

# Health and Justice Commissioning Intentions 2014/15

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**Additional Circulation List**

<b>Description</b>	This intentions documents is intended to: <ul style="list-style-type: none"><li>• Advise providers and other stakeholders of any planned changes to the services Directly Commissioned by the NHS for individuals in secure settings including prisons, young offender institutes, secure children's homes, police custody suites, court liaison services and sexual assault referral services.</li></ul>
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<b>Cross Reference</b>	<ul style="list-style-type: none"><li>• The NHS Constitution - <a href="http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution">http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution</a></li><li>• The NHS Mandate - <a href="http://mandate.dh.gov.uk/">http://mandate.dh.gov.uk/</a></li><li>• Everyone Counts – NHS England Planning Guidance - <a href="http://www.england.nhs.uk/everyonecounts/">http://www.england.nhs.uk/everyonecounts/</a></li><li>• NHS England Business Plan - <a href="http://www.england.nhs.uk/pp-1314-1516/">http://www.england.nhs.uk/pp-1314-1516/</a></li><li>• National Partnership Agreements <a href="http://www.england.nhs.uk/">http://www.england.nhs.uk/</a>.</li><li>• Securing Excellence in commissioning for Offender Health - <a href="http://www.england.nhs.uk/resources/d-com/resources-offender/">http://www.england.nhs.uk/resources/d-com/resources-offender/</a></li><li>• Her Majesties Inspectorate of Prisons expectation - <a href="http://www.justice.gov.uk/about/hmi-prisons/inspection-and-appraisal-criteria">http://www.justice.gov.uk/about/hmi-prisons/inspection-and-appraisal-criteria</a></li></ul>
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**Superseded Docs**  
(if applicable)

<b>Action Required</b>	Information
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**Timing / Deadlines**  
(if applicable)

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## **Equality Statement**

NHS England has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. NHS England is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out its functions, NHS England will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which they are responsible, including policy development, review and implementation.

[The Equality Delivery System](#) (EDS) for the NHS helps all NHS organisations, in discussion with local partners including patients, to review and improve their performance for people with characteristics protected under the Equality Act. By using the EDS, NHS organisations can also be helped to deliver on the public sector Equality Duty.

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## SECTION ONE

### 1. Purpose

This document sets out for commissioners and healthcare providers; notice of NHS England's commissioning intentions for Health & Justice services commissioned by the 10 Health & Justice host Area Teams on behalf of the 27 Area Teams across England. The Health & Justice Commissioning Intentions 2014/15 support the ambitions for improving the quality of health services and health outcomes for both people in Health & Justice settings and outline the strategies and commissioning intentions required to achieve this.

The Health & Justice Commissioning Intentions need to take account of existing policy statements and initiatives and make reference to the strategic intent of partners across government departments including: Department of Health and Public Health England, Home Office, Ministry of Justice (National Offender Management Services & Youth Justice Board) and show where these align with or diverge from NHS England's strategic interest.

The Health & Justice Commissioning Intentions should be read in conjunction with:-

- NHS England's Everyone Counts Plans for 2014/15-2018/19
- NHS England's Offender Health (Health & Justice) Securing Excellence
- Partnership Agreements, NHS England with National Offender Management Services & Public Health England
- Partnership Agreements, NHS England with National Offender Management Services and Youth Justice Board
- Partnership agreements, NHS England with Home Office Enforcement

**The Commissioning Intentions provide the context for constructive engagement with providers, with a view to achieving shared goals, be patient centred and reduce health inequalities as set out in the Health & Social Care Act 2012.**

NHS England is committed to improving health outcomes and ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out its functions, NHS England will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010.

This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities it is responsible for, including policy development, review and implementation.

NHS England is committed to securing alignment across all aspects of NHS commissioning and will work with CCGs, partner NHS oversight bodies and local government to secure the best possible outcome for patients and service users within available resources.

## 2. Context

NHS England was established in April 2013, following the Health and Social Care Act 2012. As part of its mandate, it is responsible for directly commissioning a number of specialised services, including those for people in a range of custodial and secure settings.

During 2013/14 NHS England indicated its intent to develop a 5 year strategy for the provision of health services, including strategies for the services which it directly commissions. These strategies need to fit within the overall strategic framework and priorities set out by NHS England within “*Everyone Counts- Business Planning Guidance*” and “*Securing Excellence in Offender Health (Health and Justice Commissioning), 2013*”.

Within the Health and Justice Services, NHS England has commissioning responsibility (or will have commissioning responsibility transferred to it over the next 2 years) for the following people/services.

