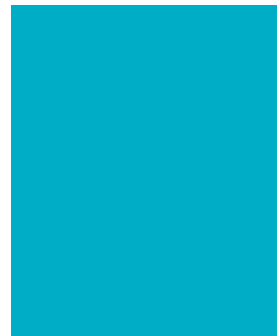
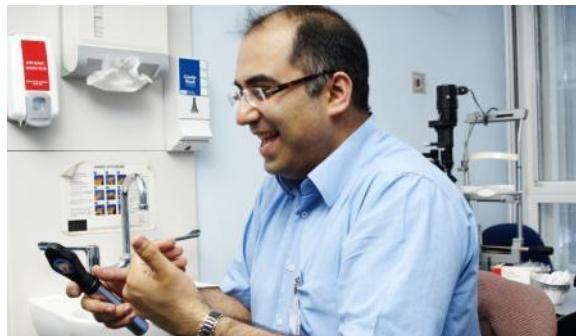


Commissioning a service to improve mental wellbeing among female detainees

Claire Weston, Head of health and Justice (East)



RCGP Secure Group
November 2017



2013: Issues

- NHS England just formed
- Detention policy not as developed as criminal justice policy
- Multiple stakeholders keen to scrutinise practice at removal centres
- Data scarce
- A single IRC dedicated to accommodation of women
- Women have different health needs to men

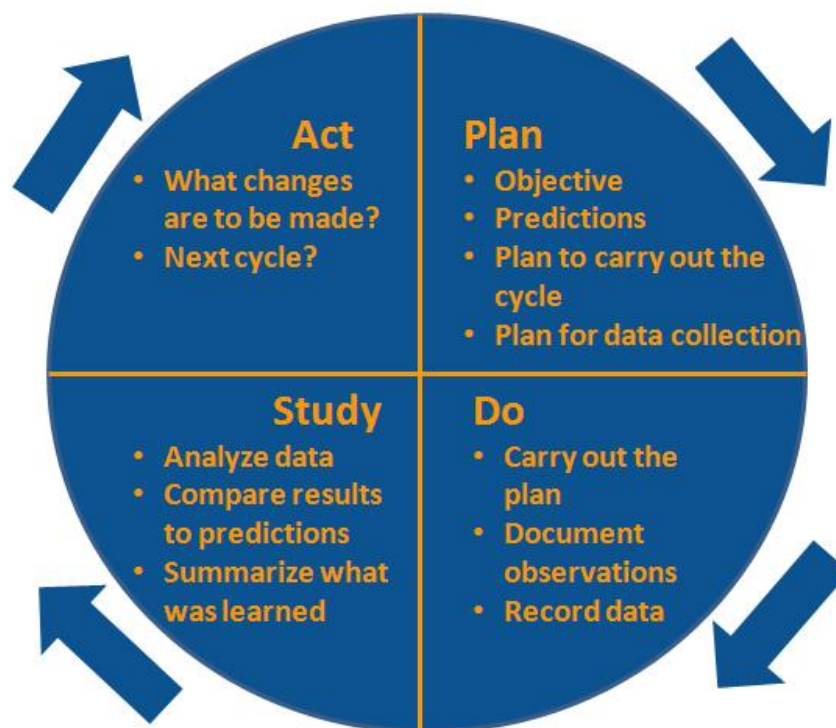
Transition – Health and Social Care Act

- From PCTs to CCGs and NHS England
- From Home Office to NHS England

September 2014

- Recently mobilised new physical and mental health service
- Third sector providers offering befriending services – no specification or formal arrangement
- Some sources of support for detainees:
 - Chaplaincy
 - Welfare service
- Comparison with services at other IRCs (though none is women only)
- HMIP?

PDSA cycles



2013: Plan – Objectives

- Mobilise additional wellbeing support as quickly as possible
- Identify the best way to understand wellbeing
- Commission a new, additional service
- Ensure that data is collected
- Prediction:
 - that wellbeing would improve

