Performance management

Why do we collect data?

Areas/trusts need performance data to:-

- review and assess the effectiveness of existing provision e.g. impact of interventions on engagement, retention and completion
- measure performance against agreed targets and other indicators and minimum requirements prescribed in service specifications and in contracts/service level agreements (SLAs) with providers or commissioners e.g. meets National Standards and is delivered to the quality standards outlined in *Models of care for alcohol misusers (MoCAM)*
- inform future decisions about the commissioning and delivery of services, including supporting the assessment of the impact on equality.

Areas/trusts should also use data to identify any potential problems and devise appropriate remedial action. Amongst other things, activity data on alcohol interventions can be used to:

- improve the targeting of interventions
- monitor waiting times
- explore the reasons behind differential programme completion rates e.g. the composition of groups
- inform the work of various steering groups

Data should also be routinely monitored in an effort to ensure that no group suffers under-representation or poor outcomes due to services not being appropriate.

Advice about the data that is needed to accurately assess offender need; demonstrate how probation supports the delivery of Public Service Agreement (PSA) targets and local area agreement (LAA) indicators; and how this might be presented to commissioners to influence their decisions is contained in the *Commissioning alcohol interventions and treatment* section of this guidance. This section focuses primarily on the data needed to assess and manage performance, with detail on the minimum requirements for effectively managing individual cases e.g. information sharing protocols set out in the *Delivery of interventions* section.

Need for improvement

The Institute for Criminal Policy Research (ICPR) found that most areas collected 'routine monitoring data relating to the interventions they deliver to alcohol misusing offenders (e.g. on offender demographics, programme throughputs, completion rates)' but there were details of Alcohol Use

Disorders Identification Test (AUDIT) scores in only just under half of the alcohol treatment requirement (ATR) case files they examined.

Whilst recognising the operational burden of additional data collection, it is important that alcohol screening and assessment information (e.g. results from AUDIT) is routinely recorded, collated and is readily accessible alongside data from the Offender Assessment System (OASys). Detailed information on the precise nature and extent of alcohol related interventions and treatment being delivered should also be recorded in a systematic way in case files/management systems.

It is important that partners measure and record indicators of effectiveness in a consistent way. Probation areas/trusts and treatment providers should have an agreed performance framework - outputs and outcomes – specified in SLAs and contracts against which to measure progress and monitoring of outcomes should be built into SLA and contract reviews.

What should be collected?

NOMS Performance Metrics and implications for Target/Measure in SLA

From April 2008 an ATR completion target was introduced into the NOMS performance metrics to drive up commencements and completions nationally - *the number of ATR completions to be at least X*.

From 09/10 the main ATR metric is now the completion rate with a supporting volume completions diagnostic measure.

The target-setting guidance allowed local flexibility for this indicator i.e. NOMS did not specify a minimum number of completions per area or region but within nationally agreed parameters:-

  ➢ Completion rate – Minimum of 40% in each area
  ➢ Volume – Minimum 100% increase on aggregated 08/9 target (1876).

The locally negotiated target was included in SLAs/contracts between the Directors of Offender Management (DOMs) and areas/trusts.

Performance monitoring is a significant issue for the DOMs. ATR completions data represents the minimum requirement. Some DOMs may have chosen to prioritise alcohol interventions as part of their SLAs/contracts with areas/trusts. As a result, areas/trusts may have agreed additional alcohol related targets/measures with their DOMs and the resulting data requirements will depend upon precisely how these are worded in SLAs.

How a completion is measured

ATR completions are measured from the Form 20 terminations data submitted by probation areas/trusts on a monthly basis.

A successful completion of an ATR is one which is recorded in the Form 20 return as having terminated for either of the following two reasons:

    50 - Expired (normal)
    51 - Completed (early good progress)

The completion rate is calculated by dividing the number of successful terminations (as defined above) in a given period by the total number of successful and unsuccessful terminations in the same period and expressing as a percentage i.e.

    a / (a + b) x 100

    where

    a = total number of successful terminations; and
    b = total number of unsuccessful terminations

Unsuccessful terminations are those which are terminated for the following reasons:

    52 - Expired (breach listed)
    53 - Revoked (further offence)
    55 - Revoke (failure to comply)
    57 - Incomplete (requirement not started)

ATRs terminated under the following reasons are excluded from the calculation as 'neutral' (i.e. neither successful nor unsuccessful):

    54 - Revoked (on application to Court)
    56 - Revoked (failure to comply on another requirement/condition)
    58 - Terminated (death)
    59 - Terminated (other reasons)
    61 - Not known - not NPS supervised

Other useful data

We have continually stressed that performance measures should not exclusively be ATR focussed. For example, where practicable, areas/trusts should monitor the number of supervision and/or activity requirements where alcohol brief interventions are delivered and the number of alcohol misusers on Addressing Substance Related Offending (ASRO) or the Offender Substance Abuse Programme (OSAP).

Areas/trusts should also have arrangements in place to monitor:-

- The accuracy and speed with which alcohol and offending related needs are identified during contact with probation and referral to and delivery of appropriate interventions.

- The effective delivery of sentence plans in order to maximise the outcomes of interventions and treatment.
- Reductions in alcohol-related problems during the course of supervision e.g. from initial assessment at PSR stage to follow up assessments to inform sentence planning using alcohol screening tool (AUDIT) and section 9 OASys data sentence plan review/outcome data.

