Improving health, supporting justice

Developing an offender health and social care strategy

Key points

- Offenders experience higher levels of health inequalities and more disease, alongside poorer access to healthcare in the community, than others.
- Offenders should have the same access to health and social care services as the rest of the population.
- Existing partnership working between the various agencies that deal with offenders must be encouraged and improved.
- No additional requirements to improve services will be placed on the NHS without more funding being provided.
- Aligned commissioning is to be encouraged – different organisations should share information about commissioning intentions, services and delivery plans and jointly monitor outcomes.
- All PCTs should ensure they have appropriate health professionals working in youth offending teams as this role will be boosted.

The Government has published a consultation on improving the health and social care received by people who are subject to the criminal justice system. At the heart of this consultation is better and more effective partnership working. Responses will be used to develop an offender health and social care strategy, which will cross various Government departments.

The consultation details how the different agencies involved are already working together and how they should collaborate further to ensure this part of the population gets as good health and social care as anyone else. This Briefing outlines the main points of the consultation.

Introduction

The Government wants to improve the health and social care for people within the criminal justice system, and believes a collaborative approach is the best way to achieve this. Many offenders who come into contact with the criminal justice system have complex multiple needs, requiring action from a range of agencies.

Improving the health and wellbeing of this portion of the population is an important part of the Government agendas for reducing reoffending and health inequalities. Many offenders have health and social care needs that may be causally linked to their offending behaviour and these people have a higher incidence of mental health needs than the general population, often linked to issues of drug and/or alcohol misuse and social exclusion.

Although services have changed recently, such as the transfer of commissioning responsibility for prison health services from prisons to the NHS, completed in April 2006, in more needs to be done.

Partnership working

The consultation is a joint initiative between the Department of Health (DH), the Department for Children, Schools and Families (DCSF), the Ministry of Justice, the Youth Justice...
Board and the Home Office. Currently, these departments have collective responsibility for health, social care and the component services within the criminal justice system such as police, courts, prisons and probation.

The work is being led by Offender Health, a team that covers the DH and Ministry of Justice under health and offender partnerships (HOPs). Offender Health aims to improve the standard of healthcare for offenders across the criminal justice system. It is now broadening its remit and will look at the needs of all people in contact with the system to improve their health and wellbeing, address health inequalities and reduce reoffending and crime.

It is important to note that the consultation is about people subject to the criminal justice system and not just offenders. This is because many individuals enter the system but never receive a sentence, either because charges are not brought, they are found not guilty, proceedings are stopped or the case is discharged.

Examples of good practice in treating and managing offenders and ex-offenders exist, but these are not common enough and rely too heavily on the enthusiasm and hard work of particular individuals rather than joint working of various agencies.

The Government wants to examine how to make the most of opportunities for service development and patient engagement at the health and social care interface with the criminal justice system. It also wants to strengthen and improve the role of the health worker in youth offending teams and says it will support primary care trusts (PCTs) in ensuring that appropriate health professionals are involved with youth offending teams at a strategic level.

Third sector organisations offer potential for allowing flexibility, innovation and efficiencies in health and social care services for offenders. The Government is keen to encourage strong working relationships between this sector and health and social care providers.

To support collaborative working, substantial changes to the Public Service Agreements (PSA) structure were introduced in the 2007 Comprehensive Spending Review. The number of PSAs has now reduced from 100 to 30, each with up to five performance indicators and an identified lead department with cross-Government contributions to the indicators reflected in published delivery agreements.

Importantly, for the first time there will be a cross-Government alcohol and drugs PSA delivery agreement reflecting the fact that problem drug use and harmful alcohol use are public health and social issues that impact on society and contribute to offending.

**Challenges facing the community**

Delivering the vision will pose several challenges, not least because many of the agencies involved have different organisational and geographic structures, separate funding streams and different planning timetables.

Although PCTs have improved engagement where offenders are in custody – as a consequence of the NHS taking charge of health service commissioning in prisons – it remains hard for PCTs to identify offenders once they are in the community as there are no clear links between the place of imprisonment and the offender’s home.

Further challenges concern the complexity of the issues and the fact that they often cut across organisation and service boundaries. Different organisations will have different priorities and opinions about where money is best spent.

Information about individuals in the criminal justice system is collected for many reasons such as managing the offender while in contact with the system, identifying and managing risk, and providing healthcare. Tensions, however, can arise when information gathered for one purpose is requested for another. A major challenge will be to deliver effective systems to support the management of service user information across health, social care and criminal justice.

How to measure services and make improvements to those services is another significant challenge as each criminal justice agency, the NHS and social care bodies will have different systems for managing their own performance. Several barriers and issues will need to be addressed in order to ensure effective performance management across the criminal justice system and the NHS.

All of these factors will make partnership working more difficult,
but that should not deter NHS organisations from aiming to work collaboratively by using joint needs assessments and developing aligned commissioning, performance management and governance.

