National Prisoner Healthcare Network

Healthcare Throughcare Workstream Report

January 2016
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Executive Summary

Role and purpose of the Throughcare Workstream

It is known that prisoner’s rates of ill health are greater than the general population, particularly in mental health and addictions related conditions. Also that their health needs tend to continue from the community, into prison and back into the community. It has been acknowledged that continuity of care is challenging and that meeting that challenge would support and enable reduced reoffending.

The National Prisoner Healthcare Throughcare workstream was consequently created to establish the healthcare throughcare needs of the prisoner population in Scotland aligned to Scottish Government’s commitment to the 20:20 vision for Health & Social Care and consider how throughcare could be improved.

The Throughcare workstream was a multi agency group who made a number of recommendations that reflect and support The Report of the Ministerial Group on Offender Reintegration. The aim being to contribute to the successful reintegration of individuals transitioning from custody to the community by accessing healthcare that will improve their health and potentially reduce the possibility of them re offending following liberation.

The workstream focussed on three clear priority areas for health throughcare; Primary Care, Addictions Care and Mental Health Care. Working across Health and Justice the workstream aimed to, drive improvement, create greater coherence and secure the best possible healthcare outcomes for the offender population.

Membership of the group was drawn from across the Health and Justice sector including, health service, prison service and third sector representation.

Activity of the Throughcare Workstream

The group looked at current throughcare activity and best practice from across Scotland and undertook a scoping exercise to examine specific aspects of the care pathway journey. They then identified gaps in health service delivery that could potentially impact on an individual’s opportunity to successfully re-integrate into the community. The term health service delivery referred to through this document encompasses provision by all healthcare providers including the NHS, health and social care organisations and third sector organisations.

Outcomes and Recommendations from the workstream

A précis of the recommendations made by the group is shown below;
1. NHS Boards need to develop electronic means of information sharing between addictions and mental health services.

2. All Prison Healthcare Teams should ensure patients CHI number is used as the default unique health identifier.

3. NPHN and Healthcare Teams to develop reciprocal protocols for supporting throughcare routes into local health networks / support services.

4. NPHN and SPS to review Placement of Prisoner policy.

5. NHS Boards to encourage Protected Learning Time for GPs

6. The Throughcare Officer role is recognised as good practice and should be shared

7. The role of Health and Homelessness Services in each board area should include links to prison throughcare processes.

8. NHS Boards to review their clinical and care governance arrangements

9. The NPHN to support ongoing strategic planning for throughcare across the NHS / SPS partnership (Phase II)

10. Third sector organisations, and mentors should be engaged in community reintegration planning

11. NPHN and NSS Practitioner Services to review the registration processes for long term prisoners

12. NHS Boards to adhere to the EAGM recommendation that prisoners are supplied with a minimum quantity of their medication on liberation that will ensure continuity of care until such times as a further prescription can be obtained from their community GP.

13. NHS Boards and Scottish Prison Service to ensure that the health throughcare pathway is integrated with the Offender Case Management System

14. NPHN and Prison Healthcare teams to review the content and format of NHS throughcare clinical documentation

15. NHS Boards to consider Prison Healthcare Teams having access to the Key Information Summary (KIS)

16. All partners to review current processes to ensure quick sharing of relevant information from Scottish Court Service to facilitate liberation planning.
17. NPHN and the Centre for Youth and Criminal Justice continue developing a throughcare map for prisoners under the age of 18

Expected Outcomes

It is recognised that these recommendations will need to be considered in the context of other strands of work, developed through other workstreams including Mental Health and Substance Misuse. In addition they will need to be addressed and delivered by multi agencies involved in this group and more widely across Scotland.

However, through the implementation of these recommendations the membership of the workstream predict the following improvements in throughcare across Scotland;

- greater use of the Integrated Case Management System / Community Integration Plans enabling a plan for each prisoner
- the registration process for prisoners transferring back to a community GP being well managed and effective
- electronic information systems between prison healthcare and community primary care, addictions and mental health services being well understood and applied
- the SPS review of the ‘Placement of Prisoner’ policy that will strengthen the role of the Healthcare Teams input to care continuity
- prison healthcare teams working across the nation to develop navigation routes into local health networks / support services for prisoners not being released to communities local to their prison
- promoting the need for healthcare teams to strengthen the relationship with third sector organisations providing mentorship programmes.
1.0 Introduction

The National Prisoner Healthcare Network Health (NPHN) Throughcare workstream was created to establish the healthcare throughcare needs of the prisoner population in Scotland. The aim being to align with the Scottish Government’s commitment to pursue the 20:20 vision for Health & Social Care through a focus on improving health inequalities. The responsibilities of the workstream reflect the ambitions of The Healthcare Quality Strategy for NHS Scotland and the overarching aim of the National Prisoner Healthcare Network. The workstream closely aligns to the work of other workstreams and consequently the recommendations made within this report will also reflect their findings, activity and recommendations and reinforces the need for full engagement of all associated bodies to maximise throughcare, improve health and wellbeing and contribute to a reduction in reoffending behaviour.

In general, Prisoners have higher rates of ill health than the general population, particularly mental health and addictions related conditions. The health needs of this population tend to continue from the community, into prison and back into the community. Prisoners die at rates far higher than their community peers, particularly in the days and weeks immediately following release from custody and this is overwhelmingly due to drug overdose and suicide.

The prison setting provides a unique opportunity to address the physical and mental health needs of a profoundly disadvantaged population group, yet it is often difficult to maintain or build upon the successes of NHS Prison health care services once prisoners return to the community. To deliver effective continuity of care for the population is a challenge for prisoner healthcare services and the wider stakeholders of health and social care however the aim must be to enable reduced reoffending.

Prison is a function of the judicial system rather than the NHS and consequently it is they who decide when a prisoner commences or stops being a prison healthcare patient. However it is known that the longer a patient stays in prison, the greater the opportunity to make a difference. Healthcare can therefore quickly revert to community NHS Health care services particularly in the case of remand prisoners.

A return to previous lifestyle patterns is common after release from prison, as is the recurrence of health problems that may have been identified (and sometimes treated) in custody. It is known that, the majority of people re-offend, typically within 2 years of their release. Important predictors of reoffending include poor physical and mental health, substance misuse and social disadvantage. There are well documented links between poor health and wellbeing and criminal behaviour, is therefore important from both a criminal justice and a public health perspective to work towards improving health outcomes.

The work of the group was directed initially by The NHS Director, Health and Justice, Scottish Government who requested that the workstream focussed on 3 clear priority
areas for health throughcare; Primary Care, Addictions Care and Mental Health Care. The purpose of this report is to provide the National Prisoner Healthcare Network Advisory Board with information on progress that has been made by the workstream and to offer conclusions and recommendations for further work, by the workstream group and others.

