



briefing

DECEMBER 2009

ISSUE 197

Improving Health, Supporting Justice

The national delivery plan of the Health and Criminal Justice Programme Board

Key points

- Offenders are more likely to experience mental health problems, have learning disabilities or have problems with drugs and alcohol.
- Improving outcomes for this group is important both in terms of reducing re-offending rates and for successful rehabilitation.
- *Improving Health, Supporting Justice* is the Government's national delivery plan for improving the health outcomes of this group.
- Better partnership working, aligning performance frameworks, workforce training, improving access and developing commissioning are all key themes of the plan.

The physical and mental healthcare of offenders in the criminal justice system has long been subject to calls for reform. Improving outcomes for this group is important both in terms of reducing re-offending rates and for successful rehabilitation. Offenders are subject to considerable health inequalities. They are much more likely to experience mental health problems or have learning disabilities, and are more likely to have problems with drugs and alcohol.

This *Briefing* outlines the main points of the Government's national delivery plan for improving the health outcomes of this group.

Background

The Government's national delivery plan is informed by Lord Bradley's April 2009 independent review of the needs of people with mental health problems or learning disabilities in the criminal justice system, and by others including the Corston Report, which looked at women in the criminal justice system. *Improving health, supporting justice* relates to adult services in England. Lord

Bradley's recommendations relating to young people and the criminal justice system is addressed in the *Healthy children, safer communities* strategy and action plan published in December 2009. That sets out a number of initiatives around intervening early to help address underlying causes of poor behaviour, and dealing more effectively with the physical and mental health problems of young people already in the criminal justice system.



Key facts

- 72 per cent of male and 70 per cent of female prisoners suffer from two or more mental disorders. Seven per cent of male and 14 per cent of female sentenced prisoners suffer from psychosis.¹
- Of women sent to prison, almost 40 per cent say they have attempted suicide at some time.²
- Seventy per cent of prisoners have a dual diagnosis, meaning they suffer from a concurrent drug and / or alcohol problem along with a psychiatric disorder.³

Key themes

The plan makes no commitments on resources or on implementing change immediately on a large scale. The plan commits the Government to further work analysing the potential costs and impacts on local services of implementation. It is only when this work is done that the Government will make firm commitments on the implementation of the deliverables that have costs to local services.

The purpose of the plan is to provide a strategic framework within which local services can deliver quality improvements and develop national coherence, by building on good practice that exists and by setting out specific actions which government will take over the next 18 months, and beyond.

Better partnership working

Improving the health outcomes of this group involves a wide range of agencies. The central challenge facing those organisations is, therefore, improving and embedding successful partnership working.

In 2010, the Government will work with regional offender health colleagues, primary care trust (PCT) commissioners and probation trusts to ensure that joint strategic needs

aims to deliver tools and support to improve the continuity of care across the criminal justice pathway. Key deliverables include:

- by March 2010 substance misuse outcomes and quality indicator metrics will be developed for incorporation into the prison health IT system
- by October 2010 the Government will report on the optimal use of clinical IT systems to assure the quality of clinical care in criminal justice settings and to provide information in support of public health and commissioning
- mental health and learning disability indicators will also form part of the OASys review.

assessments (JSNAs) identify the health needs of those in contact with the criminal justice system.

The plan also includes specific measures to improve quality of data and information sharing. For example, the Offender Health Information Management and Technology project

Over the next six months (by May 2010) the Government aims to:

- undertake a full impact assessment of the costs and benefits of the policies proposed in the plan
- scope the feasibility of, and make a decision on, transferring health services in police custody to the NHS
- develop a comprehensive research strategy to underpin the work of the delivery plan, including looking at the costs, benefits and impacts of deliverables on other services
- publish World Class Commissioning guidance on commissioning services for offenders
- start to reduce the current delay in producing court psychiatric reports, by producing a national template and supporting guidance
- pilot and evaluate a new learning disability screening tool
- identify changes needed to underpin delivery of the 14-day standard for the transfer of mentally ill prisoners under sections 47 and 48 of the Mental Health Act 2007
- introduce rolling training programmes to:
 - continue the roll-out of training for prison officers in mental health and learning disability awareness
 - train all probation staff in mental health and learning disability awareness
 - train all front-line staff in the National Offender Management Service (NOMS), the NHS and social care agencies working with personality disordered offenders.

