

FINAL



## West Midlands Regional Delivery Plan

*Long term service improvements in offender health and social care in the West Midlands*



## Contents

<b>Introduction</b> .....	2
<b>Purpose of the Regional Offender Health Plan</b> .....	3
<b>Our 5 key priorities for 2010 and 2011</b> .....	4
<b>A summary of key stakeholders</b> .....	4
Figure 1 Simplified Stakeholder Map of the West Midlands.....	6
<b>Organisational Expectations</b> .....	7
<b>Governance for 2010/11</b> .....	7
Figure 2 Representation of the regional and national governance systems.....	9
<b>Offender Health and Social Care Plan for 2010/11</b> .....	10
<b>Regional Delivery Plan and Performance Measures</b> .....	11
<b>Improving efficiency and effectiveness of systems</b> .....	11
<b>Working in partnership</b> .....	13
<b>Improving capacity and capability</b> .....	15
<b>Equity of access to services</b> .....	16
<b>Improving pathways and continuity of care</b> .....	17
<b>Conclusion</b> .....	19
<b>References &amp; Glossary</b> .....	19

## Introduction

2007 saw the publication of the Corston report<sup>i</sup> into the provision of women in the criminal justice system. In April 2009 Lord Bradley published his report into the needs of people with mental health and learning disability issues in the criminal justice system<sup>ii</sup>. At the end of 2009 the government published its response to the Lord Bradley report, *Improving Health, Supporting Justice, the national delivery Plan*<sup>iii</sup> and *Healthy Children, Safer Communities*<sup>iv</sup>. Both these documents provided a strategy and action plan to promote the health and well being of those in contact with the criminal justice system.

In the West Midlands region there is considerable interest from Criminal Justice organisations, Local Authorities, Third Sector organisations and the NHS to work in partnership to reduce the health and social care inequalities of offenders. This document sets out the purpose of the Offender Health Plan in the West Midlands, our achievements to date, lessons learnt from previous years and our regional delivery plan for 2010/11.

There is considerable data available on the health inequalities of offenders in the region and the contribution that health can make to reducing re-offending. This document will not repeat this data. For those who need additional information we have attempted to provide a comprehensive list of references at the end of the document. For more information about the work in the West Midlands, do visit our website at [www.wmrhc.org.uk/offenders](http://www.wmrhc.org.uk/offenders)

## Purpose of the Regional Offender Health Plan

Within the West Midlands we are seeking to design and deliver services that “*meet the challenging range of needs offenders and their families have.*”<sup>v</sup> We expect that improvements in provision will meet key cross-governmental targets including promoting better health and well-being for all (Public Sector Agreement (PSA) 18). Increasing proportion of offenders who are in contact with secondary mental health services who are in settled accommodation and employment, education or training (PSA16). We also wish to ensure that our plan provides an improvement in care for offenders (PSA 19). In addition to these PSA targets there is also a focus on building safer communities, our delivery plan should also support PSA 23, making communities safer, PSA 24, delivering a more effective and transparent criminal justice system and PSA 25, reducing the harm caused by alcohol and drugs.

The plan will contribute to an improvement in health inequalities for offenders, in turn this should contribute to a reduction in offending and will support reducing crime and making communities safer.

The NHS is embarking on a plan to improve Quality, Innovation, Productivity and Prevention (QIPP). Work with offenders will support a number of strands, including work on reducing the number of patients with long-term conditions and supporting those with complex needs to manage their conditions. This NHS recognises its need to improve efficiencies whilst retaining a focus on quality, to do this the NHS will support innovation, raise productivity and focus on health promotion and prevention. Across the West Midlands the NHS is examining its key areas and opportunities that could form part of the QIPP programme.