Opportunity for change

Health and social care providers have a large part to play in the Government’s strategic plans for criminal justice, which are to reduce crime, protect the public, support the development of safer communities, reduce reoffending and prevent offending through the youth justice system. The NHS can help by improving understanding of the health and social care needs of this part of the population, reducing their experience of health inequalities and improving their health and wellbeing.

Areas for improvement

Gaps exist in identifying and supporting people with mental health needs when they are arrested.

Women in contact with the criminal justice system experience poor healthcare, have an excessive burden of disease and have problems accessing health and social care. This is made worse by the fact that some are single parents and may be carers for older people or someone with a disability.

Children and young people in contact with the youth justice system tend to have high levels of need for health and social care.

There is a lack of alcohol treatment services for the whole population and this does not help with the correlation between alcohol consumption and crime. Substance misuse has a similar link and there is sometimes a failure of understanding of the nature of dependence and treatment for this problem.

There is a lack of specialist staff to deal with and recognise the needs of offenders who have learning disabilities and difficulties.

The average age of the prison population is growing, with the number of male prisoners aged over 60 and female prisoners aged over 50 having trebled over the past decade.

Proposals

Various solutions to tackle these issues are proposed.

The range of services available for this part of the population should include community-based women’s centres for the health and social care needs of women who are at risk; one-stop shops that can help young people who are normally hard to reach; and children’s centres and extended schools.

Information on how to access health and social care services should be made more easily available. Working with organisations such as the Health Protection Agency and the National Aids Trust will also help provide targeted advice.

Proposals to improve services include:

- ensuring continuity of care for the treatment of TB
- working with primary care to explore the possibility of getting all individuals in contact with the criminal justice system registered with a GP
- increasing the availability of alcohol dependence screening, assessment and treatment
- having gender-specific health and social care services delivered across the criminal justice system
- developing improved and easy-to-use physical and mental health screening tools for use across the criminal justice system, including tools for screening offenders for learning difficulties and learning disabilities, and for screening young people in contact with the youth justice system
- developing better tools for screening young people in contact with the youth justice system for physical and mental health needs
- strengthening and improving the role of the health worker in youth offending teams.

The role of the police

With good partnership working the police can be the gateway to good health engagement. Of the 1.3 million people arrested each year, many have chronic or acute healthcare needs. The police deal with a significant number of people who are not always
accessing the treatment they need when they need it, and they face situations that could be dealt with more effectively and efficiently by other agencies. The Government, accordingly, wants to focus on the people coming into the criminal justice system at this initial stage. For the NHS there should be a focus on issues such as substance abuse, alcohol misuse and mental health.

**Proposals**

Proposals to improve partnership working with the police and the Crown Prosecution Service (CPS) include:

• closer links between the provision of healthcare within police custody suites and the wider NHS – for example, improving out-of-hours services for offenders with mental health problems who are detained at police stations overnight and during weekends

• developing guidance on model protocols between police and health and social care services, to ensure effective referrals and improved service delivery

• improving referrals and disposals through health and social agencies, with a particular focus on mental health, drugs and alcohol

• developing provision to safely manage individuals with a dual diagnosis of substance use and mental health problems, via an integrated approach

• standardising skills and knowledge for all police, police staff and CPS staff on health, mental health and risk management issues via National Centre for Policing Excellence guidance

• piloting different models of healthcare provision in police custody suites.

**The role of the courts**

The courts have a role to play in ensuring people in contact with the criminal justice system receive the appropriate health and social care. They can help to identify and assess the specific health and social care needs of the people brought before them, as well as the subsequent referral of individuals at an early stage of the justice process.

**Proposals**

Proposals include:

• supporting the introduction of comprehensive court assessment, and liaison and diversion schemes

• looking at how to achieve universal access to alcohol services for people brought before the courts for antisocial and violent offences that may be related to alcohol problems

• evaluating models of care for people detained in courts whilst waiting to be remanded, including pre-screening in health liaison

• working more closely with probation trusts, through commissioning, joint commissioning and/or partnership arrangements, to ensure offender health needs are assessed at the earliest opportunity in the criminal justice process

• ensuring there is an effective health component within community sentences and improved access to court diversion for women, children and young people

• working with the CPS to review Home Office guidance on the prosecution of mentally ill offenders

• producing guidance on court assessment and diversion in consultation with key partners in health and social care and the CPS

• developing guidelines for sentences and training for sentencers in mental health, substance misuse and personality disorder.

**Prisons and rehabilitation**

Since 2006, when the transfer of commissioning responsibility for prison health services moved to the NHS, there has been a feeling that the quality and efficiency of healthcare provided in prisons has improved. There is not, however, a consistently high standard throughout the prison service and the quality of mental healthcare for offenders (whether in prison or in the community) with so-called ‘common mental disorders’ still lags behind the rest of the NHS.