2.0 Background

The National Prisoner Healthcare Network has specific responsibility for ensuring healthcare for prisoners is fully integrated with that which is offered to those in the wider community. The health and social care needs of the prison population is complex. This population is often underserved by health services; consequently during imprisonment demand for health care services is high. Imprisonment therefore provides an opportunity to engage with this marginalized population to improve their physical and mental health and well-being as well as address the wider social determinants of health.

The work of the Network has been sub divided into a number of workstreams to achieve this aim; to support the transfer of services from the Scottish Prison Service (SPS) to NHS Boards, and going forward to sustain excellence in and encourage collaboration between the multiple agencies involved in healthcare to prisoners. Such collaboration is acutely necessary in respect of throughcare to ensure that prisoners during and after their release are offered support that will provide an opportunity to improve their health and wellbeing, and consequently impact on their potential not to re-offend.

Strategically the Throughcare workstream sought to;

- Align with the Scottish Government commitment to pursue the 20:20 vision for Health & Social Care through a focus on improving health inequalities,
- Pursue opportunities to work across Health and Justice to drive improvement and secure the best possible outcomes for the offender population,
- Focus on achieving social change through close liaison with Community Planning Partnerships and Integrated Health and Social Care Partnerships,
- Demonstrate commitment to working with third sector through Public Social Partnerships in the design of public services,
- Improve the health and wellbeing of the offender population through a collaborative approach; that ensures an effective integrated pathway from community, into prison and back into the community, and
- Contribute to the prevention of offending and reduction in re-offending agenda.

Specifically the remit of the workstream was to;
• Establish a set of principles that will inform Health and Justice throughcare arrangements,
• Examine the care pathway journey of the prisoner population and identify gaps in health service delivery that potentially impact on an individual’s opportunity to successfully integrate back into the community,
• Undertake a scoping exercise to determine the extent and effectiveness of health services available to prisoners after release that will support a desired reduction in reoffending,
• Work across Health and Justice to, drive improvement, create greater coherence and secure the best possible healthcare outcomes for the offender population,
• Foster strong relationships and increased communication with organisations and agencies involved in improving the health outcomes of offenders,
• Engage the third sector through Public Social Partnerships to promote, and enable the future design of public services, and
• Enable appropriate and timeous information sharing between organisations across Scotland.

3.0 Membership

Membership of the workstream was drawn from Health Leads from a number of NHS Boards, from third sector organisations, Scottish Government, Glasgow Community Justice Authority and from the Scottish Prison Service. The work of the group was supported by membership from the Network professional team. A full list of Members is shown in Appendix 1.

4.0 Terms of Reference

A copy of the full terms of reference for the workstream that include the principles that will inform Health and Justice throughcare arrangements is attached to this report as Appendix 2.

5.0 Current NHS Throughcare Provision

Good health throughcare commences at the point of admission to the prison and NHS prison healthcare is available to prisoners commencing with an initial assessment at reception focused on risk screening, identifying and addressing existing health problems, aiming to maintain healthcare treatment, prevent disease, protect and improve overall health and wellbeing.
Health throughcare provision is variable nationally and regionally with a large number of service providers contributing to the delivery of throughcare, particularly Criminal Justice Social Work, the SPS and Third Sector.

This variance includes involvement of health throughcare where despite steps being taken to improve the consistency of throughcare for prisoners in Scotland, existing throughcare processes such as Integrated Case Management (ICM) arrangements and Community Integration Plans, have not yet been fully implemented to the stage where they are routinely included in a prisoner’s health needs assessment.

Reassuringly elements of good health throughcare are being implemented regardless of whether the prisoner is subject to statutory ICM at present. Continuity of prison healthcare is an NHS responsibility during periods of care delivery transition. Many prisoners require immediate support on liberation, for example having appointments with a general practitioner in place prior to liberation to ensure continuity of provision.

Evidence suggests however that some General Practices are not willing to register patients prior to liberation insisting on their attendance at the practice in person upon release. Consequently there are inconsistencies in relation to planning for and receiving repeat prescriptions etc. Inevitably this can result in a treatment gap, failure to receive essential medication(s) and a general lack of continuity in a prisoners care.

It has been reported that some of this registration difficulty is as a result of the limitations of the current IT systems which do not allow pre-liberation registration / notification to be processed in advance. Currently as soon as registration occurs in a GP Practice the Primary Care Electronic Patient Record (EPR) is moved to the new GP practice. Based on current systems, if pre-release registration was applied in the case of a long-term prisoner, the prison healthcare team would lose access to the prisoners EPR in the intervening period preceding release which would constitute an unreasonable clinical risk. This anomaly is currently managed in some areas by requesting that the community based GP Practice register the prisoner as a Temporary Resident allowing for the sharing of relevant information between primary care teams pre-release.

In addition to primary care, the healthcare arrangements for prisoners receiving services from the prison based Addiction Team/ Mental Health Team requires to be transferred to community based services after release. In the wider NHS these are secondary care services and require the navigation of a number of systems and processes. This is potentially an area of significant risk given that it is known that prisoners are more vulnerable in the immediate post release and at higher risk of drug death and suicide. Continuity of addiction and mental health care are therefore essential components of the overall health Throughcare plan.
Whilst the current picture suggests that some improvements have been made to smooth the transition into community based secondary care services, it is recognised that if a prisoner is not being released into the local area it may become particularly problematic.

There are examples of good practice where some prison healthcare teams initiate a pre-release planning process with their community counterparts using formal case management systems such as Care Programme Approach (CPA).

Some NHS Board areas are using secure clinical email (NHS.net) to transfer information to primary and secondary healthcare providers out with the prison. The development of these types of referral and information sharing pathways is key to the ongoing safe and effective care for released prisoners. The use of the NHS Community Health Index (CHI) Number is enabling healthcare providers outside the prison to quickly and easily identify a patient as it is the unique healthcare identifier in Scotland.

The overall position appears that the provision of healthcare Throughcare across Scotland is variable and to a greater or lesser extent currently sits as a separate process to the prison-led Throughcare process. It appeared that roles and responsibilities of healthcare staff in prison-led Throughcare are not altogether clear and consequently the integration of health Throughcare within the wider coordination of prisoner Throughcare needs to be prioritised.

6. Health Throughcare Scoping Exercise

At the commencement of the workstream, and in line with its Terms of Reference, the workstream sought to:

*Examine specific aspects of the care pathway journey of the prisoner population and identify gaps in health service delivery that potentially impact on an individual’s opportunity to successfully integrate back into the community.*

A scoping exercise was therefore conducted in order to map out the care pathway journey of the offender population up to release, as well as determine the extent and effectiveness of health services available to prisoners particularly in the initial period after release. The workstream undertook this exercise to provide a baseline from which their recommendations were then made.