### **Pre Custodial (Temporary Detention and Forensic based Services)**

- Police Custody Healthcare
- Police and Mental Health Street Triage
- Police & Court Liaison and Diversion services
- Sexual Assault Referral Centres (Adult, Children and Young People)

### **Custody, Secure and Detained Settings**

- Prisons / Young Offender Institutes
- Secure Children’s Homes (including welfare only homes)
- Secure Training Centres
- Immigration Removal Centres

### **Post-custody Services (Transition & Recovery)**

- Ensuring effective transition to Clinical Commissioning Groups / Local Authorities or other commissioned health services

NHS England has developed a Single Operating Model linking the 3 layers of NHS England (National Support Centre, 4 Regional offices, 27 Area Teams). The responsibility for contracting for services rests with the Area Teams, which will implement national strategies and policies and support Regional Teams and the National Support Centre in their development. The responsibility for commissioning Health and Justice Services is led by 10 of the 27 Area Teams within defined geographies. Further background details are available in ‘*Securing Excellence in Offender Health (Health and Justice) Commissioning*’.

Our 2014/15 Commissioning Intentions build on the progress that has been made during 2013/14. There is an emphasis on addressing the strategic challenges faced by the NHS in delivering improved outcomes for patients and communities within Health & Justice resource. Services are commissioned by Area Teams in partnership with others to strengthen and enhance patient pathways, pre-custody, whilst in secure and detained settings, on release and within the community for both victims, current offenders and their families, ex-offenders and substance misusers in recovery.

Significant achievements have been made through the collaborative work of commissioners and providers; however it is clear that a step change is needed in our shared pursuit of ambitions, efficiency and the continued engagement of patients, communities, staff and stakeholders.

### **Health and Justice Pathway**

In order to address 2014/15 Commissioning Intentions, it is important to reflect on the integration and development of the Health & Justice patient pathway.

On 1 April 2013 NHS England as part of its portfolio of Directly Commissioned services assumed responsibility for commissioning (or would do so over the next two years) for Health & Justice Services for those individuals who are in:-

- Secure and detained settings across England including adults in prisons
- Children and young people in secure settings, including children secure homes, and those in welfare beds
- Immigration Removal Centres
- Adults, children and young people in Police Custody
- Adults, children and young people who require support and services through Sexual Assault Referral Centres (SARCS)
- Police and Court Liaison Services

### **From 1 April 2014 the commissioning of Health & Justice healthcare will ensure high quality services in:-**

- 118 Prisons (including Youth Offender Institutions)
- 4 Secure Training Centres
- 16 Secure Children's Homes
- Police Custody Healthcare across 40 Police Forces across England (on a phased transfer from 2015/16)
- Mental Health L&D Programmes to cover 50% of police custody and court settings in England by 2015/16
- 36 SARCS across England Commissioned with Police and Crime Commissioners
- Public Health services for persons in detained settings across England

### **Health & Justice services will be commissioned to improve care against the 5 domains of the NHS outcome framework.**

Domain 1 - Preventing people from dying prematurely

Domain 2 - Enhancing quality of life for people with long term conditions

Domain 3 - Helping people to recover from periods of ill-health or following injury

Domain 4 - Ensuring that people have a positive experience of care



Domain 5 - Treating people in a safe and caring environment and protecting them from avoidable harm

Integrated commissioning with partners and stakeholders including Clinical Commissioning Groups, Local Authorities, Public Health England and across Justice Departments will promote improved health outcomes with a joint aim to improve health & wellbeing and reduction of offending behaviour.

## SECTION TWO

### 3. Operating Model for Health & Justice Commissioning

Within the Health & Justice NHS commissioning framework, each partner has a set of responsibilities:

- **Department of Health** is responsible for the national strategic oversight, policy and the financial allocations of health services in England. Department of Health also issued a mandate to NHS England on what must be delivered and overall stewardship. The mandate highlights persons in detained in secure settings, should expect the same level of healthcare services as they would within the community).
- **NHS England** is responsible for the routine commissioning of Health & Justice services in its Direct Commissioning function; this includes the full range of healthcare provision and also the commissioning of secondary care healthcare services for those in secure and detained settings.
- **Clinical Commissioning Groups** are responsible for the commissioning of healthcare services of offenders, their families and victims healthcare pathways in the community. This includes adult, children and young people that remain or return to their communities as part of their sentence or on release. Clinical Commissioning Groups do have the commissioning responsibility or emergency and ambulance services irrespective of where the patient resides.
- **Local Authorities** are responsible to commission adult social care and children services. There are co-commissioning responsibilities that should be agreed in respect of legislation regarding the social care of prisoners from 2015 (Social Care Bill 2013) and the social care costs for children and young people in welfare only beds in children's secure homes.

