Commissioning for Health & Justice

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

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Presentation To Cover:

- How far has the new operating model outlined in *Securing Excellence in Commissioning for Offender Health* progressed since April 2013?

- What challenges has working within the new commissioning landscape brought about

- Developing new and innovative approaches, including liaison and diversion schemes

- Ensuring that health outcomes for offenders are improved in prison as well as the community

- Promoting collaborative working between local partnerships and NHS England to deliver better outcomes

- Looking to the future: How to ensure effective commissioning in 2016 and beyond
# The future NHS

The Forward View identifies three ‘gaps’ that must be addressed:

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<tr>
<th>1</th>
<th>Health &amp; wellbeing gap</th>
<th>Radical upgrade in prevention</th>
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<td></td>
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<td>Back national action on major health risks</td>
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<td>Targeted prevention initiatives e.g. diabetes</td>
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<td>Much greater patient control</td>
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<td>Harnessing the ‘renewable energy’ of communities</td>
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<tr>
<th>2</th>
<th>Care &amp; quality gap</th>
<th>New models of care</th>
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<tr>
<td></td>
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<td>Neither ‘one size fits all’, nor ‘thousand flowers’</td>
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<td></td>
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<td>A menu of care models for local areas to consider</td>
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<td>Investment and flexibilities to support implementation of new care models</td>
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<th>3</th>
<th>Funding gap</th>
<th>Efficiency &amp; investment</th>
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<td>Implementation of these care models and other actions could deliver significant efficiency gains</td>
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<td>However, there remains an additional funding requirement for the next government</td>
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<td>And the need for upfront, pump-priming investment</td>
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Health and Social Care Act 2012

• 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 integrated healthcare in Police Custody and Courts (subject to Full Business Case)
  • Sexual Assault Referral Centres
Health and Justice in NHS England

• We are responsible for commissioning care for individuals at a particular point in their life which is solely defined by the setting they are in, not by their need or the nature of the service. This makes improving the pathways of care in and out of these settings a priority for our work.

• The health needs of this group tend to be greater than those of the general population.

• There are an additional set of justice considerations (ethical, human rights, forensic, police issues etc.) which shape our commissioning.

• Some aspects have never been commissioned by the NHS before.
What we currently commission

Budget of £493m for 2015/16 covering a population which has a changing turnover

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<tr>
<th>Prisons</th>
<th>Immigration Removal Centres</th>
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<tr>
<td>• 116 in England</td>
<td>• 11 in England</td>
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<td>• Population of 85,000</td>
<td>• Population of 3,600</td>
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<th>Police custody healthcare (from April 2016)</th>
<th>Children and young people secure estate</th>
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<td>• 40 police forces</td>
<td>• 14 Secure Children Homes (welfare and youth justice)</td>
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<tr>
<td>• 1.4m go through custody suites each year</td>
<td>• 3 Secure Training Centres</td>
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<td></td>
<td>• 4 Under 18 Young Offender Institutions</td>
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<td>• Population 1,100 -1,200 occupancy beds</td>
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<tr>
<th>Public health in secure and detained settings</th>
<th>Sexual Assault Referral Centres (children and young people/adults)</th>
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<tr>
<td>• Public health of all prisons, children &amp; young people secure estate and Immigration Removal Centres</td>
<td>• 43 SARCs in England</td>
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<tr>
<td>• Includes substance misuse</td>
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Services are commissioned from a mixed market of providers including NHS Trusts but also a large percentage of independent and private sector organisations.
The health needs faced by those in or at risk of being in secure and detained settings

They 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** and **problems with substance misuse** (drugs, alcohol and tobacco).

**Physical health**
- Higher rates of hepatitis B and C, tuberculosis, HIV and sexually transmitted infections
- Over a quarter of young men and a third of young women have a long standing physical complaint

**Substance misuse**
- 77% sentenced men and 82% sentenced women smoke
- 81% of those entering prison report they have taken drugs (40% report injecting within 28 days before custody)

**Mental health and learning disabilities**
- 72% male and 70% female sentenced prisoners suffer from two or more mental health disorders
- Wave 1 and 2 Liaison & Diversion services identified learning disability in 4% of adult cases in the 5 months to 31 August 2015.

