

Kate Davies OBE
Head of Armed Forces & their
Families,
Health & Justice and
Sexual Assault Referral Centres

NHS England

Friday 11 November 2016

4th Health and Justice
Summit: Improving
patient experience in
secure environment
healthcare

Taking healthcare to the
heart of reform?



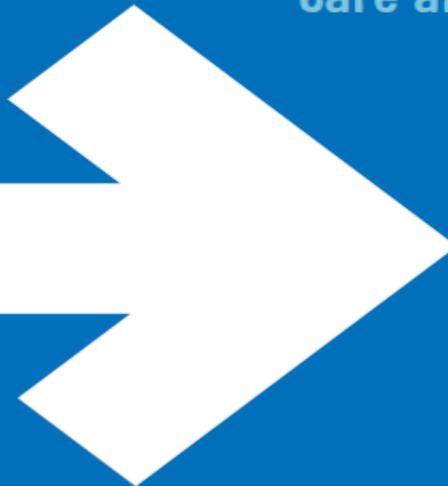
Taking healthcare to the heart of reform

The whole prison approach, a 2 way road between healthcare commissioners, prisons and governors to ensure that individual healthcare and equivalence is understood to support both health inequalities, rehabilitation and reduction of offending behaviour.

Patients first in enabling environments.

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

Care not custody
Care in custody
Care after custody





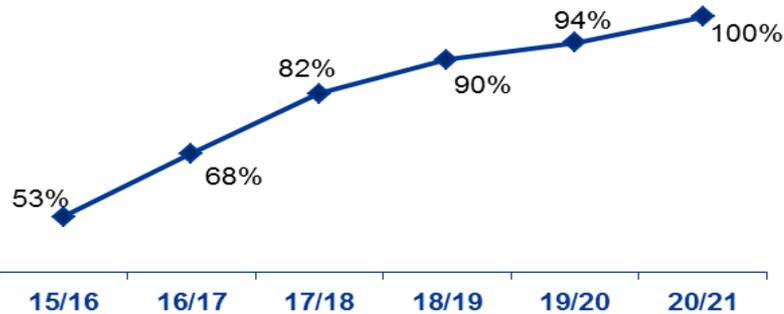
Health & Justice Performance Indicators and Evidenced Based Approach

To support and monitor quality improvements and contractual obligations across the Health & Justice Estate, a set of Health and Justice Indicators of Performance (HJIPS) were developed by NHS England, Public Health England and other partner organisations. The indicators seek to monitor improvements in healthcare delivery. The indicators also include Public Health measures outlined in 'Public Health functions to be exercised by NHS England'.

NHS England local teams work with their commissioners and providers to collect the HJIPs with the aim of:-

- Supporting effective commissioning of healthcare services
- Enabling national and local monitoring of the quality and performance of healthcare
- Providing a tool for providers to review their performance and identify areas that need improvement
- Providing data for local health and wellbeing needs assessments
- Providing assurance to commissioners and partners that healthcare delivery in the secure estate is fit for purpose
- Providing information for the Care Quality Commission, HM Inspector of Prisons to support their inspection work

Liaison & Diversion



100% by 2020/21 Police Custody & Courts in England will have a Liaison & Diversion healthcare service provision for all age groups

Secure & Detained Settings

Increase the percentage of patients receiving Mental Health Therapeutic Services in secure detained settings for both Adult and Children and young people (in line with community services)

By 2021, 100% of patients' identified as being accepted under the Mental Health Act will be transferred to a secure Mental health Unit within two weeks

Children & Young People

Specialist Child and Adolescent MH Services: roll out by summer 2018, sustainable 2020

