

# High Level Review of Delivering Race Equality in Health and Social Care in Criminal Justice Programme in the South East

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## **GLOSSARY**

<b>BME</b>	<b>Black and Minority Ethnic</b>
<b>CJS</b>	<b>Criminal Justice System</b>
<b>CSIP</b>	<b>Care Services Improvement Partnership</b>
<b>CDWs</b>	<b>Community Development Workers</b>
<b>DRE</b>	<b>Delivering Race Equality Action Plan 2005</b>
<b>DH</b>	<b>National Department of Health</b>
<b>HSCCJP</b>	<b>Health and Social Care in Criminal Justice Programme</b>
<b>NEPHO</b>	<b>North East Public Health Observatory</b>
<b>NIMHE</b>	<b>The National Institute for Mental Health in England</b>
<b>NOMS</b>	<b>National Offender Management Service</b>
<b>PCT</b>	<b>Primary Care Trust</b>
<b>PHRU</b>	<b>Public Health Resource Unit</b>
<b>SHAs</b>	<b>Strategic Health Authorities</b>

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# 1 Key messages

The direction of travel set by HSCCJP South East appears suitable for the objectives set

There is a need for a regional strategy which reflects national priorities as well as a detailed action plan with measurable outcomes.

The DH Board should delegate authority to the regional partnership board and Deputy Regional Director of Social Care to monitor progress on the DRE programme at SHA level.

The development of a high level strategic Board between the two Services, to ensure leverage at the most senior levels as and when required.

A clear joint DRE/NOMS communications strategy to support the Prison Census.

The development of a joint protocol for sharing information collated from the Count Me in Census to develop and commission appropriate services.

To consider how the role of the CDWs might be more effectively integrated into non-health care aspects of Prison activities.

## 2 Introduction and background

### 2.1 Context

MPH Management Consulting Limited was commissioned to undertake a short high level review of mainstreaming Race Equality into the HSCCJP for CSIP in the South East. As of the 1<sup>st</sup> December 2008, CSIP will cease to exist and the HSCCJP will be transferred to Deputy Regional Director of Social Care and Local Partnerships (DRD). This project has been a short assignment carried out between September and October 2008.

MPH Management Consulting Limited undertook to produce a report with high level findings and recommendations to help create synergy between the DRE Action Plan outcomes and the work programme for HSCCJP.

The DRE Action Plan and the HSCCJP are National Department of Health (DH) programmes. The DRE Action plan was established to address many of the recommendations detailed in the report of the independent inquiry into the death of David Bennett and the aim of the HSCCJP is to improve health and social care services across the offender pathway, with an emphasis on improvement within prisons. Both programmes are delivered within a regional context through CSIP regional development centres. The DH is currently undergoing a significant cultural change via the process of regionalisation of much of its work, which is led through NIMHE and CSIP regional development centres, the DRE programme will be subject to increased accountability to the SHAs. From April 2009, SHAs will be responsible for allocating funds to all NIMHE/CSIP programmes. The HSCCJP programmes regionally are also going through this transitional process and for the South East this will mean relocation within the new structure of the Deputy Regional Director of Social Care and Local Partnerships (DRD). This has already begun to have an impact on the DRE programme in the current financial year. The National Offender Management Service (NOMS) is also going through a similar process of devolution of its national and regional structures with key posts not yet in place. These are major change programmes for both organisations which creates a level of uncertainty in planning terms as well as staffing.

Within this environment of rapid change, as part of this review, HSCCJP South East is keen to address the following key question:

Has the direction of travel been correct and what changes, if any, need to be made to address the DRE outcomes and mainstream the programme of work into the HSCCJP?

## **2.2 Scope**

The parameters of the review included:

- To examine the current work programme within HSCCJP to identify opportunities for improvement, and to inform future direction within the prison service
- To assess the benefits and outcomes of the programme of work aligned to the DRE dashboard targets
- To review areas of synergy and weakness
- To deliver a final report outlining high level findings and recommendations

## **2.3 Approach**

The current work programme for the HSCCJP was evaluated, to identify opportunities and to inform future direction by the following methods:

- A desk top review and comprehensive analysis of documents relating to the DRE Action Plan and HSCCJP work programme
- Qualitative discussions via telephone and face to face interviews were held with the National DRE Programme Lead, Acting Programme Lead for HSCCJP and members of staff from the HSCCJP South East team who support the work programme.