Health issues are complicated by **social issues** like homelessness, unemployment and poor levels of education. For more data please see Annex 3.
Specific external partnership arrangements

• In order to discharge our responsibilities, we have significant partnership agreement and reporting arrangements with other central and local Government organisations

• The organisations also hold NHS England to account for delivery.

• The partnerships are:
  ➢ with the Ministry of Justice, National Offender Management Service, Youth Justice Board and the Home Office for health and justice
  ➢ with the Ministry of Defence for armed forces
  ➢ with the Department of Health and Public Health England for public health

• Partnership agreements have been established and commissioning decisions are taken with the respective partners
The Health and Justice Indicators of Performance (HJIPs) are collected each quarter. Data quality was initially very poor, but the quality of returns has improved significantly with the introduction of HJIP2. Most providers have developed new ways of working to extract information from clinical systems.

However data quality is still not as good as it needs to be and the data reports cannot be used on their own to understand delivery and performance. In addition as we cannot yet track improvements accurately, it is difficult to evidence our impact on service users.

The slides in Annex 4 provide an overview of performance, the bottom five HJIPs, plus illustrative information across a number of key areas:

• Smoking
• Screening
• Mental health
• Hepatitis immunisation
• Service utilisation (primary care)
• Substance misuse.
Commissioning intentions 2016/17 (1)

Commissioning intentions are published on an annual basis to establish the strategic intent of NHS England in relation to its Health and Justice programmes and to frame the contract negotiations for the coming financial year. The following 13 commissioning intentions for 2016/17 build on those that were agreed for 2015/16, encompass the totality of the health & justice commissioning programmes, and reflect the national priorities from the NHS England Business Plan.

**Improving the Quality of Care**

1. Commission services in all programme areas which meet national patient quality and safety standards (NHS England Business Plan Priority: All)

2. Commission services to meet the Intercollegiate Healthcare Standards (CYPSS) across the Children & Young People’s Secure Estate (NHS England Business Plan priority: All)


4. Engage and involve patients, families, the public and clinicians in the planning, commissioning and delivery of healthcare services within the justice system. (NHS England Business Plan Priority 10)
### Reducing Health Inequality and Delivering our S7a Commitments

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<th>Description</th>
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<td>5</td>
<td>Reduce health inequalities by improving delivery and uptake of national screening and immunisation programmes within the secure and detained estate. (NHS England Business Plan Priority 1 and 6)</td>
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<td>6</td>
<td>Support the phased roll-out of smoke-free prisons in England by improving the delivery and uptake of smoking cessation programmes. (NHS England Business Plan Priority 1)</td>
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<td>7</td>
<td>Review the commissioning and delivery of substance misuse services to secure high quality care, improve outcomes and support “through the gate” programmes. (NHS England Business Plan Priority 2)</td>
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<td>8</td>
<td>Commission Sexual Assault Services in line with the revised national specification. (NHS England Business Plan Priority 5)</td>
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### Delivering Integrated Care across the Justice System

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<td>9</td>
<td>Commission liaison and diversion services across each area of England which are integrated with police custody healthcare and wider community mental health provision to promote parity of esteem. (NHS England Business Plan Priorities 2 and 3)</td>
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<td>10</td>
<td>Commission police custodial healthcare assuring the delivery of high quality and safe patient care. (NHS England Business Plan Priority 9)</td>
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<td>11</td>
<td>Improve the pathways for those moving through the custodial or detained estate to support integrated care and the wider national “through the gate” programme. (NHS England Business Plan Priority 9)</td>
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### Improving the Infrastructure

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<td>13</td>
<td>Improve the data quality of Health &amp; Justice Indicators of Performance reporting and extend the dataset to support key strategic programmes. (NHS England Business Plan Priority 10)</td>
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Reflection on key issues that underpin our future approach

1. Place based commissioning versus the impact of provider based commissioning. How should we manage the tension now between place and setting based commissioning? What are the longer term implications of place-based commissioning for NHS England’s responsibility to commission health and justice services?

