



LIAISON AND DIVERSION MANAGER AND PRACTITIONER RESOURCES
INTELLIGENCE GATHERING

Personal Information

The processes set out in these briefing papers entail the collection, collation and disclosure of personal information.

Personal information about health or wellbeing, or criminal activity or propensity to crime, is sensitive and confidential.

It can only be recorded or shared with the explicit informed consent of the individual it is about, or someone with parental responsibility for them. If the individual lacks capacity under the Mental Capacity Act 2005, information can be recorded and shared when that is assessed to be in their best interests applying the Act and its Code of Practice.

However, confidential information can be recorded and shared in the public interest to help a child or young person who is or may be at risk of harm, or anyone who is or may be at risk of offending or of suffering harm or loss from offending. It can also be recorded and shared in the public interest of preventing or investigating a crime.

The information recorded or shared should be in proportion to the risk and there should be a pressing need to record or share it. Each case must be assessed on its own facts.

Equalities and health inequalities

The reduction of inequalities in access and outcomes is central to the L&D work programme. Local commissioners and practitioners are reminded that they should make explicit how they have taken into account the duties placed on them under the Equality Act 2010 and with regard to reducing health inequalities, duties under the Health and Social Care Act 2012. Service design and communications should be appropriate and accessible to meet the needs of diverse communities.

INTELLIGENCE GATHERING

This particular resource paper focuses on **intelligence gathering**. This is the process of collecting information and data on a local area's health needs and designing an effective L&D service in order to address the population's needs and demands.

WHY INTELLIGENCE GATHERING MATTERS

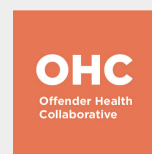
Intelligence gathering can help local stakeholders and partners to understand the following:

- The current service provision and the range of agencies and organisations in the local area that will be relevant to the development of L&D services within the health, social care and criminal justice sectors.
- What the current gaps in local provision are and whether there are any areas of unmet need that should be targeted.
- Where effective and robust services already exist in order to avoid any duplication of provision.
- What relevant local strategies and plans are in place and which target groups are prioritised.
- How best to target L&D services to effectively support existing local services.
- To inform local NHS England teams about national progress.

WHO WE ARE

The **Liaison and Diversion (L&D) programme** is a cross-government initiative, with partners from NHS England, Department of Health, Home Office, Ministry of Justice, Youth Justice Board, HM Courts and Tribunals Service, National Offender Management Service, Public Health England, the Offender Health Collaborative (OHC) and Bradley Review Group. *See p6 for more information about the programme.*

The **Offender Health Collaborative (OHC)** is a partnership between specialist organisations which has been set up



to develop an operating model to meet the needs of all those who are in contact with the criminal justice system with mental health problems and/or a learning disability. It advances and promotes better thinking, practice and outcomes in offender health and criminal justice.



WHERE TO START

Here are some examples of the types of intelligence you might gather:

- Data collected on individuals who have used the L&D service
- Local crime data from the police – including a demographic breakdown and details of health needs assessments carried out in custody
- Local youth offending data
- Data held by courts i.e. numbers of individuals who they have dealt with
- Joint Strategic Needs Assessments, developed locally to feed into the joint health and wellbeing strategy
- Local public health data from local authority
- Criminal justice data in the wider surrounding areas
- Views and experiences of service users and their families
- Census data e.g. excluded pupils, homelessness, veterans

Census data is important in order to understand the health inequalities of different groups that may come into contact with the L&D service. While it is easier to gather insight into individuals that access the service more regularly, understanding the entire landscape of the local population is also important.

CHECKLIST

- ✓ **What do you know about the existing local health, social care and criminal justice services?**
Pull together relevant documents you already have (explicit knowledge) and record what you know from experience (tacit knowledge).
- ✓ **What relevant information and data do colleagues have that they can share?**
Learning from other peoples' experiences is vital (tacit knowledge). Information is often produced and published in cycles and taking these into account may help you to gather intelligence efficiently.
- ✓ **Consult service users about their views and experiences**
The insight of service users is extremely valuable.
- ✓ **Identify gaps in the intelligence available**
Identifying what you still do not know and what you need is a useful way to target your intelligence gathering to help fill in the gaps.
- ✓ **Consider how to use different types of intelligence**
 - What counts as evidence in one context might not stand up to scrutiny in another - be clear about what you will and will not use as an evidence base.
 - Reflecting on the type of intelligence you have gathered will help you to decide about its reliability, how and whether to use it.

CURRENT SERVICES

The Improving Quality **Intelligence Handbook** (2014) clearly sets out some key points to cover when gathering intelligence about local services to identify what is and is not available.

SERVICES FOR BOTH ADULTS AND YOUNG PEOPLE

Map current referral services

Who refers now?

Who else might do so?

Map all areas where voluntary attendance may occur and number of voluntary attendances.

Map local health services and pathways that L&D services will need to liaise with and refer on to, including mental health and substance misuse services and assess levels of demand.

Map relevant voluntary sector agencies including substance misuse, mental health and learning disability services, advocacy and other groups for both adults and young people.

