

Date: Friday, 20 February 2015

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,
SY2 6ND

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HEALTH AND WELLBEING BOARD

TO FOLLOW REPORT (S)

12 VCS Criminal Justice Forum of Interest Key Priorities (Pages 1 - 14)

A report will follow.

Contact Angela Parton (YSS) Tel 01952 246749.

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Agenda item 12



Shropshire Clinical Commissioning Group



Health and Wellbeing Board 20th February, 2015

VCS CRIMINAL JUSTICE FORUM OF INTEREST KEY PRIORITIES

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1. Summary

1.1 The Criminal Justice forum brings together a range of agencies who work with and support people who find themselves in the Criminal Justice System. The agencies involved include voluntary sector organisations such as Aquarius, Stonham, Together, Willowdene, Victim Support, YSS, ImageMatch etc alongside those from the statutory sector Local Authority, Probation and Police.

1.2 There are some cross cutting issues for all organisations including Mental Health, employment, substance misuse and accommodation which individually can increase the risk of offending but when brought together can have devastating effects for the individual and communities, both for health and criminal justice. Lord Bradley identified the unmet needs of people in the criminal justice system with mental health issues more than five years ago.

2. Recommendations

2.1 That the Safer Stronger Communities and the Health and Wellbeing Boards take steps to ensure that a more holistic approach is taken for the commissioning for mental health and substance misuse, in particular.

REPORT

3. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

3.1 Inequalities is at the heart of partnership working across the Safer Stronger Communities Board and the Health and Wellbeing Board.

4. Financial Implications

4.1 There are no immediate financial implications associated with this report.

5. Background

5.1 A new report released by LankellyChase foundation and Heriot-Watt University contains the most robust research to date on people with multiple complex needs. [Hard Edges: Mapping Severe and Multiple Disadvantage in England](#) draws together previously separate datasets from the homelessness, offending and substance misuse treatment systems.

5.2 The report also takes into account available data around mental health and poverty. It delivers the latest and most comprehensive statistics on people facing severe and multiple disadvantage: where they live, what their lives are like, how effectively they are supported by services, and the economic implications of the disadvantages they face.

5.3 Though policy makers, practitioners and researchers all know that most people who are involved in crime, dependent on drugs and alcohol or are homeless suffer multiple problems, it has always been difficult to verify this on a national scale because the data sets tend to be separate from each other.

5.4 Even though the figures are shocking, it must be remembered that they represent a considerable under-estimate, since the numbers counted are essentially those which show up in official systems and we know that many people in all these groups are not being supervised by probation, receiving substance misuse treatment or receiving help with being homeless.

- There is a huge overlap between the offender, substance misusing and homeless populations. For example, *two thirds* of people using homeless services are also either in the criminal justice system or in drug treatment in the same year.
- Over half (55%) of the group with all three problems have also been diagnosed as having a mental health problem.
- Local authorities which report the highest rates of people facing severe and multiple disadvantage are mainly in the North of England, seaside towns and certain central London boroughs. However, even in the richest areas, there is no part of England that is untouched by the issue of severe and multiple disadvantage.
- People found in homelessness, drug treatment and criminal justice systems are predominantly white men aged 25-44 (8 out of ten of this group are men and just over 8 out of 10 are white)

- As children, many experienced trauma and neglect, poverty, family breakdown and disrupted education. As adults, many suffer alarming levels of loneliness, isolation, unemployment, poverty and mental ill-health. All of these experiences are considerably worse for those in overlapping populations.
- Half (48%) are perpetrators of domestic violence and almost one in five (18%) victims.

Hard Edges: Mapping Severe and Multiple Disadvantage in England

Why improve outcomes for those in the CJS with mental health and multiple needs?

5.5 Evidence suggests that needs frequently remain unidentified, even in the case of severe mental illness such as psychosis. One study highlighted that a third of those with psychosis were not identified by probation staff and half were receiving no support from mental health services (Brooker, et al., 2011).

5.6 Many in the CJS have repeat contact with the police, courts or crisis settings (e.g. prison, Accident and Emergency units, psychiatric inpatient placement, rehabilitation unit placement, crises team contact etc) yet rarely get identified or get the support they need from public services. Under identification and lack of engagement with effective treatment increases the chance of people getting stuck in persistent, damaging and costly cycles of crime and of placement in custody. There is growing evidence that the costs of crime and particularly of custody, both to taxpayers and to society, are so high relative to the costs of most community-based interventions that only modest improvements are required to cover the costs of diversionary services. At a local level SROI results for the YSS Bradley project confirm national evidence on the cost effectiveness of such 'diversionary' schemes suggesting that commissioners and communities could expect a return of £7.50 for every £1 invested in the scheme

Issues for Victim support

5.7 At a recent meeting between Victim Support, Axis and WMRASC there was a discussion about the need for counselling services for the victims of trauma, historic sex abuse etc.

