7. Health and justice

2020/21 Objectives

By 2020/21, there will be evidenced improvement in mental health care pathways across the secure and detained settings. Access to liaison and diversion services will be increased to reach 100% of the population, whilst continuing to ensure close alignment with police custody healthcare services.

High numbers of offenders in the youth justice and criminal justice systems have mental health needs and vulnerabilities that go unidentified and unmet. There is a significant overrepresentation of people with one or more mental health diagnoses within secure and detained settings.

NHS England works with the Ministry of Justice to support the justice reform agenda to secure better outcomes for this population. This includes work to identify and meet need at the earliest opportunity within criminal justice interventions – through reforms in problemsolving courts, the liaison and diversion programme and across the secure and detained estate – to ensure that mental health provision can be adequately and appropriately delivered. NHS England is also securing robust and articulated pathways both across the secure and detained estate for those moving between establishments, and in communitybased services for those returning to their communities.

Liaison and diversion provides a multi-agency assessment and referral service within police custody and the courts across England that refers service users into treatment and support where appropriate. This objective commits to expanding access to liaison and diversion services from the current provision reaching 50% of the population to reach all areas in England.

In parallel, NHS England will work with the Ministry of Justice, Home Office, Department of Health and Public Health England to develop a complete health and justice pathway to deliver integrated interventions in the least restrictive setting as appropriate to the crime committed. This will include work with the secure estate for children and young people to improve the delivery of services and transition back to the community.

The table below sets out the indicative trajectory for expansion of liaison and diversion services over this period:

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
% of population with access to liaison and diversion	60%	75%	83%	98%	100%

Delivering the objectives: Workforce requirements

Nursing standard frameworks are currently being developed offering a framework around organisational, clinical, governance and safety standards which will inform the workforce of the particular needs of the secure and detained population, and promote the desired competencies to meet these needs. These standards are part of a re-design of the provider landscape and an intensive recruitment drive to expand interest in this area of work.

Liaison and diversion practitioners are made up of practitioners from various backgrounds including social care, children and young people's mental health, learning disability and a high proportion from mental health nursing. There is a need for teams that have a wide skill mix to enhance the service offer to people and alleviate local recruitment challenges. This has to be achieved through a number of innovative recruitment and training models.

In order to deliver the planned expansion, there may need to be a consequent 45% increase in the relevant workforce, including liaison and diversion practitioners, specialist workers, support, time and recovery (STR) workers, strategic and team managers and administrators. NHS England is working with Health Education England in order to support this objective.

Delivering the objectives: Investment and savings

Funding to deliver the objective to increase access to liaison and diversion services totals

£92 million over the period to 2020/21^{XVIII}. This is profiled as set out in the table below:

Funding type	2016/17 £m	2017/18 £m	2018/19 £m	2019/20 £m	2020/21 £m
National programmes (indicative)					
Liaison and diversion	5.0	12.0	17.0	27.0	31.0

Key

Local Funding

National Funding

Costs reflect the rollout of service provision across England. These consist mainly of the provision of specialist practitioners to identify mental illness and other vulnerabilities in adults and young people in contact with the criminal justice system, and to support them into appropriate treatment and support services.

These are profiled based on the expected trajectory for expansion across the population set out above. Funding is held centrally in order to enable a targeted approach which responds to gaps in current provision of liaison and diversion, through direct transfer to CCGs.

It is expected that savings will accrue from individuals engaged in treatment requiring fewer GP consultations, hospital admissions and in-patient treatment in relation to common mental health problems, psychosis, personality disorder, and substance and alcohol misuse. In relation to the youth and criminal justice systems it is anticipated that services may bring about

efficiency savings through the reduced use of remand and custodial sentencing, by enabling better informed decision-making by justice partners. Savings to the justice system have not been fully quantified at this stage although longitudinal research aimed at evaluating these impacts has been commissioned and will commence in August 2016.

Delivering the objectives: Data, payment and other system levers

Data are collected and monitored to provide assurance across the commissioning responsibilities for secure and detained settings and to support the longitudinal research described above. A smaller set of metrics will be developed based on the findings of the evaluation in respect of liaison and diversion. The table below outlines some of the key available metrics which support benchmarking and monitoring of outcomes in this area:

Metric	Source	Availability
Proportion of people on the Care Programme Approach which was initiated in prison	Health and Justice Indicators of Performance (HJIP)	Now
Number of individuals who have received individual/group therapy within a prison	HJIP	Now
Number of prisoners receiving an initial psychiatric assessment	HJIP	Now
Mental health secure transfers: number of transfers within 2/4/8/12/20 weeks of acceptance under the Mental Health Act	HJIP	Now