
- All SW L&D services have peer support apprentices with lived experience of either the CJS or a key vulnerability as core to the delivery model.
- Ensure our workforce reflects the communities we serve.





# INCS - Neurodiversity



## Neurodiversity

'Neurodiversity' describes how there is variety in how our brains work which is part of our natural human diversity



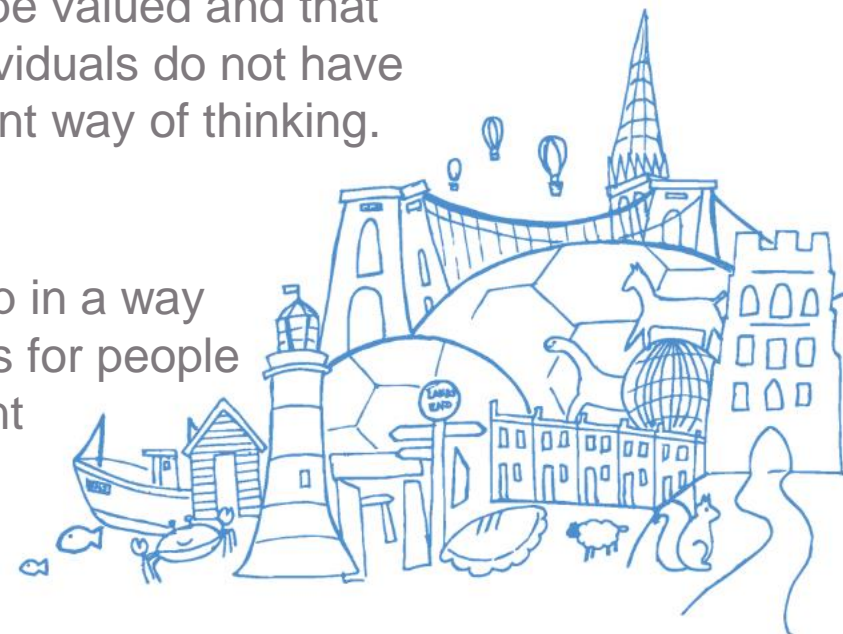
## How we Think

The idea of 'neurodiversity' is that our differences should be valued and that neurodivergent individuals do not have deficits but a different way of thinking.



## Systems

Our systems are set up in a way that can create barriers for people who are neurodivergent



# Neurodiversity - Reasonable Adjustments

“...requires providers of services continually to identify any possible disability-related disadvantage, and to take reasonable steps to avoid or remove it” (Lawson & Orchard, 2021)

- Things we can put in place or adapt to make our services more **accessible**
- Reasonable adjustments should be **anticipatory**
- Thinking about reasonable adjustments systemically - **across the pathway and process**. Identifying any potential **barriers** and taking steps to remove these
- We can also think with **individuals** about any reasonable adjustments that would support their needs.



# Non-custodial Services and Neurodiversity

## What neurodiverse conditions do we cover?

- ADHD, Autism, Learning Disability, Acquired Brain Injury and Brain illness
- Not dyspraxia or dyslexia, nor other services that are supported through Education colleagues
- Links closely to Speech and Language assessments to understand communication needs

## What do we want to see delivered:

- A neurodiversity passport so that individuals only have to talk about their condition once, but have constant opportunity to amend how they want to be supported
- A consistent general screening tool, to enable all Health and Justice services to provide reasonable adjustments whilst (if useful) they obtain a formal diagnosis (that can take time)



# Non-custodial Service Delivery Systems

- A lot is done through **discussions** - which may be difficult when considering processing differences, working memory, concentration and communication
- Parts of the process take place in potentially **busy and stressful environments** at times of increased anxiety and uncertainty
- **Understanding the language** (both verbal and written) of the CJS can be difficult - for example 'breach' and 'custody'
- **Key processes** for example navigating appointments and different systems, taking in and processing lots of information, understanding abstract processes can be a barrier





# How can we improve INCS for people with neurodiversity?



## Communication

How we communicate:  
Our verbal communication, accessible information, using clear language, avoiding low frequency words, respecting their way of communicating



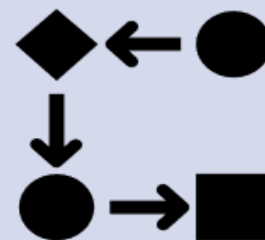
## Environment

Thinking about the physical environment:  
Quiet therapy room/waiting room, access to sensory aids like noise cancelling headphones, fidget aids, is there space to move around



## Preparation and Planning

What we can do to prepare people for the process:  
Providing enough information in advance, making things clear and concrete, sending out reminders.



