**Tests of Change – Workshop 2**

**3 December 2019**

**1. Check in from each test of change site**

Test of Change site leads provided updates on their ToCs:

Perth and Castle Huntly

* The ToC began on 30 Sept and there had been around 55 referrals so far.
* There had been some initial IT issues in Perth, but space had been found in the health centre for staff to use.
* The team were publicising the ToC in the halls as initially staff on the ground were not aware of the ToC and what was available.
* There were issues around the link into services in the community for those on short term sentences who don’t have an address (and therefore cannot access services).
* Issues with engaging effectively with housing services.

Grampian

* Now open for referrals.
* Looking at how best to identify people with social care and support needs.
* Thinking that social work rather than care management role may be what is required.
* There have been difficulties in recruitment for the project manager post.
* The team have been looking at cases and background case studies and were making people in the prison aware of the service available.
* Links were being enhanced with Aberdeen City Health and Social Care Partnership.

Shotts

* Awaiting start date
* The team were being creative with staffing following a number of changes in the original team. There had been interest from other localities in the posts.
* The team had adapted the information leaflets and would be working with SPS Staff to ensure they were aware of the ToC.
* Information on the ToC had gone to the senior leadership team and they would be looking for another update in January.
* The model includes justice, community care, rehab team and nursing staff .
* Using flu vaccination list to identify physically vulnerable people.
* Looking at information sharing with SPS.

Low Moss & Greenock

* Challenges around recruitment were ongoing. The team had successfully recruited 1 social worker and had an advert out for 2 OT posts. They were planning to be creative with the use of an internal staff member for the project officer.
* Issues with ensuring backfill for community psots.
* There are good relations with SPS and the Health and Social Care Partnership with buy in from senior managers. This is, in part, a cause of the late start of the test.
* Delivering a hosted service has meant developing perhaps slightly different relationships to the other tests of change. It is really important that the hosting authority owns the project, taking responsibility.
* In Low Moss, opportunities to better use social work time that was already available in the prison were being considered.

**News from the project team**

Alison Bavidge updated that she and Helen Forde (Health and Social Care in Prisons Team Leader, SG) would be speaking to Chief Officers (IJBs and Social Work) about how they might assist ToC from the centre. Helen and Alison would also be speaking at the Social Work Services Strategic Forum in December and attending a Governors meeting in March to discuss the impact of the ToC and the learning from it.

Alison advised that work was ongoing in relation to data sharing agreements for the test of change evaluation data and that each site must make their own data sharing arrangements for the purposes of service delivery.

**2. Voluntary throughcare**

Yvonne Robson and Fiona Mackinnon from Shine and Stuart Hogg from New Routes gave presentations on the work of each of their organisations. Rachel and Alison agreed to circulate the contact details for Yvonne, Fiona, and Stuart so that ToC partners could get in touch with them so that connections could be made within the prisons.

**3. Attend anywhere**

Christine McFarlane-Slack and Hazel Archer gave a presentation on the use of attend anywhere and asked workshop attendees to consider the if Telehealth was available within their area of practice relating to prisons, where would it be most valuable now and in the future?

Key points: Health and social care and third sector can get free licences. This will extend to the whole of the public sector in 2020.

**Post-it notes**

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| Give the third sector access to virtual meetings | Pre-release meetings | Area of identification is crucial |
| Prioritise areas of high activity and joint working with SPS re facilitation | GP services are current priority  | How can we use telehealth for transitions planning for voluntary throughcare in Inverclyde? |
| Need a specific room for Attend Anywhere | Allow for multi-way professional meetings | Can a care manager carry out a virtual assessment? |

**4. Case studies: Perth case study**

Discussion notes:

* Dementia and forensic community services what are the links?
* Exploration of capacity and the ability to understand conditions of licence
* Prison secure care home model – not liked by people themselves
* Community care homes that can work with people who resent higher risk
* Cost of 24 hour care package is approx. £140k per year
* Suitable accommodation is problematic
* What are the opportunities around electronic monitoring and telecare to promote safety in the community?
* Risk and care needs need to be carefully assessed separately but the package has to address both seamlessly.

**5. HMP Grampian functional OT work**

Lisa Jamieson gave a presentation on the benefits of occupational therapy for people in prison. The group discussed the tendency in the OT profession to categorise OTs into particular specialisms, whereas what may be required is a ‘prison OT’ who can take a holistic approach.

**6. Providing Community Equipment to Prisons**

Gwen Agnew provided an introduction to the ‘Providing Community Equipment to Prisons’ protocol and the group were asked to consider the draft and feedback their comments to Rachel and Alison. A copy of the protocol would be circulated electronically.

**7. IT scoping update**

Carolanne Coll gave an overview of the findings from the IT scoping work. Jill Burke explained that she would meet with teams from each site to agree priorities and draw up project plans.

**8. Strategic commissioning**

Sarah McCullough delivered a presentation on strategic commissioning. In the following discussion the hard edges report was raised as an example of something being used locally as a lever. It was also felt that looking ahead, there was a need to break down cultural barriers in the system.

Discussion notes:

* We need clarity around responsibilities and roles and who will fund.
* What re the links between CJ, adults and older adults’ services?
* Silo’d services increase risk of poor service join up.
* In areas that don’t have prisons. How can Community Justice promotes the principles that people in prison straddle the whole country – “Out of sight, out of mind”.
* The frameworks are local just now not any national consistency of approach.
* Each CJP needs to assess community and prison needs strategically.
* Justice social work funding – is not seen s prt of the local authority set up.
* Hard Edges report can evidence need for holistic approach.
* Problem of perception of worthy and unworthy recipients of care and support.
* Can we move the conversation to not creating future victims?
* Voluntary throughcare is a clear interface between JSW and Community Adults services.
* Issue of investment and resource.

**9. Burning Issues**

Alison Bavidge highlighted to the sites that the timescales for the evaluation was tight and that these would be needed from sites in June in order to feed in to Scottish Government budget considerations. Reports must be in from all sites by the beginning of June 2020. Alison and Rachel will be available to support issues in writing the reports but the responsibility belongs to each test of change.

* Difficulties around accessing prisoners due to prison routine was highlighted as an issue. There was a question over how much of this is due to prison routine and how much was because the service is stretched. This is impacting the effectiveness of the tests of change and should be discussed in the evaluation reports.
* Evaluation reports should consider any specific populations in each prison: young people, women, high end, older people etc.
* Recruitment and retention: the local solutions are piecemeal. The NHS has a national approach.
* Concerns around long term funding were also raised, in particular it was felt that an area shouldn’t be at a financial disadvantage due to having a prison located within that area.

The next workshop was still to be arranged but would take place around the end of February or beginning of March.