2. Developing the workforce. How do we improve the recruitment and retention of staff, a current key challenge?

3. Maximising the contribution of health and justice to wider priorities. Health and justice can contribute much to the delivery of corporate priorities including mental health, learning disabilities and inequalities – how should we raise its importance and profile?
The vision for Liaison & Diversion Services

Liaison and Diversion services are intended to improve the health and criminal justice outcomes for children, young people and adults who come into contact with the youth and criminal justice systems, where a range of complex needs are identified as factors in their offending behaviour.

Liaison and diversion services should ensure that individuals can access appropriate interventions, in order to reduce health inequalities, improve physical and mental health, tackle offending behaviours including substance misuse, reduce crime and re-offending, and increase the efficiency and effectiveness of the criminal justice system.
Liaison & Diversion Core Model

• Early intervention in criminal justice processes
  ➢ Identification, assessment and referral

• Integrated model for children, youths and adults

• Targeting a range of vulnerabilities such as:
  ➢ Mental Health, Learning Disability, Substance Misuse
  ➢ Social issues, Housing, Education…

• Provision at Police Custody and Courts

• Hours to suit operational requirements 24/7

• Range of referral pathways to suit needs identified
Benefits of integrated Liaison & Diversion, Street Triage and police healthcare custody

• Improved access to treatment and support services for service users, decreasing health inequalities, improving health outcomes.

• Improved use of police and improve and the provision of information to the judiciary.

• Improved efficiency as vulnerable people are identified earlier, thus reducing the likelihood that they will reach crisis-point leading to possible reductions in repeat arrests.

• Improved information on vulnerable people and their conditions.

• Reductions in the time it takes to process vulnerable individuals though police custody, by the provision of timely information to the charging / disposal process

• Reductions in court time and unnecessary adjournments, by the provision of timely assessment information

• Assurance that vulnerable people have been able to understand, and participate appropriately in the justice system.
The Crisis Care Concordat – a programme to drive up standards in mental health crisis care across the country – has also led to almost ten thousand people receiving emergency attention from mental health nurses working alongside police officers. These are known as street triage schemes.

Since it was launched in February last year, the Concordat has resulted in:

- A **55 per cent reduction** in England in the use of police cells as a place of safety for people detained under the Mental Health Act
- **More than 9,350 people** helped by street triage schemes in just 12 months in the nine areas where pilots have been running. A further 17 areas now have street triage schemes following this success.
- Ten ambulance trusts signing up to **30 minute targets** for paramedics to respond to mental health crises where the police have been the first to the scene. Previously these were not routinely treated as emergencies.
Crisis Care Concordat

The plans, agreed by local councils, health and police services, make sure that:

- Health-based places of safety are available 24/7 in case someone experiences a mental health crisis;

- Police custody should not be used because mental health services are not available

- A 24-hour helpline should be available for people with mental health problems and the crisis resolution team should be able to respond 24 hours a day, 7 days a week.

- Alongside the Concordat, NHS England is investing £30m this year to help the one million people who attend A&E every year with mental ill health receive better care. Liaison psychiatry means that mental health care is given alongside physical treatment.

- Liaison psychiatry services can save the NHS up to £3 for every £1 invested
NHS England Objectives 2016 / 2017

Mental health, learning disabilities and autism

Overall 2020 goal:

• To close the health gap between people with mental health problems, learning disabilities and autism and the population as a whole (defined ambitions to be agreed based on report by Mental Health Taskforce)

• Access and waiting time standards for mental health services embedded, including:
  - 50 percent of people experiencing first episode of psychosis to access treatment within two weeks; and
  - 75 percent of people with relevant conditions to access talking therapies in six weeks; 95 percent in 18 weeks.
NHS England Objectives 2016 / 2017

2016-17 deliverables:

• 50 percent of people experiencing first episode of psychosis to access treatment within two weeks

• 75 percent of people with relevant conditions to access talking therapies in six weeks; 95 percent in 18 weeks

• Increase in people with learning disabilities/autism being cared for by community not inpatient services, including implementing the 2016-17 actions for Transforming Care

• Agree and implement a plan to improve crisis care for all ages, including investing in places of safety