Secure Stairs: roll out by autumn 2018, fully sustainable by 2020

Collaborative Commissioning Networks: October 2017, fully sustainable by 2020

Mental Health in the criminal justice system: Current performance

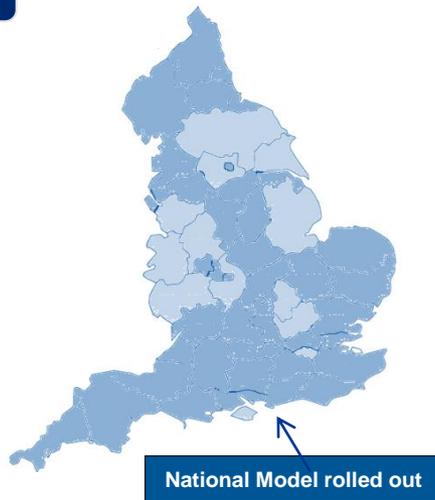
Liaison & Diversion

Current Coverage for Liaison & Diversion is

53%

Population coverage
Over 26 schemes

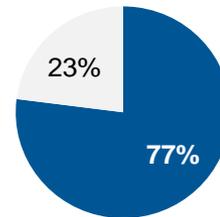
With an expected increase to 68% by April 2017



In Quarter 1 (2016/17):
Adult

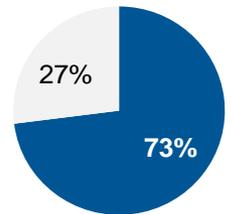
Children & Young People

17,876



Cases Identified

2,921



% of those that have engaged with service

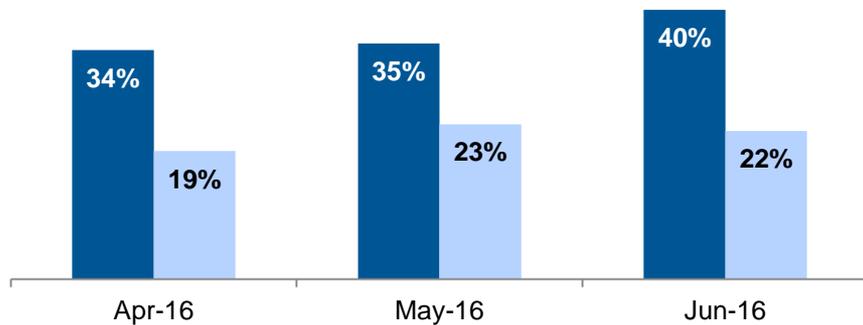
