

Health and Justice Commissioning Intentions

2015/16

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Cross Reference	The NHS Constitution - http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution The NHS Mandate - http://mandate.dh.gov.uk/ Securing Excellence in commissioning for Offender Health - http://www.england.nhs.uk/resources/d-com/resources-offender/
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Document Status

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Equality Statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;

Given due regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities

[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.

If you have any questions in relation to equality or health inequalities please contact england.eandhi@nhs.net

SECTION ONE - INTRODUCTION

1 Purpose

This document sets out for commissioners and healthcare providers notice of NHS England's commissioning intentions for Health & Justice services.

The Health & Justice Commissioning Intentions 2015/16 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.

It is the intention of this document to demonstrate to the reader not only the range of services to be commissioned along the care pathway and the reasoning for these, but also the coherent principles which underpin this approach. This document provides a robust level of detailed description to permit the reader to understand the various components, but it should be remembered that these discrete units are part of an integrated system in which service users may be receiving services from multiple providers concurrently.

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
- NHS England Securing Excellence in Sexual Assault Services
- 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

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

These Commissioning Intentions build on work completed in 2013/14 as well as looking in the context of future ambitions for 2016/17 and the Five Year Forward View published by NHS England.

The commissioning strategy for Health and Justice services for the coming five years reflects the distinct set of health challenges faced by those in secure and detained settings.

To provide some tangible context of the size and scope of the service user population, please refer to the following table:

<p>Prisons</p> <ul style="list-style-type: none"> • 116 in England • Population of 85,000 • Key driver: Transforming Rehabilitation 	<p>Immigration Removal Centres</p> <ul style="list-style-type: none"> • 10 in England • Population of 3,600 • Average length of stay is 45 days • Key driver: Home Office Immigration and Detention Policies
<p>Police Custody Healthcare</p> <ul style="list-style-type: none"> • 40 Police Forces • Key driver: Transforming Police Healthcare Custody to NHS England • Liaison & Diversion services to cover 100% of Police Custody Suites and Court Setting by 2017 • Key driver: Development of Street Triage Department of Health Programme Mental Health Crisis Concordat 	<p>Children & Young People Secure</p> <ul style="list-style-type: none"> • 14 Children Secure Homes • 4 Secure Training Centres • 5 Young Offender Institutions • Population of 1,400 Young People • Key driver: Transforming Youth Custody is the development of a 360 bedded 'Secure College', 1st pathfinder for 2017
<p>Sexual Assault Services (SAS)</p> <ul style="list-style-type: none"> • 40 services in England • Key driver: Support co-commissioning between NHS England, Clinical Commissioning Groups and Police & Crime 	<p>Public Health in Secure & Detained Settings</p> <ul style="list-style-type: none"> • The Public Health of all prisons, children and young people secure and Immigration Removal Centres • Key driver Public Health outcomes

Commissioners, and proactive “victims’ commissioning”	framework
<ul style="list-style-type: none"> Public Health Section 7a mandate 	<ul style="list-style-type: none"> Public Health Section 7a mandate

Service user numbers may change over the coming five years, but the scale of this change is not expected to be material.

This population experiences:

- A disproportionately higher burden of disease (including infectious diseases, chronic illnesses and mental health problems) and
- Poorer access to treatment and prevention programmes, and problems with substance misuse (including drugs, alcohol and tobacco) than their peers in the community.

With 90% of prisoners suffering from mental health illnesses and / or substance abuse issues, their health issues are often complicated by social issues such as homelessness, unemployment and poor levels of education, and addressing health inequalities remains a major challenge. However, the provision of quality healthcare services for offenders, victims and their families not only reduces the impact of health inequalities but also the reduction of crime and offending behaviour.

Within the Health and Justice Services, NHS England has responsibility (or will have commissioning responsibility transferred to it over the next 2 years) for commissioning healthcare for:

- People 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
- Those within Immigration Removal Centres including migrants and refugees
- Adults, children and young people in police custody
- Adults, children and young people who require support and services through Sexual Assault Services (SAS)
- Police and Court Liaison Services for people of all ages passing through the criminal justice system for assessment.

