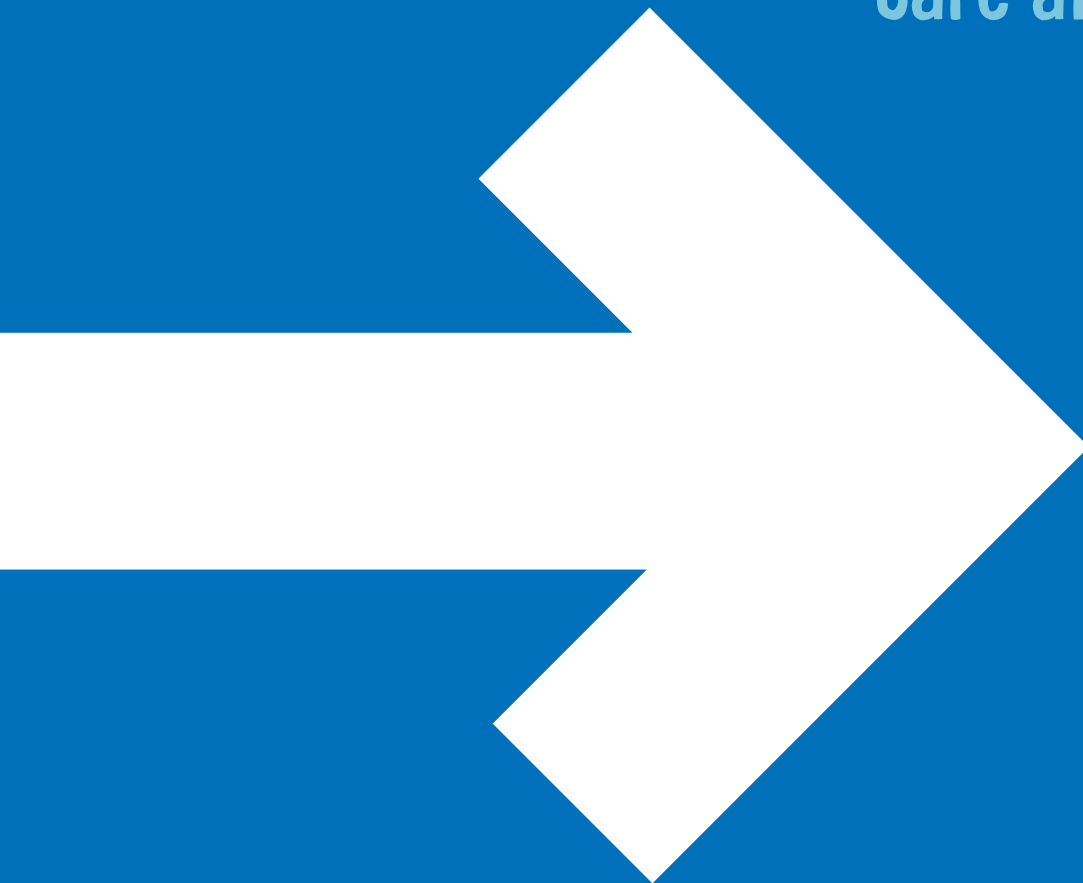


STRATEGIC DIRECTION FOR HEALTH SERVICES IN THE JUSTICE SYSTEM: 2016-2020

Care not custody
Care in custody
Care after custody



NHS England Reader Information Box

Directorate

Medical	Commissioning Operations	Patients and Information
Nursing	Transformation and Corporate Operations	Commissioning Strategy
Finance		

Publications Gateway Reference: 05919

Document purpose:	Strategy
Document name:	Strategic direction for health services in the justice system: 2016-2020
Author:	NHS Commissioning, Direct Commissioning Change Projects Team
Publication date:	18 October 2016
Target audience:	Health and Justice Leads, Liaison and Diversion Teams, Lived Experience Teams, Ministry of Justice, National Offender Management Service, Youth Justice Board and the Home Office.
Additional circulation list:	CCG Clinical Leaders, CCG Accountable Officers, NHS England Regional Directors, NHS England Directors of Commissioning Operations, All NHS England Employees, Allied Health Professionals, GPs.
Description:	This strategic document outlines how health and care services, in all settings of the criminal justice system (be that pre-custody, custody, secure and detained or post custody), need to evolve between now and 2020. It sets out the seven strategic priorities that we in NHS England will focus on to reduce the health inequalities experienced.
Cross ref:	N/A
Superseded docs: (if applicable)	N/A
Action required:	N/A
Timing/deadlines: (if applicable)	N/A
Contact details for further information:	NHS England, Quarry House, Quarry Hill, Leeds, LS2 7UE
Document status:	This is a controlled document. Whilst this document may be printed, the electronic version posted on the website is the controlled version. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto a local or network drive but should always be accessed from the internet.

Equality and Health Inequalities 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; and
- Given regard to the need to reduce inequalities between patients in, access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Contents

Foreword	4
Current context	5
Our ambition for the future	10
Priority areas	11
1. A drive to improve the health of the most vulnerable and reduce health inequalities	11
2. A radical upgrade in early intervention	13
3. A decisive shift towards person-centred care that provides the right treatment and support	16
4. Strengthening the voice and involvement of those with lived experience	20
5. Supporting rehabilitation and the move to a pathway of recovery	22
6. Ensuring continuity of care, on reception and post release, by bridging the divide between healthcare services provided in justice, detained and community settings	24
7. Greater integration of services driven by better partnerships, collaboration and delivery	28
Implementation and sustainability	29



Foreword



Professor Sir Bruce Keogh
National Medical Director, NHS England

Children, young people and adults in contact with the criminal justice system, or in detained settings are more likely to smoke, misuse drugs or alcohol, have mental and physical health problems, report having a disability, self-harm or attempt suicide. Their lives are often further complicated by complex social and personal issues such as unemployment, low educational attainment or even homelessness. They are marginalised by society. As a consequence of all these influences their lives are often cut short in a brutal manifestation of social and health inequality.

