

Collaborative delivery of the NHS Long Term Plan in the health and justice estate

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Health and justice landscape



**Single national team with
7 regional teams**

Immigration Removal Centres
6 in England
(1,338 males and 127 females)

110 prisons in England (population of circa 85,000),
of which 12 are for women (0 in Wales)
As at July 19 there were 3, 831 women in prison in
England

Children and young people's secure estate
19 secure training centres
15 secure children's homes
6 young offender institutes (population 856)

The challenges of providing healthcare in the justice system

Higher burden of illness

Mental health

Learning disability

Substance misuse

Higher rates of hep, TB, HIV

Prevalence of LTCs

Diet, poverty, lifestyles

Smoking

Mistrust of authority

Partnership considerations

- For individuals who die in a secure setting, the average age on death is 54 (male) and 48 (female)
- Over 70% of adult prisoners suffer from mental health disorders
- Over 30% of children and young people in youth justice system have a mental health condition
- Young people in custody – 30% have a learning disability (3% in the general population)
- Liaison & Diversion trials show that over 50% of cases have comorbidities mental health, drugs, alcohol – 11% have all three
- 77% of sentenced men and 82% of sentenced women smoke
- 81% of those entering prison report they have taken drugs (40% report injecting within 28 days before custody)
- High proportion of people in prison are dependent on OTC medicines.
- High levels of alcohol use/dependency
- 64% of young people in detention drank alcohol daily
- 77% reported illegal drug use in past 12 months

Health and justice operational plan 2019 - 2020



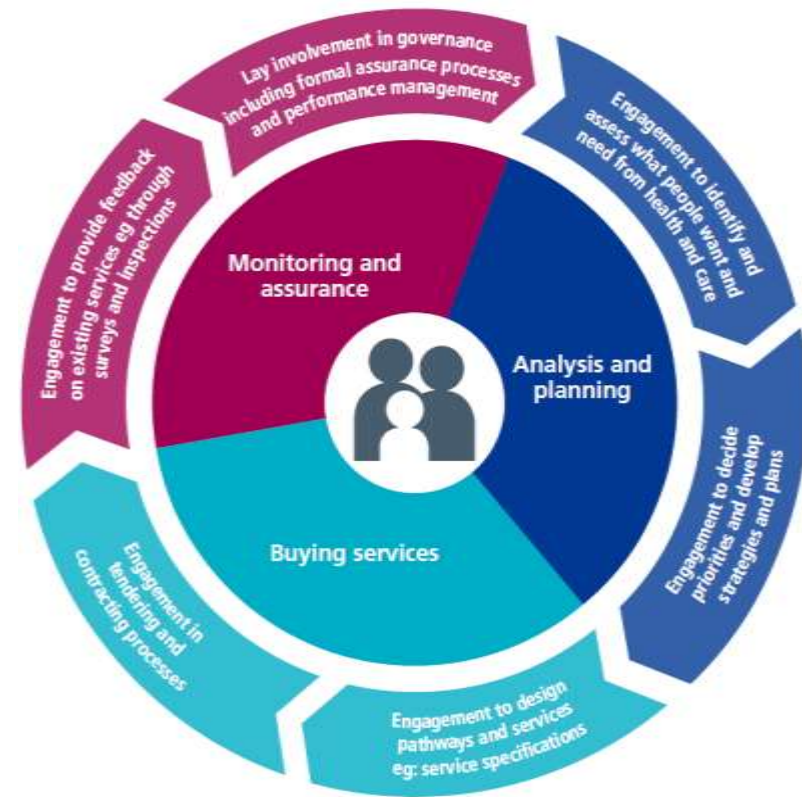
The NHS Long Term Plan (LTP) and strategic priorities for health and justice services

- The LTP, published in January 2019, sets out ambitions for improving the care that people receive over the next ten years
- Many of these ambitions relate to health and justice services and include:
 - reducing neonatal mortality
 - improving cancer survival
 - improving the health and wellbeing of children
 - providing high-quality mental health and clinical pharmacy services
- There are also specific deliverables relating to health and justice, which have informed an associated set of strategic priorities for the first two years of the LTP. These include development of:
 - the RECONNECT service
 - mental health perinatal services across the women's secure estate.