## Processes

How things like assessments and appointments are set up:  
Choice and flexibility around appointments and how these are set up, adjustments in therapy- extra time, adapting therapy processes



# INCS – Female Pathway

## 2022/23 National Data Summary

- Liaison and Diversion will see approximately 26,000 women, with 75.8% engaging with the service
- Mental Health Treatment Requirements (primary care) will see approximately 900 women, with 83.9% engaging with the service
- RECONNECT will see approximately 400 women, with 91.8% engaging with the service

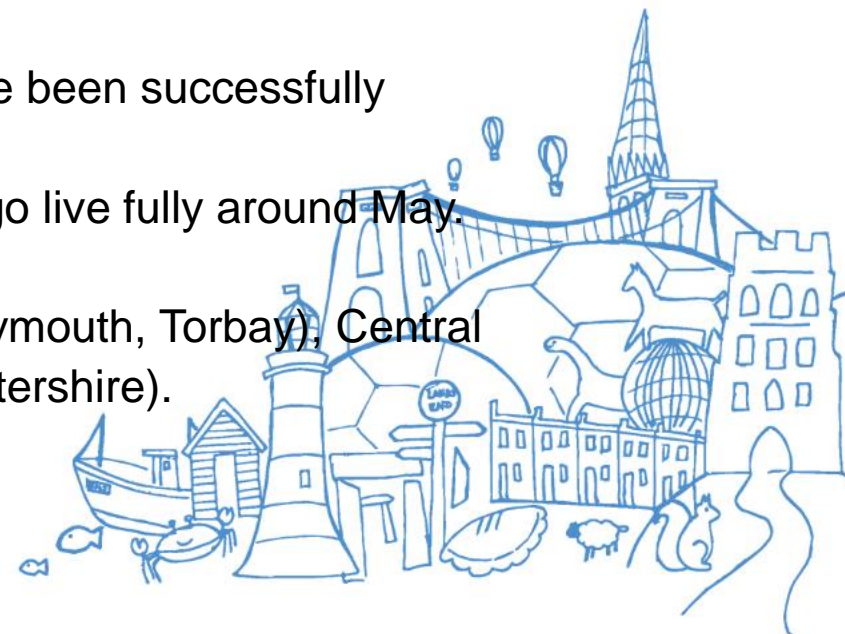
## Principles

- Women have a right to access services that are safe and responsive to their needs
- Women are offered effective care that is responsive to their lived experiences, individual needs, preferences, identities and circumstances
- Services should uphold the woman's physical, sexual and emotional safety at all times
- Services should consider female specific sensitivity and safety in their service design
- Female pathways should be co-designed and developed with women with lived experience



# INCS - Veterans

- The strategic commitment to support Veterans in the Criminal Justice System (VCJS) is outlined in the Armed Forces Forward View [Healthcare for the Armed Forces community: a forward view to 2022 \(england.nhs.uk\)](https://www.england.nhs.uk/healthcare-for-the-armed-forces-community-a-forward-view-to-2022/)
- Following a NHSE VCJS Health Needs Assessment in August 2022, the National NHSE H&J Team have commissioned an England-wide VCJS across 7 Regions (5 Years plus 2 x 1 year options).
- The service will provide a joined up, whole care pathway that covers the CJS pathway in 3 elements (1) Pre-Prison (2) Prison and (3) Post Prison (discharge/ release).
- The service will deliver a care and support co-ordination service through to the time that person is deemed to not require this support
- The Forces Employment Charity (FEC) [Forces Employment Charity](https://www.forcesemploymentcharity.org/) have been successfully appointed as the provider to deliver the service from 1 April 2023.
- In the South West, the new service is currently mobilising and is due to go live fully around May. There will be full launch Comms when the service goes live
- 3 case worker/coordinator posts roughly split West (Devon, Cornwall, Plymouth, Torbay), Central (Dorset and Somerset) and East (Avon, Wiltshire, Swindon and Gloucestershire).