67%

% of engaged cases where a Mental Health Need was Identified

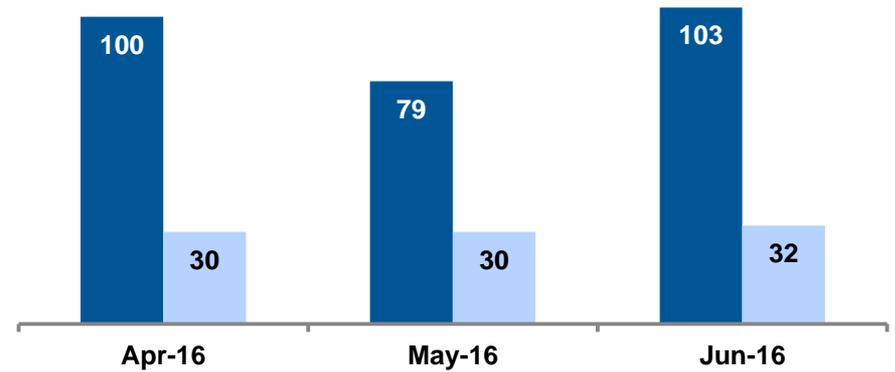
45%

Mental Health in the criminal justice system: Current performance

Secure & Detained Settings

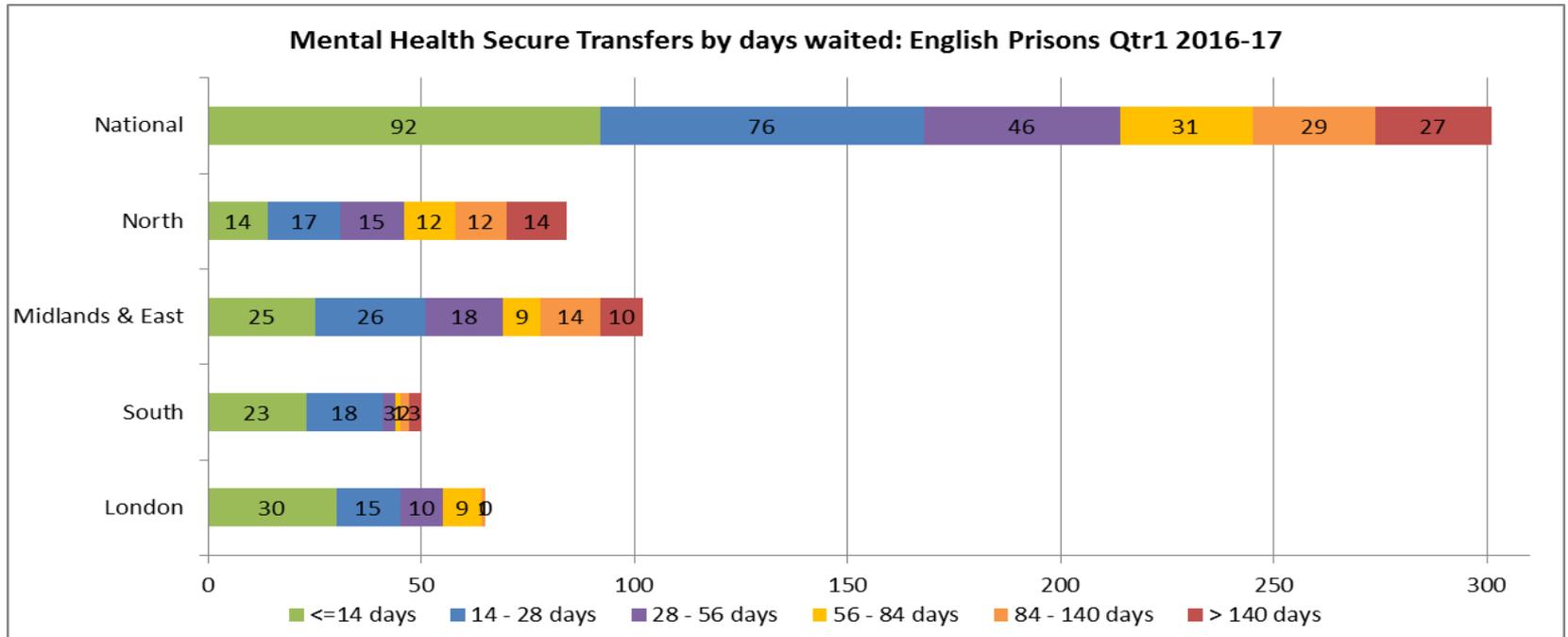


- The % of patients that have received therapy (from a therapist)
- The % of MH patients that have received group therapy



- Number of prisoners who received an initial psychiatric assessment, where MH Act criteria for transfer are met
- Number of mental health transfers, where the waiting time fell within less than 14 days from acceptance as suitable for transfer under MH Act to actual transfer