The relationship between health and social influences on offending and re-offending behaviour is complex. However, in some areas there is a clear link with health issues offering the prospect of reducing offending and re-offending rates through health related interventions. We should grasp this opportunity not just to help individuals, but also for the wider benefit of their families, friends, immediate communities and society at large.

This strategic document outlines how health and care services, in all settings of the criminal justice system (be that pre-custody, custody, secure and detained or post-custody) need to evolve between now and 2020. It sets out the seven strategic priorities that we in NHS England will focus on to reduce the health inequalities experienced by children, young people and adults caught up in the criminal justice system.

Thanks go to the many people who have been involved in developing the detail of the document, including those with personal experience of the criminal justice system, clinicians, commissioners and providers of services as well as our Government partners. These are their shared views.

The focus supports the recommendations set out in the Five Year Forward View for Mental Health and the earlier Crisis Care Concordat as well as the recommendations from the Government's Shaw Review into the health and wellbeing of vulnerable people in Immigration Removal Centres. It also aligns with the objectives and focus of the current prison and youth justice reforms, and the intent to tackle some of the deepest social problems in society, improve life chances and give individuals a second chance by improving opportunities for better training, education and better mental health provision.

Whilst the strategic direction is principally for NHS England and sets out our future focus, we hope that it will also set a useful context for the work that others across Government are leading to improve the health and wellbeing of the criminal justice population. Success for us all relies heavily on a strong commitment to work in partnership across organisational boundaries to deliver timely, holistic care and support that meets the very distinct needs of this particular group of people.

A handwritten signature in black ink that reads "Bruce Keogh". The signature is written in a cursive style and is positioned above a horizontal line.

Professor Sir Bruce Keogh
National Medical Director, NHS England

Current context

Scale of the challenge

People in or at risk of being in temporary detention, custody or secure and detained settings experience a disproportionately higher burden of illness (including infectious diseases, long term conditions and mental health problems) and poorer access to treatment and prevention programmes as well as problems with substance misuse (drugs, alcohol and tobacco).

Such health issues are often complicated by social issues including homelessness, deprivation, unemployment and poor levels of education. Many children, young people and adults have no place of safety, no sense of belonging, low self-esteem, struggle to build and sustain relationships, and have long histories of complex trauma generated through neglect, abuse and bereavement; all of which make them a particularly vulnerable group of our society. Developmental disorders and a history of being in the care system are also highly prevalent amongst those in the criminal justice system.

Many of these deep rooted issues can be both the source and consequence of some of the patterns of offending and re-offending behaviour. Drug users are estimated to be responsible for between a third and a half of acquisitive crime. Treatment can cut the level of crime by about a half. Young people in custody have disproportionately high levels of substance misuse. 15% of young offenders have a drug problem of some kind. However for persistent offenders this figure can increase to 37%.

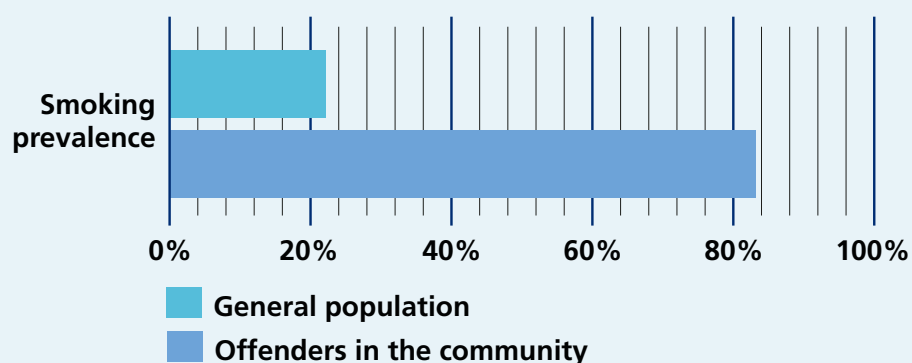
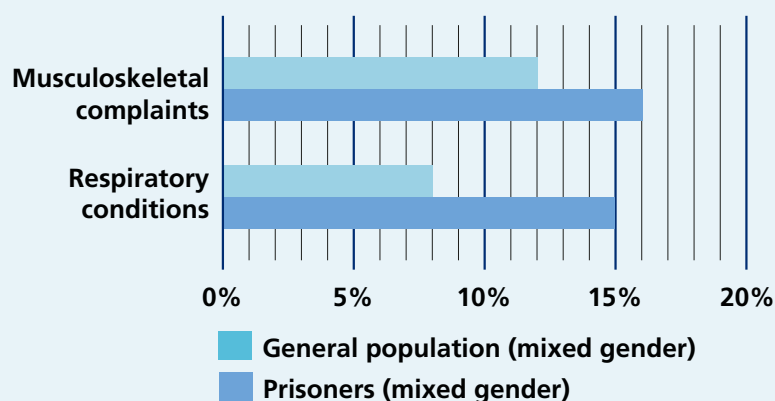
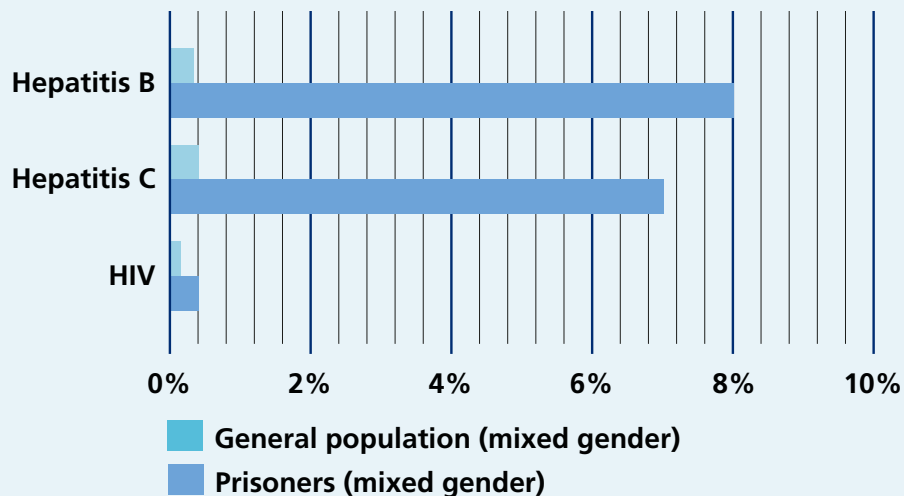
Individuals with such multiplicity of need find it particularly difficult to engage with health and care services designed to deal with one problem at a time. Service providers can also sometimes find it difficult to engage with such individuals. Yet building trusted partnerships and addressing more effectively the health and care needs of this group, in particular substance misuse and mental health needs, will have a positive impact not only on the individuals themselves, but also their families and carers, and by reducing offending and re-offending, on communities and society as a whole.