5.8 It seems that there is a distinction in funding from national government: counselling services were not always funded, as this had to be about "immediate" support rather than "recovery" which is about health & wellbeing. For those whose incident is not defined as recent this is an issue. All three organisations support the need for longer term counselling for all victims of these serious crimes, whether reported to the police or not, and regardless of when they occurred.

5.9 Victim Support recently consolidated their policies into one new Mental Health policy, which also required us to make partnerships with other local agencies. They have visited a number of other local providers, such as MIND in Shropshire and Telford & Wrekin and Together. However, whilst there are group support for people with mental health issues there seems limited, free (without charges) one to one,

individualised services, now on offer? Victim Support would benefit from having more available local one to one services to be able to refer people to. Those with mental health problems are four times more likely to be the victim of crime. Experiencing a crime can also make mental health problems re-occur.

6. Additional Information

Links below to two short films about the lives of people in the criminal justice system with mental health needs

<https://vimeo.com/71141745>

<https://vimeo.com/71096068>

[The Bradley report – Five years on](#)

Discussion paper on YSS Bradley project

7. Conclusions

7.1 Please see recommendations

<p>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</p>
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<p>Links below to two short films about the lives of people in the criminal justice system with mental health needs</p>

<p>https://vimeo.com/71141745</p>
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<p>https://vimeo.com/71096068</p>
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<p>The Bradley report – Five years on</p>

<p>Discussion paper on YSS Bradley project (Appendix A)</p>

<p>Cabinet Member (Portfolio Holder)</p>

<p>Cllr Karen Calder</p>

<p>Local Member</p>

<p>Appendices</p>

<p>Appendix A: YSS Bradley Mental Health Development Project Discussion Paper January 2015</p>



YSS Bradley Mental Health Development Project

Discussion Paper January 2015

Introduction

The YSS Bradley Project aims to reduce offending, improve health and wellbeing, improve social stability and inclusion and contribute to efficiency savings in West Mercia. The project seeks to achieve these aims through supporting YSS and local partners meet the needs of those in the criminal justice system (CJS) with mental health and other multiple and complex needs more effectively:

- Building capacity in YSS staff and partners through delivery of mental health awareness training and ongoing coaching
- Improving cross-agency networks of support for those with criminal justice, health and social needs
- Increasing YSS workforce skills in effective screening and support for those with mental health and other multiple needs
- Supporting and troubleshooting referrals and helping YSS staff and service users navigate mental health and social care systems
- Delivering a CBT-based MoodMaster intervention to YSS service users with mental health difficulties
- Providing expert consultation, enhanced screening, advocacy and support for service users with the most complex needs
- Delivering female specific support with mental health and wellbeing difficulties
- Diverting those accessing YSS services with mental health and complex needs from expensive crisis resources and reducing costly repetitive contact with the CJS.

This YSS project targets those underserved by statutory health and social services. Using highly engaging approaches, it seeks to divert them away from crisis and high costs settings through more effectively meeting their multiple needs.

Why improve outcomes for those in the CJS with mental health and multiple needs?

A large proportion of people in the criminal justice system have multiple or complex needs including a range of mental health problems. For example:

- 9/10 prisoners have been identified with a mental health, substance misuse problems or personality disorder;
- Nearly three quarters of prisoners have more than one mental illness;
- Around 40% of those on community probation orders have a diagnosable mental health disorder (with nearly two thirds of these receiving no treatment);

- Many also have housing, financial, relationship and employment problems including urgent need with rent arrears or homelessness

(Singleton, et al., 1998) (Centre for Mental Health, 2012) (Centre for Mental Health, 2014) (Prison Reform Trust, 2014)

Evidence suggests that needs frequently remain unidentified, even in the case of severe mental illness such as psychosis. One study highlighted that a third of those with psychosis were not identified by probation staff and half were receiving no support from mental health services (Brooker, et al., 2011).

