

Essex Integrated Health and Justice Service Summary Review of Integration – For Commissioners

The Service

The Integrated Health and Justice Service (IHJS) was a bringing together of previously separate, distinct, individually funded/commissioned and managed services in and around Police Custody and Criminal Justice crisis. These were:

- Liaison and Diversion
- Police Custody Healthcare (incl. Forensic Medical Examiner)
- Street Triage

The work was part of a longer term programme to explore opportunities for developing a clear and joined up Health and Justice System (Fig 1) across Southend, Essex and Thurrock to address the needs of individuals engaged within Criminal Justice System whose health and wellbeing needs were often overlooked and for whom health, wellbeing and risk taking behaviours were linked to criminality and re-offending.

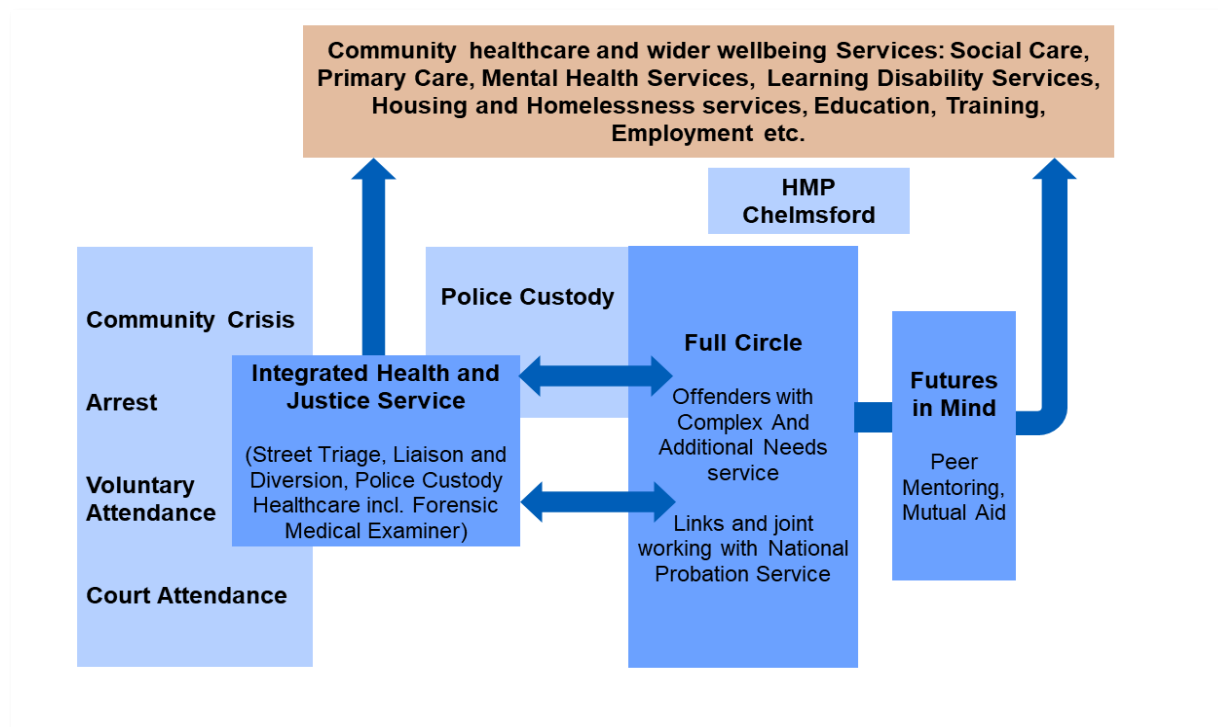


Fig 1: The system as it currently exists in Essex (links are made to Southend and Thurrock wherever possible)

Some of the issues identified prior to procuring the service that we were seeking to address were:

- Confusion and complexity in Custody Suites for custody staff re engaging external support
- Poor performance of the Police Custody Healthcare provision across the Essex estate

- Poor performance in relation to street crisis and the impact on Section 136 detention and Accident and Emergency attendance
- Under-developed links and referral routes to wider community support from custody

An initial core element, commissioned across Essex with links to associated provision in Southend and Thurrock, is the Offenders with Complex Needs Service, Full Circle, provided by Phoenix Futures. This service provides a single “care management” function for referrals from the IHJS, Probation, Police and other health and wellbeing services.