Continuing care is key throughout an individual's journey through the criminal justice system and back into the community again. 46% of all prisoners re-offend within a year of release, costing up to £13 billion a year. 74% of people sentenced to custody are sentenced to less than 12 months which means they will be released within 6 months. 43% are sentenced for less than 6 months which means they will be released within 3 months. The average stay for children and young people in secure estate is just over 2 months. 34% of detainees are returned to the community in the UK.

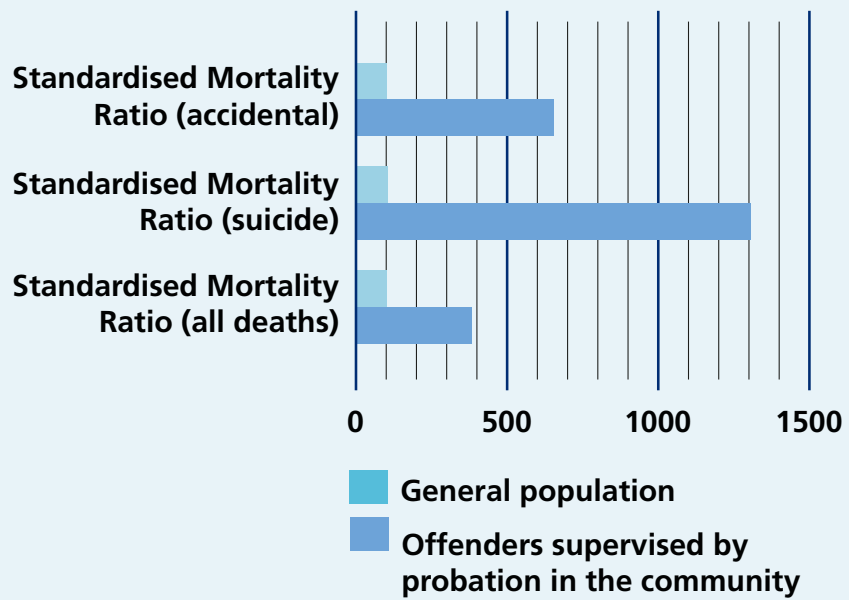
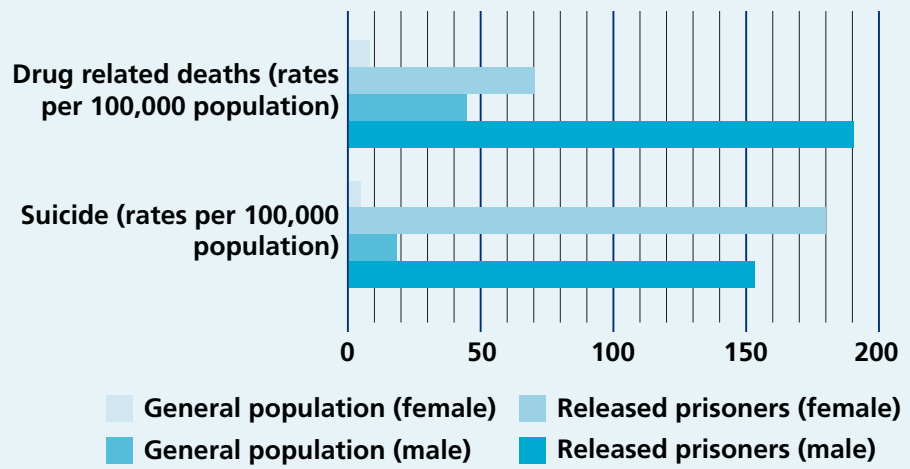
Services need to address these particular health and care needs to make a significant impact and so improve health, change lives and reduce health inequalities.

6 Strategic direction for health services in the justice system: 2016-2020
Care not custody, care in custody, care after custody

The physical health of people in contact with the criminal justice system

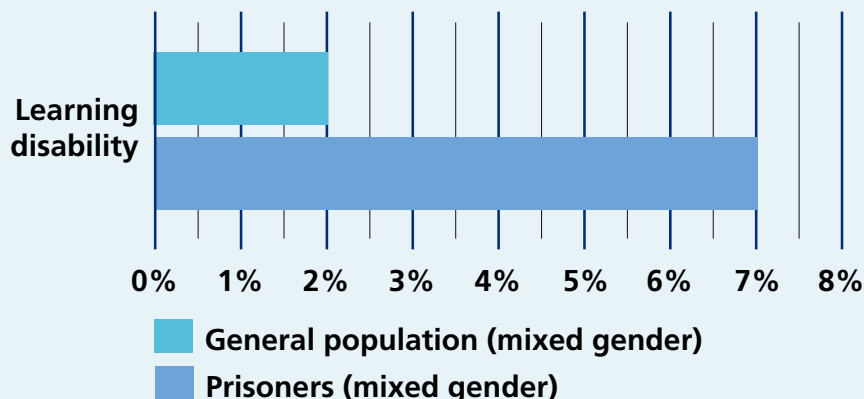


Risk of premature mortality among people in contact with the criminal justice system