Local Authorities also have a responsibility as commissioners for substance misuse services within the community, sexual health services and services that include the full range of public health protection, prevention and treatment in the community.

- **Providers of services** need to deliver programmes and services as outlined in Health & Justice national service specifications.
- **Police and Crime Commissioners** will be lead commissioners for Police Custody Suites until legal transfer in 2015/16 and co-commissioners with NHS England for SARCS.

### 4. Commissioning Resources

Locally Commissioners; Area Teams, Clinical Commissioning Groups, Public Health England, Local Authorities and other interested criminal justice commissioning bodies, for example police and crime commissioners, should work together across the whole Health & Justice pathway to develop evidence based services ensuring clarity of access for the relevant patient group and cohort across the commissioning responsibilities. By taking a

pathway perspective, commissioners can ensure that gaps and duplication between services are removed, that incentives for improvement are aligned and that there is clarity of accountability for specific outcomes. . This will not only result in improved equity of access for patients, but also ensure a more effective and focused use of resources.

## The commissioning cycle and key stages within it



### 5. Public & Patient Engagement

In upholding the NHS Constitution, NHS England is committed to ensuring that patients are at the centre of every decision that NHS England makes. Putting patients first needs to be a shared principle in all that we do. NHS England, through the Area Teams will ensure that this is demonstrated in the way care is provided and monitored through our formal contracting process with providers.

We expect all providers to demonstrate real and effective patient participation, both in terms of an individual's treatment and care, and on a more collective level through patient groups/forums; particularly in areas such as service improvement and redesign.

It is essential that all providers of Health & Justice services demonstrate the principles of transparency and participation and offer their patients the right information at the right time to support informed decision making about their treatment and care.

Providers of Health & Justice Services should look to provide accessible means for patients to be able to express their views about and their experiences of services, making best use of the latest available technology and social media as well as conventional methods.

As well as capturing patient experience feedback from a range of insight sources, providers should demonstrate robust systems for analysing and responding to that feedback.

## **6. Procurement**

In line with the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013, and draft guidance issued by Monitor entitled 'Substantive guidance on the Procurement, Patient Choice and Competition Regulations', NHS England is committed to ensuring that when it procures health care services it satisfies the procurement objectives laid down in the regulations, namely to act with a view to: securing the needs of the people who use the services; improving the quality of the services; and improving the efficiency in the provision of services. An integral element of this is ensuring the existence of an improved process to support the timely access of those patients with mental health needs requiring a transfer from prison to secure hospital settings.

## **7. Contract**

### **Standard Contract**

NHS England is unable, by law, to commission both primary care and non-primary care services under a single form of contract. Therefore, the NHS Standard contract does not apply when commissioning these services. Where a single provider provides both primary care and non-primary care services commissioned by NHS England, there will need to be separate commissioning contracts for the different strands of service. As such NHS England has an Overarching Contract which is designed to tie those contracts together so that they can be managed as a single, composite service.

### **eContract**

The eContract system is designed to enable commissioners to create contracts on the NHS Standard form only, and is therefore not applicable for Health and Justice commissioning.

### **Single Provider Contract**

The intention for 2014/15 is that NHS England should normally only hold (or be party to) one NHS Standard Contract with any provider, which includes the five areas of direct commissioning with contract schedules for each Area Team, where appropriate. However, where a single provider provides both primary care and non-primary care services commissioned by NHS England, there will need to be separate commissioning contracts as described above.

## **8. Service Specifications**

During 2013/14 and 2014/15 NHS England, through its four Regions and 10 Health & Justice Area Teams began an assessment of compliance with the new national service specifications developed for Health & Justice Directly Commissioned services. This work will continue in 2014/15. Providers who are not compliant will be asked to develop action plans to achieve compliance with specifications within a defined time period. NHS England will performance manage the delivery of action plans described above through Health and Justice Lead Area Teams using routine contract management mechanisms. This approach is relevant to those contracts which were in place prior to the introduction of the new national specifications. For services which have been procured since, with these specifications as part of the contract, compliance with the specification is a key contract term and providers are expected to provide the services specified. NHS England will utilise contract sanctions where there is significant and persistent underperformance against these plans. A list of service specifications can be obtained from the Health & Justice Team.