The national delivery plan sets out 5 key objectives under which improvements in offender health and social care will be realised:

- ◆ Improved efficiency and effectiveness of systems
- ◆ Partnership working
- ◆ Improved capacity and capability
- ◆ Equity of access to services &
- ◆ Improved pathways and continuity of care

There are no new national resources available for the delivery of the plan. Organisations will need to work together to redesign services to meet the needs of offenders. Funding for the core components of prison health is provided from the Department of Health to Primary Care Trusts. For offenders in the community there is an expectation that they are members of the community and should be supported to access the same services as any other member of the community. Offenders in the community are not a new population, they are in the community currently.

This plan sets out our vision for services in the West Midlands, one where organisations from across health, social care and criminal justice work together in partnership to deliver improved services.

## Our 5 key priorities for 2010 and 2011

This delivery plan contains the detail of what we will aim to deliver over the coming year, we have identified what we see as the 5 key priorities for the year and have listed them here. There is more detail about these priorities [later](#) in the delivery plan.

### A. Improve the quality of our services

- Ensure that we have a network of health based places of safety commissioned across the region

### B. Improve the Safety of our services

- Review all serious untoward incidents, deaths in custody, approved premises and serious further offences to identify changes that can be made in service provision to reduce the number of health incidents

### C. Improve the equality of our service provision

- Ensure that prison physical health services have a minimum equivalence to the community
- Improve our provision to young people in the criminal justice system
- Improve our provision of mental health services in prison for BME patients
- Review our pilot project of dedicated mental health support for women offenders in the community

### D. Improve our continuity of care

- Ensure that we have a network of Criminal Justice Liaison Services to support patients within the criminal justice system
- Provide improved case management between health, social care and criminal justice partners to support reductions in re-offending

### E. Improving pathways and continuity of care

- Support the modernisation of the health and substance misuse workforce in prisons across the West Midlands
- Support the implementation of a primary mental health care model in every prison
- Support greater partnership working between organisations

## A summary of key stakeholders

NHS West Midlands is the Strategic Health Authority for the West Midlands. It oversees health services for 5.4m people across Birmingham, Coventry, Dudley, Herefordshire, Sandwell, Shropshire, Solihull, Staffordshire, Stoke on Trent, Telford and Wrekin, Walsall, Warwickshire, Wolverhampton and Worcestershire.

As the local headquarters of the NHS in the West Midlands, it manages 16 Primary Care Trusts (PCTs) and 1 Care Trust (which provide community healthcare such as Dentistry and GP services), 19 Acute Trusts (hospitals) including 8 Foundation Trusts, 7 Mental

Health Trusts including 3 Foundation Trusts, and 1 ambulance service.

NHS West Midlands is responsible for ensuring that the £7 billion spent on health and health care across the West Midlands delivers better services for patients and better value for money for tax payers.

The National Treatment Agency for Substance Misuse (NTA) is a special health authority within the NHS, established by Government in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England.

NOMS has a key role to play in ensuring that the public are protected from offenders, that those who offend are punished and that fewer offenders re-offend. This should lead to less crime in society and make our communities safer places to live in. To do this NOMS are reforming the criminal justice system this includes drawing on the knowledge and expertise of the public, private and third sectors to provide more innovative solutions to tackling offending behaviour.

