



HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 5th JUNE 2024

PROBATION HEALTH TRAINER SERVICE

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Purpose of report

1. The purpose of the report is to seek the views of the Committee on the proposals for the future of the Probation Health Trainer Service, as part of the engagement currently being undertaken.

Policy Framework and Previous Decisions

2. The Medium Term Financial Strategy 2024/25 – 2027/28 (agreed by the Council on 21 February 2024) includes a requirement for Public Health to save £90,000 by 1st April 2025 through a review of commissioned services. This briefing note summarises the review of the Probation Health Trainer service and puts forward a proposal which would contribute towards this saving.
3. The proposal is aligned with the following policy frameworks:
 - a. Public Health Strategy “Delivering good health and prevention services 2022-2027 – promoting healthy living and healthy places principle”;
 - b. the Leicestershire Joint Health and Wellbeing Strategy 2022-2032 “Staying Healthy, Safe and Well”, and
 - c. the County Council’s Strategic Plan 2022-26, in particular the outcome of
 - i. ‘Keeping people safe and well: ensuring that people are safe and protected from harm, live in a healthy environment and have the opportunities and support they need to live active, independent and fulfilling lives’.

Background

4. The Probation Health Trainer (PHT) Service has been delivered locally since 2019 and supports adult offenders on community orders or on licence following release from prison to make changes towards a healthier lifestyle. By offering individualised assistance, the service helps clients access various health and wellbeing services, including GP and dental care. Health trainers work with clients on a one-to-one basis to assess their health and lifestyle needs, develop Personal Health Plans, and provide ongoing support for sustained behaviour change towards improved wellbeing. Referrals into the service are predominantly received from the Probation Service.

5. The service was jointly commissioned by Leicestershire County Council and Leicester City Council, with a total contract value of £167,500 per annum (County £67,500 and City £100,000) which commenced April 2022. Separate contracts are in place for each of the Local Authorities. The service is provided by Ingeus and the initial term of the contract ends on 31st March 2025 (there is an option to extend for a further 24 months until 31st March 2027).
6. It is not a statutory duty for the County Council to provide specific services for individuals on release from prison.
7. The County Council has a statutory duty to take appropriate steps to improve the health of people living in Leicestershire, including the provision of health improvement information and advice and support services aimed at preventing illness.
8. Evidence from Revolving Doors Agency, the Home Office and Public Health England (now Office for Health Improvement and Disparities) identifies the mortality rate for prisoners is 50% higher than the rest of the population. People leaving prison are therefore one of several populations of concern for the County Council in terms of their health and wellbeing.
9. The County Council's Medium-Term Financial Strategy 2023/24 – 2026/27 includes a requirement for Public Health to save £90,000 by 1st April 2025 through a review of commissioned services.

Review of existing provision

10. A service review was undertaken in autumn 2023. This included engagement with service users and stakeholders, mapping of similar services across the region, a review of performance, and a review of the evidence of effectiveness.
11. The main strengths of the existing provision are that:
 - Service users value the support provided;
 - Health trainers providing the service have lived experience of the criminal justice system;
 - The service is co-located with probation teams across the county and city and therefore strengthening the partnership approach.
12. There were several limitations that were identified from the review.
13. While performance is improving, the service continues to support a relatively small number of individuals. In 2022/23, 40 individuals had a personal health plan completed and out of those, 19 (47%) achieved their plan. In 2023/24 119 had a personal health plan completed and out of those, 88 (74%) achieved their plan. The personal health plans consist of the Probation Health Trainer carrying out onward referrals and signposting to the relevant services. The three main health concerns that were identified from the personal health plans are: mental health support, access to benefits and GP registration. There are existing routes into these services that could be supported through signposting by the Probation Service.