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.

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 local NHS England 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 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 provider; 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.

SECTION TWO – STRUCTURE AND OPERATIONS

This section describes the structure within which these commissioning intentions should be interpreted. It details the partners which are active in the development and delivery of services to the patient cohort, and the operational and process elements that must be in place to support the commission of these services.

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 including services under the Public Health Section 7a functions agreement, 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 in the community for offenders, their families and victims healthcare pathways. 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 have the commissioning responsibility or emergency and ambulance services irrespective of where the patient resides.
- **Local Authorities** are responsible for commissioning 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 the by start of financial year 2016/17 (subject to ministerial decision) and co-commissioners with NHS England for sexual assault services.

4 Commissioning Resources

Locally 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.

5 The commissioning cycle and key stages within it



As this diagram illustrates, the commissioning of services is based on a cyclical approach, centred on engagement with patients and the public. The Strategic Planning section of the cycle starts with a needs assessment, and a review of current

service provision – this recognises that service requirements are constantly evolving – culminating in the establishment of a set of priorities.

Once the planning phase is complete, procurement begins. The detailed design of services to be procured initiates this activity, followed by the shaping of the method of supply, and the planning required to ensure optimal capacity (that provides quality, but also value for money).

Finally comes the delivery stage of the cycle, during which service provision is monitored and evaluated. This is important to ensure performance targets are met, and challenges and risks are identified and addressed. This is the part of the cycle where commissioners can seek to understand from service users and the public if they are meeting the needs identified at the start of the overall cycle.

Throughout this process, it is evidently critical that commissioners work closely with their partners, since the involvement of multiple bodies is fundamental to successful service delivery.

6 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 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.

7 Procurement

In line with the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013, and 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.

8 Service Specifications

The 2015/16 Commissioning intentions will work with a reviewed and updated suite of national service specifications, which build on specifications developed in 2013/14 and 2014/15 with strategic partners.

NHS England will performance manage the delivery of contracts and service specifications via Health and Justice Lead Commissioners 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 Central Support 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 local teams for Health & Justice and this will require collaboration 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 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 Services and the newly developed Health and Justice Quality framework. Local teams will expect providers to share information and issues raised.

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.

There will be an expectation from us that our providers, during the transition, will support any business change needs that will be required to enable the smooth and safe transition to the second generation information service.

SECTION THREE – SERVICES AND PROGRAMMES

This section details the commissioning intentions themselves, and the key programmes that will form the overall portfolio of commissioned services.

11 Commissioning Intentions

11.1 Service Development and Key Priorities in 2015/16

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
- Develop a transition plan to support and lead on the business changes required for the second generation IT solution
- 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 commissioning policy for IFRs

Alongside these national commissioning intentions for 2015/16 there is also an expectation that local teams will develop local commissioning intentions, dependent on local priorities and needs that have been identified from the Health Needs Assessments. In addition, attention is drawn to the following areas of development:

12 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 whereby 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 2015 that approximately 50% of the population of England will be covered by a Liaison and Diversion service. These services operation in police custody suites and courts to provide written reports on individuals' vulnerabilities, to inform charging and disposal decisions by police custody staff, magistrates and judges.

Through assessment and referral to appropriate treatment and support, it is expected that individual service users' mental health, learning disability, substance misuse or other vulnerabilities will be addressed to improve their health, and contribute to a reduction in reoffending.

NHS England will continue to work 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.

13 Street Triage Development

NHS England does not receive funding for Street Triage via its Mandate from Government; the funding for Street Triage pilots was agreed between the Department of Health and the police forces involved. NHS England is taking a close interest in developments and is involved in discussions with partners across the health and justice landscape in order to find a sustainability strategy for Street Triage services. 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

NHS England has no current mandated duty to commission street triage services, but is looking for an agreement with other commissioners (CCGs, PCCs and LA) on a sustainable formula, with the opportunity to co-commission alongside Liaison and Diversion if agreement is reached.