Many in the CJS have repeat contact with the police, courts or crisis settings (e.g. prison, Accident and Emergency units, psychiatric inpatient placement, rehabilitation unit placement, crises team contact etc) yet rarely get identified or get the support they need from public services. Under identification and lack of engagement with effective treatment increases the chance of people getting stuck in persistent, damaging and costly cycles of crime and of placement in custody. There is growing evidence that the costs of crime and particularly of custody, both to taxpayers and to society, are so high relative to the costs of most community-based interventions that only modest improvements are required to cover the costs of diversionary services.

Government response

In 2009, Lord Bradley published a major review investigating linkage between mental health/learning disabilities and criminal justice activity making recommendations for improving the treatment of people with mental health problems and people with learning difficulties in the criminal justice system in England and Wales (Department of Health, 2009). Over recent years the Government announced commitment to extend and further test out the effectiveness and cost effectiveness of models aiming to improve:

- liaison and partnership between health and criminal justice systems
- early identification of and support for those with mental health difficulties in the CJS¹²,

However, many areas still lack services which systematically link criminal justice and health activity.

About the YSS Bradley service

YSS is a voluntary sector provider in West Mercia (covering Worcestershire, Herefordshire, Telford, and Shropshire) supporting those with multiple needs who offend. The YSS Bradley project seeks to achieve liaison and diversion goals (NHS England, 2014) with particular focus on supporting those referred by Integrated Offender Management, Prolific and Priority Offender, police and probation referral routes. It aims to add value to local provision by targeting those with complex needs 'who no-one else wants to work with' and who traditionally 'fell between the cracks' of other services until problems escalate into more expensive crises.

YSS caseloads are broadly equally divided between those on Community Orders and those on custodial licenses with a minority of service users on suspended

¹<http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120112/wmstext/120112m0001.htm#12011281000100>

² <https://www.gov.uk/government/news/extra-funding-for-mental-health-nurses-to-be-based-at-police-stations-and-courts-across-the-country>

sentences. Typically interventions last for 12 weeks. However, the project often receives repeat referrals. The service places high importance on maximising engagement and building bridges to broader services using:

- proactive and outreaching approaches
- early intervention pre-empting and preventing crisis
- holistic, non-judgemental, collaborative and empowering ways of working
- developing good networks with local services

Running costs for the service amount to around 90K per annum covering the employment of two whole-time equivalent mental health specialists (including management, supervision costs and core costs) and volunteer expenses. Since 2011, it has been funded through Lloyds Bank Foundation Trust funding which provided philanthropic investment supporting post Bradley voluntary sector liaison and diversion activity. This funding comes to an end in 2015.

Service outputs and outcomes

1. Forty Eight YSS practitioners have been trained since 2011 using Mental Health First Aid approaches. A recently commissioned Social Return On Investment Evaluation of the impact of this training noted a 60% increase after training in YSS workers' ability to support those with mental health problems on their caseload. This is supported by a staff survey showing 53% of YSS staff are confident and very confident, and 39% fairly confident in working with people with mental health issues,.
2. Between 2011 and 2014, the YSS Bradley Project received 544 referrals (relating to 209 individuals) for enhanced screening and support:
 - Around 80% of those referred were male and 96% were white British.
 - Many were repeat presenters suggesting a population at high risk of recycling in and out of the criminal justice system as social stability and mental health problems fluctuated.

In most instances, broader YSS key workers were coached in screening, referring on and supporting service users with mental health and offending problems by YSS Bradley mental health practitioners.

3. A wide range of potential mental health, health and developmental issues have been picked up through screening with some prompting referral for further specialist assessment. The most common (in order of frequency of identified concern) have included:
 - Depression and anxiety (including symptoms indicative of OCD)
 - Trauma and possible PTSD
 - Drug and alcohol misuse
 - Psychotic disorders (psychosis, schizophrenia or bipolar)
 - Personality disorder
 - Attention Deficit and Hyperactivity Disorder
 - And self-harm and suicidal thoughts
 - Learning disabilities and difficulties