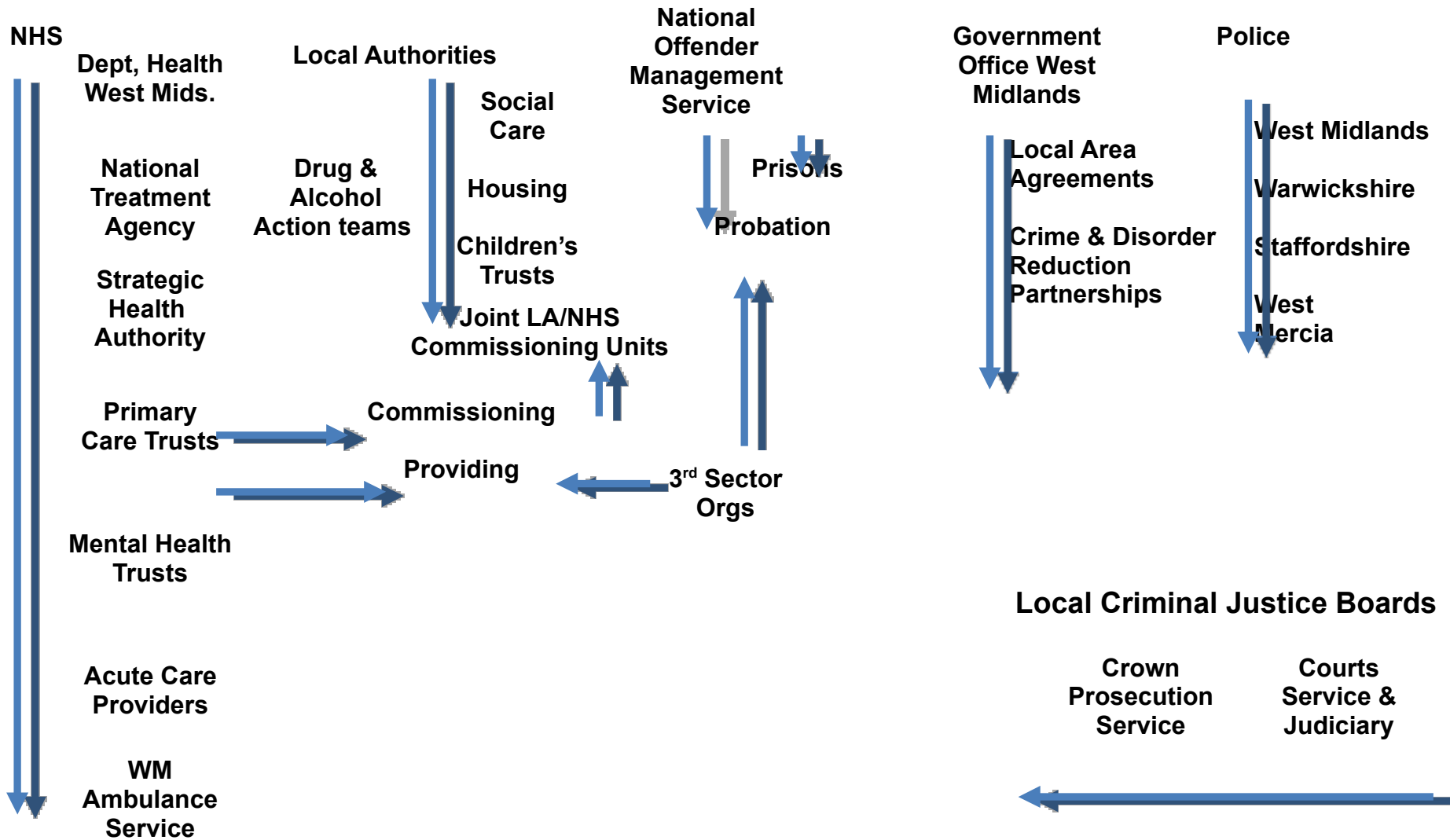
NOMS manages 12 prisons in the region providing spaces for young people, young adults, women, men, and high risk men. 11 of the prisons are operated by Her Majesty's Prison Service and one prison is operated by a private provider. NOMS also manages the 3 probation trusts across the region.

There are 4 police forces across the region. The Association of Chief Police Officers (ACPO) provides a structure where specific senior officers have a responsibility to oversee improvements in specific areas across all forces in the region. The mental health and custody responsibility is held by Staffordshire Police Force.

The Region's Third Sector organisations contribute to the regional economy by employing people and delivering goods and services not provided by either the public or private sector. This is particularly important in areas or neighbourhoods with low levels of economic activity. The sector also has a strong track record in testing innovative approaches to service design and delivery, building on unique knowledge of the needs of particular individuals, local communities or neighbourhoods. This provides huge potential to transform public services through mainstreaming activities first piloted by the sector.