It is to be expected that the commissioning of services going forward will be done on the basis of a qualitative Health Need Assessment process having been undertaken.

## **9. Quality Assurance**

Providers will be expected to participate fully in national assurance processes and respond in a timely manner to recommendations made. Quality monitoring will be undertaken by the lead Area Teams for Health & Justice and this will require Area Teams to work closely with co-commissioners (National Offender Management Services, Youth Justice Board, Home Office Enforcement, Local Authorities and Public Health England) to support the monitoring of quality performance for a range of providers in their location. This will be done in conjunction with the requirements of NHS England's assurance framework and the developing and established Health & Justice Indicators of Performance (HJIPs) - previously Prison Health Performance Quality Indicators (PHPQIs) - and other performance monitoring tools including Children and Young People Collegiate Standards and Public Health 7a quality indicators identified for Sexual Assault Referral Centres and the newly developed Health and Justice Quality framework. Area teams will expect providers to share information and issues raised and:

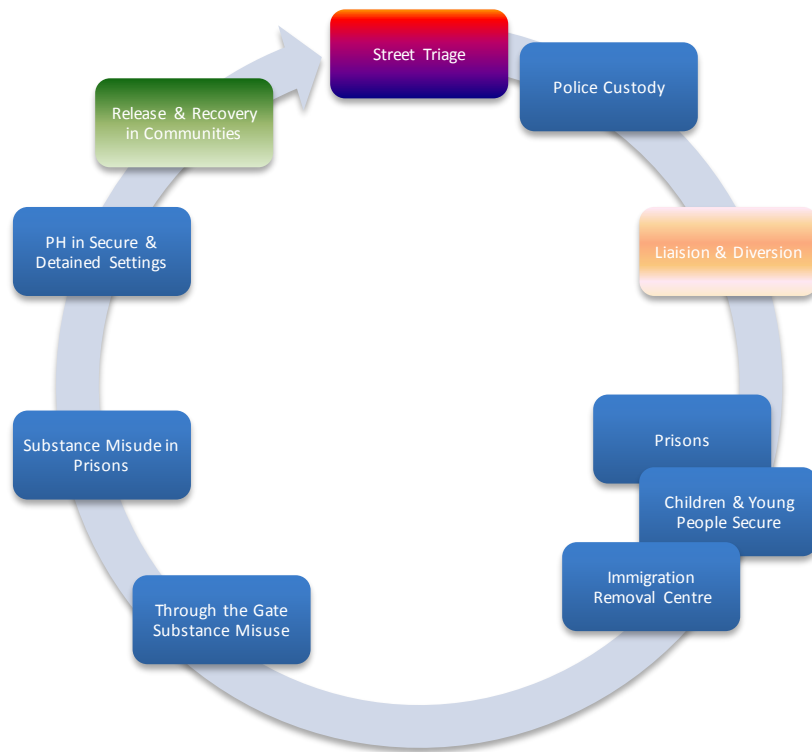
- take account of the results of any Care Quality Commissioning regulatory activity and monitor that providers carry through the implementation of any actions required
- require evidence of appropriate safeguarding policies and appropriate escalation and actions required
- carry out periodic provider visits in conjunction with other commissioners, where appropriate
- share commissioner annual review and response to the quality account
- Identify any issues requiring improvement by the provider
- require deep dives and subsequent reports where serious quality concerns are identified

## **10. Information Management and Technology**

The Health & Justice IT programme currently provides a prison and detainee healthcare IT system to 141 sites. This includes English Prisons, Young Offender Institutions managed by the Prison Service and Immigration Removal Centres in England. This service enables 24/7/365 access to and electronic sharing of a prisoner's healthcare record in its entirety across the prison estate in both England and Wales. The service has been successful in removing disconnected paper-based records and stand-alone GP systems, improving quality and standards in healthcare records and ensuring the safe and effective sharing of a prisoner's health record across the prison estate.

The Health & Justice Information second generation information service is now being developed to support the effective management of the Health & Justice patient pathway across all settings of Health & Justice commissioned provision. This will be enabled through a fully integrated Health and Justice Information management system planned for implementation in 2015/16 that will electronically link health and care records wherever they are held. The secondary information flows would support reporting, commissioning, NHS audit and performance management.

The key health related services of the Health & Justice pathway and the commissioning responsibility for these is shown in the diagram below



**KEY - Who commissions services in the pathway**

Area Team

Area Team & CCG

CCG, PH Local Authority and Police & Crime

DH Programme in Development

Health & Justice services will be commissioned to improve care by the 5 domains of the NHS outcome framework.