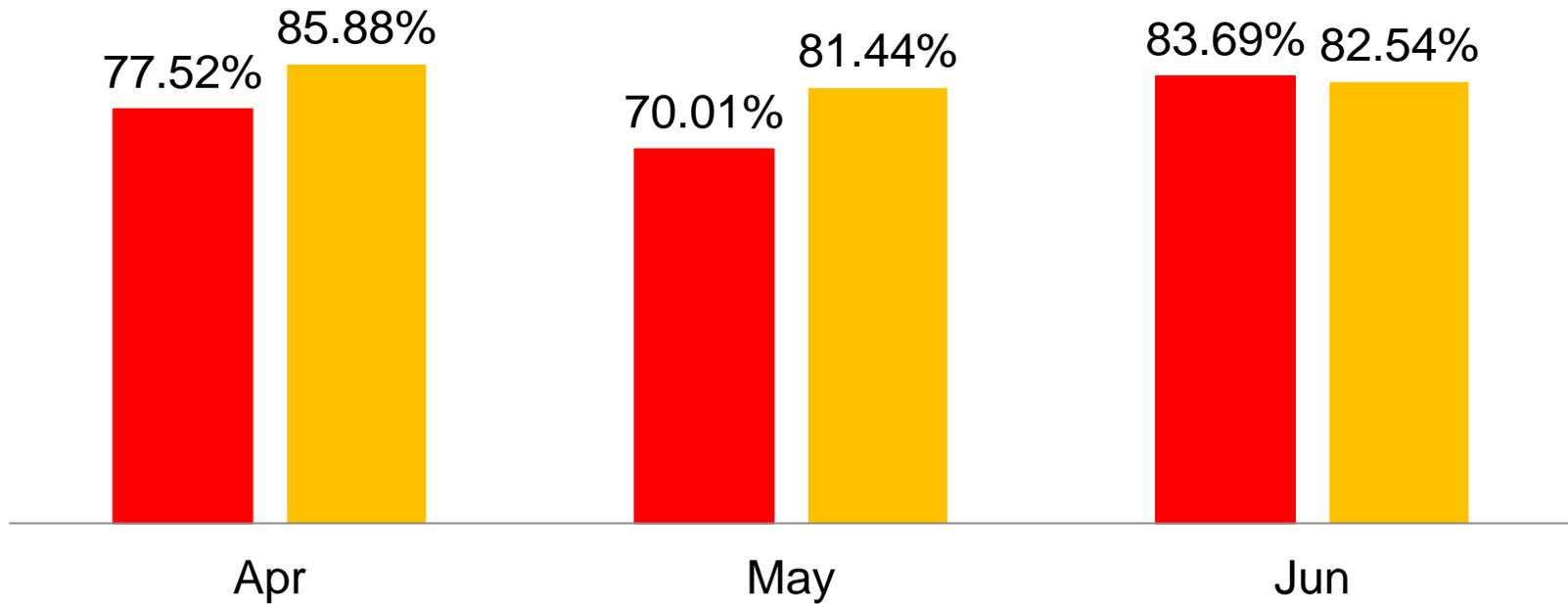
Mental Health Transfers



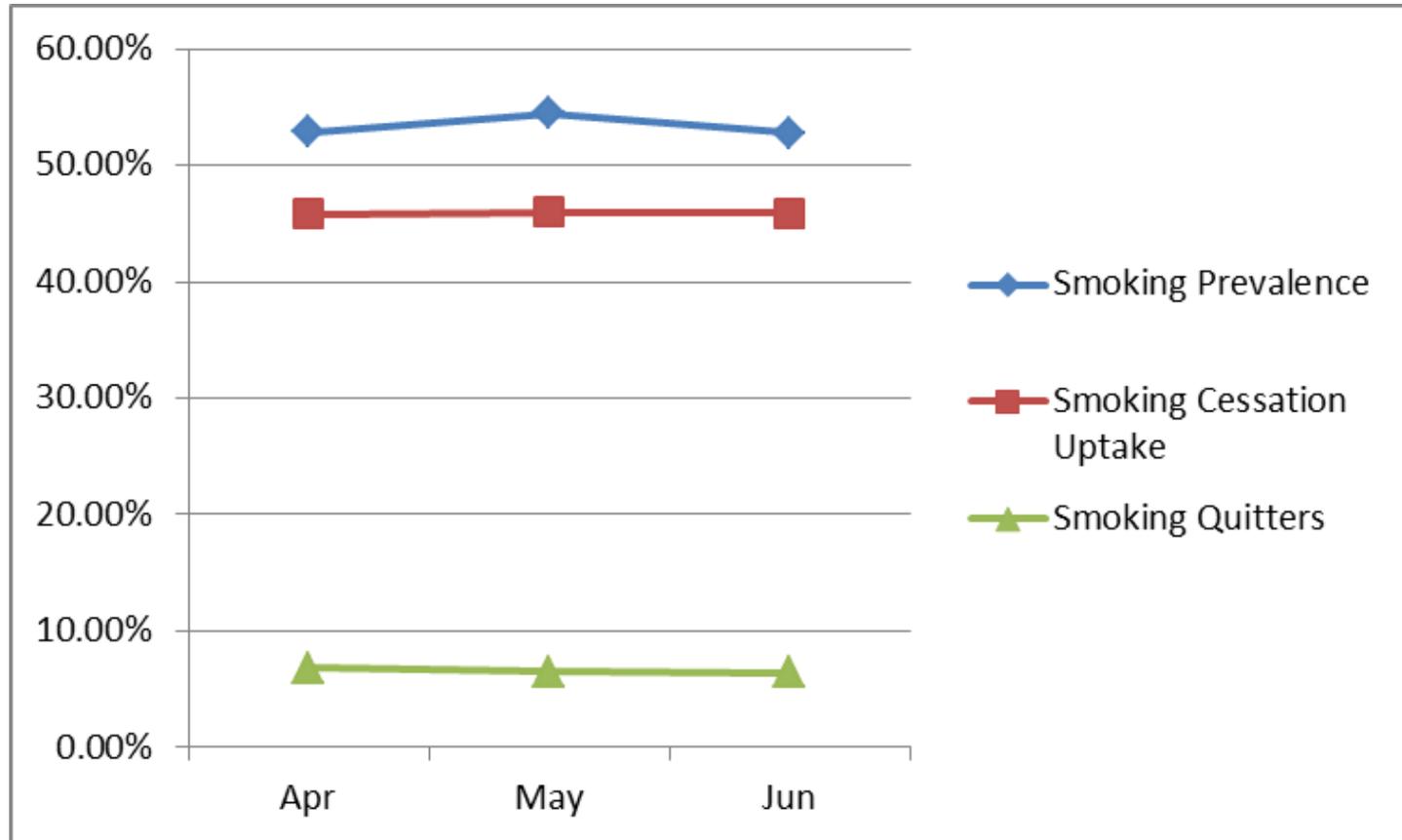
- As of 31st December 2015, there were 1,173 restricted patients in hospital who had been transferred from prison. During 2015, 305 patients were returned from hospital to prison
- DH guidance sets out the practice framework for the management of transfers and remissions, and