The scoping exercise involved a 4-question survey which was circulated electronically to a range of stakeholders including prison-based Health Centre Managers and Public Social Partnership Providers (PSPs) with an intention to capture feedback and experiences from those being liberated from prison. An invitation was given to recipients to make the survey available to other relevant staff.
working within their establishment/ organisation to enable them to contribute to the scoping exercise; these included GP representatives, Throughcare and Addiction Services staff.

There were a total of 27 responses received from 13 different establishments and organisations including: HMP & YOI Cornton Vale, HMP Edinburgh, HMP Inverness and HMP Shotts, Action for Children, Circle, New Routes, Scottish Association for Mental Health (SAMH) and Up 2 Us.

There is evidence to suggest that the health issues of this population are multifaceted and complex, and often related to or compounded by homelessness, addiction, mental health issues and often with chaotic lifestyles. Many of the issues reported from stakeholders related to communication, care coordination, access to assessment and treatment (predominantly mental health / addiction related).

6.1 Priorities for consideration arising from scoping exercise

From the feedback received themes emerged as areas for priority consideration. It was proposed that additional support is required for patients to ‘navigate’ and understand ‘the (health) system’ as well as the health through care processes/ pathways. It was perceived by many that these processes and pathways do not always appear to be supportive, and at times in fact they can be perceived to be a barrier. Below are some examples of these;

- Barriers in the communication/ information sharing arrangements between prison and community services where ‘Data protection issues’ were cited as problematic. Although in most cases the patient will have given at least implied consent for transferring of information from community services to custody and back to the community services, there were examples of this being seen as a barrier to robust sharing of information between the NHS and partner agencies (Third Sector providers particularly),
- A lack of seamlessness with onward health referrals from custody to community services - particularly for those being liberated to other parts of the country. This issue was particularly problematic when it related to substitute prescribing where significant delays were reported in some instances in liberated patients being prescribed treatment in the community,
- Patients being routinely removed from GP lists whilst in prison regardless of length of sentence,
- The process for re-registering with a GP on release being made unnecessarily complicated with some prison healthcare team’s not being permitted to make appointments on behalf of patients for GP registration pre-release; leaving some released patients without planned appointments, and having to attend subsequently with photographic ID etc, and
Patients/ offenders being liberated from court without notice, and the patient and prison healthcare team having to try and engage with relevant community services at very short notice to enable continuity of treatment.

It was felt by some stakeholders that given the vulnerable nature of this population more support is required at this important transition point. It was suggested by some that by offering universal support to all prisoners with more health support at a scale and intensity that is proportionate to the level of an individual’s need, we will be more able to tackle the growing inequalities (proportionate universalism). This led to a further question being posed – should health throughcare be opt-in / voluntary? It was recognised that some patients require more support in order to achieve a level of health and wellbeing that is equivalent to others. Some stakeholder’s suggestions included making improvements to the current ICM process (particularly for voluntary throughcare). The ICM is currently under national review and it is anticipated that this will lead to general improvements to the Through-care process.

It was noticeable from the scoping exercise that practice varies across the prison healthcare teams and their respective community NHS services, and that there appears to be a positive correlation between local pre-release planning and implementation and the proximity of the prison to the services providing the follow up.

### 6.2 Identified Good Practice

- With regards to good practice the Prison Throughcare Support Officers were regarded as a positive addition to the Throughcare process, and both HMP Inverness and HMP Shotts reported good practice with regards to links and communication between prison-based staff and community-based staff, onward referral from custody to the community services, discharge medication and letter processes as well as distribution of condoms on release.
- The Throughcare work-stream advocates that there should be further exploration of this good practice and that the outcomes should be shared.
- The PSP mentoring projects were highly regarded by those with lived experience.
- The Healthcare Team at HMP Kilmarnock have developed local operational procedures (LOP) and supporting transfer of care documentation (shared by secure electronic means) to provide an integral, robust process to ensure prisoners entering and/or being liberated from HMP Kilmarnock maintain a continuation of healthcare. This Throughcare Pathway considers the various prisoner categories e.g. remand and those prisoners who require more specialist interventions.
7. Workstream Members and Associated Contributors

7.1 Scottish Government Community Justice Division - Multi-Agency Community Reintegration Planning

Launched in March 2012, the Community Reintegration Project (CRP) formed part of the Scottish Government’s wider Reducing Reoffending Programme (RRP) and focused on addressing the holistic needs of short-term offenders (i.e. those serving between six months and less than four years). It aimed to increase the provision and uptake of Throughcare services for short-term offenders in Scotland. Specifically, it involved the piloting of a new approach for prison officers to engage with prisoners to identify their underlying needs and to make the appropriate links to the services that would be able to address those needs. This information was captured in a single document – the Community Integration Plan (CIP). The plan involved the piloting of a screening process for short-term offenders, the provision of appropriate services and support whilst in prison, referral to the relevant community criminal justice social work (CJSW) team, and continuing support on transition to the community. Key partners in the CRP process were the Scottish Government, Scottish Prison Service (SPS), Social Work Scotland and the Scottish Court Service (SCS).

An independent evaluation of the pilot concluded that it was a plausible model of a structured approach to assessing the needs of short term offenders and offered a mechanism for connecting offenders more effectively to external services.

There is an opportunity to build on the learning from the CRP project to develop a multi-agency community reintegration plan for every offender. The NHS Health Board, the Reducing Reoffending Change Fund (RRCF) mentors, criminal justice social work, housing providers and other third sector and statutory service partners should be part of the multi-agency approach to support the plan. As already highlighted this level of multi-agency engagement does not exist at present with health not fully involved in the community reintegration planning of offenders. Community reintegration will be further enhanced through multi-agency engagement with Throughcare Support Officers (TSO’s) who will offer pre and post release support.

In October 2014 the Ministerial Group on Offender Reintegration (MGOR) endorsed the asset-based approach to working with an individual in custody and planning with them to identify the necessary support and services they will need to desist from crime and lead a new life on their release from prison. The MGOR recommended that every offender should have a single multi-agency community integration plan, which should include an individualised health pathway and arrangements for GP registration, and where appropriate necessary referrals to specialist services (such as substance misuse or community mental health teams) to ensure ongoing treatment in the community. This offers the opportunity for health needs to be aligned with the wider holistic plan including housing, welfare and employability to
ensure each person leaving prison has access to the appropriate services to support reintegration.

### 7.2 Scottish Prison Service

The SPS review of purposeful activity in prisons concluded that “Any activity or constructive interaction which promotes citizenship, develops learning and employability skills, builds life skills and resilience, addresses well-being and motivates personal engagement with both prison and community based services”. One of the overarching principles of the review is that “every prisoner, including those on remand, will have an individual (appropriately scaled) asset based plan…….”. The plan should be appropriate to the person’s level of need; support their purposeful activity in custody; and identify and set up the necessary supports and services which will be required to support their successful integration back in to the community upon their release.