In terms of regulation, the plan commits the Care Quality Commission (CQC) and criminal justice inspectorates to conducting joint inspections, where possible, and that inspectorates working in the criminal justice system will have an understanding of health and adult social care standards and quality of provision by April 2011.

Developing a coherent performance framework

Currently, performance information on health and criminal justice is gathered in a number of areas. The plan identifies bringing this information together into a comprehensive performance framework, by which progress can be measured both locally and nationally, as a key action. This will be developed by the National Programme Board by April 2010. It will include measuring progress against PSA (public service agreements) targets and national indicators.

Other work includes:

- metrics being developed to ensure that substance misuse needs are a key element of offender management sentence plans by January 2010
- further development of the Prison Health Performance Indicators to include assessment of quality across the offender pathway by December 2010
- the NHS standard mental health contract will be changed to include reference to specific offender health issues against which PCTs are expected to make progress by April 2011.

Over the longer term, the Government aims to integrate offender health into the Quality and Outcomes Framework (QOF)

In the next 12 months (by November 2010) the Government aims to:

- raise awareness among the judiciary of mental health and learning disability issues
- publish an overarching cross-departmental strategy for the management of people with personality disorders
- complete an evaluation of enhanced mental health service-level agreements for approved premises
- develop a clear-cut economic case for the financial and health impact of liaison and diversion services
- produce guidance on comprehensive assessments by all agencies that come into contact with offenders with mental health problems
- introduce national templates and guidance on the application and use of both section 135 and section 136 of the Mental Health Act
- with the Crown Prosecution Service, review the use of conditional cautions for individuals with mental health problems or learning disabilities, and issue guidance to relevant agencies
- scope the benefit of, and agree a way forward for, a comprehensive mentoring programme to support individuals with mental health problems and learning disabilities to resettlement into the community on leaving prison.

used to monitor mainstream primary care services.

Workforce development

Training and development for front-line staff is also important to ensure health needs are assessed and identified as early as possible, with particular focus on mental health, personality disorders and learning disabilities. Where possible, training should be delivered jointly to encourage partnership working and be developed in conjunction with service users. Training will support a minimum standard of awareness across the criminal justice system itself.

Regional offender health boards are tasked with developing and implementing regional training strategies and will be monitored on this from April 2010. From April 2010,

the Government will also develop and implement a training and education plan for all front-line staff in The National Offender Management Service (NOMS), the NHS and social care agencies working with personality disordered offenders. Training will also be developed, by November 2010, to support comprehensive assessments by all agencies that come into contact with offenders with mental health problems. The training needs for other front-line staff, to ensure people in police custody with mental or physical health needs have access to competent practitioners, will be looked at by April 2011.

Improving access

In general, the mental health and well-being of offenders as a group is poorly served. However, there are

Wider public sector workforce training:

- online mental health awareness training for the universal children's workforce, including teachers and GPs, will be introduced from Autumn 2010
- continued roll-out of learning disability awareness training for prison officers
- work to raise awareness with the judiciary
- development of higher education accredited dual diagnosis modules for prison and criminal justice staff by September 2010.

additional particular concerns related to specific groups that historically have experienced poorer outcomes than most. Targeted interventions have an important role to play in reducing health inequalities.

Provision of services for offenders with learning difficulties is one area of concern. A number of initiatives to tackle this are planned, including:

- work with service users to agree the most effective way to present induction, health and general prison regime information to offenders with a learning disability from November 2009
- work with local NHS commissioners to encourage the development of services for prisons based on the directed enhanced scheme for people with a learning disability, from January 2010
- completion of the pilot of a learning disability screening tool in three prisons by January 2010. Pilots started in October 2009 in three prisons and reports are due in February 2010, which will inform plans for national implementation
- taking the learning from the pilot, implementation of a solution across the criminal justice system from March 2010
- work with the DH's Valuing People team to strengthen the links between local learning disability partnership boards and the criminal

justice system. This will include third sector organisations by April 2010.