indicates how this can be achieved within a 14 day period
- Data from Health & Justice Indicators of Performance (NHS England) for Qtr. 1 2016-17 indicate this timeliness was achieved in 31% of 301 cases

HJIP Mental health Indicators

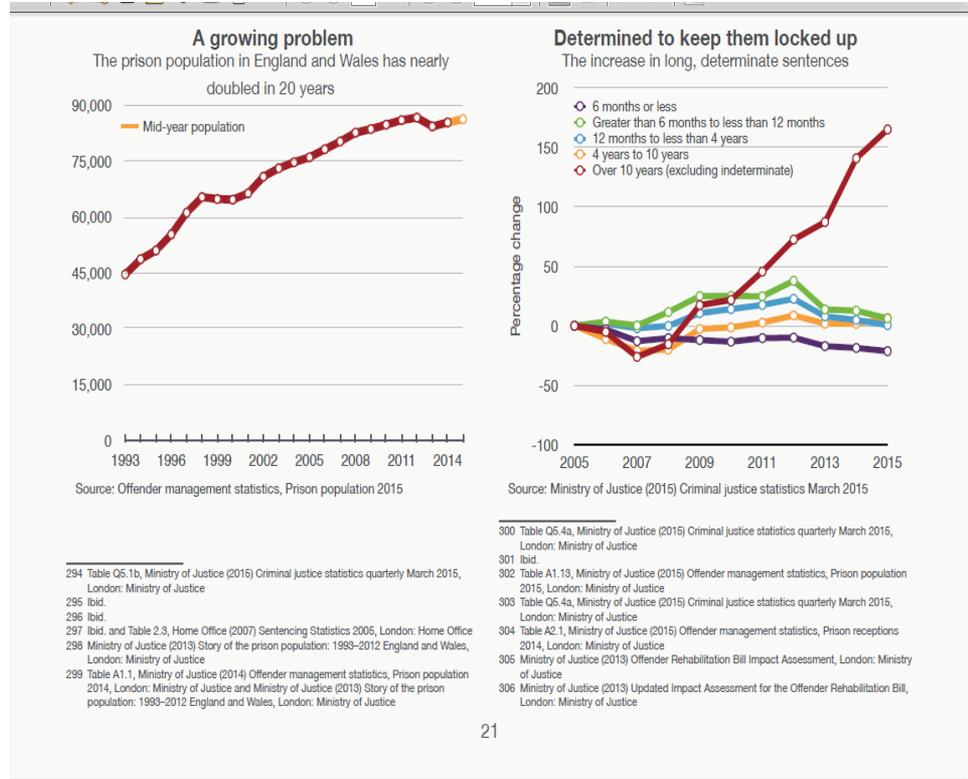
- Self-Harm & Suicide Prevention - Mental Health Assessment
- Self-Harm & Suicide Prevention - Referral