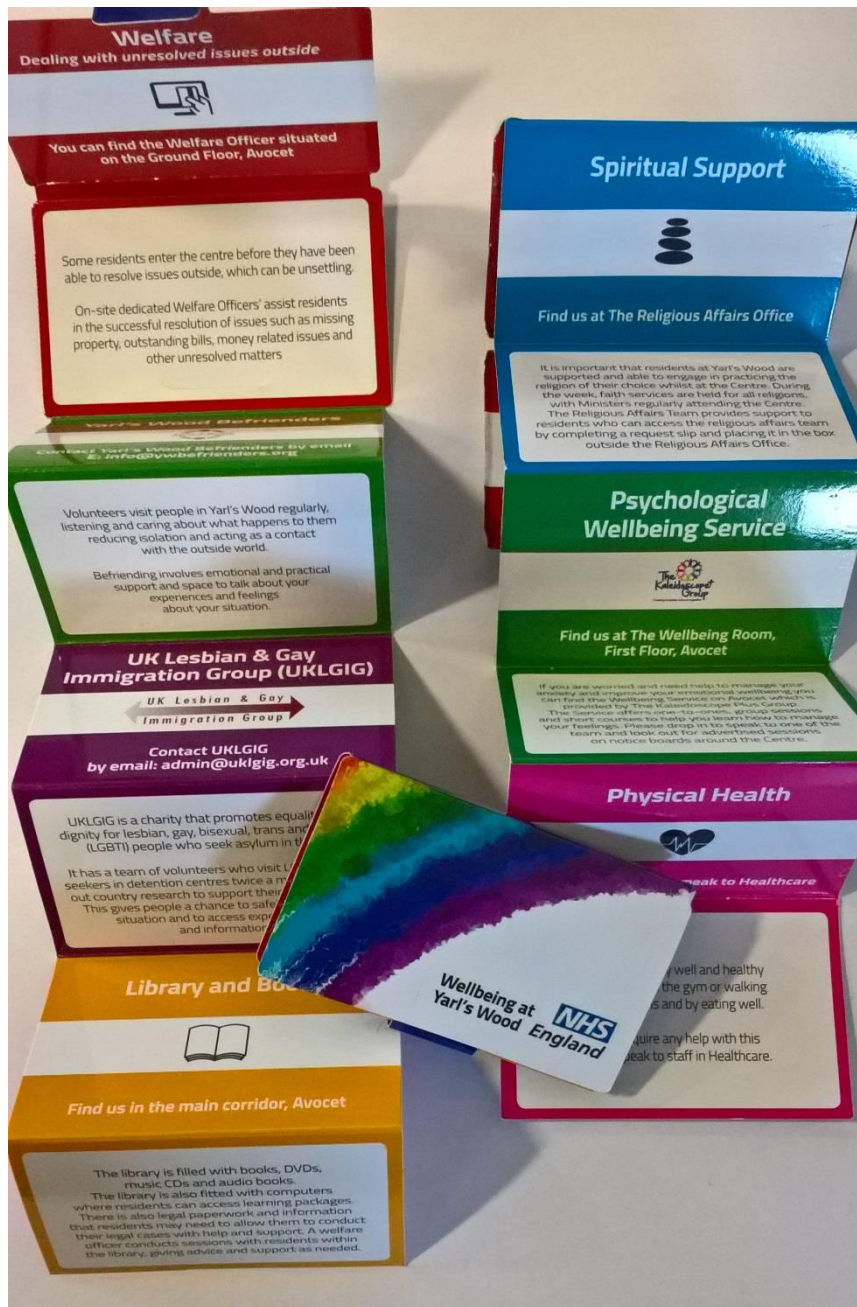
2013: Do

- Offer grant funding to third sector organisations whose services might contribute to preserving wellbeing
- Purchase off-the-shelf solutions
 - RCPsych leaflets
 - (quality assured; available in many languages)
- Research appropriate therapies
- Ensure the provider proposes appropriate tools for measuring wellbeing
- Allocate additional funding for this purpose

2014 – 2015/2016: Do

- Tendered a wellbeing service
- Appointed a provider (Kaleidoscope Plus Group)
- Provider mobilised service in May 2016

- Continued to support befriending services
- Added 'Reading Well' scheme
- Informed detainees about what's available



2015-2016 : Study

- Provider-led evaluation of wellbeing service
- Self-evaluation included in service specification
- Twice-yearly report produced by provider
- Discussed at partnership board meetings



FIGURES TO DATE

	Year One 19.05.16 – 31.03.17	Year Two 01.04.17 – 30.09.17 (mid year figures)
Individuals accessed the service (many multiple times)	<u>493</u>	<u>296</u>
Average number of monthly referrals	<u>45</u> (lowest being 15, highest being 62)	<u>49</u> (lowest being 38, highest being 55)
Individuals completing a psychological wellbeing measurement tool at least once	<u>442</u>	<u>398</u>
1-1s attended	<u>450</u>	<u>248</u>
Groups Attended	<u>308</u>	<u>269 (mid year)</u>

WEMWBS MONITORING

Detail	TOTAL 19.05.16- 31.03.17	Comments	TOTAL 01.04.17- 30.09.17	Comments	Cumulative
Individuals completed WEMWBS during the period	166		103		269
WEMWBS Average Score (first measurement)	39	This score indicates that the average wellbeing level is slightly "Below Average"	41	This score indicated that the average wellbeing level is 'Average' (low end)	40 Border score between Below Average and Average Wellbeing
Clients who had at least one repeat measure (of the 166)	61		12		73
WEMWBS Average Score (second measurement)	41	The score indicates that the average wellbeing level had improved to 'Average' (low end)	50	This score indicates that the average wellbeing level had improved to 'Average'	42 Overall indication of Wellbeing improving within the 'Average' bracket

Not all clients will have completed a second measure due to a range of factors including leaving the Centre or no longer needing or wanting to attend the service.

FEEDBACK



KPC PSYCHOLOGICAL WELLBEING SERVICES
REPORT CLAIRE DALE (DIRECTOR OF OPERATIONS) JANUARY 2017

HMIP 2017

2.74 The caseload for the team was 47 and they received about 15 to 20 referrals a month. There was an open referral system and a daily triage meeting each weekday to prioritise cases.

2.75 All detainees referred received a prompt and comprehensive initial assessment and, depending on need, were retained on the caseload with care plans for ongoing support and complex case management or referral to the wellbeing service. There was some joint working with the wellbeing team.

2.76 The team contributed to the ACDT¹³ process if they were given enough notice to attend and regularly attended the weekly individual needs meeting.

2.77 The six detainees who had been transferred to hospital under the Mental Health Act between December 2016 and June 2017 had been transferred within the two-week transfer guideline. Most detention staff had received on-line mental health awareness training.

Good practice

2.78 *The psychological wellbeing service provided an impressive range of support to help improve the wellbeing and resilience of detainees, providing a calm and therapeutic environment.*

¹³ Assessment, care in detention and teamwork case management of detainees at risk of suicide and self-harm.

2017: Study

- Service user feedback
- Provider evaluation
- Stakeholder evaluation
- Third party audit (HMIP)
- Academic review – to be initiated

Act

- Extend contract for current service
- Tender service for a 5 year contract
- Develop service specification to incorporate learning
- Continue to support other ways of contributing to maintaining wellbeing
- Seek other examples of good practice for consideration/adoption
- Invite comments from interested third parties

Thank you