The IHJS is about to enter the fifth year of delivery. Initial problems with the chosen database system, Excelicare, have been resolved and all staff have the required access to the system, so data is now reflective of the full service model as chosen by Commissioners. Similarly, problems with the speed of Police Vetting of staff have improved and the service is running with the right level of staffing.

Views from the Customers

Key customers of the Integrated Service are the Police and Service Users.

The view from an Essex Police representative involved in the procurement and implementation of the service is that, overall, “the service gave us a system that was infinitely better than what we had before, despite the implementation and staffing issues preventing operation at full model design immediately following go-live. Across a huge range of measures we were delivering quicker, better interventions for detainees in custody. The concept of the model operating at full scale is still the right approach in my opinion with the information available across service provision being the key to real success. Despite the change impacts I consider the integrated health and justice provision a success”. He did note that he had not been involved in the service for a couple of years, but that this had been his view at the time and remained so.

Police staff currently involved in the service have noted that from their point of view, the current deployment of staff in custody does not always seem to meet their needs. It should be noted that to a large degree, the deployment of staff in custody was based on what custody managers said was required at the time of procurement. However, needs do of course change over time and work is currently underway to see what changes can be made within the existing budget and what changes might need to wait for consideration as part of any future re-commissioning.

Please note, at this stage, no commissioning organisation is being asked for more financial input. It should also be recognised that since the initial procurement, NHSE&I have increased their financial contribution to the integrated service considerably, with additional monies for expansion to cover the Crown Courts in Essex and support for the implementation of the Excelicare database system.

Specific feed back from Service Users around the specific benefits of integration are regrettably somewhat limited. It has not been possible to compare “before and after”

feedback. However, service user feedback has largely been positive from the outset. The table below summarises all the service user feedback received since inception. Feedback is elicited through anonymous feedback forms.

	1. I was happy with the amount of time it took for my H&J worker to contact me for the first time	2. I was happy with the amount of contact with my H&J worker	3. I feel that my H&J worker had a good knowledge of services available to me	4. I feel that my H&J worker offered good support to help me access these services	5. I feel that my H&J worker offered me a service not previously offered by anyone else.
Strongly Agree	49%	45%	57%	51%	37%
Agree	51%	51%	43%	45%	30%
Neutral	0%	2%	0%	4%	29%
Disagree	0%	1%	0%	0%	5%
Strongly Disagree	0%	0%	0%	0%	0%

Views from within the service

If asked individually, staff within the service would say that the implementation of Excelicare was a somewhat painful process. In truth, this would probably be true of any new IT system implemented in a dynamic and multi-faceted environment. However, consistent feedback from staff across all elements of the service points to the enormous benefit of having a shared case-management system in providing improved service user care:

“The integrated nature of the service increased the speed with which clients are put into contact with EPUT and Phoenix Futures. The integrated nature of the service also means that the information recorded by each service on our shared case management system can be utilised by other staff within the H&J service, avoiding duplication of work and ensuring that clients do not have to repeat similar information to all professionals involved. The shared database used within H&J allows us to access information from both a service delivery and a risk management perspective”

“By accessing the clients notes on Excelicare the CPN was able to identify that the client had already been referred to the Phoenix Futures team for ongoing support in the community with regards to the investigation, his mental health, and social needs. The CPN was able to contact the Health & Justice worker to keep them updated on the court process and was able to inform the client of the workers name and arrange a convenient time for the Health & Justice worker to call. The confirmation of follow up in the community allowed for some mitigation of the future risk of suicide posed by the client as he did not feel so overwhelmed and knew that someone would be calling him to offer support”.

