

Liaison and Diversion: The National Approach

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Andrew Lansley, Secretary of State for Health

“We need to do better...true justice for the most vulnerable is about pulling people into treatment, not pushing them away from the support they need. People should get the same quality of services in prison as they do in the community...we have to do more in early intervention, to support children and young people before they reach crisis point...we need diversion services to be a cornerstone of better care and support for offenders with mental health problems.”

Speaking at Care not Custody Campaign Event,
March 2011

The policy context...

NHS Reform

Liberating the NHS: Bold reforms to the NHS as set out in response to the NHS Future Forum (DH, 2011).

Public Health England

Healthy Lives, Healthy People, a strategy for Public Health in England (DH, 2010).

Mental Health

No Health without Mental Health, a cross-Government mental health outcomes strategy for all people of all ages (DH, 2011).

Criminal Justice

Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of offenders (Ministry of Justice, 2010).

Drugs

Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life (Home Office, 2010).

Social Care

A vision for adult social care: Capable communities and active citizens (DH, 2010)

Alcohol

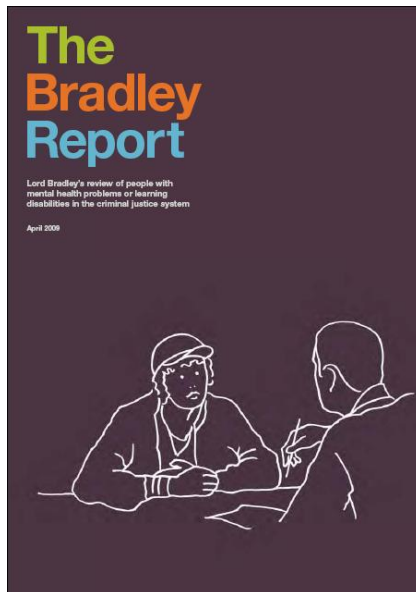
Cross-government strategy due by the end of the year

Future of Offender Health Commissioning

- NHS Commissioning Board to oversee future commissioning of health services for those in custody (prisons and other prescribed locations)
- Will work closely with clinical commissioning groups to maintain local approach
- Health and Well Being Boards to play key role in bringing together local authorities, the NHS and communities – and criminal justice partners.



- Continued commitment to meeting the health needs of offenders – via a co-ordinated approach
- As well as transition, work across Government will focus on following priorities for health and criminal justice:



- » Commissioning
- » Liaison and Diversion, including Police Healthcare
- » Drugs and Alcohol
- » Public Health
- » Children and Young People

Working assumptions: Offenders in detained settings

- NHSCB (Offender Health) will be responsible for oversight of **all** commissioning of health services. There are a range of options for local commissioning and delivery, including discharge via CCGs.
- NHSCB Specialised Commissioning Function will be responsible for specialised services (including secure mental health and personality disorder pathway, including in prison*).
- Responsibility for adult and children's social care services is expected to remain with local authorities, informed by HWBs (subject to clarification via the Health and Social Care Bill).

*Latter co-commissioned with NOMS

Working assumptions: Offenders in the community

- Normal rules apply: Health services will be accessed via mainstream commissioning arrangements, including Approved Premises and the Bail Accommodation and Support Service.
- Collaborative responsibility to influence the provision of healthcare to this group (e.g. through enhancing care pathways, information management, Joint Strategic Needs Assessments, health and well-being strategies etc). For children, this includes requirement to co-operate with YOTs.

Strategic Objectives

- To ensure offenders of all ages secure the same access to health and social care services, appropriate to their needs and in line with standards set for the rest of the population.
- To develop a pathway approach for health and well being services for offenders into and across the whole of the criminal and youth justice systems (including all those detained), and back into the community, working with the appropriate cross-sector and health agencies.
- To improve health outcomes for offenders (particularly around health and substance misuse), which will contribute to reductions in first time offending and rates of reoffending.
- To improve transition to adult health and well being services for young people in contact with the Youth Justice System who experience transition to adult offending services or custody.