## **SECTION THREE**

### **11. Commissioning Intentions, Service Development and Key Priorities in 2014/15**

As outlined in Everyone Counts: Planning for Patients 2014/15 – 2018/19, the priorities for Health & Justice Directly Commissioned Services for people in the justice system include :-

- Ensuring commissioning is informed by up to date health needs assessments, taking account of the reconfiguration of the custodial estate, including the creation of Resettlement Prisons
- Supporting sustainable recovery to addiction to drugs and alcohol and improved Mental Health Services
- Promoting continuity of care from custody to community and between establishments, working closely with Probation Services, Local Authorities and Clinical Commissioning Groups
- Developing a full understanding of health needs of children and young people accommodated in the secure estate for both justice and welfare reasons and working collaboratively to commission services to meet their needs
- Continued close collaboration with our partners and the successful implementation of the Liaison & Diversion programme
- Ensuring timely and effective transition of commissioning responsibilities of healthcare in Immigration Removal Centres.
- Commissioning regional inpatient services to maximise value for money and where appropriate reducing levels of bed watches and escorts.
- Developing a collaborative approach both within and across organisations to ensure lessons shared and learned in respect of self-inflicted death investigations.
- Ensure this patient population is supported in any Individual Funding Request made in line with the current interim commissioning policy for IFR's (NHSCB/CP/03 v1 and support the development of a dedicated Health and Justice approach to IFR panel in order to promote an informed decision making process.

Health & Justice Area Teams and providers will continue to work in partnership to deliver high quality healthcare and continued improvements during 2014/15. In addition, attention is drawn to the following areas of development:

### **12. Mental Health Liaison & Diversion Programme**

High numbers of people in the Health and Justice systems have complex health needs and vulnerabilities that are not routinely identified. Liaison & Diversion is a process where by people of all ages passing through the criminal justice system are assessed. Those with Mental Health conditions, Learning Disabilities, Substance Misuse and other vulnerabilities are identified and provided with supported access to appropriate services. It is estimated in April 2014 that just over one third of Police Custody Suites and Courts have Liaison & Diversion services in place.

The 10 Health & Justice NHS England Area Teams are working closely with partners at a national and local level to ensure that Liaison & Diversion Services are developed to enable equality of access, improvement of services to the standards required and to deliver extended coverage of Liaison & Diversion Services across Police and Court settings.



This approach will enable the current coverage to rise from 35% to 50% by March 2015 and 75% by March 2016. This will include additional funding for 10 Liaison & Diversion trial sites in 2014/15.

### **13. Street Triage Development**

Working in parallel to the Liaison and Diversion Programme, the Department of Health have provided £2m funding in order for Nine Police Forces across the Country; Devon and Cornwall, Sussex, Metropolitan Police, Thames Valley, West Midlands, Derbyshire, West Yorkshire, North Yorkshire and British Transport Police, to pilot a partnership Street Triage scheme in their Force areas over the next 12 months.

The forces concerned have been working in partnership with local Area Teams, Police, Police & Crime Commissioners and Clinical Commissioning Groups to design and provide a service that is relevant to their own area. The approaches vary from mental health trained triage staff in control rooms providing advice, through to multi agency mobile patrols providing face to face support and assessment.

Independent of the pilot funded schemes thirteen Forces have either set up or are in the process of setting up their own schemes with funding provided locally and in partnership.

All the pilot Forces are required to provide data to the Department of Health and Home Office on a monthly basis for the duration of the project.

It is anticipated that similar schemes will be adopted in other force areas over the coming months.

The aims of the project, both nationally and locally, are to:

- Reduce the number of detentions under s136 Mental Health Act 1983 in each participating force
- Reduce the time Police Officers spend dealing with members of the community who have mental health issues
- Provide support to people who are in crisis from an appropriately trained mental health professional – and provide timely access into primary and secondary care including referrals to the community and voluntary sector organisations
- Improve health outcomes and experiences for people suffering a mental health crisis

An evaluation will be conducted at the conclusion of the scheme in December 2014.

Area Teams, Clinical Commissioning Groups and Police Crime Commissioners have in some other localities across England chosen to commission Street Triage programmes above the independently funded pilot schemes. The total number of Street Triage Programmes commissioned through various integrated commissioning pathways is on the increase. Health & Justice Commissioners and Providers need to ensure through Commissioning Intentions that the Street Triage development takes full consideration of patient pathways and Criminal Justice outcomes alongside

Mental Health Parity of Esteem access.