14 Police Custody Suites

The commissioning of Healthcare for Police Custody Suites is to transfer to NHS England by 2016. This work will continue to be developed and costed and support the production of quality standards to secure a strong position for delivering the implementation plan and transfer in 2016.

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 the subsequent pathways they may require, both to the community upon release or via the Criminal Justice System.

15 Sexual Assault Services (SAS)

NHS England with partners is jointly responsible for commissioning a cost-effective, integrated public health service response to sexual violence and rape to meet the needs of our population. This includes commissioning of health care and therapeutic pathways in 40 Sexual Assault Referral Centres in England and wider Sexual Assault Services more generally.

The provision of these services will be reliant on the development of effective co-commissioning relationships between NHS England, Public Health England, the Police, Police and Crime Commissioners (PCCs), Clinical Commissioning Groups (CCGs) and Local Authorities to ensure robust care pathways for victims and appropriate referral at a time of crisis including psycho-social intervention that may be required at the time of presentation, and ongoing therapeutic support. NHS England will work with these stakeholders regarding the alignment of commissioning and budgetary responsibility for sexual assault services; this will be supported by analytical work about current and future pathways.

NHS England has developed a commissioning assurance process that will require demonstration of the development of collaborative commissioning approach/agreements for sexual assault commissioning. Effective pathways will take into account the health and mental health needs of victims of sexual assault.

NHS England has developed appropriate performance and quality monitoring mechanisms for SAS, including the paediatric element of services and the therapeutic care of victims by April 2016. All providers will be required to demonstrate compliance by undertaking monthly returns.

Together with partners we will seek to develop professional practice for those non-clinicians involved in SAS and develop a communication plan to promote services more widely, to encourage increased access.

16 Public Health of Secure and Detained Settings (Public Health Section 7a)

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 ,so that services provided map to identified health needs;
- Commissioners to plan and work with providers to deliver services of the highest standard of practice aiming for consistency with national guidelines produced by NICE and/or professional organisations e.g. Royal Colleges within resources available;
- With Health and Justice commissioning partners, to work across the care pathway to support service providers to facilitate ‘through the gate’ programmes. This enables better joined-up care for people in detention going back into the community. This is particularly relevant with the implementation of Transforming Rehabilitation during 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;
- implement the joint development priorities as outlined in the tripartite agreements
- Continue to deliver the NHS Health Check Programme across the secure estate within available resources. This Programme aims to reduce premature mortality in the prison population and high risk and vulnerable groups including prevention of heart disease, stroke, diabetes and kidney disease, and raising awareness of dementia across the population;
- Through work in PPDs, actively contribute to reducing health inequalities among vulnerable and excluded people in the wider community.
- 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 the health protection of detainees and staff with interventions to prevent infectious diseases (e.g. blood-borne viruses and TB) at an earlier stage. For example the early identification and reduction of risk increasing

practices such as drug use and injecting in order to reduce the likelihood of onward transmission.

- Promote continuity of care from community to custody, between establishments and through the prison gate in partnership with Community Rehabilitation Companies and the National Probation Service , and contribute to improving the health of the wider community by addressing health needs among people in prison & other detained settings,

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

- 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;
- Promote continuity of care from community to custody, between establishments and through the prison gate in partnership with Probation and the Contract Resettlement Companies ;
- Support providers to ensure appropriate health services are commissioned and delivered 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;
- Ensure that the outcomes and suggestions, where appropriate from the national prison inpatient review will be implemented locally and consistently;

- Facilitate the joint working between providers and the Prison Operators to ensure that new best practice guidance on the management of medicines queues is implemented;
- Ensure prescribers proactively and continually review their prescribing practice and will introduce the new national prison pain management formulary when published;
- Ensure best practice guidance regarding new psychoactive substances is implemented;
- Facilitate the prison and local authorities in the development of systems that deliver integrated health and social care;
- Work with providers to actively support opportunities to redesign services to limit the number of hospital escorts and bed watches;
- Work will continue 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 that will have their addictions managed prior to any definitive announcement;
- During 2015/2016 implement 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.