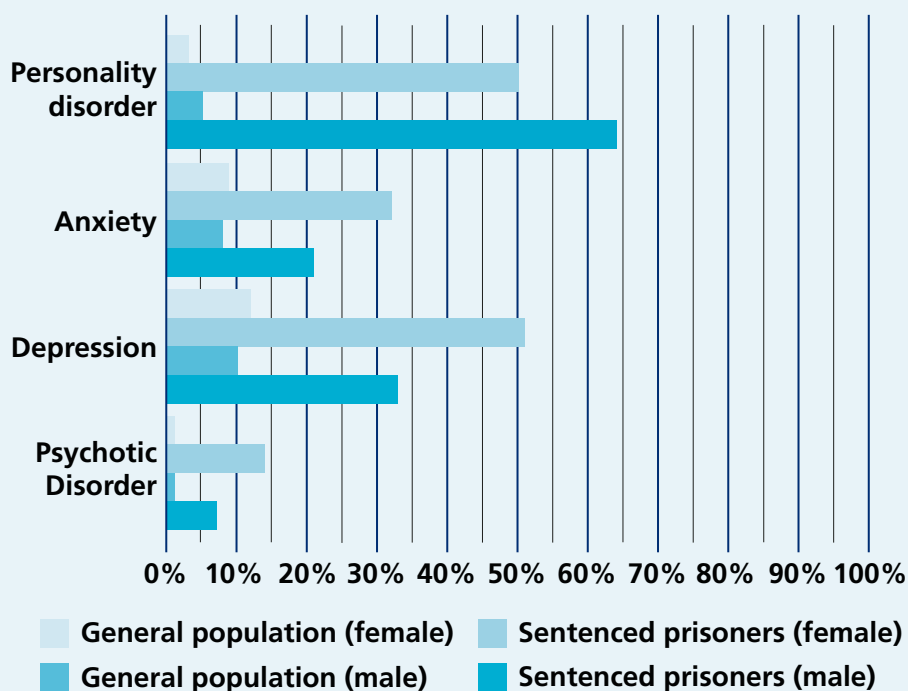


8 Strategic direction for health services in the justice system: 2016-2020
Care not custody, care in custody, care after custody

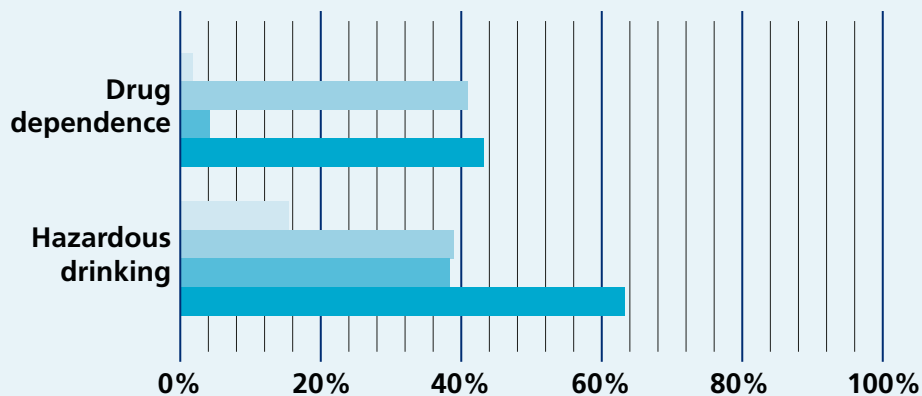
Learning disabilities and difficulties among people in contact with the criminal justice system



Mental health of people in contact with the criminal justice system



Substance misuse amongst young people in contact with the criminal justice system



Graphs reproduced from Revolving Doors Agency, *Balancing Act: Addressing health inequalities among people in contact with the criminal justice system* (2013).

Commissioning responsibilities

NHS England is responsible for commissioning healthcare for children, young people and adults across secure and detained settings, recognising that regardless of the community from which they have come from, or their background, they are generally expected to access the same healthcare services as the rest of the population. Such settings include prisons, secure facilities for children and young people, police and court Liaison and Diversion services and immigration removal centres. NHS England also ensures effective links with Clinical Commissioning Groups (CCGs) and Local Authorities to support continuity of care as individuals move in and out of the justice system and secure settings.

CCGs are responsible for commissioning the majority of healthcare services for adults and young offenders serving community sentences or completing custodial sentences on licence.

Local Authorities are responsible for public health services, including drug and alcohol services.

NHS England is therefore responsible for commissioning care for individuals at a particular point in their life which is solely defined by the setting they are in. Improving the pathways of care in and out of these settings is therefore critical to improving health and life outcomes for such individuals. Close working between NHS England, CCGs, Local Authorities and Police and Crime Commissioners is crucial.

Legal guidance for NHS commissioners on equality and health inequalities duties is available at: <https://www.england.nhs.uk/about/gov/equality-hub/legal-duties/>

Our ambition for the future

We need to be bold to fully address the challenges facing the delivery of integrated healthcare across pre-custody, custody, secure and detained, and post custody settings. A clear consensus emerged from our discussions with those who have lived experience of, and those who work across and within the various justice settings, on what the ambition and consequent priorities for improving care should be to help us do this.

Our ambition is therefore to improve health and care outcomes, support safer communities and social cohesion and in doing so:

- narrow the gap between those in criminal justice and detained settings and the rest of the population in terms of health and care outcomes, through improved support from all health and social care;
- reduce the number of people who are detained as a result of untreated health problems, and so support reductions in offending; and
- ensure continuity of care post release, and so support reductions in re-offending.

Priority areas

To achieve this, we will focus on the following seven priority areas between now and 2020. Improving quality and reducing variation are also at the heart of each one.

1. A drive to improve the health of the most vulnerable and reduce health inequalities

Providing coordinated, targeted care and support at the right time to people at risk of entering or re-entering the criminal justice system, or detained settings, is essential to realising significant improvements in health outcomes. Commissioners and providers need to work together to identify individuals with unmet needs across every setting and at the earliest possible point to ensure that children, young people and adults receive timely, person-centred care which takes a holistic view of their individual needs.

We will do more to improve access to services and bridge the divide between those provided in community settings and those provided in justice settings to ensure an integrated focus on service delivery which emphasises prevention, rehabilitation and recovery and addresses the health drivers of criminal behaviour.

In doing so, we will ensure that there is a strong focus on services which support an improvement in mental health and a reduction in substance and alcohol misuse, in order to have the greatest impact on improving health, reducing offending and re-offending, and improving outcomes.

All agencies need to work together to provide care and support and enhance opportunities for individuals.