HJIP Smoking



Prison service resources and staffing



NHS England Co-commissioning Reforms and Reconfiguration Partnership Principles

- **Partnership working**
- **Evidence based care**
- **Fully integrated services**
- **Clear and effective accountability and governance**
- **Patient focused services**

The Prison Reform Programme has been established to make sure we deliver what is needed. It consists of three major work strands, containing a number of significant projects:

Prison Estates Transformation Programme (PETP)

The £1.3 billion capital investment provided by HM Treasury will allow us to restructure the Prison Estate to better meet the needs of our prisoner population. The investment will enable us to build new prisons and allow us to develop much better use of technology across the estate.

Design and Deregulation Programme (DDP)

The Secretary of State has made a clear intention to devolve more responsibility and accountability devolved to 'front line' professionals. We will develop a framework to devolve more freedom and responsibility to Governors and will look to expand this approach to all aspects of the Agency's work. This includes designing new operating models i.e. the framework in which prisons will operate in the future – their freedoms and constraints, how they will be held to account and for what, and the implications for headquarters and how National Offender Management Services (NOMS) operates.

Delivering Reform Prisons Project

The Secretary of State wants to create an environment within prisons where frontline staff are empowered. Reform prisons will give governors the independence to find better ways of rehabilitating offenders.

Reconfiguration Aim

- Restructuring the prison estate to hold prisoners in the right conditions to help them change their lives

Reconfiguration Project will enable this by:-

- Configuring the estate so it is aligned to the new functional models, and
- Creation of offender flows and refreshing application of categorisation policy



Deregulation Project

This project will define the future policy framework in which prisons will operate. Its aim is to foster greater empowerment in order to drive improvements in outcomes. To deliver this it will carry out a comprehensive review of existing Prison Service Orders (PSOs), Prison Service Instructions (PSIs) and Specifications to bring these together into a single policy framework that is simpler and allows Governors greater discretion in how they run their prisons.

New Prisons Operating Model Project

This project is responsible for designing the operating model for each prison type and in doing so producing designs that are more efficient and enable resources to be targeted more effectively. It will deliver an operating specification for each type of prison detailing what we want it to do and how much resource it should be allocated. The new operating model will reflect the devolved and deregulated arrangements designed through other projects within DDP.

Prisons Accountability Framework

This project will develop and maintain a fit for purpose accountability framework for both reform and non-reform prisons. Define the implications at each stage for the way NOMS operates, in particular, the role of the centre; the way services are commissioned; the impact on the wider offender management system and cost.

Prison Reform Reconfiguration Opportunities

The Prison Estate Transformation Programme has been established to provide the necessary infrastructure on which the wider prison reforms can build. Our vision is:

To transform the custodial estate by creating the physical environment that supports the ways prisons will operate in future and helps prisoners change their lives. We will do this by building new prisons and restructuring the prison estate to hold prisoners in the right conditions, reducing the impact of crime on communities.

In doing so, the estate will be designed to:

- Be more effective and rehabilitative;
- Be more clearly organised by function and purpose;
- Hold prisoners in security conditions proportionate to their risk;
- Better match the geographical spread of offenders, their families, and courts;
- Be a better place to work;
- Be more efficient;
- Make better use of technology.