“By using the shared database with EPUT, I was able to obtain a better picture of the clients needs and medical history both mental and physical. I was also able to cross

check the medication that the client stated they were using so that my report to the court was correct”.

General feedback around integration is summarised by the following quote:

“By accessing the clients notes on Excelicare the CPN was able to identify that the client had already been referred to the Phoenix Futures team for ongoing support in the community with regards to the investigation, his mental health, and social needs. The CPN was able to contact the Health & Justice worker to keep them updated on the court process and was able to inform the client of the workers name and arrange a convenient time for the Health & Justice worker to call. The confirmation of follow up in the community allowed for some mitigation of the future risk of suicide posed by the client as he did not feel so overwhelmed and knew that someone would be calling him to offer support”.

Due to integration of the Police Custody Healthcare and Liaison and Diversion services, there is 24/7 cover at police stations. This has significantly increased the number of LDIPs completed, which have increased by around 40% in the last year (once Excelicare was fully functional). The HCPs are able to start the Liaison and Diversion screen at the earliest opportunity and are often able to complete the required activities. This is illustrated by the relatively high number of referrals that come directly from the CRG element of the service to the community criminal justice provision, Full Circle – approximately 32% of all referrals coming to Full Circle come from the liaison and diversion screen undertaken by CRG.

From a Service users’ point of view, their needs are identified at the earliest stage within the police station with all needs potentially being met by one person initially instead of having to tell their story to many different professionals. Even if further specialist assessment intervention is required, duplication in the assessment process is reduced. Under the previous incarnation, the Police Custody Health Care service would ask questions about the detainees physical health, which would then be duplicated by the Liaison and Diversion. The process is now more streamlined with these questions only being asked once.

The integrated data system (Excelicare) now allows improvement in information sharing. An example of the advantage of this is when an AMHP is called but is unable to attend until outside the normal working hours of the Liaison and Diversion MH nurse. The CRG HCP has access to the database and is thus able to share necessary information with the AMHPs. This can help to provide a fuller mental health assessment.

As staff are all working towards the same goal, integration has minimised organisational barriers and stops the mind set of “this is your job not mine”. Staff report that it seems to be more of a seamless pathway now, with less room for errors as they have a shared common goal. This also allow constant review and refinement of the whole pathway with all elements taking the opportunity to continuously improve and develop.

Referrals into local community support services for detainees has also improved. As noted, the referrals directly into Full Circle from CRG are significant, and higher than before integration. The same is true of referrals from the Liaison and Diversion element of the service – over 60% of all referrals coming into Full Circle now come from the Integrated Service, including Street Triage. Previously, referrals from Street Triage were zero and from the previous Liaison and Diversion service 15%.

The recent Service Manager (now moved on), who managed the previous incarnation of the Liaison and Diversion service as well as the integrated service, stated that in her view, the key benefit of integration is that all services working in the pathway work together, with one issue belonging to everyone. She noted that it has been easier for her to identify and resolve issues, due to the integration of the services.

View from Partner Organisations

Feedback from Partner Organisations has mostly come from Full Circle and can be summarised by the quotes below:

“We have been able to receive referrals for clients who would not ordinarily be signposted into services and support. Previously we would have only received referrals for those clients presenting with substance misuse issues, those with learning disabilities or mental health concerns would not have come our way. Having the support of a multi-disciplinary team has given us a better understanding of individual client needs, more generalised health support and advice and on occasions access to details of professionals involved with the clients existing care”.

“Having the H&J team refer to us has been positive, they understand our role and how we work so can inform us of the specific needs and also inform the client best about how we work. They have also been able to keep us informed about any court dates or outcomes. I have found that the H&J team have been on the ball with keeping Full Circle up to date with any clients that are open to us that come through the courts and any outcomes”

The Full Circle Service Manager also noted that the Integrated Service now provides a more consistent service across the county, which, it was felt, was not in place before. In turn, this enabled clear and robust pathways to be established, which ensures that service users are offered the same support in all areas. It was further noted that the consistency is reflected in the same service being offered to young people as well as adults.