Liaise with strategic boards and forums including:

- Clinical Commissioning Groups
- Criminal Justice Boards
- Health and Wellbeing Boards
- Safeguarding Adults Boards
- Safeguarding Children Boards

ADULT ONLY SERVICES

Map all active police custody suites and establish total number of detainees and number of detainees at risk to assess levels of demand.

Map magistrates' courts and the Crown Court and assess levels of demand.

Map probation services including pre-sentence report probation officers and post-arrest probation officers and assess levels of demand.

YOUNG PEOPLE ONLY SERVICES

Map local police referral opportunities

Do children come into police custody? Are they triaged? Agree with the police where and how referrals and follow-up meetings might occur and within what timescale. Assess levels of demand.

Map any schools and restorative justice programmes, where police engage with children and young people.

Map youth justice services e.g. youth offending teams and other youth services, including youth courts that L&D services may need to liaise with and refer on to. Assess levels of demand.

Map social services, children's services and looked after children provision and the routes into and through these services.

CASE STUDY

SUSSEX

Sussex L&D provision started in 1992, where a court-based service began with just three staff. The population of Sussex is 1.8 million. 96% of the population is white British. The more densely populated areas include Brighton, Crawley and Worthing which all have varying demographics with different needs.

Intelligence gathering has led to ensuring suitable provision is available in court and custody suites to particular groups such as lesbian, gay, bisexual or transgender people (LGBT), travellers and those with substance misuse issues. There are pockets of Sussex where these groups may be more prominent, however it is important to ensure provision for these groups is available throughout the area.

Staff include link nurses who 'champion' provision for specific groups including LGBT, those with autism and those with substance misuse issues. These champions have a personal interest in and specialist knowledge of the relevant subject area and have opportunities to develop their skills and expertise which in turn increases the collective knowledge of the service.

HOW HAS INTELLIGENCE BEEN GATHERED?

Intelligence and data about the local area has been gathered from a variety of sources including:

- local demographic data
- pre-sentence reports
- court reports
- health needs assessments
- partnership working with other local services including health providers, hospitals, courts and custody suites

HOW HAS THIS INTELLIGENCE SHAPED THE SERVICE?

Disseminating the intelligence gathered means local needs can be assessed in a timely manner and service design amended where appropriate. For example, in court many staff had come into contact with individuals from the travelling community and therefore this was flagged as a group for which specialist provision was required.

This example from Sussex shows how a range of intelligence, gathered from both quantitative and qualitative data resources, can shape service provision. This means that the service can constantly adapt to changing local needs.

STAKEHOLDER MAPPING

Stakeholder mapping will facilitate understanding about who your intelligence gathering will impact on and who will have an interest (NHS Improving Quality, 2014). It also opens up ideas for how best to engage with stakeholders. There are a number of factors to consider when carrying out stakeholder mapping.

CHECKLIST

- ✓ Identify the relevant stakeholders
- ✓ Analyse their perspectives, current vision, priorities and targets
- ✓ Establish the relationships between your service and stakeholders, and the relationships between the different stakeholders
- ✓ Consider the influence, level of interest and anticipated reaction of different stakeholders
- ✓ Prioritise stakeholder groups over one another
- ✓ Consider which types of intelligence (e.g. data, reports, experience) will suit which stakeholders
- ✓ Consider how to maximise the likelihood of stakeholders taking action (e.g. referring to and engaging with your service, disseminating information about your service) as a result of knowing about your work

FIND OUT MORE

Improving Quality (2014) *Intelligence Handbook: Guidance and tools to support systematic intelligence gathering activity in health and care* (Accessible at http://www.nhs.uk/media/2539591/intelligence_handbook.pdf)

ABOUT THE L&D PROGRAMME

The national L&D programme was originally established in response to *The Bradley Report*. *The Bradley Report* made 82 recommendations to tackle the over-representation of people with mental health problems in prisons in England, including a recommendation to divert offenders with mental health problems from custodial settings. In response, a number of L&D pilots were established in England in 2011/12 with plans for full coverage to be achieved across the country.

L&D services aim to improve access to healthcare and support services for vulnerable individuals, reduce health inequalities, divert individuals, where appropriate, out of the youth and criminal justice systems into health, social care or other supportive services, deliver efficiencies within the youth and criminal justice systems and reduce reoffending or escalation of offending behaviours.

THE CORE OPERATING MODEL

A revised national core operating model has been developed, which will include:

- **An all-age service** across all sites available at all points of intervention
- **Early intervention** including identification, assessment and referral
- An integrated model for **children, youths and adults**
- Targeting a **range of vulnerabilities**, including learning disabilities, substance misuse, housing and education
- Provision at **police custody and courts**
- **Hours to suit** operational requirements
- **A range of referral pathways** to suit identified issues

AIM OF L&D MANAGER AND PRACTITIONER RESOURCES

Many of the challenges around developing L&D services will require a joint partnership response, with criminal justice, mental health, substance misuse, housing, welfare and other support services working together to support individuals with complex needs. In some local areas, the development of L&D services may require significant changes in culture and working practices at every level, while maintaining and improving existing services at the same time. However, each local area is unique and local stakeholders and partners are best placed to determine the progression of their services and to plan according to local needs.

This series of resources will comprise of eight practical guides on the key elements of L&D provision. The purpose of these resources is to provide a toolkit to help practitioners understand how to develop effective L&D services in their local area.