Prison Reform Reconfiguration Opportunities

- Making sure the health needs of prisoners at each stage / type of prison are being addressed
- Ensuring the health needs assessment toolkit is used - a systematic method to review and improve health in prescribed places of detention:
<https://www.gov.uk/government/publications/prescribed-places-of-detention-health-needs-assessment-toolkit>
- Using knowledge / evidence to inform redesign process – e.g. ensuring prisons are designed in a way which helps to reduce self harm and suicide
- Reducing offending and reoffending- including prevention

Prison Partnership Health & Wellbeing Co-Commissioning

Rationale for each model

Status Quo

Seat at the table
for
commissioning
decisions

Joint-
commissioning /
decision making

Delegated
commissioning
arrangements

Fully devolved
commissioning
(transfer)

“Delivering high quality healthcare for people in prisons requires a ‘whole prison approach’ and a need for governors to work more closely and effectively with healthcare commissioners and providers and public health to ensure that healthcare services meet the needs of the population in their prisons. To deliver this, we will start to introduce a joint approach to commissioning health services across all prisons in England from April 2017. Statutory responsibility for budgetary and clinical decisions and overall accountability for quality of the service will remain with health commissioners and providers. Governors will take joint responsibility at each state of the commissioning cycle”

Taken from the Ministry of Justice Prison Safety and Reform, November 2016

Health & Wellbeing Co-commissioning opportunities

As part of the co-commissioning workstream and after consultation with the local Heads of Health and Justice there are a number of areas in co-commissioning that are considered to be opportunities

1. Service Redesign
2. Contract Performance Management
3. Procurements
4. Greater Local Engagement

Health & Wellbeing Co-commissioning Questions

To enable the continued excellent joint working approach in the prison reforms agenda and as part of the consultation with Heads of health and Justice with operational commissioning responsibility for the adult estate, there follows a number of questions, answers to which will help to inform the ongoing work.

1. How would you like commissioning for mental health and substance misuse services to look post reform from the perspective of the secure estate
2. What investment would you, as governors, want to make (not necessarily financial but personnel, structures, services etc.)?
3. What changes from a local commissioning perspective would you want to see in the relationships between the Commissioner and Executive Governor and the prison SMT and how would these be demonstrated (also looking at how local governance reform would support these changes)
4. In what way can we develop and improve our relationship with providers, clinicians and service users under the reform agenda?

Substance Misuse Services 2017/18 beyond

- A specification that is fit for purpose and meets the needs of the patient population
- Changes in need: NPS, peer / mutual aid, through the gate, needs of older population
- Reflective of setting
- Linked to other reviews (Spice, Department of Health Clinical Guidelines etc.)
- Reflective of the wide cohort of interested parties

“Spice is the most prevalence drug in prisons, it has overtaken all other drugs in terms of popularity. Rates of estimated usage range from 20% - 90% with users feeling there is more usage than none usage”

Quote from Spice the Bird Killer – User Voice

Smoke Free Prisons Next Steps

- A further 12 Prisons (Phase 1) have a smoke free date of October 2016 to March 2017, though will not be allowed to become smoke free until fully ready as evidenced through a partnership examination of their 'Statement of Readiness'
- HMP Berwyn and the 10 feeder prisons need to be supported in a state of readiness for the first opening of a smoke free prison in Wales and England.
- 2 further phases are expected in 2017/18, to take us to fully smoke free (phase 4)
- We need to be alongside partners and prisons to ease the implementation and ensure success