“For us it has provided a seamless approach to those moving through the CJ system – so that if service users we are working with are further arrested or attend court, we are alerted at the first opportunity and allows us to work together to ensure we don’t ‘lose’ service users and they don’t fall through the gaps. We have really good communication from all elements of the H&J service and they will often call and advise someone is in court or police custody. However, it also allows new referrals or the service users that are more complex and harder to reach to be quickly and effectively engaged – they will call us and alert us to someone that needs to be

picked up quickly and this has included joint handovers to ensure a seamless approach”

The Full Circle Service Manager similarly noted the impact of the shared case management system used by the Integrated Service:

“Having a shared case management system that elements of the H&J service can access means they can see quickly any clients coming through that are known to us – allowing vulnerable or high risk SU’s to be picked up and supported appropriately”.

Performance

The amalgamated performance over the three years that full data is available from Excelicare is attached (Appendix II).

Proxy Measure of Success

Currently, the Full Circle community-based service (funded by ECC PH) receive more than 60% of their referrals from the Integrated Service. Performance data from Full Circle shows that if an individual engages with the service, only around 4% (currently 3.4%) show up again as referrals within a 12 month period. This would seem to indicate that if a person engages with the full health and justice pathway, there is some measure of success in moving them out of offending behaviours.

Future opportunities

Having the IHJS in place within the developing system presents opportunities for the future for ensuring join up across multiple agendas. It is known that additional resources are going to be made available as a result of the new National Drug Strategy through top tier authorities and the OPFCC for:

- Drug Testing on Arrest
- Out of Court Disposals
- Targeted accommodation support

It will be easier to land these new initiatives within a system that is already integrated to make more efficient use of these resources.

Appendix 1

`Feedback quotes from service users

“thank you for all your help I hope doing this will finally break me free of my addiction”

“thank you so much for all your help with everything and for being there for me throughout this time and for all your advice, support and guidance, it’s been fantastic”. ATR client.

"you have cheered me up and put a smile on my face and helped me realise there is support available to help me." ATR client.

"thank you for your help, it means a lot to me." ATR client.

“honestly thank you so much, this has been life-saving”.

“thank you so much for today, thank you for this and for listening it’s helped a lot” ATR client.

Hi Amy. I want to thank you for today’s conversation. Not only were you very supportive and helpful you were also a really friendly listening ear which means a lot at the moment. All really appreciated.

“Thanks for this. Was helpful and you were very nice and patient!”

So much credit for my improvement (which I am only just beginning to recognise) over the last very traumatic 7 months must go to CMHT and your organisation in the shape of the excellent Amy Edwards. I have received nothing but kindness and understanding from all of the people I have encountered and Amy typifies that.

Feedback from a parent “My son is still going to attend the boxing with Futures in mind and without your help I don’t know how we would off got through these last 20 months”

Appendix II Combined Data Report

ESSEX HEALTH AND JUSTICE REPORT 2019-2022



CRG - 60 MINUTE RESPONSE

94.6%

Over the 3 year period shown below, we can see that from 2020 we consistently saw higher percentages of the requests for police custody service being responded to by a practitioner within 60 minutes, although this dropped to 90.3% in March 2022. In the 2021/22 year this was at 94.6%, just below the threshold level.



	19/20	20/21	21/22
60 minute response	90.0%	97.6%	94.6%

STREET TRIAGE - A&E AVOIDED

SOUTH

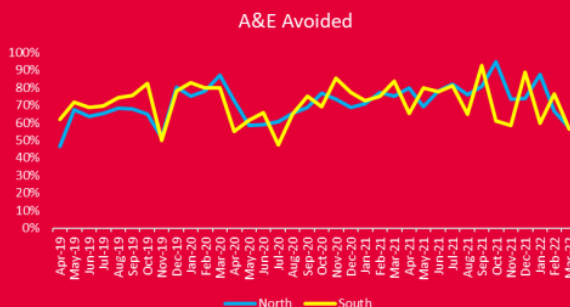
72%

of people avoided A&E because of Street Triage this year, this is an increase on last year which was 71%. There has generally been more variance in these figures in the 2021/22 year.