Details of the Throughcare Support Officer role that has been introduced by the Scottish Prison service are provided in Appendix 4

### 7.3 Community Justice Authorities (CJAs)

The role of Community Justice Authorities (CJAs) is to reduce levels of re-offending, reflecting the high proportion of individuals who pass through the justice system and go on to reoffend. Community Justice can, and should, bring together partners to ensure that the justice system has a positive impact on individuals and their ability to change.

Throughcare provision aims to reduce the likelihood of future reoffending by addressing the needs of prisoners. Evidence suggests that accommodation problems, health and addiction issues and/or disrupted family relationships can increase the risk of re-offending (Social Exclusion Unit, 2002; Audit Scotland, 2011 and 2012). Prisoners may have come into the prison system with pre-existing problems (i.e. mental health problems) which, if not addressed, can be exacerbated by the experience of imprisonment; creating additional problems at the point of release. Some groups of prisoners have been identified as particularly likely to benefit from directed intervention during custody and through reintegration (i.e. women, see Commission on Women Offenders, 2012).

a) Statutory Throughcare

The term Throughcare has generally referred to a range of social work or similar services for prisoners and their families from the point of sentence or remand, during imprisonment and on release into the community. Statutory Throughcare forms part of criminal justice social work provision and is obligatory for prisoners serving a prison sentence of four years or more; or who are sentenced to
an extended sentence or a supervised release order. The throughcare process starts when the custodial sentence is imposed. During an individual's time in custody, the criminal justice social worker will contribute to sentence planning, sharing information pertinent to the assessment of risk and identifying issues which may influence reintegration prospects.

Statutory Throughcare focuses not only on assistance for prisoners and their families to prepare for release, but also on public safety.

b) Voluntary Throughcare

With the statutory system designed for the small number of long-term prisoners or those serving Extended Sentence or subject to Supervised Release Orders, the system does not reach the largest group of prisoners, those on remand and those serving less than 4 years (accounting for 95%+ of the 21,000 individuals returning from custody each year).

Voluntary throughcare provision is available for prisoners not captured by statutory provision, and is available on request. The prisoner and his/her family are entitled to access this support from the point of sentence, while they are in prison, and for up to one year after release. The level of uptake for Voluntary Throughcare across Scotland remains extremely limited.

The number of voluntary throughcare cases (including Throughcare Addiction Services) commenced averaged about 2,700 per year over the past five years of published data (year ending March 2013), with levels falling during the past two years. And of these, the vast majority are generally seeking support to meet basic welfare needs. (Criminal Justice Social Work Statistics 2012-13, Scottish Government, May 2014)

The Scottish Government’s own assessment is that voluntary throughcare falls short of need, particularly for groups with more chaotic, complex needs, such as young men (under 25) with histories of prolific offending:

*The uptake of voluntary throughcare is low, and the level of provision is inconsistent.* Guidance, Reducing Reoffending Change Fund, Scottish Government, 2013.

Short-term prisoners in particular have high reconviction rates and multiple and complex needs, but gaps remain in current through-care provision resulting in frustration for both service users and providers. These gaps may result in a service-led rather than needs-led system (Audit Scotland, 2012; McCallum, 2012) with difficulties in access to services (especially welfare and suitable housing) hindering successful reintegration.
The CJA supported approach has been to focus on what works in desistance and to build services to support desistance. Those services have tended to work through partnerships and addressing key areas of need, such as accommodation, health (including mental health and addictions), relationships and employability.

In relation to housing, getting into settled and suitable accommodation can be the foundation for successful reintegration. It provides stability and is a springboard for other important steps such as registering with a doctor, getting into drug treatment, finding and keeping a job. All of these things are made much easier if an offender has an address, and one that they will keep. However, there are a number of challenges to overcome including the shortage of appropriate housing, especially for those with complex needs, that people leaving custody may not meet the criteria set to obtain housing, difficulties in accessing private, rented accommodation due to cost, problems with benefits and stigma. Improved housing outcomes can be achieved through effective partnership working and agreement between relevant agencies. Good links between those working with people leaving custody and housing providers is especially important backed up by timely referral, appropriate risk assessment and adequate support and supervision for those being housed. Since 2012, all local authorities have had a duty to provide settled accommodation for the majority of people who become unintentionally homeless. Preventing homelessness also needs to be a priority.

c) Women’s Justice Centres – Responding to the Unique Needs of Women in the Justice System

Following the report by the Commission on Women Offenders (2012), the Scottish Government made available short-term funding to develop community based, inter-agency responses to support women caught in the cycle of reoffending. Partnerships were evolved across CJA areas, with three formal “Justice Centre” securing funding and a number of local projects also securing grants. These services, which are undergoing scrutiny through a Government led evaluation, were originally funded through the end of March 2015. Continuity of services has been contingent upon, the ability of local partners to secured appropriate funding, coupled by some additional funds released by the Government for projects for 2015/16 and the Cabinet Secretary’s announcement on 22 June regarding Women Offenders.

Evidence gathered has varied across projects, as each has been distinct in its target and focus, but overall there has been a demonstrable impact on reoffending amongst groups of women who previously had not engaged with services. The focus on Throughcare, in conjunction with the national PSP for Women Offenders (SHINE), has been demonstrable in impact, with co-ordinated packages of support for those leaving custody.
d) Area Plans and Transition to new Community Justice Arrangements

Under statute, each of the 8 CJAs prepares and works to an ‘Area Plan’, and ensures the Area Plan is agreed and supported by its core partners. It is within these Area Plans (and annual Action Plans) that the detailed and localised elements of Throughcare are planned and delivered. With continued high levels of reoffending amongst (in particular) short term prisoners (over 50% of those serving sentences under 6 months are reconvicted within 12 months of release, the figure rising to 61% for those serving sentences under 3 months - Reconviction Rates in Scotland: 2012-13, Scottish Government, 31 March 2015), all 8 Area Plans take specific actions to address deficits in local Throughcare arrangements.

Within Area Plans the core work of partners is captured. With a Government announced redesign of Community Justice, and the shift of responsibility to Community Planning Partnerships (CPPs) for local planning in April 2017, the work now focuses on supporting CPPs to develop planning systems and performance frameworks to support the work of CJAs, including the focus on Throughcare.

The Government also announced the intention to establish a national body, Community Justice Scotland, to provide central leadership and to support developments at a national level. This body is intended to be fully operational by April 2017, when CJAs are disbanded. The legislative process began with the publication of the Community Justice (Scotland) Bill in May 2015.