## 3 Overview of DRE Action Plan and HSCCJP

### 3.1 Background and structure

Delivering Race Equality in Mental Health Care (DRE 2005) is a five year action plan (2005 – 2010) for achieving equality and tackling discrimination in mental health services in England and Wales. Many of the actions described in the DRE arise from existing equality legislation, guidance and initiatives and is designed to tackle mental health inequalities for all people of Black and Minority Ethnic origin. The DRE programme consists of 3 key building blocks

- Better information and data
- Culturally appropriate and responsive services
- Community engagement

The 3 main priorities for the DRE programme for (2008 – 2010) are:

- Continuing process on recruiting and developing community development workers (CDWs)
- Continuing work to ensure equal access to services appropriate to ethnicity and culture
- Continuing work to promote increased levels of confidence for BME communities in the statutory sector

Progress of the DRE work programme and service delivery objectives to improve access, outcomes and experiences for BME communities is monitored by the DRE Dashboard which is a performance management measure. The DRE Dashboard has 6 headline priorities to support local, regional and national monitoring outcomes for BME communities. These are:

- Access to early intervention
- Access to crisis resolution/home treatment
- Use of assertive outreach services
- Access to psychological therapies
- Implementation of Supervised Community Treatment (under the Mental Health Act 2007)
- Recruitment and impact of CDWs

To ensure synergy between the DRE action plan and the work programme for the HSCCJP, in the South East, the underlying principles of the 3 DRE building blocks have been integrated into the HSCCJP. The HSCCJP is a national programme of work established to improve the range and standard of health and social care services for offenders and others in contact with the Criminal Justice System (CJS) within prisons and the community. The HSCCJP in the South East is resourced by a small team which is now part of the regional Department of Health office of the DRD.

A number of projects have been developed which seek to mainstream the DRE principles within the HSCCJP in the South East. This work has involved an ongoing partnership with the Head of Race Equality in the Prison Service and the National Lead of the DRE Programme.

The key projects which make up the programme of work for HSCCJP are detailed overleaf in figure 1 and have received an overall scoring: RED 'need to do better', AMBER 'reasonable progress' GREEN 'going well'. Further work is required to provide a more comprehensive list of work of the HSCCJP.

## 3.2 Review of current work programme in HSCCJP

**Figure 1 Evaluation of HSCCJP work programme aligned to DRE Dashboard**

DRE Building Block	Project	Average performance rating	Rationale for score
Better information and Data	Count Me in Census pilot in SE Prison – national roll out in 2009 Analysing the data and ensuring it feeds into the development of the offender Health and Social Strategy, as well as the children and Young People Women’s strategies. The report will be available to the Bradley Review, Offender Health policy leads, and SHAs and PCT commissioners	Amber	The pilot has concluded and produced some helpful messages around access to mental health services for BME prisoners. No decision has yet been reached as to the next steps as the report is yet to be agreed by the DRE Lead.
Culturally appropriate and responsive services	Development of community development project in Highdown and Downview pilots as well as considering policy issues it takes into consideration for the needs of BME offenders	Green	This project was originally a 1 year pilot which has now been taken forward by 2 prison CDWs - it is envisaged that the model will be developed nationally
Community Engagement	Community engagement pilot in Highdown, Downview and Josephine Butler Unit. Appointment of 2 community workers specifically to work in prisons in Surrey. Training for generic BME CDWs in offender health and their roles in relation to offenders in the community	Green	Community engagement pilot has been commended by Nacro and put forward as an example of best practice for the DH Consultation Document. A strategy for improving health and social care services for people subject to the criminal justice system.

## **Court Diversion**

This work is intended to fit within the independent review, led by Lord Keith Bradley, in relation to individuals with mental health problems from the criminal justice system and prison, launched on 31 January 2008.

The Bradley review examined the extent to which offenders with mental health problems or learning disabilities could, in appropriate cases, be diverted from prison to other services. The review explored diversion at any point of the offender pathway, including diversion away from the criminal justice system itself, whilst continuing to safeguard the public. It also considered the barriers to such diversion. The Bradley review is expected to report its findings and recommendations in January 2009.

The court diversion project spans the South East and London, and works with court diversion schemes and groups of CDWs. As a reciprocal process CDWs are equipped with information and knowledge of court diversion schemes and equally, court diversion schemes are informed of the role and function of CDWs. Working collectively, they can ensure BME offenders and their needs in respect to mental health and learning disabilities are picked up and addressed with non-custodial sentences being an option. This intervention programme is based on an action research methodology with learning being built into the programme currently underway. The sites in London and the South East where this approach is being tested are:

- Brent – Link with national court diversion SLA pilot
- Camberwell Green – Brixton link with prison / community CDWs
- Stratford – Link with national mental health court pilot
- Surrey – Link with Prison and community CDWs
- Berkshire – Both East and West
- Hampshire – Previous link with Portsmouth

Key outcomes are:

The information and approach has been fed into the Bradley Review, via written and oral submission to the Review, as well as to Lord Keith Bradley in person. It is hoped that the needs of BME offenders are embedded within the findings of the Review and the CDW's model recognised as a way forward.