NORTH

76%

of people avoided A&E because of Street Triage this year, this is a large increase on last year which was 69%. There is a clearer increasing trend shown below over the 3 year period, despite the drop in the last 2 months of this year.

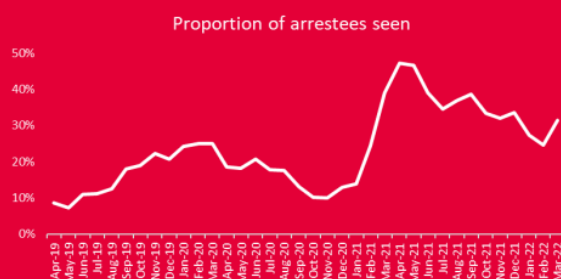


	19/20	20/21	21/22
North	68%	69%	76%
South	73%	71%	72%

PROPORTION OF ARRESTEES SEEN

35.2%

of the 24,133 arrestees were seen this year. This is a large increase on last years figure of 17.8%. From the 3 years available we can see the proportions really begin to increase at the beginning of 2021, with April 2021 seeing the highest proportion seen of 47.2%.



	19/20	20/21	21/22
Proportion of arrestees seen	16.9%	17.8%	35.2%

STREET TRIAGE - S136 AVOIDED

SOUTH

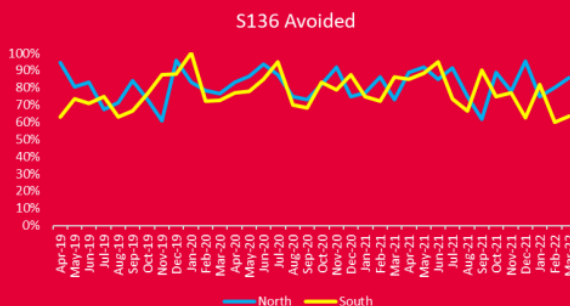
78%

of S136 were prevented during this year. We have seen more stable yearly figures for the past 2 years, despite monthly variance, following an increase from 75% in 19/20.

NORTH

84%

of S136 were prevented during this year. There is a clearer increasing trend in the yearly figures shown below over the 3 year period, despite monthly variance.



	19/20	20/21	21/22
North	79%	82%	84%
South	75%	80%	78%

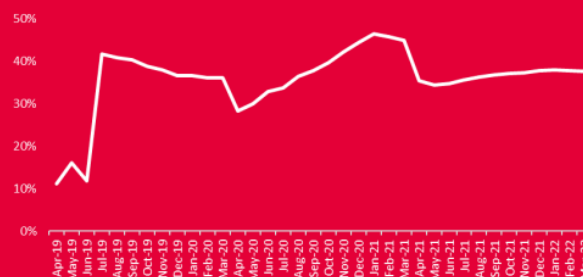
MENTAL HEALTH (MH) REFERRALS RESULTING IN ENTRY INTO A SERVICE

37.1%

of MH referrals resulted in successful entry into a service. For the 3 year period of data we have available, we have seen a variance in the percentage of referrals successfully entering into a service. However, we are seeing higher numbers of people completing this pathway, with a total of 2,041 people supported by the end of this year. This is an increase in the number of people supported from last years 1,504.

	19/20	20/21	21/22
MH referrals leading to successful entry to service	36.2%	44.9%	37.1%