7.4 Public Social Partnerships – Mentoring Support from Custody to Community

Increasingly Public Social Partnerships have become an integral part of the general throughcare planning process and as a result were asked to join the Throughcare Workstream as a body involved in wider throughcare services. They were represented on the Health Throughcare workstream and able to contribute to discussion and importantly to the recommendations made by the group which are detailed within the paper. At the same time representation on the New Routes Public Social Partnership from within the Network will ensure shared goals for throughcare are articulated and can be achieved.

The Public Social Partnership programme was set up in 2009 by Scottish Government to enable the development of an enterprising third sector that would play both a full and valuable part in co-production and the design of services. The aim being that the Public Social Partnership approach would help public and third sectors to work together to ensure that our public services truly meet the needs of service users.
A key contribution in recent years has been the development of mentoring for prisoners through Public Social Partnerships (PSPs). A number of PSPs are now operating across Scotland, including two national schemes alongside regional and local schemes. While each of the PSPs is distinct in approach and partnerships, they share a number of core elements:

a. Delivery is by one or more Third Sector agencies, within the context of a partnership with key, public sector agencies

b. A dedicated key worker for every individual; a “mentor”

c. A single shared assessment and Care Plan for every individual, which starts during custody and evolves with the individual on release (generally building during the final 6-12 weeks preceding release)

d. ‘At the Gate’ support on release to ensure immediate, transitional needs are met and risks addressed

e. Supported engagement with key community services

f. Continued support into the community for an extended period, building towards a planned discharge

In respect of the throughcare of offenders at the point of their liberation, in particular in the context of the National Prisoner Healthcare Network workstream, the involvement of Public Social Partnerships is proving to be valuable to the maintenance of good health after release, with the long term goal of reducing reoffending behaviour.

Mentors from third sector organisations who are heavily committed to supporting offenders such as, The Wise Group, Turning Point as well as those from organisations dedicated to health such as Scottish Association for Mental Health (SAMH) and others with a remit beyond the offender themselves such as Families Outside all contribute to the transition back into the community. Notably third sector organisations have specified within their core principles responsibility to measure the impact of their contribution; quoting from the Robertson Trust;

“The Trust plays an active role in developing the capacity of the criminal justice sector by helping to improve partnership working between agencies, supporting organisations to better monitor and evaluate the impact of their services and sharing the learning from our funded work to help inform policy and practice.”

Consequently we are in a strong position to assess the value of Public Social Partnerships.
It is known through evaluation of work currently being delivered that the overall effectiveness of post release health services is high. The examples where liberated prisoners have been linked with a post release service, and have fully engaged with this service, have shown an increase in capability, which supports a desire to reduce reoffending behaviours.

Early indications from the PSPs suggest that this unique approach to Throughcare is improving engagement with services and having the subsequent impact on individual offending levels.

There is however scope for further development of relationships between the third sector and public sectors to enable greater involvement of the third sector in ensuring any healthcare support or treatment that commenced whilst the offender is in prison is maintained after their release.

A further task for Community Justice partners is to plan beyond current funding arrangements for the PSPs (with current funding finishing in March 2017), to consider the findings of independent evaluations, to coalesce public sector services into a shared commissioning agenda and to drive through a plan to ensure the lessons of the PSPs are carried into a long-term, strategic delivery plan

### 7.5 Throughcare mapping

The workplan of the group included consideration of a Throughcare mapping exercise to ensure all parties connected to prisoner healthcare were signposted to relevant information and resources. At the same time the workstream was aware that a Scottish Government Throughcare and Services Project Advisory Group had been set up and to ensure the groups produced work that was complimentary. The Chair and Co Chair of the Health Throughcare workstream were asked to join the ministerial group. For reasons unconnected to the Throughcare Workstream the ministerial group has not met since November 2014 although there remains scope for the recommendations of the workstream to be considered by the ministerial group when it is reconvened.

The National Prisoner Healthcare Network Health Throughcare Workstream after undertaking initial research established that the Institute for Research and Innovation in Social Services (IRISS) had developed a generic throughcare map. The outcome of this was an approach by the health throughcare workstream to IRISS and a number of meetings to determine if a healthcare component could also be developed by them.

The Throughcare workstream also established that the Centre for Youth and Criminal Justice with Scottish Government and partners were also undertaking the mapping of a throughcare journey for short term adult offenders under the auspices
of the Scottish Government’s multi-agency Reducing Reoffending Throughcare Review Project Advisory Group and after discussion members of the throughcare workstream were invited to work with them. Scoping work commenced supported by clinical input from the NHS. More recently however the Throughcare workstream has been advised by the Scottish Government Representative, who is also a member of the Throughcare Workstream, that any throughcare map developed by the Centre for Youth and Criminal Justice can only apply to prisoners under the age of 18. Whilst this guidance has halted progress with the development of a throughcare map for prisoners older than 18 the workstream intends to support the work of the Centre for Youth and Criminal Justice.

8.0 Conclusions

The work of the Health Throughcare Workstream to date has led to a number of recommendations being proposed that would support improvement in health throughcare pathways.

The aim of these recommendations is to ensure the health pathway for those leaving prison is enhanced through;

a. greater use of the Integrated Case Management System / Community Integration Plans enabling a plan for each prisoner,

b. the registration process for prisoners transferring back to a community GP being well managed and effective,

c. electronic information systems between prison healthcare and community primary care, addictions and mental health services being well understood and applied,

d. the SPS review of the ‘Placement of Prisoner’ policy that will strengthen the role of the Healthcare Teams input to care continuity,

e. prison healthcare teams working across the nation to develop navigation routes into local health networks / support services for prisoners not being released to communities local to their prison, and

f. promoting the need for healthcare teams to strengthen the relationship with third sector organisations providing mentorship programmes.