NHS England will work together with primary care, mental health, social care, education, youth, housing, justice probation and other services to commission and provide coordinated person-centred care that is reinforced by early identification and assessment and appropriate treatment and aftercare.

Reducing health inequalities requires an obvious focus on health issues. It also requires a much stronger and more holistic response by all agencies to social issues including debt, housing and employment, which contribute significantly to an individual's health and wellbeing.

To address these issues, NHS England will focus on:

- Supporting the delivery of justice reforms including prisons, sentencing and youth justice by commissioning high quality services in custodial or secure settings that contribute to reducing inequalities;
- Reducing the levels of avoidable self-inflicted deaths in custody by working across the health and justice landscape;
- Supporting the roll out of smoke free prisons by enhancing stop smoking services across the detained estate, and
- Improving the uptake of screening, immunisation and public health programmes across detained and secure settings in line with the Public Health Section 7A agreement.

CASE STUDY

Assessment and person-centred support for a young person with emotional health difficulties

A 15 year old girl was arrested for repeat shoplifting over the last six months.

On a couple of occasions following arrest, she was seen by the Liaison and Diversion service working with her local police force. Knowing that repeat shoplifting can be triggered by emotional health difficulties, the Liaison and Diversion worker completed a screening assessment which highlighted significant issues:

- Sexual assault 12 months previous which was going through the criminal justice system
- Mother had been diagnosed with breast cancer
- Poor attendance at school worrying about GCSEs
- Not eating, drinking with friends and not returning home
- Fragile relationship with parents

Whilst the patient had been offered counselling at school to help her with her issues, it was not available on a regular enough basis to give her adequate support.

Following her assessment by the Liaison and Diversion service, the patient's worker liaised with local children's services and agreed that a referral should be made to Barnardo's Mosaic service for counselling. A 'family contract' between the patient and her mother was also established and mediation arranged for the patient and her father to support their relationship and agree boundaries.

The patient now attends Mosaic for counselling, is working towards her GCSEs and has not committed any further offences.

2. A radical upgrade in early intervention

By doing more to promote early intervention and where appropriate, divert people into care not custody there is an opportunity to reduce the numbers of avoidable entrants into the criminal justice system, support identification of vulnerability at the earliest possible opportunity and support prevention of future crises by making sure people have access to the right care.

Intervention before or as early as possible once a crisis is evident provides the best opportunity for improving how individuals of all ages are cared for and supported to live safely and as independently as possible in the community. This is particularly relevant for children and young people, women, and those with mental health needs, learning disabilities or substance misuse problems.

Many people known to the criminal justice system have complex mental health needs which are poorly recognised and inadequately managed. Large numbers of these people end up in prison – a high cost intervention which is inappropriate as a setting for mental health care and ineffective in reducing re-offending. Being secured in a detained setting can make a situation worse for someone with mental health issues and can exacerbate behaviours and other vulnerabilities, increasing the risk of self-harm or suicide.

When supporting people with mental health needs, recognition of the relationship between trauma and behaviour should be made which consequently identifies a much stronger need to focus on the lives and experience of offenders. This includes lives of veterans, survivors of abuse and the subsequent range of requirements for offenders, to ensure the criminal justice system is an enabling environment.

Addressing the needs of children and young people known to or at risk of entering the criminal justice system and supporting them to develop healthy and positive relationships through positive role models should equally be a particular focus of early intervention and consequent prevention. Children who end up in custody are likely to have more than one mental health problem; a learning disability; a dependency on drugs and alcohol, and experience a range of other challenges or chaos in their lives.

Many of these needs go unrecognised and unmet. At the point of arrest, there is a key opportunity to jointly assess and identify these needs early on, to link young people and their families with the support they need and so reduce the chance of them going in and out of the youth justice system. Unrecognised and unsupported, children and young people are more likely to demonstrate offending and reoffending behaviour into later life.

14 Strategic direction for health services in the justice system: 2016-2020 Care not custody, care in custody, care after custody

The drivers for womens' offending are often contributed to by drug and alcohol use and mental health issues. By working in partnership to treat individuals in the community the disruptive and expensive option of a custodial sentence could be averted for some and for example, the negative impact of imprisoning women on the wider community avoided. For example, separating vulnerable children from their mothers may result in a cycle of offending and learnt behaviour being repeated by this next generation.

Liaison and Diversion services are providing a much more appropriate response and are key to identifying need, early assessment and onward referral into more appropriate services - a positive move towards care not custody. They are demonstrating the difference that can be made by working in partnership with vulnerable individuals to ensure they are not inexorably drawn into the criminal justice system.

The availability and delivery of such approaches align with the recommendations set out in NHS England's Five Year Forward View for Mental Health, and earlier Crisis Care Concordat and the need to support and empower people to make healthy decisions and encourage the development of skills to manage healthcare and make healthy and safe decisions at the earliest opportunity.

A truly joined up, cross agency, cross system approach to planning, commissioning and providing services underpinning early intervention is vital. There should be greater partnership working between commissioners and providers of health, social care, education and justice services, children and young people services and programmes such as Troubled Families and Future in Mind. This should improve the identification of unmet health needs, vulnerabilities and gaps in life skills; and support the diversion of individuals into the right interventions as early as possible.

To address these issues, NHS England will focus on:

- Increasing access to early intervention for adults, children and young people through the continued roll out of Liaison and Diversion services aiming for 100% of the country covered by 2020/21;
- Reshaping the evaluation of Liaison and Diversion services to look at justice outcome measures;
- Ensuring equity and value for money by reviewing the funding distribution supporting the roll out of Liaison and Diversion services, and
- Supporting the development of mental health, substance misuse and earlier crisis care for children, young people and adults in the criminal justice system.

CASE STUDY

Assessment and support for mental health issues

Dorset Criminal Justice Liaison and Diversion Service

A patient has had a number of referrals to his local mental health trust for psychological problems but has not wanted to conform. He has a diagnosis of conversion disorder which causes him to have pseudoseizures, particularly when under stress. He also has a history of domestic violence; his wife often being the perpetrator.