#### **14. Police Custody Suites**

The commissioning of Healthcare for Police Custody Suites will transfer to NHS England in 2015/16. This work will continue to be developed and costed and support the production of quality standards during 2014/15 to secure a strong position for delivering the implementation plan and transfer in April 2015.

Planning and commissioning for Police Healthcare in Custody Suites should also be developed with consideration to the integrated pathways that are required in the commissioning of Mental Health Liaison & Diversion Services, Substance Misuse interventions within Police Custody settings and in accordance with the needs of the healthcare requirements of those accessing Sexual Assault Referral Centres and the subsequent pathways they may require.

#### **15. Sexual Assault Referral Centres (Public Health Section 7a Commissioning Intentions)**

NHS England took over the lead commissioning role for Sexual Assault Referral Centres on the 1 April 2013 as part of a larger body of responsibilities transferred to NHS England under the Public Health Section 7a agreement. A Section 7a Sexual Assault Referral Centre service specification has been developed to inform the standards of service provision required. The commissioning responsibility is now led by the 10 Area Teams for Health & Justice.

Whilst NHS England has the lead commissioning responsibility for Sexual Assault Referral Centres, the effective provision of these services will be reliant on effective co-commissioning relationships between NHS England, Police Healthcare, Police and Crime Commissioners, Clinical Commissioning Groups and Local Authorities to ensure the continued existence of care pathways for victims and referrals at a time of crisis and any additional psycho-social interventions that may be required at the time of presentation and for ongoing support.

In 2014/15 the Public Health 7a allocation for Sexual Assault referral Centres will be increased to support the increased service provision required, the focus on clinical standards and to ensure effective services are commissioned for adults, children and young people.

#### **16. Public Health of Secure and Detained Settings (Public Health Section 7a Commissioning Intentions)**

NHS England will undertake the following commitments under Public Health Section 7a:

- Commission high quality health services for people in Prescribed Places of Detention (PPDs) informed by evidence, embedding excellent standards of care for all service providers, and promoting health & wellbeing as well as managing ill-health and disease.
- Ensure commissioned services are informed by rigorous and regularly update Health Needs Assessments to ensure services provided map to identified health needs.

- Commit to evaluation of all health services commissioned to ensure that providers are meeting need, are providing care according to the highest standard of practice and consistent with national guidelines produced by NICE and/or professional organisations e.g. Royal Colleges;
- Ensure that service providers work ‘through the gate’, promoting joined-up care for people in detention and back into the community. This will be particularly relevant with the implementation of Transforming Rehabilitation from April 2014 across the justice landscape, particularly in resettlement prisons.
- Require service providers to comply with data requirements of the newly developed Health & Justice Indicators of Performance (HJIPs) which will be used to monitor the quality of care provided in PPDs across the broadest range health services;
- Commit to working together to identify and implement effectively and efficiently the joint development priorities in the tripartite agreement between the National Offender Management Service (NOMS), PHE and NHS England.
- Through commissioning of health services in PPDs, support sustainable recovery from addiction to drugs and alcohol; promote and improve mental health including those with dual diagnosis; ensure health promotion is an integral part of commissioned services; improve health protection of detainees and staff by enhancing interventions to identify and treat infectious diseases (e.g. blood-borne viruses and TB) at an earlier stage; promote continuity of care from community to custody, between establishments and through the prison gate in partnership with new providers of probation services, and contribute to improving the health of the wider community by addressing health needs among people in prison & other detention settings, including prevention of onward transmission of infectious diseases.
- Support clinical audit, health service evaluation and research to improve our ability to understand and meet the healthcare needs of people in PPDs.
- Through work in PPDs, actively contribute to reducing health inequalities among vulnerable and excluded people in the wider community.

## 17. Prison Healthcare

NHS England will work in partnership with the National Offender Management Service and Public Health England in line with the [National Partnership and Co-commissioning Agreement](#) to ensure that NHS commissioned health services (including clinical and non-clinical substance misuse services) in custodial settings support both health and justice outcomes and:

- Are informed by an up to date Health Needs Assessment (HNA);
- Take account of the reconfiguration of the custodial estate consequent to [Transforming Rehabilitation](#), including the creation of 70 Resettlement Prisons
- Support sustainable recovery from addiction to drugs and alcohol;
- Promote improved mental health including those with dual diagnosis;
- Ensure health promotion is an integral part of commissioned services;