There are 33 local authorities in the West Midlands, this includes county councils, unitary authorities and borough or city councils. Figure 1 provides a simplified stakeholder map of the West Midlands

**Figure 1 Simplified Stakeholder Map of the West Midlands**



## **Organisational Expectations**

Organisations signing up as key partners to this plan have agreed that they own responsibility for the delivery of the plan in partnership with others. Organisational responsibility includes, but is not limited to, the following:

### **NHS West Midlands**

To provide performance management, service improvement and partnership development to deliver health and social care improvements to offenders. This includes supporting commissioning, provision and equity of services for offenders in the community and in prisons across the West Midlands.

### **Police Forces Across the region**

To support the strategic and operational management of the systems that support the use of health based places of safety.

### **Department of Health West Midlands**

To support inclusion of offender health and social care needs in local and regional plans for the delivery of Public Sector Agreements.

### **National Offender Management Service**

To facilitate partnership working at the local and regional level, including at prison/PCT partnership boards, with population changes and in the community between probation areas and local health and social care organisations.

### **National Treatment Agency**

To manage the implementation of the IDTS programme in prisons and work in partnership to develop improved provision across substance misuse, health and the criminal justice systems.

This regional delivery plan is a multi agency approach to reducing; health and social care inequalities and reoffending of offenders. The actions and progress of this plan will be overseen by NHS West Midlands Regional Development Centre. For more information visit [www.wmrhc.org.uk/offenders](http://www.wmrhc.org.uk/offenders)

## **Governance for 2010/11**

In the last 6 months of 2009 we have worked at refreshing the governance system for this programme within the region. The governance processes are complicated with a need to work across a number of organisational systems.

The main governing body for the management of service improvements in Offender Health and Social Care is the Offender Health Strategic Board. This board will provide strategic leadership to support service improvements and risk reduction in the commissioning of health and social care services for offenders in the region. This board will comprise of:

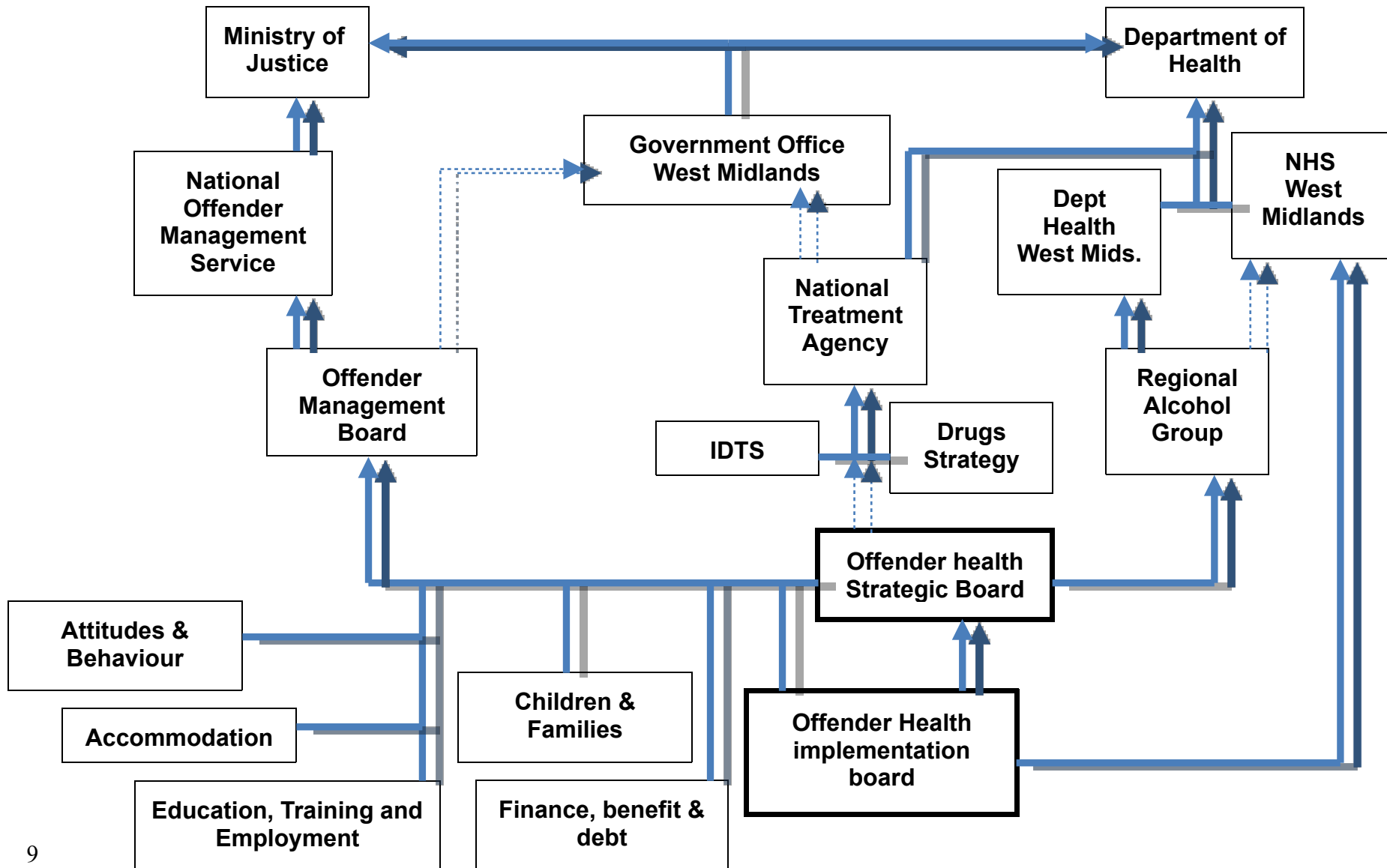
- NHS West Midlands (the SHA), Director of Commissioning & Associate Medical Director for Mental Health
- NOMS, Director of Offender Management, Regional Manager Commissioning & Regional Manager Prisons
- Assistant Chief Constable in Staffordshire Police (Regional responsibility for