He was arrested on suspicion of alleged assault on his wife and an urgent risk of suicide was identified. The patient was assessed by the Dorset criminal justice Liaison and Diversion (L&D) service. At the time of his assessment, he was having difficulty speaking and expressing himself as he was experiencing muscle rigidity; a symptom of his conversion disorder. The patient's behaviour was perceived as odd by the custody team who had little experience of conversion disorder. Being seen by the L&D team meant that the patient was given time to discuss and explore his problems sensitively and at a time when he was feeling stressed and vulnerable.

A mental health practitioner within the L&D team gave the patient a full assessment whilst he was in custody. He was consequently referred to the mental health trust for further assessment and a collaborative plan made to support a safe exit from custody taking into account his input into his care plan.

The patient was supported by a Support Time Recovery (STR) worker to return home and for an agreed length of time following his release from custody which he found beneficial.

3. A decisive shift towards person-centred care that provides the right treatment and support

'No decision about me without me' can only be realised by involving individuals fully in their own care with decisions made in partnership between patients, carers and clinicians.

People with lived experience of the criminal justice system told us that they experience stigma and discrimination and struggle to get the right help at the right time. Such issues are exacerbated by mistrust of healthcare professionals, transient lifestyles, negative attitudes amongst healthcare staff towards offenders, problems with interagency communication and inflexible or insufficient service provision so their access to healthcare is often less than they need. Many individuals are not registered with a GP and most only access healthcare in a crisis.

People told us they want to be treated as people rather than as people with a problem. Those experiencing multiple needs advised that their issues and experiences were not well understood. In fact they were more likely to be completely misunderstood. This contributed to, and was heightened by, stigma and in many cases led to social exclusion, isolation and low self-esteem. They pressed for a much greater understanding amongst all professionals, who should be there to help them, of the turmoil and complex trauma that may have defined the lives of many of the individuals who have

ended up in the criminal justice system or in a detained setting, and more joined up and direct interventions to help individuals turn their lives around.

Complex trauma that may also define the lives of many individuals who are in contact with the criminal justice system is often a result of unresolved childhood trauma and a consequent risk factor for substance misuse. This may include emotional, physical or sexual abuse, neglect or catastrophic loss. In the case of people in detained settings, fleeing regimes trauma may have come from torture and sex trafficking. Where these are proven for people in detained settings it is unlawful for them to remain in detention and they would be released. For individuals in this situation, care pathways supporting referral and care in community based mental health services are critical.

There needs to be a more positive approach to addressing every individual's needs and an increased understanding of the underlying causes of problems like drug or alcohol abuse and consequent behavioural patterns across the community and within detained settings. Services and professionals must focus on the whole person, not just on the crime or immigration history.

Care plans should confirm goals and aspirations and should be committed to by everyone commissioning associated services and supporting delivery of care. Throughout, care plans should support the significant need for safeguarding individuals known to, or at risk of entering the criminal justice system, and support a reduction in stigma, protect dignity and should identify a lead practitioner contact.

For individuals detained in custody, care plans should be recognised and transition between the community into a detained setting and back into the community should be supported to avoid any risk of care plans being fragmented and individuals left unsupported and at further risk.

To address these issues, NHS England will focus on:

- Improving care and health outcomes for those detained in Immigration Removal Centres by implementing the recommendations from the Shaw Review of Immigration Removal Centres Report;
- Developing a new mental health specification in the adult secure and detained estate;
- Developing and rolling out a framework for integrated care for mental health services for children and young people within secure children's homes, youth offending institutions and secure treatment centres;
- Improving pathways for substance misuse services through the review of services in the secure and detained estate, and
- Improving the continuity of care for individuals as they move in and out of the criminal justice system and secure settings.

CASE STUDY

Morton Hall Immigration Removal Centre

Patient experience reviews at Morton Hall Immigration Removal Centre have highlighted a number of areas of good practice as well as areas for improvement.

Good practice includes:

- consistency of staff
- recognition of and support to meet religious needs
- access to language line
- access to smoking cessation groups and consequent treatment
- access to a dignified sexual health service
- the opportunity and support to discuss personal issues.

Areas for improvement include:

- access to mental health care; for instance, counselling and support groups
- waiting times for external appointments.

Non-disclosure of some factors which may be contributing to mental health were also seen as a potential issue i.e. disclosure of self-harm which many do not disclose to healthcare staff.

CASE STUDY

An older person in prison

The patient is aged 62 and has been in the same secure establishment for the last three years. He has been diagnosed with bipolar mood disorder, has severe arthritis in his spine and is in a wheelchair.

Whilst he sees a counsellor once a week, the patient suggests there is no humanity in the prison for someone his age. He says that older prisoners are treated differently and that the same opportunities for mental stimulation are not as great as they are for younger people which potentially increases vulnerabilities.

Inspired by his own experience and to help others, the patient has been involved in establishing:

- focus groups explicitly for older and vulnerable people with a remit of enhancing quality of life for vulnerable wing patients
- screening for long term illnesses
- proactive development of 'through the gate' work for older people to support release back into the community, better health outcomes and a reduction in offending behaviour.

4. Strengthening the voice and involvement of those with lived experience

The involvement of those with lived experience of the justice system needs to be strengthened with proactive recognition that the people, families and carers who have direct knowledge of the criminal justice system are vital sources of intelligence in terms of informing commissioners and providers about how to make services work better and assist a much broader understanding and perspective of individual need. Strengthening the voice of those with lived experience should be inclusive and be seen as an opportunity to strengthen the voice of those who may be particularly vulnerable and at further risk of isolation. For example, black minority ethnic (BME) communities, those with learning disabilities, autism and asperger's, children and young people, lesbian, bi-sexual, gay and transgender groups and women in the criminal justice system.

There are a number of factors which create challenge for strengthening the voice and involvement of those with lived experience across detained settings. In particular, the degree of churn across the detained estate, language barriers and, at times, distrust. Recognising this, commissioners and providers should consider extending opportunities for those with lived experience to train as peer mentors for example and actively support the rehabilitation and recovery of others.