- Improve health protection of prisoners and staff by enhancing interventions to identify and treat infectious diseases (blood-borne viruses and TB) at an earlier stage;
- Promote continuity of care from community to custody, between establishments and through the prison gate in partnership with new providers of probation services;
- Support the delivery of Health checks across the secure estate;
- Are implemented alongside efforts to reduce the supply of drugs and alcohol in to prisons and the diversion of prescribed medication;
- Work with the Transitions Forum to ensure appropriate health services are commissioned and deliver to the transition age group.
- Improve the health of the wider community by addressing health needs among people in prison & other detention settings, including prevention of onward transmission of infectious diseases;
- Support the development and implementation of smoke free environments across the prison estate

## **18. Supervision and Transfers**

By April 2014 all healthcare providers will have implemented agreed national best practice in use of constant supervision, health related prison-to-prison transfers and the use of inpatient facilities as part of a multi-agency approach to managing serious risk of harm including ensuring the best use of resourcing.

## **19. Blood Borne Viruses (BBVs)**

NHS England will work in partnership with Public Health England to ensure that prisons and detention centres implement an 'opt out' policy for testing for Blood Borne Viruses starting in 2014/15 to be completed in 15/16 and develop care pathways for those found to be infected. There will be a phased roll out across prisons and detention centres commissioned by Health & Justice Area Teams with providers to support the 'opt out' policy. This will include a review in conjunction with Public Health England to support the Prevention, Diagnosis and Treatment of Blood Borne Viruses.

## **20. Tuberculosis**

NHS England will begin rolling out work in partnership with Public Health England to improve the detection and management of tuberculosis among prisoners and detainees at or near reception and specifically review how digital x-ray machines can be used to improve active case finding in those prisons where installed, in line with [NICE recommendations](#).

## **21. Deaths in Custody: Self Inflicted Deaths**

In 2013 there was a rise of self-inflicted deaths in Prisons. Although the rate was higher in 2013 than other years and it remains below the level of early 2000, the National Offender Management Service and NHS England will continue to take action to reduce self-inflicted deaths.

It is NHS England's intention to commission high quality and robust services which are designed and equipped to provide early identification of those individuals presenting in secure estate reception who are at risk of self harm. Providers will be expected to support and ensure their staff are appropriately trained to deliver such systems. It is critical that risk

is highlighted and the appropriate interventions put in place for this patient group to support the successful delivery of Domain 1: Prevention people dying prematurely.

## **22. Prison Closure/re-rolling**

Throughout 2013 there were significant changes across the adult and children and young people's secure estates. In respect of children and young people "Transforming Youth Custody" identified the development of Secure Colleges and changes to the make-up of secure training centres and secure children's homes which will ultimately impact on the location of children and young people across the estate. The Transforming Rehabilitation agenda impacted upon both the male and female adult secure estate and represents a significant transformation of the custodial estate and has implications for where individuals complete their sentence and in which establishments they serve their sentence. As part of this reconfiguration a number of establishments were closed or re rolled during 2013 which had implications for their healthcare services. In 2014, there is an indication that there will be a further impact upon the female estate and NHS England will work with affected providers to review the implications for contracts.

## **23. Tobacco Smoke Free Prisons**

There is a significant drive to move towards prisons as healthier environments and to this end providing a smoke free estate is amongst this aspiration, most particularly in respect of prisons designated as public places and therefore being required to abide by current smoking legislation. However there is a significant cross departmental awareness that managing addictions has broader health implications and that this development needs to be strategically managed and adequately resourced over a managed timeframe.

Over the next 18 months work will be done across the estate to rationalise the current smoking cessation services in place and enhance current resource to optimise the numbers of prisoners in the system who will have their addictions managed prior to any definitive announcement.

## **24. Children and Young People in Secure Settings**

- a. Develop the understanding of the healthcare needs of young people in the secure estate with particular attention to welfare children and girls
- b. Work collaboratively to commission future secure health provision and where necessary decommission existing provision following the conclusion of the Transforming Youth Custody Green Paper
- c. Support the delivery of the intercollegiate healthcare standards for children and young people in secure settings, the Comprehensive Health Assessment Tool (CHAT); AssetPlus (an end to end youth justice assessment framework) and SystemOne to Secure Training Centres and Secure Children's Homes. In addition, will put in place procedures to manage children and young people with clinical management of substance misuse needs in Young offender Institutions, Secure Training Centres and Secure Children's Homes
- d. Agree principles on information sharing to drive transparency and continuous improvement to services

- e. Work collaboratively to support commissioning of interventions for children and young people in the CYPSE who exhibit sexually harmful behaviour
- f. Develop Liaison & Diversion services in Police Custody and Courts that are suitable to meet the needs of children and young people
- g. Work with the Transitions Forum to ensure appropriate health services are commissioned and deliver to the transition age group.