Smoke Free Prisons

**“4 months on, it is like we never
had smoking here”**

Governor, Parc

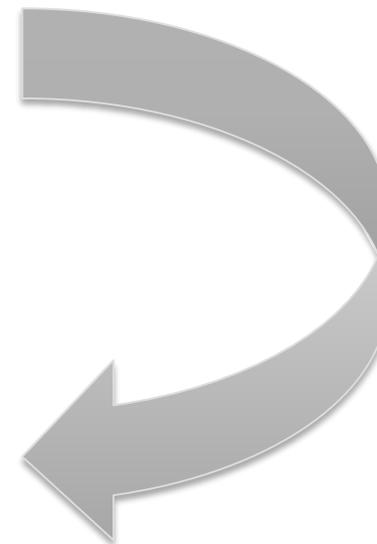
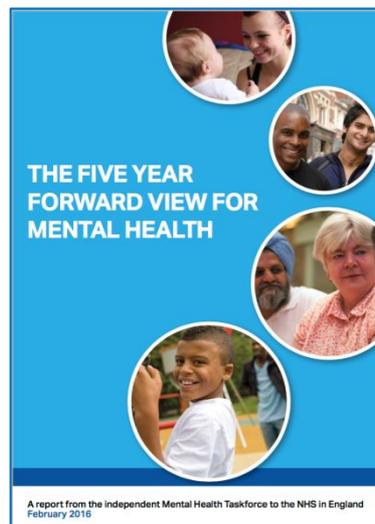
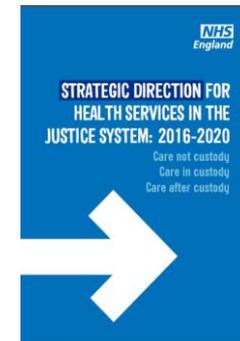
**“Potentially the biggest change to prisoner
mortality and morbidity since the
introduction of sanitation”**

Older People in Prison

Health

As the prison population ages, more prisoners will die of natural causes while in prison. In 2014, 107 people aged 50 or over died of natural causes whilst in prison, an increase of nearly 50% in the last decade.

Mental Health NHS England's Policy context



Mental Health Priority 1: A 7 day NHS – right care, right time, right quality

Selection of key recommendations for 2020/21:

- **No acute hospital should be without all-age mental health liaison services** in emergency departments and inpatient wards, and at least 50 per cent of acute hospitals should be meeting the ‘core 24’ service standard as a minimum.
- **A 24/7 community-based mental health crisis response should be available** in all areas across England and services should be adequately resourced to offer intensive home treatment as an alternative to an acute inpatient admission. For adults, NHS England should invest to expand Crisis Resolution and Home Treatment Teams (CRHTTs); for children and young people, an equivalent model of care should be developed within this expansion programme.
- **At least 10% fewer people should take their own lives** through investment in local multi-agency suicide reduction plans.

Health and Social Care Act 2012 (this is where it all started for NHS England)

The Health and Social Care Act 2012 gives the Secretary of State the power to require NHS England to commission certain services. This includes ‘services or facilities for persons who are detained in a prison or in other accommodation of a prescribed description’.

This covers community, secondary and certain specialised services provided in:

- Prisons
- Young offender institutions
- Immigration removal centres
- Children and young people’s secure settings
- Public Health in detained and secure settings
- Liaison & Diversion in Police Custody and Courts (subject to Full Business Case)
- Sexual Assault Referral Centres (SARC)



What we currently commission

Budget of £533m for 2016/17 covering a population which has a changing turnover

<p>Prisons</p> <ul style="list-style-type: none"> • 116 in England • Population of 85,000 	<p>Immigration Removal Centres</p> <ul style="list-style-type: none"> • 11 in England • Population of 3,600
<p>Police custody, courts and Liaison & Diversion</p> <ul style="list-style-type: none"> • 40 police forces • 1.4m go through custody suites each year 	<p>Children and young people secure estate</p> <ul style="list-style-type: none"> • 14 Secure Children Homes (welfare and youth justice) • 3 Secure Training Centres • 4 Under 18 Young Offender Institutions • Population 1,100 -1,200 occupancy beds
<p>Public health in secure and detained settings</p> <ul style="list-style-type: none"> • Public health of all prisons, children & young people secure estate and Immigration Removal Centres • Includes substance misuse 	<p>Sexual Assault Referral Centres (children and young people/adults)</p> <ul style="list-style-type: none"> • 43 SARCs in England

Services are commissioned from a mixed market of providers including NHS Trusts but also a large percentage of independent and private sector organisations.

- **A time of change**
- **A time for opportunity and innovation**
- **A celebration and recognition of the continued positive influence of service user and lived experience reality**
- **Prioritising workforce and market management and development of healthcare in the justice system**