Black and minority ethnic (BME) groups are also subject to considerable inequalities. The Government commits to developing learning from the 'Count me in' pilot and national census for use at other points of the offender pathways by April 2011, and to use those findings in the development of regional plans.

In terms of provision for veterans, there is an explicit expectation that all mental health services should make special provision for veterans during 2010/11.

Improving mental health services across the offender pathway

The plan commits the Government to working with PCTs and commissioners to develop an evidence-based care pathway model and disseminate it by April 2011.

The plan also details action to embed the care programme approach (CPA).

Key milestones include:

- using existing guidance to clarify which prisoners should be on the care programme approach (CPA), by March 2010
- considering the CPA when setting the objectives, scope, functions and

outcomes of liaison and diversion services, by December 2010

- ensuring that the use of the CPA is clear at each stage of the revised pathways, by April 2011
- reviewing the content of the OASys system by April 2011; and considering CPA when requiring trusts who provide mental health services in prison to enable offender managers to work with the NHS in providing holistic support throughout the sentence plan including CPA, by April 2010

The plan also seeks to clarify the role of mental health in-reach teams to ensure they work with prisoners who have needs equivalent to those addressed by secondary health services in community settings by April 2011.

Developing commissioning

World Class Commissioning is seen as key to driving improvement. Local priorities established through joint health and criminal justice offender health needs assessments need to be fed into joint strategic needs assessments. National work to support this, with PCTs, probation trusts and regional offender health teams, will be taking place in 2010.

PCTs may also gain new responsibilities. By March 2010, the Government will assess the feasibility of transferring commissioning and budgetary responsibility for health services in police custody suites from the police to the NHS.

The Government will also issue one overall guidance document to commissioners by April 2010 that builds on existing and future planned commissioning guidance within an offender health context, as well as

joint DH/ NOMS guidance on commissioning alcohol services to ensure they meet the needs of offenders. The DH, by September 2010, will also issue guidance to NOMS and PCTs on the use of community order requirements containing elements of health and social care to support offenders with a mental health or learning disability, as part of the overall offender health commissioning guidance.

Longer term, by Autumn 2011, the Government aims to develop systems to facilitate commissioning partnerships that will lead to integrated liaison and diversion services.

Developing primary care and social services

The plan outlines a number of service specific priorities across the board – for the police, Crown Prosecution Service, courts, prisons and probation services, and for NHS services.

For the delivery of primary care in prisons, the plan looks to promote local health and criminal justice partnerships as a way of supporting continuity of care between criminal justice and community services. A number of initiatives are planned in support of this, including:

- developing a care pathway model by April 2010
- developing a prison practice manager's network from March 2010
- piloting processes for GP registration from January 2010.

The care of offenders will also be reflected in the DH's forthcoming report outlining a new approach to primary care for socially excluded people in Spring 2010.

In the next 18 months (by May 2011) the Government aims to:

- produce guidance on the objectives, scope, functions and outcomes of liaison and diversion services
- undertake a review of the current reception screen process, strengthening the areas of screening for mental health problems and learning disabilities and putting a new screen in place
- set up a pilot to establish processes for GP registration for all sentenced prisoners (this will ensure that prisoners have realistic options for registering with a GP in the community)
- make progress towards the overall goal of police and court liaison and diversion services being in place
- make progress towards the provision of alcohol treatment for a minimum of 15 per cent of offenders identified as potentially alcohol-dependent across all regions.