18 Deaths in Custody: Self Inflicted Deaths

In 2014 there was a rise of self-inflicted deaths in prisons. 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.

19 Reporting of Serious Untoward Incidents

The potential for learning from some incidents in healthcare is so great, or the consequences to patients, families and carers, staff or organisations from so

significant that these incidents warrant using additional resources to mount a heightened level of response. We call these 'serious incidents'. Good organisations recognise the potential for these incidents to occur and undertake swift, thoughtful and practical action in response, without inappropriately blaming people.

NHS England has developed a framework on the reporting of incidents. This is designed to bring more consistency to the NHS response to serious incidents, ensure a focus on learning, emphasise the importance of patient engagement, and simplify processes including timescales and expectations around investigations and will be implemented across the secure and detained estate in 2015/16

20 Prison Closure/re-rolling

Again in 2014/15 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.

21 Children and Young People in Secure Settings

NHS England, in partnership with the Youth Justice Board and Local Authorities will commission services to support the following outcomes for Young People in secure settings:

- a. Ensure that all settings are able to meet the Intercollegiate Healthcare Standards for children and young people in secure settings (CYPSS)
- b. Develop a better understanding of the healthcare needs of young people in the secure estate with particular attention to welfare children and girls
- c. Work collaboratively to commission future secure health provision and where necessary decommission existing provision.
- d. Support the delivery of the Comprehensive Health Assessment Tool (CHAT); AssetPlus (an end to end youth justice assessment framework). In addition, will put in place procedures to manage children and young people with clinical management of substance misuse needs
- e. Agree principles on information sharing to drive transparency and continuous improvement to services
- f. Work collaboratively to support commissioning of a robust service for children and young people in the CYPSE who exhibit harmful sexual behaviour
- g. Develop Liaison & Diversion services in Police Custody and Courts that are suitable to meet the needs of children and young people
- h. Work with the Transitions Forum to ensure appropriate health services are commissioned and delivered to the transition age group.

22 Immigration Removal Centres

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

- Support a more robust clinical understanding of the healthcare needs of detainees and complete a health needs assessment
- 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

23 Health & Justice Clinical Reference Group

The Health & Justice Clinical Reference Group will work to support the 2015/16 commissioning intentions for NHS England, working in partnership with providers, medical bodies (i.e. Royal College of General Practitioners), partners, key stakeholders, patients, families and communities.

In the year ahead the CRG will, through task and finish groups, continue to progress programmes and policy initiatives linked specifically to the 2015/15 Health and Justice commissioning intentions focusing on in particular on:

- Medicines Optimisation
- Learning Lessons from Death in Custody
- Physical health and social care needs of prisoners
- Mental health and parity of esteem
- Transition and transfer
- End of Life
- Prison diets and nutritional status of prisoners
- Research and development

To support the complexity and breadth of pathways for Health and Justice Commissioning, the CRG will continue to build on its pivotal role in providing clinical oversight of the these commissioning intentions and support continuing quality improvement initiatives in Liaison and diversion , immigration and removal centres and children's secure units.

SECTION FOUR

24 Conclusion

The 2015/16 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”**.

These commissioning intentions reflect the ambitions of NHS England and its partners to drive greater quality of healthcare provision to a unique set of service users, with some of the most challenging conditions.

The complexity of the environment is reflected in the range of services proposed in this document, which span the length of the Health and Justice care pathway, from first contact to the moment the service user returns to the community (and even beyond).

Much of what is being proposed is building on existing and established programmes of care, some of which are being refined in the light of further evidence and the experience of practitioners and service users. Other services, such as Street Triage, are new to the commissioning portfolio, and represent an exciting opportunity to integrate new and innovative solutions into the care pathway, to intervene at more appropriate points, thereby enabling better outcomes for service users.

The performance of this overall package of commissioning intentions will be assured through data gathering and evaluation exercises, and next year iteration will be produced to reflect the lessons learned from this

25 Appendix 1

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
SAS	Sexual Assault Services
ToR	Terms of Reference
YJB	Youth Justice Board