## Prison 'Count Me in' Census

HSCCJP South East piloted the Prison Count Me in Census in the 27 South East Prisons in May 2008. The aim of the pilot was to test the methodology for the first time in a custodial setting prior to embarking on a national roll out scheduled for 2009. The pilot was successfully completed and initial findings presented to the National Director DRE Programme (Melba Wilson and Richard Bradshaw Director of Offender Health, DH) along with the CDWs who took part in the pilot.

The pilot was taken forward by a small steering group chaired by the Race and Equalities Adviser to NOMS and included NEPHO (North East Public Health Observatory) who undertook to provide the analysis of the data and the Public health Resource Unit (PHRU) who undertook the evaluation of the pilot phase.

Although caution must be applied to the report findings due to the timescale and number of prisons involved in the pilot, some important issues remain paramount: such as access to mental health services for BME prisoners, the need for the development of a baseline of data for those accessing mental health care service provision in prisons and greater synergy between the services.

The steering group identified early on in the process, the lack of synergy between the NOMS strategy for addressing Race Equality with that being piloted through DRD. Equally access to strategic levers either locally or nationally was not sufficiently developed to ensure effective communications between the two Services in planning for the pilot Count Me in Census. The success of the pilot in the main was due to the substantial level of practical input by Manawar Jan- Khan and his project team, in personally delivering briefings to Prison based staff that was required to complete the census. The team also made commitments to personally collect completed forms to ensure security of the confidential information and partly to ensure timely completion of the project. Clearly if the Count Me in Census is to be undertaken nationally in Prisons this level of personal input is not sustainable.

The role of the CDWs in the process is critical in understanding the local stakeholders and structures; however, this is subject to local, regional and national negotiation.

### **3.3 Key areas of synergy between the HSCCJP and DRE Dashboard**

The DRE Dashboard has 6 headline priorities for monitoring outcomes for the BME communities these are:

- Access to early intervention
- Access to crisis resolution/home treatment
- Use of assertive outreach services
- Access to psychological therapies
- Implementation of Supervised Community Treatment (under Mental Health Act 2008)
- Recruitment and impact of CDWs

These are overlaid with the following 3 DRE programme priorities:

- (i) Continued recruitment of CDWS
- (ii) Continuing work to ensure access to appropriate services
- (iii) Continuing work to increase satisfaction and confidence of people from the BME communities

Perusal of the framework document entitled Delivering Race Equality (DRE) Dashboard published in August 2008 suggests that the key projects within the work programme of the HSCCJ which have some synergy with the DRE Dashboard to be:

- The Count me in Census pilot
- The community pilots in Downview, Highdown and Josephine Butler Unit
- The appointment of the 2 CDWs to work with BME prisoners

The scheduled roll out of the Count Me in Census pilot which is due to take place in 2009 will create significant areas of synergy in the mainstreaming of Race Equality in the HSCCJP and the 6 headline priorities of the DRE Dashboard.

### 3.4 Challenges to mainstreaming race (DRE) in the HSCCJP

The key challenges are as follows:

- (i) Change in commissioning arrangements – from April 2009 the SHAs will be responsible for allocating funds to national programmes, such as the DRE and taking them forward.

“They have already indicated in the South East that they will make decisions on how the money will be spent. In a way that is fine because SHAs should own the work in relation to the regionalisation - it should generate greater ownership of policy. The problem for a nationally coordinated function is that you lose the added value of having somebody having the overview nationally – so that can lead to fragmentation and lack of strategic direction. ”

#### National Director DRE Programme

“Some of the risks associated with the change of commissioning arrangements, include: possible contravention of Ministers commitments to race equality within the DH. The DRE is based on the premise that the Mental Health Act is discriminatory and contravenes the national care standards – funds for the DRE programme are not ringed fenced – so there is an issue around identifying funds and related post, also each trust has its own approach to fulfilling the race equality aspect of their business plan.”

“The DRE funds are considered to be very invisible and a change in the commissioning arrangements may jeopardise the roll out of the DRE programme as there would be no dedicated lead and it could become marginalised.”