**Proposals**

Proposals to improve standards of care provided in all custodial settings include:

• promoting specific training on learning difficulties and disabilities for all staff, including initial training for prison staff

• promoting screening, assessment and treatment interventions for alcohol problems

• making interventions for the management of drug problems, consistent with the Government’s new drug strategy

• looking at how health services can be delivered more responsively to become gender-specific in prisons
developing a women-specific pathway for those in custody
• looking at how to have a consistent approach with all prison, secure training centre and secure children’s home staff working with children.

Probation, release and resettlement

Recently released prisoners are at a much higher risk of suicide than the general population and can find it difficult to access appropriate primary and secondary care services. Many find it hard to get registered at a GP practice.

There are good examples of joined-up working between probation offender managers and health and social care key workers when it comes to planning and supporting offenders prior to and after release from prison. These examples, however, are patchy.

Proposals

Proposals to help improve this crucial period for offenders include:
• promoting offender health and social care issues with local authorities and PCTs through joint strategic needs assessment, local strategic partnerships and local area agreements, and other local partnerships such as children’s trusts
• supporting improvements in case/ care management between offender managers and health and social care agencies
• looking at how the care programme approach and offender management can be effectively integrated to ensure compatibility and support for better care for offenders with severe and complex mental health needs
• looking at how to increase the rate of GP registration for offenders
• supporting initiatives to improve access to medication upon release
• developing one-stop shops and other pilot projects designed to improve access to services by offenders.

Commissioning

The NHS already has commissioning responsibility for health services for people in prisons, for offenders managed in the community and for ex-offenders, both before and after contact with the criminal justice system. Offenders are entitled to expect the same access to care and treatment as all other members of the community, but evidence shows this is not the case.

Health services should strive for effective aligned commissioning – sharing information about commissioning intentions and service and delivery plans as well as monitoring outcomes between different organisations. They are also urged to aim for partnership working with other bodies including probation trusts (boards), crime and disorder reduction partnerships, local criminal justice boards, and voluntary and community service organisations. Children’s trusts should also be developed to allow for joint commissioning, pooled budgets and partnership working.

Children and young people

Children and young people are an important part of the consultation’s considerations, and the Youth Offending Service represents the kind of partnership working between health, social care, education and criminal justice that the Government wants to encourage.

Children and young people have high levels of health and social care need. A third of young offenders have a mental health need and two thirds come from backgrounds where family structure has broken down, while a third have been looked after by a local authority at some point. A large percentage of children and young people in contact with the youth justice system have a history of high levels of smoking, harmful drinking and illegal drug misuse.

The changes to the PSAs outlined in the 2007 Comprehensive Spending Review aim to support a more coordinated approach between agencies. Several of the PSAs relate to children and young people, such as one to increase the number of children and young people on the path to success.

Children and young people in contact with the youth justice system should be integrated into the wider Every child matters and Change for children agendas and their particular vulnerabilities should be recognised.

Confederation viewpoint

It is important to acknowledge that this is a broad, challenging and emotive agenda. Many offenders who come into contact with the criminal justice system have complex multiple needs, requiring action from a range
of agencies. The NHS Confederation is keen to understand the pathway for people who come into contact with the criminal justice system, not only to improve healthcare experiences and address health inequalities but also to promote the contribution and responsibility which healthcare organisations have to support rehabilitation and reduce offending.

Confederation recommendations

• An offender pathway needs to be developed and agreed.
• This offender pathway should support coordinated commissioning and partnership working between providers.
• One of the key issues for the commissioner process will be the inclusion of offenders in the PCT’s joint needs assessment.
• Local authorities need to be involved in a more significant way.

• ‘Aligned’ commissioning needs to be supported by a better understanding between PCTs and ROMs and other key components of the offender pathway.
• The development of improved assessment prior to sentencing is a key priority.
• Mental health in-reach teams need to spread best practice and demonstrate value for money.
• There needs to be support/treatment for substance and alcohol misuse across the whole offender pathway.

To contribute to the NHS Confederation’s response to the consultation, please send your comments to claire.mallett@nhsconfed.org by Thursday 14th February 2008.

Further information

Improving health, supporting justice: a consultation document and forms to complete the consultation questions can be seen at:
www.dh.gov.uk/en/Consultations/Liveconsultations/DH_080816

Responses to the consultation can be sent directly to: OffenderHealthMailbox@dh.gsi.gov.uk by 4 March 2008

Every child matters – next steps:
www.everychildmatters.gov.uk/publications/?asset=document&id=15534

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 work to raise the profile of the issues facing mental health providers and improve the influence of mental health and learning disability members.

The NHS Confederation is the independent membership body for the full range of organisations that make up the NHS across the UK. Our ambition is excellence for patients, the public and staff by supporting the leadership of today’s NHS. As the national voice of NHS leadership, we meet the collective needs of the NHS and address the distinct needs of all parts of the NHS through our networks and forums. The Mental Health Network is one of these.

To find out more about the Mental Health Network, visit www.nhsconfed.org/mental-health or email mentalhealthnetwork@nhsconfed.org

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