- improvements in Mental health across all 4 police forces)
- Department of Health WM, Deputy Regional Director for Social Care and Partnerships
- WM Probation area Chief Executive representing all 4 probation areas
- National Treatment Agency Regional Manager
- Director of Adult and Children's Services at Solihull Care Trust, representing ADASS and ADCS
- Regional Courts Manager, Her Majesty's Courts Service
- Youth Justice Board Manager

This board will be facilitated by the Offender Health Programme team in NHS West Midlands. Operational oversight of the programme will be undertaken by the Regional Criminal Justice Health and Social Care Implementation Board.

Figure 2 provides a visual image of the governance structures for Offender Health and Social Care across the region.

Figure 2 Representation of the regional and national governance systems



## **Offender Health and Social Care Plan for 2010/11**

The following pages describe our plan for the coming 12 months. In order to provide continuity between the national delivery plan and the regional delivery plan we have used the same 5 headings:

- Improving efficiency and effectiveness of systems
- Working in partnership
- Improving capacity and capability
- Equity of access to services &
- Improving pathways and continuity of care

We have sort to identify a performance management framework to assist us in knowing how well we have achieved our aim, defining what good practice or provision would like when it is achieved and key organizations involved in its achievement.

### **Improving the efficiency and effectiveness of systems**

The aim is to ensure that services are needs-based delivered to high standards and achieve best value for money, by realising efficiency savings and reinvesting in improvements in services.

### **Working in Partnership**

The aim is to support and enhance the integration of services by improving partnership working between criminal justice, health and social care organisations at all levels, enabling effective and appropriate, health, social care and criminal justice outcomes at every stage in the criminal justice process.

### **Improving capacity and capability**

The aim is to contribute to the development of an informed and effective workforce to deliver services for offenders with health and social care needs, making sure that they are able to work confidently across organizational boundaries, by equipping them with the right skills and knowledge to share information and take co-ordinated action that supports continuity of care.

### **Equity of access to services**

The aim is to ensure that all offenders – irrespective of race, gender, disability, age, sexual orientation, religion or belief – will secure the same access to health and social care services, appropriate to their needs and in line with standards set for the rest of the population.

