The Impacts of Health Reforms for Commissioning of Services for People in Contact with the Criminal Justice System (in England)

Simon Marshall
Health and Criminal Justice Transition Programme
Health and Criminal Justice Transition Programme

• Cross-Departmental programme board provides the governance around changes to services for people in contact with the Criminal Justice System in England following the Health and Social Care Act (2012)

• Chaired by DH Director General Social Care, Local Government and Care Partnerships with Senior representation from:

• Shared Work Programme:
  – Managing transition to new commissioning arrangements as well as transforming
  – Testing and rolling out liaison and diversion (adults and young people)
  – Substance misuse health and justice reforms
Health and Offending…

Offenders often face discrimination and a double disadvantage of both health inequality and difficulty of access to health services generally, and primary care in particular. Complex needs and chaotic lifestyles make it difficult for socially excluded people to access services and navigate systems. Many socially excluded clients have low health aspirations, poor expectations of services, and limited opportunities to shape their care. Socially excluded clients often do not show up on needs assessments, health care for socially excluded groups is of low priority and the needs of these groups tend not to be at the forefront in strategic commissioning.

_Cabinet Office, Reaching Out_
Health Needs of Offenders

- Offenders are more likely to smoke, misuse drugs and or alcohol, and or suffer mental health problems, report having a disability, self-harm, attempt suicide and die prematurely compared to the general population.
- Drug users are responsible for between 1/3 - 1/2 of acquisitive crime - treatment can cut the level of crime they commit by about half.
- Alcohol is a factor in an estimated 44% of violent crime - evidence that A&E data sharing and targeted interventions can reduce alcohol related disorder by around 25%.
- Health and wellbeing needs of some offenders in the community are worse than those in custody and general population - premature death rates significantly higher.
- Clear links between the wider social determinants of poor health and reoffending such as sustainable housing or employment.
Health and Social Care Act (2012)

- ensure stronger democratic legitimacy and involvement
- strengthen working relationships between health and social care
- encourage the development of more integrated commissioning of services
  - locally driven approach in the NHS and delivery of public health
  - creates Healthwatch England a new consumer champion for health and social care and local Healthwatch to gather views on services from patients and the public
  - creates Public Health England and strengthens local authority responsibility for Public health
  - Creates independent NHS Commissioning Board (NHS CB) with responsibility for oversight and direct commissioning of NHS services
  - increase GPs’ and other clinicians powers to commission services through clinical commissioning groups (CCGs)
  - creation of health and wellbeing boards through which local authorities and CCGs must discharge their joint responsibilities for Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs)
  - cuts the number of health bodies abolishing Primary Care Trusts and Strategic Health Authorities.
New Health Commissioning Landscape in England (April 2013)

NHS Commissioning Board (27 Local Area Teams)
Commissioning of primary care for general population

Commissioning of health services for people in ‘prison and other places of detention’ through 10 lead LATs
e.g. Prisons, Police Custody, Sexual Assault Referral Centres, Immigration Removal Centres, Secure Training Centres and Secure Children’s Homes

clinical commissioning groups (212)
Commissioning majority of healthcare services for the general population, including secondary care

Commissioning majority of health services for offenders managed in the community or released from custody
e.g. Children & young people on court orders and released from secure estate, adult offenders managed by Probation

local authorities (152)
Commissioning of public health, and social care services, for the general population including substance misuse services

Commissioning public health and care services for offenders managed in the community or released from custody
e.g. Drug and alcohol treatment services for offenders not in prison or places of detention

health and wellbeing boards (152)
Key strategic and planning role in bringing together local authorities, the local NHS and communities (with other key partners) to undertake Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) to underpin local commissioning plans and service planning
### Health Commissioning Responsibility Throughout the CJS Pathway (England)

<table>
<thead>
<tr>
<th>Police Custody &amp; Courts</th>
<th>Prison / Secure Estate</th>
<th>Community Sentence or Order</th>
<th>Pre or post contact with CJS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Including Liaison and Diversion)</td>
<td>(Remand and Sentenced)</td>
<td></td>
<td>(General Population arrangements)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adult Offender (Male / Female)</th>
<th>NHS Commissioning Board (Dedicated Commissioners for prisons or other places of detention)</th>
<th>NHS Commissioning Board (e.g. GPs, dentistry, pharmacy, optometry)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Offender (Male / Female)</td>
<td>clinical commissioning group (Majority of health services including mental health, secondary care etc)</td>
<td>local authority (Social care &amp; public health including substance misuse treatment)</td>
</tr>
</tbody>
</table>
Health and Wellbeing Boards (152)

1. Undertake Joint Strategic Needs Assessments (JSNAs)
2. Develop Joint Health and Wellbeing Strategies (JHWSs) – due regard when commissioning services
3. Involve local community throughout both 1 and 2

NB Also CSP Responsible Authority

Director of Public Health

At least one Local Councillor

Director Adult Social Services

Local HealthWatch Representative

Director Children’s Services

clinical commissioning group Representative

Ability to Co-opt additional members e.g. VCS, CJS?
Shared Outcomes?

NHS Outcomes Framework 2012/13, e.g.
• Improving experience of healthcare for people with mental illness

Adult Social Care Outcomes Framework 2012/13, e.g.
• The proportion of adults in contact with secondary mental health services in paid employment
• The proportion of adults with learning disabilities in paid employment

Public Health Outcomes Framework 2012/13, e.g.
• Suicide
• First time entrants to the youth justice system
• People with mental illness and/or disability in settled accommodation

Public Health Outcomes (cont’d), e.g.
• People in prison who have a mental illness
• Domestic Abuse
• Violent Crime, (including sexual violence)
• Re-offending
• Statutory homelessness
• Hospital admissions caused by unintentional and deliberate
• Injuries in under 18s
• Hospital admission as a result of self harm
• Smoking prevalence – adults (over 18)
• Successful completion of drug treatment
• People entering prison with substance dependency issues who are previously not known to community treatment
• Alcohol related admissions to hospital
Opportunities and Challenges?

- Local determinism
- Non ring-fenced budgets
- Financial pressures
- Joined-up local planning
- Needs based commissioning
- Co-commissioning services
Further Information?

- Offender Health  
  http://www.dh.gov.uk/health/category/policy-areas/social-care/offender-health/

- Health and Social Care System 2013 ‘Info graphic’ 

- Quick Guide to the New Health and Care System  
  http://healthandcare.dh.gov.uk/guide-system

- Health and Wellbeing Boards  
  http://healthandcare.dh.gov.uk/category/public-health/hwb/

- Kings Fund Health and Wellbeing Boards Directory  