# Activity

## Table introductions

- 1) What would effective integration look like for you in X?
- 2) How will integration support your services in X?
- 3) What should the overarching outcomes of integration be in X?



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# Feedback Session



# Procurement Intention

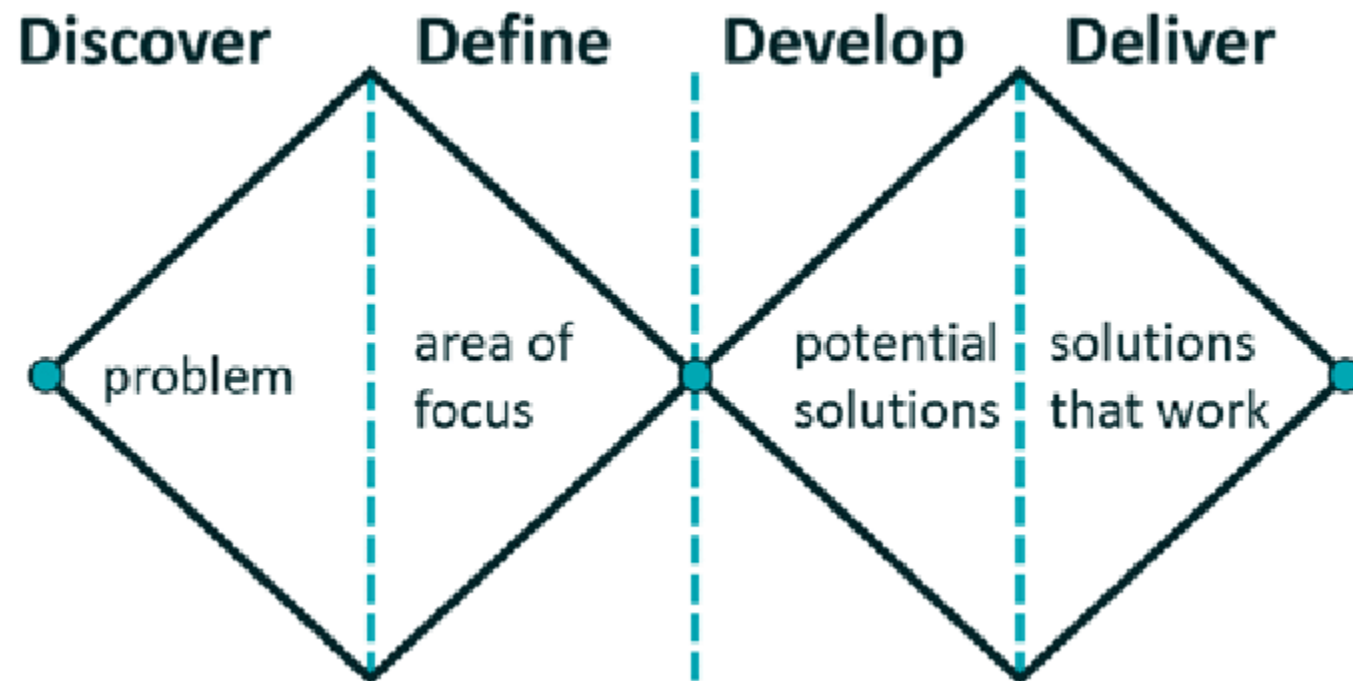
- This timeline is indicative and subject to change

|                           |   |                                    |
|---------------------------|---|------------------------------------|
| Integrated Service Design | Stakeholder Events                      | Apr-May 2023                       |
|                           | Service Specification Design            | June – Dec 2023                    |
| Procurement Process       | Tender Preparation                      | Jan - March 2024                   |
|                           | Tender Process (publication to outcome) | March – August 2024                |
|                           | Contract award                          | August/September 2024              |
| Mobilisation              |   | August/September 2024 - March 2025 |
| Service Commencement      |   | 1 April 2025                       |

- Co-production panel (experts by experience) throughout the INCS programme

# Overview and Afternoon Activity

- Purpose of this morning
- Local context in afternoon
- Nifty Fox Creative
- Enjoy lunch!