### **Improving pathways and continuity of care**

The aim is to develop care pathways that enhance health and social care provision and contribute to the delivery of justice. Pathways will focus on assessment and intervention at as an early a stage as possible, and will support improved risk management and continuity of care.

## Regional Delivery Plan and Performance Measures

<b><i>Improving efficiency and effectiveness of systems</i></b>					
No.	Objective	Measure of Success	Timescale	Owner, contributors	Progress
1	SystemOne, the NHS Information Management system for patient records is implemented in every prison in the region by 31 <sup>st</sup> March 2011.	The system in every prison should be used for recording patient notes and prescribing of medication.	Mar 2011	<b>PCTs, WMPfIT</b>	
2	Review learning from Deaths in Custody and Approved Premises review prison Serious Untoward Incidents and health issues in Serious Further Offence reviews.	We wish to see an observable reduction in the frequency of common themes identified in root cause analyses and ombudsman recommendations.	From April 2010 to Mar 2011	<b>Patient Safety NHS WM, NHS WM RDC, NOMS and PCTs</b>	
3	We will ensure that the region completes the Department of Health's Prison Health Performance and Quality Indicators in a robust and timely way. We will look to pilot wider Offender Health Indicators following national publication in at least once PCT area in 2010.	This process is completed on time and information is integrated into wider performance management processes across PCTs.	May 2010	<b>NHS RDC, NHS WM Performance team, NOMS, PCTs</b>	
4	Across the West Midlands we will have a network of health-based places of safety commissioned.	By March 2011 we expect that at least 10 of these commissioned places of safety will be operational.	Mar 2011	<b>NHS WM RDC, Police, PCTs, MH and Acute Trusts, Local Authorities,</b>	

No.	Objective	Measure of Success	Timescale	WMAS <b>Owner</b> , contributors	Progress
5	We expect at least 5 areas to have developed or refreshed their current criminal justice liaison service provision, ensuring that it meets the minimum standards published in our template.	Template published Mar 2010 Data evaluated to show improvement in management of patients in contact with the criminal justice system	Mar 2010 & Mar 2011	NHS WM RDC, PCTs, Local Authorities, NOMS, Police, Her Majesty's Courts Service and Health Providers.	
6	Implemented the guidance on an equivalent young persons criminal justice liaison service, following publication by the Department of Health.	Guidance produced and practice changes	By March 2011	<b>NHS WM Children's lead</b> , Children's Trusts, YJB, Courts, Police and NHS WM RDC	
7	Agree an improved process for the commissioning and provision of court psychiatric reports.	We expect to see at least 3 areas using the agreed process.	By March 2011	<b>NHS WM RDC</b> , health commissioners, health providers and Her Majesty's Court Service.	
8	Working with national partners we need to identify how we can develop a research base to review the economic case for early health interventions for this vulnerable group.	A report focusing on the health economic benefits of early engagement with offenders	By March 2011	<b>NHS WM RDC</b> , NHS WM MH clinical lead, national partners	

<b>Working in partnership</b>					
No.	Objective	Measure of Success	Timescale	Owner, contributors	Progress
9	Decide if there is an economic and quality case for a prison health cluster based commissioning model across the region.	Agreement by the Directors of Commissioning to progress to implementation	March 2010	<b>NHS WM RDC</b> , PCTs, NHS WM, NOMS	
10	Ensure Prison Health Partnership Boards continue to develop the governance systems that facilitate excellent partnership working. This work will be led by the prison health commissioners and supported by NHS West Midlands.	We expect all prison partnership boards to be rated green as defined by the prison health performance and quality indicators.	By Jan 2011	<b>NHS WM RDC</b> , PCTs, NOMS	
11	We will develop & agree a plan to raise the profile of third sector opportunities to support improvements in offender health and social care.	Agree, publish and implement plan	Dec 2010	<b>NHS RDC</b> , NOMS, CLINKS, 3 <sup>rd</sup> sector organisations	
12	The NHS and NOMS will work together to build better case management, better engagement at interventions delivered by their partners and work on processes that improve effectiveness and continuity of care.	All prisons are rated Green for continuity of care and discharge planning performance in the PHPQIs	Mar 2011	<b>NHS WM RDC</b> , PCTs, health providers, NOMS, Social care providers, YOTs	
No.	Objective	Measure of Success	Timescale	Owner, contributors	Progress