Those with lived experience said how much they value and how vital peer support is. Peer support can be a significant help in terms of signposting, acting as a 'trusted friend', facilitating the transition into prison life, bridging the gap on release and helping to improve the overall wellbeing of individuals known to or in the criminal justice system. Those with lived experience found it easier to trust someone who had had a similar experience and understood what they have been through rather than a professional. Those who have succeeded in turning their lives around have considerable credibility with their peers.

To address these issues, NHS England will focus on:

- Finalising the NHS England Framework for patient and public participation in health and justice commissioning and ensuring that the effective service user involvement is embedded in all aspects of our commissioning and service redesign and development approaches across the country;
- Maintaining effective lived experience involvement in the Liaison and Diversion services programme, and
- Rolling out the patient quality assurance questionnaires across the Immigration Removal Centre estate by April 2017.

CASE STUDY

HMP Lewes – Commissioning of a substance misuse programme

Supporting the procurement of a substance misuse programme at HMP Lewes, User Voice, an ex-offender led charity applied its user-led approach to recruit peer researchers from within the prison.

Peer researchers were provided with accredited training and given regular support by User Voice and tasked with conducting surveys and focus groups to obtain general and specific insight into the healthcare they receive.

This informed the needs assessment element of the commissioning cycle. The results were fed back to commissioners creating a much greater understanding and a powerful deeper connection to the issues identified by the peer researchers and therefore the 'lived experience'.

Peer researchers continued to be involved in the commissioning process; which included involvement in the evaluation of tenders and bidder interviews. Mark Hayman, Associate Director of Procurement, South Central and West Commissioning Support Unit Procurement said:

"I thought that the event was very powerful and produced some rich information. Service users probed bidders with real issues as well as pre-determined questions which the bidders admitted at the end of the 40 minutes was harder than the presentation/clarification session at County Hall"

5. Supporting rehabilitation and the move to a pathway of recovery

Care in custody is paramount and central to rehabilitation and recovery and a consequent reduction in offending and re-offending behaviour. Rehabilitation with the right level of support for recovery and at the right time in an individual's life is fundamental to preventing repeat behaviours, supporting lasting change and encouraging individuals to live safely and independently in the community.

A number of initiatives are in place to support an improvement in opportunities for those leaving the criminal justice system to rehabilitate and recover and begin to live safely as independent members of the community again. The Community Rehabilitation Companies and the Through the Gate initiatives assess needs pre-release and ensure a tailored package of support on release, crucially with proactive follow up. Peer support and encouragement for those in recovery to have contact with people with their own experience of the criminal justice system who understand each other's culture and identity are also powerful elements of both these initiatives.

We need to do more to provide maximum opportunities and support for children, young people and adults to become embedded within local communities, and encourage community connections as early as possible to support the rehabilitation process. Recognising that in some circumstances, families and carers may have played a role in offending in the first place so may not be best placed to support a positive recovery and rehabilitation. However where it is appropriate and they can, families and carers should be involved.

To address these issues, NHS England will focus on:

- Improving pathways for substance misuse services post release from custody, and
- Maintaining effective links with partners, in particular CCGs, Local Authorities and community rehabilitation companies to support continuity of care.

CASE STUDY

HMP Swaleside - Emotional Wellbeing Peer Mentor Programme

Paid and volunteer peer mentors have been appointed within HMP Swaleside and work over 25 hours a week to support and help over 180 men.

Support is offered on an informal one to one basis through psychological education which helps to support and empower individuals with a mental health illness.

Peer led support within HMP Swaleside relies on confidentiality and respect and has led to open, honest and frank discussion about behaviour patterns and triggers and is helping individuals to make and sustain positive changes.

"D first introduced himself in May when I first arrived on G-wing. Since then I have pushed him away at least four times whilst being very abusive. Despite this, D remained calm and professional, even making time to talk to me when I wasn't at my best. After each outburst, he comes and talks to me where I say I'm sorry. D says he doesn't take it personally and I believe this. He is a very genuine person and he'd done far more for me than anyone else I've met. He is always there when I need him and he will always tell me straight, even if I don't want to hear it. D has helped me in so many ways and while he tells me off when I am at fault, he doesn't judge. He encourages me to be the best I can be. This is a great scheme which is only great due to the people in it"

6. Ensuring continuity of care, on reception and post release, by bridging the divide between healthcare services provided in justice, detained and community settings

Continuity of care on reception to and on discharge from secure and detained settings is vital to avoid unplanned treatment interruptions and ensure provision of ongoing care.

The problems those in secure or detained settings face are often exacerbated as they leave it and as they require support to resettle back into the community. Care in custody can and does impact positively on the health of individuals. A release from custody can be a crisis situation for some individuals and often results in the reversal of previous health gains.

Without the right level of care in preparation for and post release, or legitimate access to community based provision, individuals are at high risk of re-offending, increasing their vulnerability or exacerbating poor health. In the first two weeks following release for example, mortality rates are 12 times higher than for the general population. Having access to the right services in the community i.e. primary care services, including health promotion (screening and immunisation programmes) can have an important effect on reducing reoffending and re-settlement.

There is an important link between person-centred care, rehabilitation and recovery and continuity of care in bridging the gap particularly for those reliant on care being coordinated through multi-agency support. Strong links with primary care and community based services – providing access to appropriate interventions - are key to ensuring continuity of care beyond secure and detained settings.

More therefore needs to be done to bridge the divide between healthcare services provided in justice, immigration removal and community settings to focus on supporting recovery from substance dependence, address mental health problems and support resettlement. We will work closely with CCGs, public health and social services to ensure that mechanisms are in place to support timely and appropriate access to a range of health services on release from secure and detained settings. The effectiveness of continuity of care is also dependent on seamless case management and the right information being shared with the right people at the right time so that treatment and support can be targeted and continue to be delivered effectively. In particular, continuation of care for people with specific mental health needs, where continuation of prescribed medication needs to be managed, is vital.

Continuity of care should embrace positivity and maximise the chances of people improving their lives and successfully managing their health needs on resettlement or removal by including, within any care plan, links to healthy relationships, education, employment opportunities and improved welfare. Such person-centred approaches, focused on addressing all areas of well-being, are most likely to have the greatest impact on an individual's health and care outcomes, their rehabilitation and reduce the likelihood of re-offending or being lost to community health provision.