Initiatives around improving services relating to drug treatment, alcohol misuse and personality disorder are also outlined in the plan. The implementation of the Integrated Drug Treatment System will continue and the Drug System Change pilots programme will report in March 2011. The plan also trails publication of guidance on dual diagnosis (a concurrent mental health problem alongside drug or alcohol dependency) in September 2010. A care pathway for offenders with a personality disorder is being developed for launch in April 2010. An agreement is also due in July 2010 for a revised plan for NOMS and the NHS of investment in the Dangerous People with Severe Personality Disorder programme. A cross-departmental strategy for the management of people with personality disorders is due by October 2010.

Social care is singled out as an area of particular concern. Availability of appropriate services is patchy. Deliverables in this area include development of a normalised model of social care delivery for prisoners,

based on an understanding of roles and responsibilities agreed between NOMS, local authorities and NHS commissioners and by September 2010, for older prisoners, the implementation of a standard national pathway across all prisons from March 2010.

Involving offenders in the design of services is also seen as important. A 'patient advice and liaison services in prisons' toolkit will be launched in December 2009. The plan also highlights the need to work more effectively with the private and third sector as providers of services.

National, regional and local delivery structure

Historically, links between the health service and the criminal justice system have been disjointed. Effective partnership working will be key.

At a national level the new Health and Criminal Justice Programme Board, will continue to oversee the Government's work in this area, augmented by a National Advisory

Group, on which the NHS Confederation is represented.

At a regional level, offender health regional delivery plans in support of the national plan will be agreed and monitored by a regional partnership board that, as a minimum, will comprise the strategic health authority, regional director of public health, director of offender management, deputy director of social care and local partnership, as well as representatives from the police and local authorities.

In terms of local planning and delivery, local authorities and local strategic partnerships (such as crime and disorder reduction partnerships, and local criminal justice boards) will play a key role through local area assessments (LAAs). The National Indicator Set, and the process of agreeing LAAs, are seen as critical drivers for identifying local priorities and generating coordinated plans to support delivery. Crime and Disorder Reduction Partnerships also have a considerable role. World Class Commissioning reinforces the need for a systematic approach, ensuring joint health and criminal justice offender health needs assessments are carried out and priorities are fed through to the JSNA. Good partnership working between health and criminal justice system commissioners are therefore key. Effective delivery calls upon effective joint working between the NHS, police, probation, prisons, social care and many others.

Confederation Viewpoint

The health outcomes for people in touch with the criminal justice system are poor, and higher numbers of people in the system have mental health problems and learning disabilities. Measures to extend access and improve the quality of interventions targeted at this group are not only important for addressing wider health inequalities, but also for reducing rates of offending and re-offending. Mental health providers and commissioners have a major role to play in making that a reality.

For more information on the issues covered in this *Briefing*, contact rebecca.cotton@nhsconfed.org

References and further information

1. *Bromley briefings*. Prison Reform Trust, June 2009
2. *Ibid*
3. *Morbidity in prisons*. Office of National Statistics, 1997

Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system. DH, April 2009 (product number 294278)

Improving health, supporting justice: the national delivery plan of the Health and Criminal Justice Programme Board. DH, Nov 2009 (Gateway ref 12632)

The Mental Health Network

The Mental Health Network was established as part of the NHS Confederation to provide a distinct voice for mental health and learning disability service providers. We aim to improve the system for the public, patients and staff by raising the profile of mental health issues and increasing the influence of mental health and disability providers.

For further details about the work of the Mental Health Network, please visit www.nhsconfed.org/mhn or email mentalhealthnetwork@nhsconfed.org

The Primary Care Trust Network

The PCT Network was established as part of the NHS Confederation to provide a distinct voice for PCTs. We aim to improve the system for the public, patients and staff by raising the profile of the issues affecting PCTs and strengthening the influence of PCT members.

For further details about the work of the Primary Care Trust Network, please visit www.nhsconfed.org/pcts or email primarycaretrust@nhsconfed.org

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THE NHS CONFEDERATION 

The NHS Confederation
29 Bressenden Place London SW1E 5DD
Tel 020 7074 3200 Fax 0870 487 1555
Email enquiries@nhsconfed.org
www.nhsconfed.org