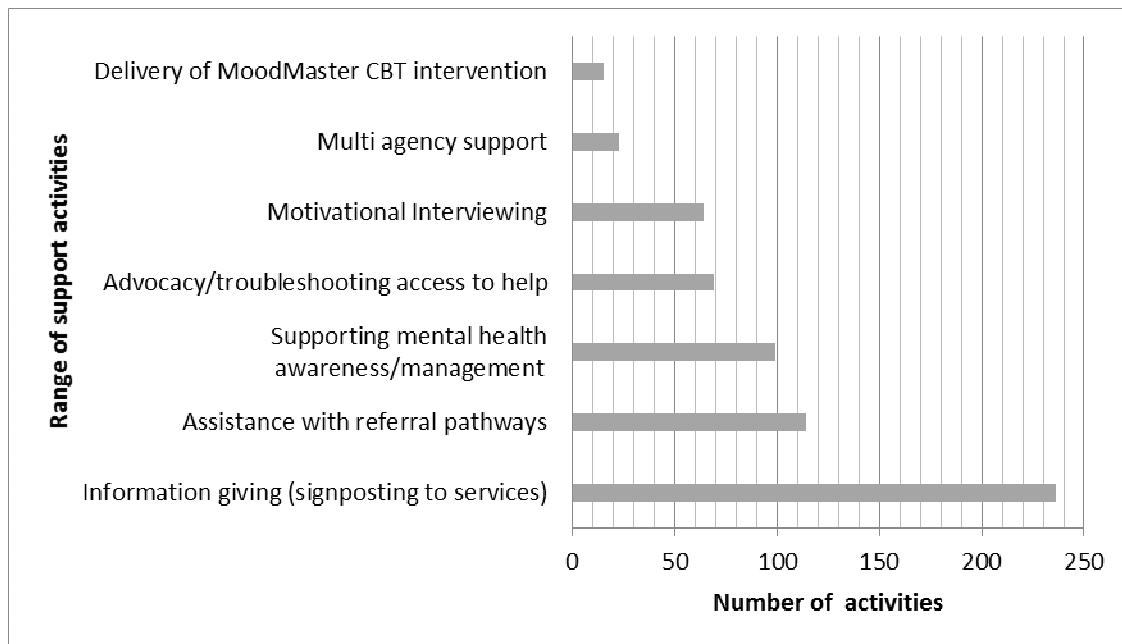
Problems with anger, bereavement, confidence and stress management were also common and in a few instances Tourettes Syndrome and Autistic Spectrum

Conditions were identified. Many of those screened showed signs of having more than one presenting health problem.

4. **YSS Caseload and severity of mental health need:** practitioners recently completed an audit of the severity of Bradley Project service users' mental health needs using a validated tool (Slade, et al., 2000). This tool was designed to assist GPs understand when they should refer to secondary health services and anyone scoring in excess of 5 would usually meet the threshold for secondary service referral (although thresholds may currently be rising based on anecdotal evidence). The average score for service users engaged with YSS Bradley scheme was just over 10 (n = 24) suggesting that the project was engaging with and supporting those with a very high level of severity of mental health need. The Centre for Mental Health, who have regularly used this tool to audit caseload severity among secondary care mental health providers note that this level of severity is similar to males recently audited in London gangs and to those on assertive outreach team caseloads. Those on the YSS Bradley caseload tended to have higher severity of need in domains linked to social, psychological and risk to self-compared to groups like gang members who tended to score higher on risk to others as well as to self. Despite these very high needs, many of these YSS service users had struggled to access and engage with traditional mental health services.

5. The range of support offered by the YSS Bradley project following referral is summarised in Table 1. Most support involves providing information, raising service users' awareness of their mental health conditions and self-management issues, delivering short term Motivational Interviewing or CBT interventions or alternatively helping service users' access help for their broader needs:

Table 1



Evaluation: the general evidence for effectiveness

The general evidence for effectiveness and cost effectiveness of Liaison and Diversion projects such as YSS Bradley is promising with suggestions that schemes have potential to generate cost savings (mainly reduction of criminal justice costs) and cover their costs with very modest shifts in offending (Sainsbury Centre for Mental Health, 2009) (Kane, et al., 2013) (Scottish Association for Mental Health, 2014). In order to maximise chances of achieving promised cost savings, programmes need to have a clear operational model which meets evidence-led best practice principles and components (NHS England, 2014). Given the range of commissioning outcomes associated with liaison and diversion schemes, *joint* health and criminal justice commissioning coordinated through Health and Well Being boards may better promote local development and sustainability.

YSS evaluation

The YSS Bradley project currently has limited resources available for robust evaluation of its activity (e.g. measuring service users' progress and comparing outcomes with a randomised or matched comparison group) and this limits the extents to which it can confidently attribute changes to the activity of the Bradley project. However, the project has made efforts to do the best that it can with the budget available to investigate and demonstrate impact.

Results from the YSS Client Perspective Inventory show that 63% of clients who had themselves identified mental health problems showed an improved score when reviewed at the end of their YSS intervention.