4 | **We are committed to continuing to develop a strong lived experience voice servicing the co-production and delivery of all our services**

How lived experience is informing the health and justice landscape

- National Lived Experience Group represents the health needs of those in custody, prison, on remand and when leaving prison
- **You said, we did:** Engagement activity has informed the review and revision of service specifications and the rollout of patient quality assurance questionnaires across the immigration removal estate, as well as the development of the peer support model for Liaison and Diversion services and the Community Service Treatment Programme
- Current key areas of focus include the co-development of RECONNECT (a care after custody service), informing reviews to guidance on the transfer and remission of prisoners held under the Mental Health Act and the implementation of the LTP



Enabling delivery of the operational plan



To support the delivery of the clinical priorities in this plan, activity will focus on the six enablers below. We will develop a more detailed plan for each of these enablers, setting out what actions we will take and how we will monitor progress.

| | |
|--|--|
| Patient involvement | We will work in partnership with patients and the public to ensure appropriate patient involvement in health and justice commissioning decision-making |
| Clinical leadership | We will ensure that the commissioning of health and justice services is planned, delivered and monitored through robust processes that include strong and consistent leadership from senior clinicians, including medical, nursing, pharmacy, research, science and allied health professionals |
| Partnership working | We will work collaboratively with our system leaders to ensure we deliver on our joint objectives across the whole criminal justice system: <ol style="list-style-type: none">1. To improve health and wellbeing of people in secure settings and reduce health inequalities2. To reduce reoffending and support rehabilitation by addressing health related drivers of offending behaviour3. To support access to and continuity of care through the prison estate, pre-custody and post-custody into the community4. We will work collaboratively with other system leaders to ensure we deliver on partnership agreements in the IRC and CYP estate |
| Efficiency and financial sustainability | We will ensure that services are designed in a way that delivers high quality for patients and value for the taxpayer. This includes continuous monitoring and targeting action to drive out unwarranted variation. |
| Data and business intelligence | We will improve our data and information flows and infrastructure to ensure timely access to the right data, enabling us to identify variation, target improvements, make informed commissioning decisions, assess performance, use our budget effectively and anticipate future developments |
| Integration of care | We will work in partnership with local health and care systems in the form of STPs and ICSs, through our regional teams, to plan health and justice services alongside locally commissioned services that form a patient's whole pathway of care to help join up care and reduce fragmentation |

The new seven joint NHS England and NHS Improvement regional teams are accountable for the delivery of health and justice services in their area, and are our most important partners in delivering the operational outcomes set out in this plan. We will develop a plan for how we will work with and support the regions in this role, through the six enablers listed above.

Strategic priorities 2019 - 2021: summary



The health and justice operational plan sets out how, over 2019 - 2021, we will work in partnership with patients, clinicians, local systems and other stakeholders to commission health and justice services that are high quality, equitable, accessible, sustainable and affordable.

Health and justice services often form part of wider patient pathways of care and have a key role in delivering a number of the ambitions in the LTP. Each section of the operational plan will therefore set out the specific LTP commitment that it supports.

Our strategic priorities and operational plans for 2019/20 to 2020/21 can be grouped as follows:

| | | |
|---|--|---|
| 1 | Mental health | Providing joined-up, seamless care, with a reduction in service variation in collaboration with system leaders in health and justice, contributing to the development of a consistent mental health perinatal pathway across the female prison estate |
| 2 | Continuity of care | Ensuring the most vulnerable have access to appropriate services in transition, such as RECONNECT and community sentence treatment requirements, substance misuse and complex needs model. |
| 3 | Digital and information | Ensuring we have the capability and infrastructure for system wide health outcome improvements through improved data quality, data sharing and its use |
| 4 | Healthy childhood | Ensuring new born babies, children and young people access high quality services in the right place at the right time |
| 5 | Prevention, long term conditions and equity of access | Supporting patients with a range of long term conditions and reducing inequities in access to services in health and justice settings |
| 6 | Victims and survivors of sexual assault and abuse | Supporting victims and survivors of sexual assault and abuse through improved targeted services and pathways of care |

National Partnership Agreement 2018-2021



Three core shared objectives with our partners in MoJ, DHSC, HMPPS and PHE



1. To improve the health and wellbeing of people in prison and reduce health inequalities.



2. To reduce reoffending and support rehabilitation by addressing health-related drivers of offending behaviour.



3. To support access to and continuity of care through the prison estate, pre-custody and post-custody into the community.

Partnership Agreement priorities

1. Reduce incidents of self-harm and self-inflicted deaths
2. Reduce the impact of substance misuse
3. Improve the mental health and wellbeing of our population
4. Support the continuing improvements to health and social care outcomes for older people and those with serious illnesses
5. Improve the quality of data and intelligence collection and enable better data-sharing between partners
6. To provide advice during the development of policy by the DHSC, MoJ and across government that ensures any potential impact on prisoners' health and social care needs are considered opportunely
7. Review and improve commissioning between health and justice and partners to support better pathways of care
8. Develop and apply a whole prison approach to health and wellbeing
9. Improve access to preventive, diagnostic and screening programmes for non-communicable diseases, and improve the proactive detection, surveillance and management of infectious diseases
10. Ensure that health services are aligned to support the shared delivery of current and future changes in prison estate design

Strength in collaboration

- Cross departmental partnerships:
 - Working to collective outcomes
 - Supporting shared aims and values
 - Demonstrating power of collective ambition
- Cross border relationships:
 - Shared practice, learning and development
 - Critical friends
 - Managing patient care across borders
 - Ongoing dialogue supporting care delivery in challenging environments