14. While evidence suggests that a health trainer service can lead to improvement in health related behaviours, when the service is provided in particular settings, such as in probation services, the impact is significantly reduced.
15. NHS England recently launched the RECONNECT service which is provided locally by Leicestershire Partnership Trust. The service provides a 'care after custody' service that seeks to improve continuity of care of individuals leaving prison with an identified health need. There are similarities between this service and the Probation Health Trainers service which risks duplication of effort.
16. The substance misuse treatment service has a criminal justice team who work closely with the Probation Service to support clients leaving prison who have substance use issues. This pathway works well and does not rely on the Probation Health Trainer Service to function.
17. The Probation Service is a statutory service that is responsible for supervising offenders released into the community. One of the roles of the service is to reduce the causes that contribute to offending. There is strong evidence to suggest that individuals with experience of the criminal justice system have greater physical and mental health needs, therefore by addressing this, it could contribute to a reduction in offending behaviour.
18. Most authorities across the country who previously had a probation health trainers service have taken steps to decommission the service. We are aware of one service that remains in the East Midlands which is one of very few left across the country.

Proposal

19. Based on the review of existing provision, the proposal is to decommission the service when the contract ends on 31st March 2025.
20. One of the key risks in allowing the contract to end is that a population at higher risk of poor health outcomes will no longer have the same level of support. Although there is no direct replacement service being put forward, individuals can continue to receive support from a combination of services, including the Probation Service and the RECONNECT service, and greater focus can be put into strengthening pathways into existing public health services. An Equalities Impact Assessment has been completed to explore the impact in more detail and will be further updated following the engagement process.

Engagement

21. Engagement with key stakeholders commenced in May 2024 for a period of 8 weeks. Key stakeholders include service users, probation service staff and staff providing the service. The engagement will primarily be in the form of a short questionnaire with information sessions being added to promote completion of the engagement questionnaire where required; this will be guided by numbers received and conversations with the provider.
22. This report forms part of the engagement being undertaken.

Resource Implications

23. The proposed model has a target of achieving £67,500 per annum which would contribute to the Medium-Term Financial Strategy (MTFS) savings.
24. The Director of Law and Governance has been consulted on the content of this report.

Timetable for Decisions

25. A post-engagement report will be presented to Cabinet in September 2024 along with a final proposal for approval.

Conclusions

26. The Contract for local authority commissioned Probation Health Trainers service is due to end on 31 March 2025.
27. A proposal for decommissioning of this service has been put forward and engagement is taking place to seek views on this proposal from target stakeholders.
28. The purpose of this report is to seek the views of the Committee on the proposed decommission as part of the engagement.

Background papers

Report to the Cabinet - Medium Term Financial Strategy 2023/24 - 2026/27 - 22 February 2023 <https://politics.leics.gov.uk/ieListDocuments.aspx?CId=134&MId=6913>

Circulation under the Local Issues Alert Procedure

29. None

Equality Implications

30. Under the Equality Act 2010 the County Council is required to have due regards to the need to:
 - Eliminate unlawful discrimination, harassment and victimisation;
 - Advance equality of opportunity between people who share protected characteristics and those who do not; and
 - Foster good relations between people who share protected characteristics and those who do not.
31. People leaving prison is not a protected characteristic but there will be people within the cohort who do have a protected characteristic. An Equality Impact Assessment (EIA) has been completed on the proposal and will be further informed by the outcomes of engagement.
32. Initial findings are that, nationally, certain protected characteristics are over-represented in the prison population when compared to the general population. These include men, those aged 18-39, those with a disability, those from an ethnic minority background and those who are Muslim. There is also indication of over representation from the Gypsy, Roma and Traveller community in prisons. The post-

engagement EIA will be presented to the Cabinet in September so that it may be taken into account as part of the decision.

Human Rights Implications

33. There are no human rights implications arising from the recommendations in this report.

Health Implications

34. There are potential health implications from this report, arising from the loss of a health related service, targeted at a specific cohort. Other provision available locally, including the RECONNECT service and other Public Health Department funded and delivered service provision will remain available to this cohort. The engagement process underway will help to evaluate the health impacts of these proposals.

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