

Addressing Residents' Healthcare Needs Through Partnership Working and Co-Production

Example from a Probation Approved Premise in Lancashire

- People housed in probation Approved Premises often have complex health needs
- Sometimes they do not receive much notice that they are going to be released from prison and they may be fearful of what living at an AP will be like
- In some cases, people that have been receiving healthcare in prison are released without a supply of medication or links to appropriate community services

This is an example of a recovery focused Approved Premise (AP) that is trying to address these issues

Model of way of working at the AP



Needs and Strengths Assessment

4-6 weeks prior to release from prison, AP staff talk to a prisoner and their Offender Manager to identify their health needs, any concerns they have about moving to the AP, and what their strengths are. Staff can then begin to prepare for the individual's release

Prisoners are also encouraged to contact healthcare to get a weeks' supply of medication prior to release

Substance Misuse Support

If an individual has a current substance misuse problem or a history of this they will be given details of the Inspire Change Grow Live service, and a worker from this service will meet them on their first or second day at the AP

Details of AA, NA and CA support will also be shared, and in addition are publicised at the AP

Sessions take place at the AP run by AA and also by people who are in recovery

Mental Health Support

There are weekly time to talk events at the AP

Positive Minds run a quarterly sleep workshop

AP staff use Assess Care and Treatment (ACT) procedures for cases of self-harm and suicidality, and also work with the local crisis team when required

Employment Skills

Residents are encouraged to see themselves as an asset, and to think about what skills they have that they can teach to other residents e.g. support with learning to read

The AP work with various local partners to support residents to gain employment skills and qualifications e.g. there are plans to offer residents the chance to train as Health Trainers and some residents are currently working towards qualifications for working on building sites

Job Centre staff also visit the AP

GP

At present, there is no dedicated GP at the AP. This is problematic as it means residents are unable to register with a GP prior to release from prison, which makes it hard to plan ahead to ensure continuity of care

However, there is a dedicated pharmacy service to ensure residents receive their medication and usage is monitored

Monitoring

Staff at the AP will monitor residents' medication use, presentation and behaviour. They will also informally monitor residents' experiences of accessing healthcare services by asking how they have got on at appointments when they come back to the AP

An outcomes star model is used to map residents' journeys

Co-Production

There is a co-produced weekly residents' meeting

Residents and ex-residents actively shape the content of the programme of activities taking place in the AP, personally providing content, making requests for specific content, and feeding back on how residents' experience at the AP could be improved

The AP also work with HealthWatch

AP Team

The AP has a strong staff team who take a recovery focused approach

For further information please contact:

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