• Oversee the implementation of locally led transformation plans for children and young people’s mental health, which improve prevention and early intervention activity, and be on track to deliver national coverage of the children and young people’s Improving Access to Psychological Therapies (IAPT) programme by 2018

• Implement agreed actions from the Mental Health Taskforce

Reference: Delivering the Forward View: NHS planning guidance, 2016/17 – 2020/21
December 2015

www.england.nhs.uk
Service User Involvement

- Sexual Assault Services consultation with survivors including national and regional forums
- Health and Justice focused Prison Council engagement
- Health care prisoner led phone line for advice and support in managing health appointments being piloted with potential to roll out across the estate
- Service user involvement in healthcare recruitment events
- Service users involvement in procurement exercises
- Service user involvement in joint work with RCGP SEG and Health and Justice Clinical Reference Group on improvements in prison diets
- Service user representation at Health and Justice Clinical Reference Group
- Ongoing work in developing meaningful service user representation across detained estate
- Development of a health & justice lived experience team (service users, families and carers) to support coproduction of NHS England health & justice strategy
Priorities

• To improve effectiveness, value and patient experience

• **Refreshing the role of patient, public, participation** in the CRG, developing a forum and strengthening service user voice

• **Reducing Deaths in Custody** – response to the Harris Review, Assessment Care in Custody and Teamwork Review (ACCT), learning lessons from deaths in custody, clinical reviews and implementing change

• **Liaison and Diversion** - business case for an enhanced integrated model. Best value, improved pathway, outcome focus

• **Mental Health Task Force** – working to support Health & Justice patient group

• Clinical effective healthcare in **Immigration Removal Centres** improving quality and mental health provision

• **Substance misuse management in prisons** including management of presentation of misuse of novel psychoactive substances and persistent pain

• **Smoke Free Prisons** – joint strategy with Public Health England and Ministry of Justice
The focus of the strategic direction will be on:

i. Care not custody  
ii. Care in custody  
iii. Care after custody

### Eight strategic priorities have emerged:

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<tr>
<th>Priority</th>
<th>Details</th>
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<tr>
<td>A decisive shift towards <strong>person-centred care</strong> that provides the right treatment and support</td>
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<td>Spearheading a <strong>radical upgrade</strong> in <strong>early intervention</strong></td>
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<td>Supporting rehabilitation and the move to a <strong>path of recovery</strong></td>
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<td>Ensuring <strong>continuity of care</strong> by <strong>bridging the divide</strong> between health care services provided in <strong>justice and community settings</strong></td>
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<td>Drive to <strong>improve the health</strong> of the most vulnerable and <strong>reduce health inequalities</strong></td>
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<td>Strengthening the <strong>voice</strong> and <strong>involvement</strong> of those with <strong>Lived Experience</strong></td>
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<td>Greater <strong>integration of services</strong> driven by better partnerships, collaboration and delivery</td>
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<td><strong>Improving quality</strong> and <strong>reducing variation</strong></td>
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## Commissioning by local NHS England teams

### North
- **Cumbria and North East** (Cumbria, Northumberland, Tyne and Wear & Durham, Darlington and Tees)
- **Lancashire and Greater Manchester**
- **Yorkshire and the Humber** (North Yorks and Humber, South Yorks and Bassetlaw & West Yorks)
- **Cheshire and Merseyside** (Cheshire, Warrington and Wirral & Merseyside)

### Midlands and East
- **North Midlands** (Derbyshire and Nottinghamshire & Shropshire and Staffordshire)
- **Central Midlands** (Leicestershire and Lincolnshire & Hertfordshire and South Midlands)
- **West Midlands** (Birmingham, Solihull and Black Country & Arden, Herefordshire and Worcestershire)
- **East** (East Anglia & Essex)

### South
- **South Central** (Bath, Gloucestershire, Swindon and Wiltshire & Thames Valley)
- **South West** (Bristol, North Somerset, Somerset and South Gloucestershire & Devon, Cornwall and Isles of Scilly)
- **Wessex**
- **South East** (Kent and Medway & Surrey and Sussex)

### London
- **London**
The long term strategy being set for Health & Justice commissioning must be bold to truly address the challenges facing integrated Health & Justice service delivery.