The recommendations also need to be considered in the context of a number of other strands of work, developed through other Network workstreams such as Mental Health and Substance Misuse and in relation to work being developed and delivered across the multi agencies involved both in this group and more widely across Scotland.
9.0 Recommendations

A table has been appended to this document which shows the recommendations of the workstream. These are themed under strategic headings that reflect the remit and principles on which the workstream was both established and focussed.
(Appendix 3)
10.0 References

1. NHS Quality Strategy
   http://www.gov.scot/Publications/2010/05/10102307/8

2. NHS Scotland 2020 Vision
   http://www.gov.scot/Topics/Health/Policy/2020-Vision/Strategic-Narrative

   http://www.gov.scot/Topics/People/15300/enterprising-organisation/PSPGuidance2011

4. Health and Social Care Integration
   http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/About/Narrative

5. CHI - Community Health Index definition

6. Community Reintegration Project - Reducing Reoffending Change Fund

7. Strategy for Justice in Scotland
   http://www.gov.scot/Publications/2012/09/5924

8. Commission on women offenders 2012 report

9. IRISS - The Institute for Research and Innovation in Social Services
   http://www.iriss.org.uk/

11. Scottish Centre for Youth and Justice

http://www.cycj.org.uk/

12. The Report of the Ministerial Group on Offender Reintegration

http://www.gov.scot/Publications/2015/09/9142
## 11.0 Appendices

### Appendix 1. Health Throughcare Workstream – Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craig Stewart (Chair)</td>
<td>Clinical Service Manager</td>
<td>NHS Ayrshire and Arran</td>
</tr>
<tr>
<td>John Porter (Vice Chair)</td>
<td>National Nurse Lead</td>
<td>NHS Justice and Health - Prisoner Healthcare</td>
</tr>
<tr>
<td>Claire Hastie / Sarah Pettie</td>
<td>Administration support</td>
<td>NHS Justice and Health - Prisoner healthcare</td>
</tr>
<tr>
<td>Lenny Allen</td>
<td>Healthcare Manager</td>
<td>NHS Dumfries</td>
</tr>
<tr>
<td>Fiona Benton</td>
<td>Head of Criminal Justice</td>
<td>The Wise Group</td>
</tr>
<tr>
<td>Tom Byrne</td>
<td>National Pharmacy Lead</td>
<td>NHS Justice and Health - Prisoner Healthcare</td>
</tr>
<tr>
<td>Suzy Calder</td>
<td>Substance Misuse Service Manager</td>
<td>NHS Highland</td>
</tr>
<tr>
<td>Philip Conaglen</td>
<td>Consultant in Public Health Medicine</td>
<td>NHS Lothian</td>
</tr>
<tr>
<td>Stephen Conroy</td>
<td>Lead Medical Practitioner, Lanarkshire Alcohol and Drugs Service.</td>
<td>NHS Lanarkshire</td>
</tr>
<tr>
<td>Moira Crossar</td>
<td>Service Manager</td>
<td>NHS Dumfries</td>
</tr>
<tr>
<td>Vivienne Gration</td>
<td>Forensic Network Manager</td>
<td>State Hospital Board for Scotland</td>
</tr>
<tr>
<td>Sharon Hardie</td>
<td>Health Promotion Manager</td>
<td>NHS Ayrshire and Arran</td>
</tr>
<tr>
<td>Tom Jackson</td>
<td>Chief Officer</td>
<td>Glasgow Community Justice Authority</td>
</tr>
<tr>
<td>Fiona Jamieson</td>
<td>Project Officer</td>
<td>The Robertson Trust</td>
</tr>
<tr>
<td>Shona Malone</td>
<td>Healthcare Manager</td>
<td>NHS GG&amp;C</td>
</tr>
<tr>
<td>Sabrina McDonald</td>
<td>Senior Health Promotion Specialist</td>
<td>NHS Lothian</td>
</tr>
<tr>
<td>Joe McGhee</td>
<td>Senior Planning Manager</td>
<td>NHS Forth Valley</td>
</tr>
<tr>
<td>Jim McGuinness</td>
<td>Service Manager</td>
<td>Perth &amp; Kinross CHP</td>
</tr>
<tr>
<td>Ruth Parker</td>
<td>Head of Health and Wellbeing</td>
<td>Scottish Prison Service</td>
</tr>
<tr>
<td>Craig Sayer</td>
<td>clinical lead prison and forensic services</td>
<td>NHS Forth Valley</td>
</tr>
<tr>
<td>Graham Rennie</td>
<td>Service Development Manager</td>
<td>NHS Grampian</td>
</tr>
<tr>
<td>Lisa Taylor</td>
<td>Throughcare Team Leader</td>
<td>Scottish Government</td>
</tr>
</tbody>
</table>
Appendix 2. Health Throughcare Workstream - Terms of Reference.

NATIONAL PRISONER HEALTHCARE NETWORK – HEALTH THROUGHCARE WORKSTREAM

TERMS OF REFERENCE

1. Introduction

The National Prisoner Healthcare Network (NPHN) has specific responsibility for ensuring healthcare for prisoners is fully integrated to that offered to the wider community. The work of the Network has been sub divided into a number of workstreams to achieve this aim firstly to support the transfer of services from the Scottish Prison Service to NHS Boards and going forward to sustain excellence in and encourage collaboration between the multiple agencies involved in healthcare to prisoners.

2. Background

For the last two years since the transfer of responsibility for prisoner healthcare the National Prisoner Healthcare Network has had a strategic and national coordinating role to support the delivery of a high quality, safe, effective and consistent services to prisoners held within the Scottish Prison Service. It is important to note that not all services provided within prisons have been historically viewed as part of a throughcare package; many services, such as continuity of clinical care, are provided as an integral part of good medical or nursing practice and for prisoners these should be aligned with the broader throughcare approaches to aid this transition and reduce risk.

3. Working definition of Health Throughcare

Throughcare in the context of this workstream refers to the provision of healthcare to prisoner's from the care they may have received in the community to prison and back to the community at the point of their release. The aim is to facilitate progression of their healthcare at transition points that will be integrated with wider throughcare processes and assist prisoners to prepare for release, which will enable them to reintegrate into the community and support them to resist reoffending.

In support of this the NPHN has established a number of principles that underpin our commitment to driving improvement and the opportunity to prisoners to reduce the likelihood of their re-offending post release.

Throughcare principles:

1. Prisoner healthcare needs will be assessed following admission to prison.
2. Prisoners will be able to quickly access healthcare services that support their individual need.
3. The healthcare provided to prisoners will be of a high quality, person centred and evidenced based.

4. Prisoner healthcare information will be shared appropriately with other agencies to aid effective throughcare planning.

5. Prisoners will have a healthcare plan that is person centred that meets their needs.

6. Prisoners will be involved in all aspects of their healthcare plan.

7. Healthcare colleagues will work collaboratively with all other agencies in the delivery of ICM process.

8. A healthcare plan will be developed prior to liberation to assist with prisoner community integration.

4. **Throughcare- Workstream Vision**

The NPHN Throughcare workstream has been created to establish the throughcare needs of the prisoner population and support Boards to improve the quality of care for prisoners reflecting the ambitions of the Healthcare Quality Strategy for NHS Scotland. This workstream will also consider the wider structural inequalities that impact on both the planning and delivery of effective Throughcare arrangements within this population group with the overall aim to reduce health inequalities.

The Network and the workstream closely align to a number of Scottish Governments Health Strategies the key drivers for which, in respect of prisoner healthcare being, Health and Social Care Integration, the 2020 Vision, the Patient Safety Programme and the Reducing Reoffending Programme (RRP). The context of these policies and strategies in the context of prisoner healthcare and throughcare is that they underpin the aim of ensuring effective reintegration into the community.

