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| REPORT TO: | HEALTH AND WELLBEING BOARD (CROYDON) 25 March 2015 |
| AGENDA ITEM: | 6 |
| SUBJECT: | Offender Health and Wellbeing |
| BOARD SPONSOR: | Lissa Moore, Assistant Chief Officer, London Community Rehabilitation Company |

BOARD PRIORITY/POLICY CONTEXT:

Offenders, ex-offenders and those at risk of offending experience significant health inequalities. They experience higher rates of mortality and suicide, drug and alcohol misuse; mental and physical health problems; homelessness, literacy and numeracy difficulties, unemployment; and poor access to and take up of, health and care services. These are areas prioritised by the board in the joint health and wellbeing strategy.

Since there is an identifiable link between health and inequalities and offending behaviour, improving their health outcomes can markedly reduce re-offending rates. In turn, a reduction in re-offending is likely to bring health and wellbeing benefits to a wider local population as a result of improved community safety. This is a priority for the local Strategic Partnership in Croydon.

1. RECOMMENDATIONS

1.1 This report is for information only. The health and wellbeing board is asked to note the contents of the report.

2. EXECUTIVE SUMMARY

Offenders and ex-offenders can experience health inequalities and social exclusion.

Department of Health statistics disclose the following:

90% of prisoners have substance misuse problems, mental health problems or both

9% of the UK prisoner population suffer from severe and enduring mental health illnesses

10% of prisoners have a learning disability

40% of prisoners declare no contact with primary care prior to detention

In the first month after discharge from prison offenders are up to 30 times more likely to die from suicide than the general population

There is commonly poor continuity of health care information on admission to prison, on movement between prisons, and on release

80% of prisoners smoke.

72% of male and 70% of female sentenced prisoners suffer from two or more mental disorders – compared with 5% and 2% in the general population. Less than 1 percent of offenders in the community are being referred for mental health treatment.

There are a number of factors that contribute to re-offending and these factors are identified as needs that can be addressed within the requirements of a community order or licence conditions.

Around 1200 offenders are being managed by CRC in Croydon;

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| Accommodation is a Need | 14.1% |
| ETE is a Need | 59.6% |
| Finance is a Need | 31.6% |
| Relationships is a Need | 27.8% |
| Lifestyle is a Need | 38.8% |
| Drugs is a Need | 20.9% |
| Alcohol is a Need | 18.2% |
| Emotional Well-being is a Need | 21.8% |
| Thinking & Behaviour is a Need | 93.5% |
| Attitudes is a Need | 74.0% |

3. DETAIL

Offenders generally have a poorer level of uptake in terms of engaging with Health Services in the Croydon area (GPs, clinics). It is recognised that poor health is a potential barrier to productive lives. Already marginalised due to conviction histories, offenders, who fail to engage with Public Health services are further disadvantaged by poor health, preventing them from staying in employment, education or rehabilitation programmes. By identifying needs (or barriers) in terms of health services for Offenders and then tailoring service delivery or partnerships to meet those needs and remove barriers where possible, CRC aims to increase the likelihood of them achieving actual and long-term rehabilitation.

It is widely acknowledged that people with mental health issues are overrepresented in parts of the criminal justice system. When the mental health problems of offenders are not recognised or dealt with appropriately their problems often get worse leading to exacerbate symptoms as well as increased social isolation and disruption to their lives and those around them. Probation Officers often find this group of service users difficult to engage, resulting in high levels of non-compliance.

The London Community Rehabilitation Company (CRC) was launched on 1 June 2014 (at the same time as the National Probation Service). The CRC manages the majority of offenders in the community, excluding those who are MAPPA registered. It is also responsible for;

- Offending behaviour programmes excluding Sex Offender Treatment Programmes
- Support services including housing, education, training and employment

- Integrated Offender Management (a multi-agency approach to reducing reoffending by the offenders whose crimes cause the most damage and harm locally)
- Mentoring
- Restorative Justice
- Community Payback
- Senior Attendance Centres
- New 'through the gate' services.

The new structure maintains co-terminosity with Police and Crime Commissioners (in London, the Mayor's Office for Policing and Crime) and local authority boundaries, without disrupting partnerships established within previous Probation Trust boundaries. The new providers will be governed by key requirements, including sharing information with partners. Both the National Probation Service (London) and London Community Rehabilitation Company are fully committed to supporting Adult Reoffending Strategies at borough and a London-wide level. Both will contribute to inter-agency work, including Integrated Offender Management, Community Safety Partnerships, Multi-Agency, Risk Assessment Conferences, Multi-Agency Safeguarding Hubs and Safeguarding Boards. Both NPS and CRC Assistant Chief Officers will continue to attend relevant partnership meetings.

Working with a wide range of partners across the health and criminal justice sectors, both locally and nationally, will be fundamental to tackling the shared agenda on health inequalities among people in contact with the criminal justice system in Croydon. The CRC in collaboration with partners, aims to;

- Understand the specific health needs of those in contact with the CJS in the local community, through using the available health data from criminal justice agencies
 - Build upon existing partnership arrangements and forums with overlapping membership to coordinate this local offender health agenda e.g. Community Safety Partnerships, Drugs and Alcohol Action Teams, Integrated Offender Management (IOM) and Safeguarding Partnership, and working with Health and Justice Public Health specialists.
 - Work with partners to address other common risk factors and detriments associated with poor health and offending, such as homelessness. Develop a comprehensive and joined up strategy to tackle deep rooted and interrelated problems facing local communities.
 - Explore opportunities for joint commissioning with partner agencies and utilise the increased flexibility being given across a range of public service areas to tailor solutions locally. The report highlights emerging initiatives which co-locate different services under one roof, and tailor multiple services around the needs of service users, as illustrations of promising practice.
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