To address these issues, NHS England will focus on:

- Improving continuity of care for individuals as they move in and out of the justice system;
- Agreeing mental health pathway, including publication of prison hospital transfer and immigration removal centre hospital transfer guidelines, with reductions in times and the number of people waiting to transfer, and
- Embedding 'Through the Gate' delivery across all healthcare requirements.

CASE STUDY

Substance Misuse and Mental Health

The patient is 28 and has been in and out of prison most of his adult life largely due to drink and drug related offences. He suffers from mental health issues and feels his substance misuse is directly linked to the lack of mental health support he has had. The patient has tried to commit suicide on a number of occasions, both in prison and in the community.

Despite wanting to remain where he was due to the positive relationships he had built with prison and healthcare staff, towards the end of his most recent sentence, he was moved to a large, local prison.

He repeatedly told healthcare staff that he was depressed and was consequently put on suicide watch. Staff came and talked to him to check he was ok, but didn't give him the support he wanted to help him understand and deal with the reasons why his behaviour was so extreme.

Once he was moved he started smoking cannabis. On one occasion, another person spiked his cannabis with 'spice' as he thought it would be funny. As a result, the patient became hooked on spice as it was cheaper and more readily available than cannabis. He collapsed on a few occasions but continued to use spice as he felt it was helping him to cope with his long standing mental health issues – "it blocks things out".

Whilst the patient has had some help which was largely focused on breathing techniques, he feels the healthcare he has received has largely responded to his alcohol and drug misuse and not the mental health issues.

The patient was recently released from prison and has just been made homeless. He continues to suffer from mental health issues with little support but is trying to stay optimistic.

CASE STUDY

Continuity of care for those living with long term conditions in prison

The patient is serving a 19 year sentence. He has type 2 diabetes resulting in high blood pressure and significant foot problems and has feelings of abandonment resulting in suicidal thoughts.

Inspired through his own experience, the patient has been involved in establishing:

- a clinic which includes follow up appointments for diabetics, an opportunity to be seen on the wing to protect and support vulnerable patients and an opportunity for others to give their feedback on the care they are given
- a review of waiting times for the podiatry clinic
- menu changes regarding meal options for diabetics
- development of stronger care plans.

7. Greater integration of services driven by better partnerships, collaboration and delivery

Initiatives that are commissioned and provided jointly and which are driven by the need to put the individual's needs at the centre have the greatest potential to bring about health outcomes and contribute to a much wider social dividend. Therefore, to transform the quality and continuity of services, we need to do more to secure greater integration of services to provide a joined-up approach to care, with improved information sharing and communication between organisations.

Integrating services will enhance the ability to provide a continuous health and care pathway and deliver a person-centred approach to care, reducing the number of separate assessments carried out on individuals. Case management approaches should be adopted for those with multiple and complex needs.

Reinforcing the need for collaboration, those with lived experience strongly emphasised the need for different sectors providing care to do so in partnership and in recognition of each other. Not least to support an improvement in the development and delivery of care pathways but also to put a stop to and prevent individuals from being bounced backwards and forwards between services and reduce the amount of fragmentation and risk across the system.

Without appropriate consideration and development of integrated pathways of care, those known to or at risk of entering the criminal justice system may not have equitable access to vital services i.e. mental health and/or substance misuse services in the same way other people do. NHS England will therefore ensure that it works closely with CCGs, Local Authorities and Police and Crime Commissioners to support the joint development and delivery of care pathways and services.

To address these issues, NHS England will focus on:

- Maintaining effective partnerships at national level including publication of partnership agreements with the Ministry of Justice and the National Offender Management Service (NOMS), Youth Justice and the Home Office and Immigration Removal Centres;
- Maintaining effective links with CCGs and Local Authorities to support continuity of care, and
- Developing and rolling out a framework for integrated care for mental health services for children and young people within secure children's homes, youth offending institutes and secure treatment centres.

Implementation and sustainability

Between now and 2020, this strategic direction will inform our local commissioning, planning and design of services, our procurement of services and our monitoring of services. Across parts of the country we already have services in place that are improving care across elements of the priority areas, including the roll out of Liaison and Diversion services, Through the Gate, early intervention services and community crisis teams. However we need to ensure such approaches are sustainable and happening everywhere. By extending availability of these approaches, we will do more to address the specific needs of this particular population group, break the cycle of offending and improve the quality of care and experience of individuals. This will also deliver better value for money and furthermore may cut costs for both health and justice systems.

Finally, ensuring the sustainability of the transformation set out in this document will also require further supporting activity. We will also support implementation by focusing on the following key levers for improvement and change:

Health and justice information system: through roll out of the new integrated Health and Justice Information System for the residential estate (prisons, young offender institutes, secure training centres, secure children's homes and immigration removal centres). This will enable the appropriate sharing of data about service users electronically and allow interoperability. It will provide a fully functional primary healthcare system across the entire estate and provide

the ability to integrate information systems across justice services and the wider NHS, enabling and supporting our ambitions for uninterrupted and continuous care.

Commissioning framework: by adopting principles with our partners of a commissioning framework across full clinical pathways and as part of the prison and youth justice reform agenda. The principles will support delivery of an outcomes based framework focused on improving health, reducing offending and re-offending and increasing support to rehabilitate.

Improving data: by reviewing ways to improve the data quality and standard of reporting of Health and Justice Indicators of Performance (HJIPs), and other sources of data and intelligence, to enable more robust measurement of improvements in healthcare and health outcomes in current and future commissioning arrangements.

Quality and patient safety: through developing a National Quality Assurance and Improvement Framework which supports the assurance of quality by providing the essential levels and measurements of quality and safety for health and justice services and which recognises the significance of mental, physical and emotional health. The Framework will be evidence-based, applying the lessons learned from trends, suicide in custody and intelligence from clinical incident reports and complaints.

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

Please contact **0300 311 22 33** or email england.contactus@nhs.net