# Networking Lunch

**12:30 – 13:30**





HM Prison &  
Probation Service

Probation  
Service

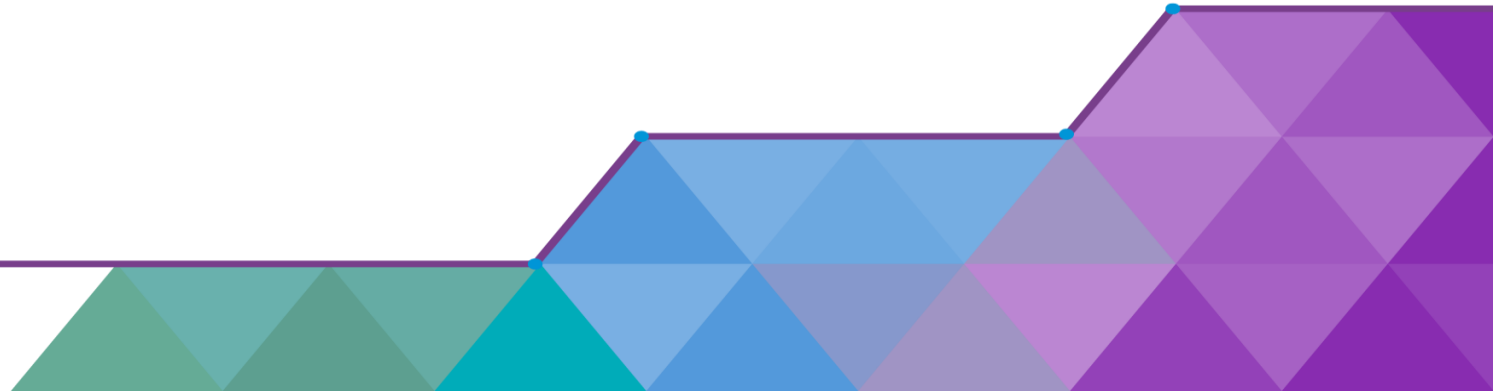


# Health and Justice Partnerships Team

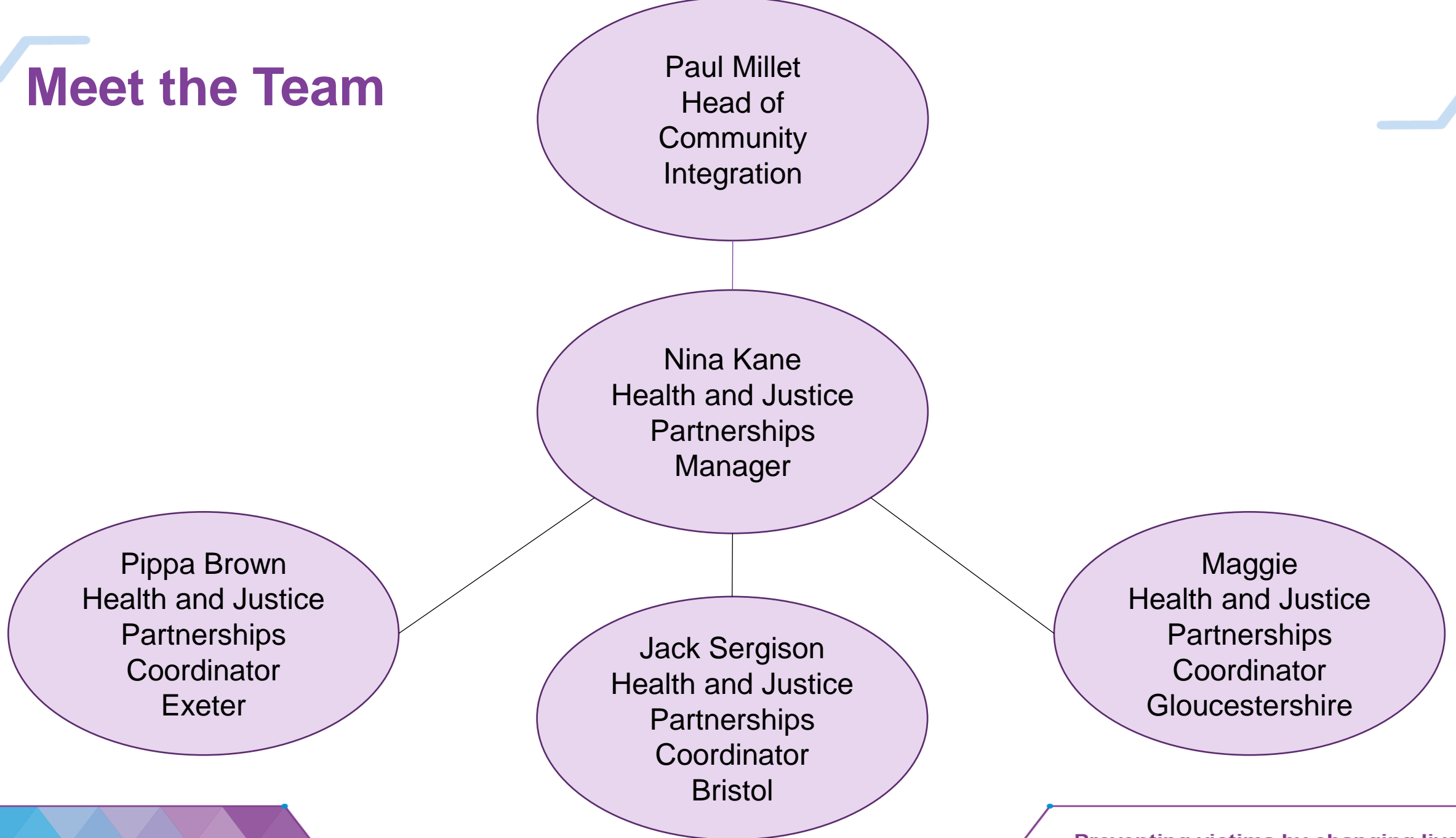
Probation South West

March 2023

Preventing victims by changing lives



# Meet the Team





## Key Priorities



1. We will support an increase in the volume of CSTRs, particularly DRRs sentenced across the South West
2. We will support the continuity of care of people leaving prison and the achievement of 75% of people engaged in substance misuse services in prison engaging with community services within 3 weeks of release.
3. We will commission Personal Wellbeing and Dependency and Recovery Services which will support effective engagement with and successful completions of CSTRs
4. We will support the implementation and delivery of preventative healthcare programmes for people in prison and on probation across the South West.
5. We will develop and implement a health and social care pathway for people leaving prison and people on probation.
6. We will support the learning and professional development of probation practitioners around health and justice issues.
7. We will address health inequalities experienced by disadvantaged cohorts in prison and on probation





## How We will Work



- In partnership – embedding ourselves into the health and justice landscape.
- Map and evaluate existing services, identifying gaps in service provision and areas of duplication
- Work with the Engaging People on Probation (EPOP) team to utilise lived experience to shape existing and future services.
- Establish Regional Provider Forums – standardising processes, sharing good practice
- Establish Partnership Practice Sessions – joint practice development sessions for Probation and CSTR provider teams.
- Sentencer relationships – building sentencer confidence
- Identifying opportunities for co-commissioning – services which support engagement on CSTRs.

# Activity

- 1) How will integration of non-custodial services be achieved in X?
- 2) Partnerships/ co-commissioning/ collaboration that works well and/ or could be enhanced in X?
- 3) What are the opportunities and barriers to integration in X?



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# Feedback Session



## Next Steps

- Evaluation of day will be circulated
- Information gathered will support the design and development of Integrated Non-Custodial Services
- Details of any future stakeholder events will be shared
- Nifty Fox Creative





**Thank you for attending and  
participating in discussions**