National Alcohol Treatment Monitoring System (NATMS)

In 2008, the DH commissioned the National Treatment Agency (NTA) to expand the existing National Drug Treatment Monitoring System (NDTMS) to include the collection of alcohol treatment information[1]. Up to this time, there was no routine national collection of the numbers entering into alcohol treatment. The National Alcohol Treatment Monitoring System (NATMS) is now collecting information on the number of patients receiving specialist alcohol treatment. NATMS identifies referrals received from criminal justice sectors, including community sentencing.

Alcohol information has only begun to be collected since 1 April 2008, which means that there are likely to be some reservations about data quality and reliability because of teething problems and imperfect coverage (NDTMS does not cover Wales). The alcohol data is being reported on nationally for DH and for local commissioners, however the reporting is based on PCT of residence and it probably won't be possible to cross correlate with probation data. However, in future, there is likely to be considerable scope for anonymously linking various administrative data including OASys, different case management systems (e.g. IAPS), NDTMS and Treatment Outcome Profile (TOP) data currently collated by the National Treatment Agency on engagement, retention and outcomes for alcohol treatment (in England) and criminal history data stored on the Police National Computer.

Identification and assessment

The performance of Offender Management teams in enabling offenders to access interventions associated with alcohol related need should be subject to regular scrutiny through OASys profiling. Offender Management teams should be allocated annual targets for accessing alcohol interventions (including group work provision) based on historical need profiles.

To support profiling, additional monitoring systems in association with AUDIT or another validated alcohol screening tool should be utilised by Offender Management teams, to inform understanding about effectiveness in accessing relevant provision. This will lead to a greater understanding of the patterns of use and associated need within the offender group and scrutiny of individual offender management practice in accessing offenders to appropriate provisions/interventions associated with an alcohol need.

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1 http://www.nta.nhs.uk/areas/ndtms/monitoring_specialist_alcohol_treatment.aspx

Specialist alcohol staff should be required to provide monthly reports detailing the:-

- ➢ Number of individuals referred for ATR assessment each month.
- ➢ Number of individuals assessed for an ATR each month.
- ➢ Number of individuals who enter into treatment through an ATR each month

A summary report will be required at the end of each quarter.

The NATMS could record the number assessed for an ATR and the number who enter into treatment as a result of an ATR.

Delivery of sentence plans

The Sentence Plan Outcomes Shadow Measure uses data from OASys to focus on the requirement for sentence plans to 'deliver against needs' by addressing the needs which are most likely to reduce re-offending.

- ➢ Initial sentence plans – The number/percentage of offenders with a criminogenic alcohol need identified by OASys at start of sentence where this was reflected in their sentence plan and with a relevant intervention planned to address the need.
- ➢ Sentence Plan outcomes - The number/percentage of corresponding interventions recorded within the final eight review sentence plans, as well as the final recorded status of the intervention e.g. ongoing, fully achieved, and any changes in the OASys section score over the course of the sentence

Regional plans have used OASys data to develop a gap analysis demonstrating where alcohol was an identified criminogenic need, the need was identified in the sentence plan and where there was a recorded intervention in the sentence plan.

Reductions in alcohol related problems

Areas/trusts should also seek to evidence the impact of interventions on offender health and behaviour change (taking account of gender, age, ethnicity and disability) by:-

- high rate of compliance and retention
- satisfactory completion of the intervention and any associated community order/suspended sentence order/licence requirement(s) (from criminal justice and treatment agency records)
- changes in the level of alcohol use and/or related harm to health (measured by AUDIT/OASys Sentence Plan review/outcome data)
- Treatment Outcome Profile (TOP) data currently collated by the National Treatment Agency on engagement, retention and outcomes for alcohol treatment (in England)

- improvements in offender health and social wellbeing e.g. family life, accommodation, employment status, etc.
- changes to alcohol related risk of violent re-offending (measured by OASys data)

Evaluations/review systems should be geared to assess the effectiveness of interventions delivered and to provide feedback to both service users and offender managers. User self assessment and feedback should form an integral part of this system, along with established systems associated with participation in accredited programmes. In cases where all or part of an intervention is delivered by an external agency, evaluation should form part of the agreed delivery requirements on the partner.

Areas/trusts may wish to devise a standardised feedback form for the final session to include feedback from the offender and recalculation of OASys[2]/AUDIT scores. Areas/trusts should record AUDIT scores and weekly alcohol unit consumption pre and post intervention and treatment worker feedback and Offender Manager (OM) feedback.

Data should be collated from case management systems to measure concordance between the number of proposals made in pre-sentence reports (PSRs) for an ATR and ATRs made by the courts. It is important to keep a close eye on the concordance rate to see if the ATR and alternative requirements within which alcohol related interventions can be delivered are being used 'appropriately' by the court/in accordance with the Sentencing Guidelines Council (SGC) guidelines. Areas/trusts will need to address any issues via their court liaison arrangements.

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2 *National Standards for the Management of Offenders 2007* requires that 'the assessment and plan is reviewed and revised immediately if new information arises which may significantly affect the validity of the existing assessment and/or plan'. OASys completion at the conclusion of a requirement is thus dependant upon it significantly affecting the validity of the sentence plan.