## **25. Immigration Removal Centres**

NHS England, in partnership with the Home Office Immigration Enforcement will commission services to support the following outcomes for detainees in Immigration Removal Centres:

- Ensure the transition of responsibilities for commissioning of healthcare across the Immigration Removal Centre estate is timely and appropriate and completed by April 2015 as required by the Health and Social Care Mandate
- Support a more robust clinical understanding of the healthcare needs of detainees
- Review the current arrangements for the provision of healthcare in detained settings particularly addressing inequalities in healthcare provision across the estate
- Agree principles on information sharing to drive transparency and continuous improvement of services and commission accordingly
- Ensure continuity of care when detainees move across the detention estate and/or back into the community
- Make suitable provision for on-going healthcare, including provision of medication and medical records as appropriate, for detainees deported from the UK

## **26. Border Force**

There is an intention to commission Border Force health services on behalf of the Home Office Border Force services in order to secure clinically sound provision across their temporary custody estate. The Kent and Medway Area Team have led on the preparatory work during 2013/14 and is leading the procurement of these services in 2014/15

## **27. Health & Justice Clinical Reference Group and Review of Clinical Policies to support Health & Justice Commissioning Intentions**

Clinical Reference Groups were established as a primary source of clinical advice to NHS England in the support of the directly commissioned services and drive improvement in the quality, equity, experience, efficiency and outcomes of services. The membership draws on a wide range of national clinical expertise to address issues and developments that require clinical advice.

The Health & Justice Clinical Reference Group appointed a chair in August 2013, and now has a full membership of Health & Justice National Clinicians across geographical areas reflecting the commissioning and clinical requirements across the Health & Justice pathway.

The Health & Justice Clinical Reference Group will work to support the 2014/15 Commissioning Intentions for NHS England Area Teams working in partnership with

providers, medical bodies (i.e. Royal College of Practitioners), partners, key stakeholders, patients, families and communities.

The Royal College of General Practitioners Secure Environments Group and the Health and Justice Clinical Reference Group are affiliated in their consideration and developments of policy and clinical practice across all secure and detained environments with some membership cutting across both groups.

The 2014/15 service development priorities will champion best practice and evidence based approaches to clinical service delivery.

## **SECTION FOUR**

### **28. Conclusion**

The 2014/15 Health & Justice Commissioning Intentions are designed to support effective commissioning and high quality delivery of services across the pathway of Health & Justice with a clear and targeted delivery model to ensure **“high quality care for all, now and future generations”**.

## Key Contacts

Key Contact Information for NHS England Health and Justice Lead Area Teams and follower Area Teams (lead Area Teams in **bold text**).

### North East

Durham, Darlington and the Tees  
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### West Midlands

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Birmingham & the Black Country  
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## **Health and Justice Clinical Reference Group**

For further information contact:

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**Abbreviations**

AT	Area Team
CCG	Clinical Commissioning Group
CPAG	Clinical Priorities Advisory Group
CYP	Children and Young People
CYPSS	Children and Young people's Secure Standards
DH	Department of Health
DoN	Director of Nursing
DPH	Director of Public Health
FBC	Full Business Case
H&J	Health and Justice
H&J CRG	Health and Justice Clinical Reference Group
HMIC	Her Majesty's inspectorate of the Constabulary
HMIP	Her Majesty's inspectorate of Prisons.
HO	Home Office
HOIE	Home Office Immigration Enforcement
HNA	Health Needs Assessment
HSCIC	Health and Social Care Information Centre
IM&T	Information Management and Technology
IMB	Independent Monitoring Board
Info Gov	Information Governance
KPI	Key Performance Indicator
L&D	Liaison and Diversion
LA's	Local Authorities
MH	Mental Health
MoJ	Ministry of Justice

NOMS	National Offender Management Service
NSC	National Support Centre
OBC	Outline Business Case
PCC	Police and Crime Commissioners
PH	Public Health
PHC	Primary Health Care
PHE	Public Health England
PHPQI's	Prison Health Performance Quality Indicators.
HJIPs	Health & Justice Indicators of Performance
PPDs	Prescribed Places of Detention
PPO	Prison and Probation Ombudsman
QA	Quality Assurance
SARCs	Sexual Assault Referral Centres
ToR	Terms of Reference
YJB	Youth Justice Board