13	Prison capacity changes and new prison builds will be managed by partners to ensure healthcare provision is maintained during changes in roles or providers of prisons.	Patient safety (as a minimum) is maintained during changes of function or capacity in prisons in the region.	As they occur	<b>NOMS</b> , NHS WM RDC, Department of Health, PCTs	
14	We will continue to support the implementation of the Integrated Drug Treatment System in prisons in the region.	By March 2011 we expect every adult prison to be delivering the agreed model	March 2011	<b>Drug and Alcohol Action teams</b> , NTA, NOMS, PCTs, substance misuse & health providers	
15	Improved provision of treatment of offenders identified as alcohol dependent	The Department of Health have identified that they aim to have a provision of treatment for a minimum of 15% of offenders identified as potentially dependent on alcohol	By May 2011	<b>NHS WM RDC</b> , NTA, NOMS, PCTs, substance misuse and health providers, DH WM	

### ***Improving capacity and capability***

No.	Objective	Measure of Success	Timescale	Owner, contributors	Progress
16	Sharing learning and responsibility between prison healthcare managers.	We will support prison healthcare managers to develop subject matter expertise in specific areas and share this with their colleagues.	Mar 2011	<b>NHS WM RDC,</b> PCTs/providers	
17	Support regional health and substance misuse organisations modernise their prison health workforce.	Recruitment and retention improves, wider range of career opportunities available within prison health and substance misuse	From April 2010 to Mar 2011	<b>NHS WM Workforce Deanery,</b> NHS WM RDC, NTA, PCTs, health and substance misuse providers	
18	Provide Mental Health Awareness Training to prison staff. Review the provision of this training to probation staff.	NHS West Midlands will work with NOMS to provide opportunities for 850 training places on Mental Health Awareness Training courses for prison staff.	Mar 2011	<b>NHS RDC,</b> NOMS	
19	To support the transfer of commissioning from police custody suites to the NHS (subject to govt. approval)	Agreed process for the transfer of commissioning confirmed by all partners	Mar 2011	<b>NHS WM RDC,</b> Police, & PCTs,	

### ***Equity of access to services***

No.	Objective	Measure of Success	Timescale	Owner, contributors	Progress
20	Ensuring that physical healthcare in prisons has minimum equivalence to the community. We will measure this through our analysis of the prison health performance and quality indicators.	We expect that by the performance review in 2011 every prison in the region will attain a green indicator rating for their provision of chronic disease management and for exercise referral.	Mar 2011	<b>PCTs, NHS WM, Providers, NOMS</b>	
21	We will work with prison and community providers to ensure that the views of service users are built into the development and review of services.	Service user feedback is included in to the Prison Health Performance and Quality Reviews in 2011.	Mar 2011	<b>PCTs, NHS WM, NOMS</b>	
22	We will review the pilot project in Birmingham that provides targeted mental health support to vulnerable women, through a third sector organisation.	The pilot will end in October 2010	Oct 2010	<b>NHS RDC, MH Trust provider, 3<sup>rd</sup> Sector orgs, PCTs &amp; NOMS</b>	
23	We will work across the region to highlight the need for early interventions with children and families at risk of offending.	DH commissioning guidance in this area is implemented by Children's Trusts	May 2010	<b>NHS WM Children's Lead, NHS WM RDC, YJB, DCSF, PCTs</b>	
24	Improve provision of mental health services to BME patients in prison	Action plan for each trust with a prison following publication of the Count Me in Census	Sept 2010	<b>NHS WM RDC, NOMS, PCTs and MH trusts</b>	