YSS has recently commissioned a Social Return on Investment (SROI) analysis. The SROI methodology involves a structured approach to assessing the social impact of project activity making a judgements on the extent to which outcomes can be attributed to project activity and also ascribing monetary value to project outcomes. The approach comes with some limitations in terms of the robustness of conclusions but has some government department and Third Sector backing as a pragmatic evaluative approach to outcome monitoring. SROI results for the Bradley project confirm national evidence on the cost effectiveness of such 'diversionary' schemes suggesting that commissioners and communities could expect **a return of £7.50 for every £1 invested in the scheme.**

Outcome data analysed by SROI also suggested that service users supported through the YSS Bradley project (n = 300) made pre and post improvements in the following areas of their lives:

- 8 out of every 10 service users made improvements in their health (including increased confidence and reduced substance misuse)
- 6 out of every 10 service users reported changes in self-reported offending
- 4 out of every 10 service users improved employment prospects
- 2 out of every 10 service users reported that they were better off financially since engaging with the project
- 2 out of every 10 service users made progress towards securing permanent accommodation

It found good evidence that changes could be attributed to the specific activities of the YSS Bradley project particularly in the case of health improvements and offending.

The Centre for Mental Health is also helping YSS Bradley develop its outcome monitoring processes and framework as part of Lloyd Bank Foundation funding. It has worked with the scheme to clarify the organisation's rationale, to develop its Theory of Change (see Appendix one) and future outcome monitoring and measurement processes, to link activities with broader best practice national liaison and diversion aims, models and outcomes and to support sustainability.

Contextual challenges

The Centre for Mental Health and the Bradley Project noted a number of environmental challenges to the project over the last three years.

Strategic governance

Best practice guidance indicates that liaison and diversion projects should not be developed as isolated services but should be supported by a 'shared commissioning strategy' and post diversion service infrastructure to maximise effectiveness (NHS England, 2014). In the past, the project was supported and monitored through the local Criminal Justice Liaison Board. However, recent national and local changes in criminal justice and health commissioning have led to some fragmentation in governance arrangements locally. This needs urgent attention with some concerted joint strategic action to map out and draw together broader diversionary activity in West Mercia into a pathway. The Bradley Project would have a key role on this West Mercia liaison and diversion pathway.

Rising thresholds for accessing local services

One of the operational challenges faced by West Mercia Bradley project has been fragmenting provision and rising thresholds for accessing mental health and social care services during the lifespan of the project. Practitioners report a higher proportion of clients with complex needs and/or chaotic lifestyles not getting the early treatment or intervention they need until their circumstances have escalated and they need more expensive crisis management. Although Bradley Project practitioners invest time in building good relationships with local mental health and social services (and have previous histories themselves as mental health practitioners in the area) to facilitate trust and referral, they have recently found it increasingly challenging to get those with high needs the care they need to de-escalate these crises. The shifting and reducing service infrastructure surrounding the team is of concern as evidence suggest that such projects can only operate effectively and prevent more expensive crises if an effective network of services exists to divert service users into to help stabilise their circumstances (NHS England, 2013). Best practice guidance suggests that frontline practitioners need the support of shared commissioning accountability for the post diversion infrastructure to help troubleshoot access problems for those with high needs requiring treatment (NHS England, 2014).

Lack of independent data on reoffending activity of those supported through the project

A common challenge for all projects funded through the Lloyds Bank Foundation grant has been securing independent data on the reoffending rates of those engaged with the service. Although many projects collect self-report data on offending, this can often be unreliable. Having good systems in place to track reoffending (and other emergency placement) benefits all delivery partners and allows commissioners and providers to review, refine delivery and track cost savings emerging over time.

Sustainability

The project has been funded up until now by a grant from the Lloyds Bank Foundation philanthropic grant. This grant comes to an end in 2015. It will then need to seek funding for its sustainability from other sources. The YSS Bradley project strategic lead has already made contact with NHS England Area Team leads to discuss the project and its outputs/outcomes and plans to complete a gap further strategic linkage to support sustainability.