As the health and social care integration agenda becomes increasingly prominent with an emphasis on improving the quality and consistency of care for people with complex care needs collaboration is acutely necessary in respect of Throughcare. This will ensure that prisoners during and after their release are offered support that will provide an opportunity to improve their health circumstances and consequently impact on the potential to re-offend.

It is important that the Throughcare workstream supports the provision of better health and therefore reducing health inequalities by linking with other national forums engaged in the key drivers described above.
Accountability and Governance

The Throughcare workstream will report to the National Prisoner Healthcare Network and will work collaboratively with other NPHN workstreams and agencies with an interest in driving improvement within prisoner health.

Monthly highlight reports will be submitted for inclusion within the NPHN work plan.

The Throughcare group will produce a workstream report for the NPHN within the first 3 months.

Throughcare Workstream- Remit

Throughcare areas of addictions, mental health and primary care as forming Phase 1 of the workplan for this group. It has also been acknowledged that this workstream will consider the wider structural inequalities that impact on both the planning and delivery of effective throughcare arrangements within this population group with the overall aim to reduce health inequalities and this will form Phase 2 of the workplan.

Specifically the following statements of intent have been drafted to focus the remit of the Throughcare workstream.

- To provide strategic direction that supports improved Throughcare service delivery across the prison estate and NHS Boards in line with 20:20 vision for Health & Social Care with a focus on reducing health inequalities.
- Examine specific aspects of the care pathway journey of the prisoner population and identify gaps in health service delivery that potentially impact on an individual’s opportunity to successfully integrate back into the community.
- Undertake a scoping exercise to determine the extent and effectiveness of health services available to prisoners after release that will support a desired reduction in reoffending.
- To improve patient safety by adopting a collaborative approach; that ensures an effective integrated pathway from community, into prison and back into the community.
- Examine the current protocols for information sharing and providing recommendations to ensure appropriate and timeous information sharing between organisations across Scotland.
- To support the health of prisoners by embracing a Public Health approach to Throughcare and rehabilitation which contributes to the prevention of offending and reduction in re-offending agenda.
- Work across Health and Justice to drive improvement, create greater coherence and secure the best possible healthcare outcomes for the offender population.
- Provide a forum to develop and maintain strong relationships and increased communication with organisations and agencies involved in improving the health outcomes of offenders.
To improve practice in Throughcare by sharing good practice and learning.
To focus on increasing access to Throughcare through close liaison with Community Justice Authorities, Community Planning Partnerships and Integrated Health and Social Care Partnerships.
To engage with third sector agencies through Public Social Partnerships as vehicle to patient involvement in the design of public services.
Inform the health-related meeting of the Ministerial Group for Offender Reintegration and on-going recommendations.
Establish a set of principles that will inform Health and Justice Throughcare arrangements.
To advocate for improved Throughcare services by pursuing opportunities to work across Health and Justice to secure the best possible outcomes for the offender population.
Inform the work of Review of Throughcare Project in Phase 2 of the Scottish Governments Reducing Reoffending Programme.
Increase prisoner involvement by engagement of the third sector through Public Social Partnerships to promote and enable the future design of public services.

Chair and Vice Chair

Chair. Craig Stewart, Clinical Service Manager, NHS Ayrshire & Arran
Vice Chair. John Porter, National Lead Nurse for Prisoner Healthcare

Membership

To be completed

Quorate Membership

Quorate membership consists of:

- Representation from 3 NHS health boards which hosts prisons,
- 1 representative from National Prisoner Healthcare Board Leads, and
- 1 representative from the Scottish Prison Service

Frequency of Meetings

Meetings shall be held eight times a year with further ad hoc meetings arranged in line with workstream requirements.

Location of Meetings
The venue of meetings will alternate between locations in Glasgow and Edinburgh.

**Administration Support**

Administrative support is to be provided by the Administrative Officer for the National Prisoner Healthcare Network.

**Communication**

The agenda and associated papers will be circulated 7 days prior to each meeting.

Agenda items will be sought from the membership by the administrator supporting the workstream and agreed with the Chair or Vice Chair for inclusion.

An action list and note of each meeting will be disseminated to all members of the workstream within 7 working days of the meeting.

The Administrative Officer for the National Prisoner Healthcare Network will create and maintain a spreadsheet with contact details of the members of the workstream.

**Reading and background material**

To be completed (see attachment)
## Throughcare Workstream Summary of Recommendations

<table>
<thead>
<tr>
<th>Theme</th>
<th>Recommendation(s)</th>
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<tr>
<td><strong>Strategy and Policy</strong></td>
<td>1. NHS Boards need to work with their primary care teams and secondary care teams to develop electronic means of information sharing between addictions and mental health services to ensure seamless and access to relevant throughcare health information (e.g. Clinical Email)</td>
</tr>
<tr>
<td></td>
<td>2. All Prison Healthcare Teams should ensure that all forwarding clinical correspondence uses the patients CHI number as the default unique health identifier.</td>
</tr>
<tr>
<td></td>
<td>3. NPHN to work with Healthcare Teams to develop reciprocal protocols for supporting throughcare routes into local health networks / support services for prisoners not being released to local communities</td>
</tr>
<tr>
<td></td>
<td>4. NPHN to work with SPS to review Placement of Prisoner policy with respect to strengthening the role of the Healthcare Teams when considering transferring of prisoners where they have complex treatment needs and / or where they have less than 4 weeks to their liberation date.</td>
</tr>
<tr>
<td><strong>Workforce Development</strong></td>
<td>5. NHS Boards should encourage use of Protected Learning Time for GPs to further develop and strengthen the relationships and pathways between prison healthcare teams, throughcare services and primary care raising awareness of the links between good health outcomes and reduced reoffending.</td>
</tr>
<tr>
<td></td>
<td>6. The development of the Throughcare Officer role and the communication between prison based and community based staff is recognised as good practice and should be shared</td>
</tr>
</tbody>
</table>

Appendix 3
| Governance | 7. The role of Health and Homelessness Services in each board area should include clear and strong links to prison throughcare processes.  
8. NHS Boards to review their clinical and care governance arrangements to ensure prison health throughcare is embedded in the NHS and H&SCP assurance processes  
9. The NPHN to support ongoing strategic planning for throughcare across the NHS / SPS partnership (Phase II). |
| Community Re-integration | 10. Third sector organisations, and mentors assigned to prisoners prior to their release, should be engaged in community reintegration planning to enable a healthcare package to be put in place and for health outcomes for prisoners post release to be maximised.  
11. NPHN should work with NSS Practitioner Services to review and streamline the registration processes for long term prisoners needing to register with a community GP.  
12. NHS Boards to adhere to the EAGM recommendation that prisoners are supplied with a minimum quantity of their medication on liberation that will ensure continuity of care until such times as a further prescription can be obtained from their community GP. |
| Partnership and Collaboration | 13. NHS Boards should work in partnership with the Scottish Prison Service to ensure that the health throughcare pathway is integrated with the Offender Case Management System  
14. NPHN should support Prison Healthcare teams to review the content and format of NHS throughcare clinical documentation to agree core minimum dataset needed to feed into ICM and throughcare |
15. NHS Boards should give consideration to Prison Healthcare Teams having access to the Key Information Summary (KIS) which would support access to relevant information for prisoners with Long Term Conditions and anticipatory care plans, and assist medication reconciliation.