No.	Objective	Measure of Success	Timescale	Owner, contributors	Progress
25	Ensure that the health and social care needs of offenders are included in Joint Strategic Needs Assessments.	We expect at least 3 areas to have included offender health needs in their reports	By March 2011	<b>NHS WM Public Health</b> , NHS WM RDC, NOMS, NTA, PCTs	
26	Ensure that prisoners with learning disabilities are supported to engage with health checks, health action plans and health promotion activities	Agreed strategy in each prison on the multi agency management of prisoners with learning disabilities	By March 2011	<b>NHS WM RDC</b> , PCTs, NOMS, Education provider	

<b><i>Improving pathways and continuity of care</i></b>					
No.	Objective	Measure of Success	Timescale	Owner, contributors	Progress
27	Ensuring there is a model for the delivery of primary mental healthcare provision in every prison. This work will be overseen by PCT prison health commissioners and involve healthcare providers, mental health trusts, the specialised commissioning team and NHS West Midlands.	That this model includes effective liaison and transfer between primary and secondary mental health services (including provision for young people).	Dec 2010	<b>PCTs</b> , NHS WM, Providers	
28	Developing a single point of contact for every prison and their local adult social services team.	Every prison has a SPOC	Mar 2011	<b>NHS WM RDC</b> , NOMS, PCTs, Local Authorities	

No.	Objective	Measure of Success	Timescale	Owner, contributors	Progress
29	We will work with the Department of Health, secure health service providers, prisons and other NHS partners to reduce the time patients are waiting for transfers from prisons to secure hospitals.	Reduced delays in transfer into and out of secure hospitals	Mar 2011	<b>NHS WM Specialised Commissioning Team</b> , NHS WM RDC, PCTs, NOMS, providers	
30	Improve the management of patients/clients identified as having a dual diagnosis need.	Provision improves for these patients	Mar 2011	<b>NTA, NHS WM RDC</b> , DAATs, MH providers, substance misuse providers	
31	Improve the provision of community primary care services for offenders, especially those in Approved Premises.	Provision and access to GP services is improved, probation do not pay for essential services	Mar 2011	<b>NHS WM RDC</b> , NHS WM Primary Care, NOMS, PCTs, GP Practices	
32	Support further community involvement of offenders as part of health promotion and prevention programmes in partnership with substance misuse programmes.	At least 4 areas providing community offender health promotion and prevention programmes	Mar 2011	<b>NHS WM Public Health team</b> , NHS WM RDC, PCTs, NOMS	
33	Develop a regional approach to the management of patients with a personality disorder following DH guidance	DH guidance to be published in April 2010 will provide the strategy for a regional approach, adoption of this across the region is our measure of success	Mar 2011	<b>NHS WM</b> , Dept Health, NHS WM SCT, PCTs, health providers, NOMS	

## Conclusion

Across the West Midlands there is considerable interest and engagement by partners in addressing the health and social care needs of offenders. This plan outlines our key objectives, as we enter a financially challenging time, we will have to find new ways of working, of redesign services and of delivering improved services through partnership if we are to make the improvements we recognise as being important.

For more information about this regional delivery plan and our progress, visit our website at [www.wmrdc.org.uk/offenders](http://www.wmrdc.org.uk/offenders)

## References & Glossary

DAAT	Drug and Alcohol Action Teams
DCSF	Department for Children, Schools and Families
Dept Health	Department of Health
DH WM	Department of Health West Midlands
MH Trusts	Mental Health Trusts
NHS WM	NHS West Midlands
NHS WM RDC	NHS West Midlands Regional Development Centre
NHS WM SCT	NHS West Midlands Secure Commissioning Team
NOMS	National Offender Management Service
NTA	National Treatment Agency
PCT	Primary Care Trusts
WMPfIT	West Midlands Programme for Information Technology
YJB	Youth Justice Board
YOT	Youth Offending Team

- i <http://www.homeoffice.gov.uk/documents/corston-report/>
- ii [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_098694](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098694)
- iii [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_108606](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108606)
- iv [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_109771](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109771)
- v [http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_080816](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_080816) page 13