Proportion referrals for MH leading to successful entry into a service



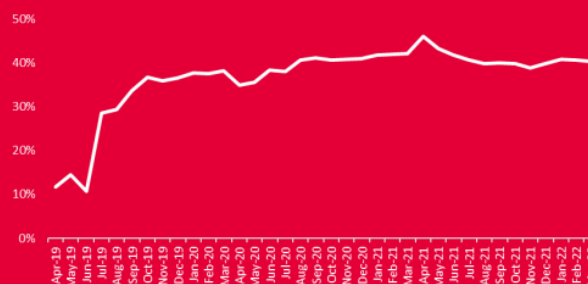
SUBSTANCE MISUSE (SM) REFERRALS RESULTING IN ENTRY INTO A SERVICE

40.3%

of SM referrals resulted in successful entry into a service. For the 3 year period of data we have available, we have seen a variance in the percentage of referrals successfully entering into a service, with a decrease from 2020/21 to 2021/22. However, we are seeing higher numbers of people completing this pathway, with a total of 769 people supported by the end of this year. This is an increase in the number of people supported from last years 528.

	19/20	20/21	21/22
SM referrals leading to successful entry to service	38.2%	42.2%	40.3%

Proportion referrals for SM leading to successful entry into a service



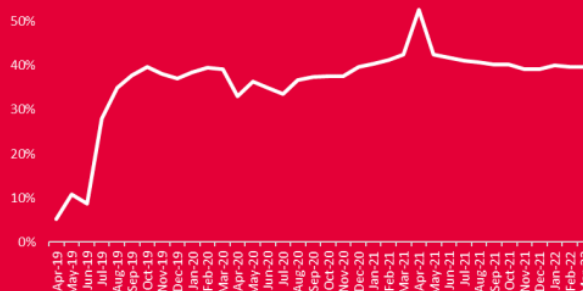
ALCOHOL MISUSE (AM) REFERRALS RESULTING IN ENTRY INTO A SERVICE

40.2%

of AM referrals resulted in successful entry into a service. For the 3 year period of data we have available, we have seen variance in the percentage of referrals successfully entering into a service, with a decrease from 2020/21 to 2021/22. However, we are seeing higher numbers of people completing this pathway, with a total of 694 people supported by the end of this year. This is an increase in the number of people supported from last years 481.

	19/20	20/21	21/22
AM referrals leading to successful entry to service	39.3%	42.5%	40.2%

Proportion referrals for AM leading to successful entry into a service



PROPORTION OF FEMALES ENGAGING

19.3% (Full year average)

of those engaging with the service were female. For the 3 year period of data we have available, we have seen a slight decline in the percentage of females engaging on average per month. However, we are seeing higher numbers engaging, with an average of 137 women engaging each month this year. This is an increase from last years 83.

	19/20	20/21	21/22
Proportion of Females engaging	21.2%	23.3%	19.3%

Proportion of Females engaging



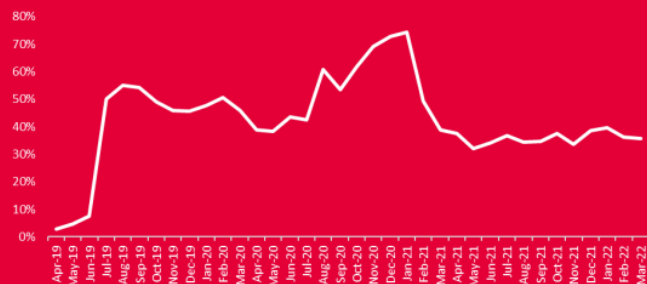
LIAISON WITH EXISTING CARE PROVIDERS

35.9% (Full year average)

of cases required active liaison with existing care providers in relation to needs identified. Over the 3 year period we have seen highest proportion in 20/21 but this decreased again in 21/22. However, the average number increased this year to 253 people requiring the liaison per month from 183 last year.

	19/20	20/21	21/22
Liaison with existing care providers	42.7%	53.6%	35.9%

Proportion of cases in which there has been active liaison with existing care providers in relation to needs identified



PEER SUPPORT

3.5% (Full year average)

of new cases were referred to Peer Support during this year. Over the 3 year period we have available we have seen a general decrease of the average proportion of people who were referred to Peer support. However, the average number of people referred each month increased to 25 this year, up from 15 in the previous year.

	19/20	20/21	21/22
Proportion referred to Peer support	4.6%	4.3%	3.5%

Proportion referred to Peer support