16. For difficult to plan liberations (such as via courts) all partners to review current processes to ensure quick sharing of the relevant information from Scottish Court Service to facilitate timeous and appropriate throughcare arrangements.

17. NPHN continue to work with The Centre for Youth and Criminal Justice in developing a throughcare map for prisoners under the age of 18.
Appendix 4

Throughcare Support Officers

Purpose

To update National Prisoner Healthcare Network on progress made on our Throughcare Strategy including the implementation of Throughcare Support Officer (TSO) and Throughcare Support Manager (TSM) roles across the short term prisoner estate.

Background

Building on the evaluations of pilot throughcare projects in Greenock and Low Moss, SPS recently invested in an additional 31 TSO roles (taking the total to 41) and 3 TSM Regional roles.

TSO breakdown per establishment is noted below:

<table>
<thead>
<tr>
<th>Establishment</th>
<th>Number of TSO’s in post</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMP Barlinnie</td>
<td>6</td>
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<td>HMP Cornton Vale</td>
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<td>HMP Dumfries</td>
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<td>HMP Edinburgh</td>
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<tr>
<td>HMP Glenochil</td>
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<tr>
<td>HMP Grampian</td>
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<tr>
<td>HMP Greenock</td>
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</tr>
<tr>
<td>HMP Inverness</td>
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</tr>
<tr>
<td>HMP Low Moss</td>
<td>5.20</td>
</tr>
<tr>
<td>HMP Perth</td>
<td>4</td>
</tr>
<tr>
<td>HM YOI Polmont</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>41.20</strong></td>
</tr>
</tbody>
</table>
Although there are no TSO’s located within HMP Addiewell and HMP Kilmarnock, SPS have agreed to work closely with both establishments to support any short term prisoners who require throughcare support.

**Throughcare Support Officer – Scope of Role**

**Vision** - Throughcare Support Officers will support offenders on their journey into desistance by working with them to prepare for and successfully make the transition from custody into the community. They will do so through working collaboratively with the prisoner, families, colleagues and our partners to develop an asset based individualised plan, acting as an advocate on their behalf with partner agencies and encouraging their motivation to change through sustained engagement with key services. This approach will build self-efficacy and is at the heart of unlocking the potential and transforming the lives of those in our care.

Roles and responsibilities of the role include working with partner agencies and the community to:

- Undertake an advocacy role on behalf of the prisoner to support them and their families to engage with key services prior to release and in the community.
- Act as role models for positive relationships and actively seek opportunities that act as a change catalyst in a prisoner’s life.
- Agree individualised case management plans for each offender prior to release to allow smooth transition into community.
- Through case management processes agree the lead professional or agency best suited to support the prisoner across the different aspects of their plan.
- Provide ongoing support after release through established support networks to encourage sustained engagement with key services and promote self-efficacy.
- Support offenders to overcome obstacles to desistance in the community by providing a link back to establishment
- Engage with and support families prior to and post release to support smooth transition into the community.
- Engage with Personal Officers and Family Contact Officers prior to an individual’s release to ensure continuity of case management and continuation of key services.
- Develop, maintain and cultivate successful partnerships to aid successful re-integration into communities.
- Commit to the ongoing recording and evaluation of the throughcare process.
- Share best practice across SPS and partners to encourage high level service delivery and ongoing development of role

The TSO role will evolve over time and the weighting of responsibilities may also vary according to local circumstances. It is essential that the role properly connects to and adds value to the wide range of existing and developing Throughcare provision e.g. PSP mentors, health throughcare etc.

With these considerations in mind TSOs will actively work as a network to develop the role, supporting systems and processes and national and local partnership arrangements as part
of our wider strategic commitment to improve Throughcare under the Reducing Re-offending 2 Programme.

Development of SPS Throughcare Strategy and Performance Framework

SPS have also been working with a range of partners and Scottish Government to draw together the range of throughcare initiatives. Our work on the development of an effective performance framework for throughcare is particularly important. We have been working with Justice Analytical Division around the design of a logic model that will support the development of outcomes for throughcare and contribute to the drafting of an SPS Throughcare Strategy and performance framework. This will also ensure that the SPS logic modelling will connect and inform the development of the national policy around throughcare as part of the RRP2 programme. The logic model refers to the “Throughcare Team” and our view is that this team assumes the inclusion of health colleagues to ensure a fully formulated plan to support an individual on release.(attached for info)

Supporting delivery of throughcare

To ensure consistency of practice across all sites, we have taken forward a number of key workstreams around training and development:

- We developed and implemented a bespoke training package – including contributions from leaders from across the SPS and our partner agencies - that was delivered to all Throughcare Support Officers week beginning 9th and 16th March 2015 (this included HMP Addiewell and HMP Kilmarnock);
- We have developed a Throughcare Sharepoint site for all throughcare staff which will support all colleagues in establishments in the day to day application and recording of throughcare;
- We have developed support for TSOs through Quarterly Learning Sets that will be led and supported by Strategy & Innovation (the first learning sets took place on 19th and 26th May 2015). These Quarterly Learning Sets will facilitate peer support and enable common challenges to be shared, captured, explored and responded to corporately and effectively;
- We have introduced quarterly site visits to support the implementation of the Throughcare strategy and to share best practice;
- We have introduced a Continuous Professional Development Pathway which will include training such as motivational interviewing, mental health first aid, mentoring awareness etc;
- We are actively exploring how we respond to the bespoke training needs of TSMs, particularly around learning and reflective practice, including support beyond performance management;
• We have listened to the feedback from TSOs around housing and welfare challenges in particular and we are responding accordingly through development of a corporate position statement on housing and welfare which will give clarity on the SPS position and we are developing an understanding of what is working well and not so well across these agendas. We will be developing a preferred process for supporting service users housing and welfare needs and for supporting the formulation of policies and procedures in relation to Housing and Welfare which will further develop the role of the Throughcare Support Officer.

**Conclusion**

Colleagues are asked to note the updated position regarding the range of work being taken forward across the Throughcare agenda, including the development of, and support arrangements for, the Throughcare Support Officer roles.