“The DRE leads are an integral part of this programme – they provide significant influence and point out the risks associated with not taking on board the principles of the DRE programme – a loss of this role would result in a loss of synergy across this programme and professional expertise.”

#### DRE race equality lead

- (ii) Change in national legislation – new policy and possibly new direction. For example what impact will documents such as: Improving Health, Supporting Justice , the Bradley Review and the Corston Report have on mainstreaming Race Equality – do these strategies recognise that people from BME backgrounds have different experiences of the criminal justice system to other minority group

## 4 Summary of findings and conclusions

MPH Management Consulting Limited was commissioned to undertake a short independent review of the strategy leading the Health and Social Care in Criminal Justice Programme (HSCCJP) now being delivered through the Department of Health, Deputy Regional Director of Social Care, South East, as part of the DRE programme. The programme in the South East has necessarily focused on BME prisoners and their access to mental health provisions.

The work HSCCJP has been undertaking with prisons in the region is undoubtedly useful provided that the structures exist or are created to ensure information gleaned from the work can be shared at the correct level in the NOMS Prison Service and DH, to ensure better quality of information and data is collected, and used, to inform the delivery of culturally appropriate and responsive services for BME prisoners.

To undertake this short review we have held detailed interviews with the key players in the South East region:

Manawar Jan- Khan Project Lead, South East

Community Development workers, an in depth interview with the National Director DRE Programme Lead, Melba Wilson.

The organisational structure through which this work is managed both nationally and locally is complicated specifically for those working outside of health. This can make it more difficult to assess the level of success of the programme or the degree to which external factors might have impacted on the overall programme outcomes.

### External environment

The environment within which the programme has been operating locally has been changing rapidly and remains in a position of major change which is yet to be fully implemented. The review of Mental Health Services by Lord Bradley is yet to report and the transition of NOMS is yet to be completed as the Directors of Offender Management are not yet in place. Change at such a scale and pace is likely to impact on the programme, though it is not clear to what extent this has happened. It is therefore to the credit and determination of the local team that work has remained on target.

## Governance

This has been less than clear locally with the exception of the Count Me in Census pilot. It is strongly recommended that a senior level Board be developed jointly with NOMS to develop synergy between programmes looking at improving Race Equality outcomes for prisoners.

## Community/ Stakeholder Engagement

The two national conferences held have been timely opportunities to raise the issues of BME prisoners and access to mental health services both of which have provided opportunities for stakeholders and ex – service users to contribute to the ongoing debate. Such opportunities should be continued as they remain an invaluable source of information and communication.

In the main the DRE Programme in the South East has met its objectives though it is difficult to quantify success at this stage.

The programme should look at the benefits that might be derived from a closer engagement with NOMS through a more strategic level partnership on Race Equality outcomes.

## 5 Recommendations and next steps

### 5.1 Recommendations

- The development of a high level strategic board between the two Services, to ensure leverage at the most senior levels as and when required and to agree key priorities/programme of work until 2010
- To support mainstreaming it is vital the new structures for both HSCCJP and NOMS via the DOMS recognise the importance of DRE within the regional and sub regional HSCCJP partnership boards. These new governance arrangements need to ensure the continuity and mainstreaming of DRE within the context of CJS.
- In line with the above the Race and Equalities Advisor to NOMS can ensure regional DOMS are champions of this work at regional partnership boards with SHAs and other key partners.
- Clear joint DRE/NOMS communications strategy to support the Count Me in Census
- The development of a joint protocol for the sharing of the information collated from the Count Me in Census to develop and commission appropriate services
- To consider how the role of the CDWs might be more effectively integrated into the non-health care aspects of Prison activities
- Court diversion schemes need to be rolled out nationally - to prevent people with mental health having to go to prison
- DRE leads need to ensure that the PCT have a clear plan of action for mainstreaming Race Equality in their business plans for 2009/10

## 5.2 Next steps

We suggest the following as a set of next steps:

Establish a Stakeholder Board to be chaired jointly by the National Director DRE Programme and the Race and Equalities Advisor to NOMS as soon as is practicable. This should in the first instance steer a programme of activities between the organisations during the change processes currently taking place within the two organisations concentrating in the first instance on developing effective communications.

The Lord Bradley review is yet to report and the Improving Health Supporting Justice recommendations, along with the implementation of Corston report will require a robust strategy and action plan to ensure that Race Equality issues are not undermined or lost during the development of single equalities schemes.

A joint conference once the Bradley review is published would be an ideal opportunity to share thoughts with stakeholders as to plans for moving forward.