Future developmental work

Over the next 6 months, the West Mercia Bradley Project aims to:

- Complete developmental work to improve strategic awareness and support structures for the service
- Develop networks with other local liaison and diversion schemes to consider how these might form part of an integrated system of liaison and diversion
- Complete a gap analysis of NHS England Liaison and Diversion best practice guidance and Bradley project activity and processes
- Refine, as a team, the Theory of Change and particularly:
 - Key outcomes to be measured
 - The best methodology and tools for evidencing shifts in these outcomes
 - The best way of systematically communicating outcomes to key stakeholders

References

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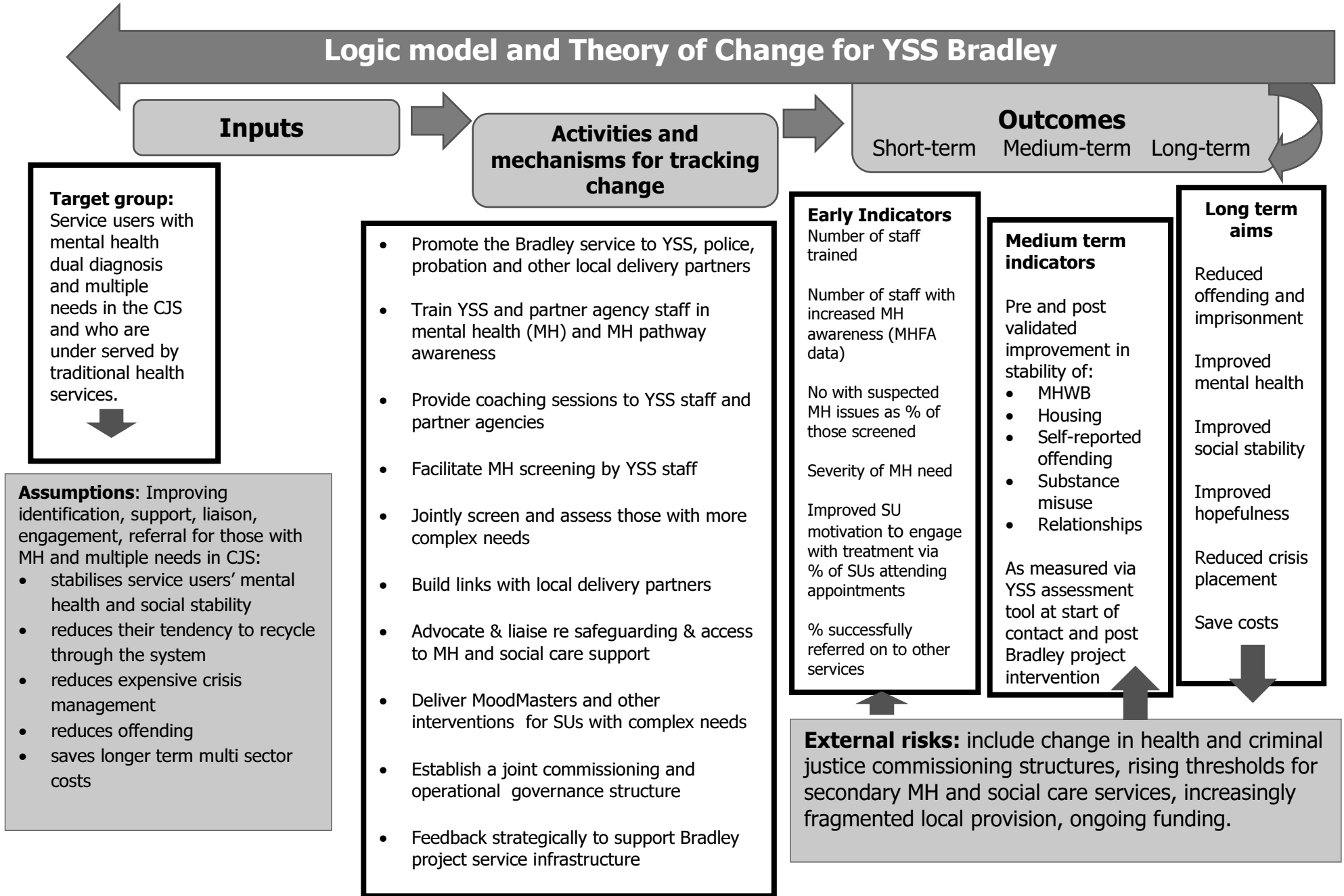
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Slade, M., Powell, R., Rosen, P. & Strathdee, G., 2000. Threshold Assessment Grid (TAG): the development of a valid and brief scale to assess the severity of mental illness. *Social Psychiatry and Psychiatric Epidemiology*, Volume 35, pp. 78-85.

This document has been produced as a discussion document by Centre for Mental Health and the West Mercia Bradley Project as part of Lloyds Bank Foundation Funding. The Centre for Mental Health is a charity specialising in translating best quality evidence and evaluation practice into activity that supports frontline and commissioning developments supporting people facing or living with mental health problems. The Centre is also involved in national liaison and diversion activity working in partnership with NHS England.

Logic model and Theory of Change for YSS Bradley



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