Liaison and Diversion: What do we mean?

- Ensuring offender health needs are identified, enabling the police and courts to make informed decisions about charging and sentencing.
- Applies whether offender has a learning disability, personality disorder, substance misuse or mental health issue.
- Ensuring appropriate treatment services are provided for
- Diverting offenders away from the criminal justice system as appropriate
- Accessible at all police custody suites and criminal courts
- Improved life chances for children and young people on the fringes of the youth justice system through earlier intervention

Vulnerabilities identified through Youth Justice Liaison and Diversion (YJLD) pilots

- Behavioural problems 88%
 - Mental Health 48%
 - Safeguarding 45%
 - Relationships 63%
 - Educational 23%
 - Physical Health 1%
 - Substance Misuse 14%
 - None 12%
 - Other 2%
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- **88 young people had more than 7 vulnerabilities**
 - **Average number of vulnerabilities for each young person is 3**
 - **32% referred engaged with an intervention**
 - **A further 33% were put back in touch with existing professionals**
 - **This means 65% had health needs addressed**

National Development Network

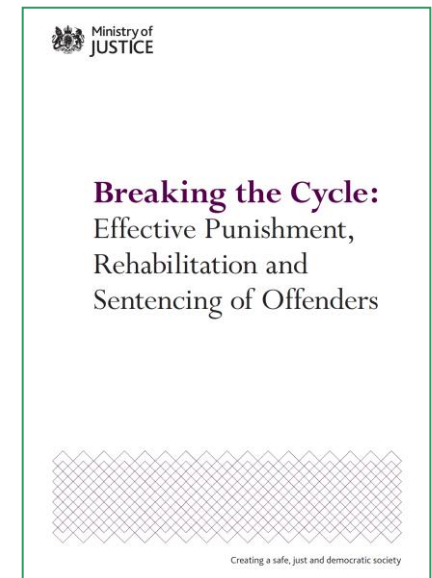
- Government commitment to make liaison and diversion schemes nationally available by 2014, subject to business case approval
- £5.1m investment for 2010/11 (£3m adult diversion / £2m in youth diversion).
- 101 members of new network announced in June, comprising services for adults, young offenders and police early adopters. Will:
 - Collect evidence to measure their health / economic impact
 - Evaluate standard diversion model
 - Improve understanding of information processes and technology required, building on roll-out of national clinical IT system to prisons
 - Clarify the shared role of key partners
 - Advise and test on alternatives to custody.

Police Healthcare

- Current model supports short-term healthcare of a detainee or victim and to enable criminal investigations
- Only stage in adult criminal justice pathway where healthcare is **not** NHS-commissioned
- Work undertaken to assess transferring commissioning and budgetary responsibility to the NHS.
- **Voluntary approach** agreed with Home Office whereby individual Police Forces opt into commissioning partnerships with local NHS. Supports Coalition's localism agenda and introduction of Police and Crime Commissioners next year.
- Expect three waves of new partnerships until 2015 when responsibility expected to formally transfer to NHS. **10 early adopters established this year.**

Drugs and Alcohol

- DH now responsible for funding local commissioning of all prison drug services - opportunities for joined-up commissioning.
- Roll-out of Integrated Drug Treatment System in prisons to complete this year.
- Alcohol strategy due by end of year
- DH to work with MoJ on joint objectives:
 - Piloting Drug Recovery Wings in five prisons, with second tranche to follow.
 - Exploring treatment-based alternatives to prison for offenders with drug or mental health problems.
 - Co-designing (with local areas) payment by results pilot approaches to drug and alcohol recovery services, to include offenders .



Key Risks / Issues

- NHS responsibilities around prison and offender health may be broken down and potentially fragmented in the new health system
- Disaggregating current spend from NHS bundle. Disinvestment may result if there are no sufficiently robust allocation mechanisms for prison health services.
- Effect of transition on regular monitoring of prison health services, leading to inability to maintain quality of services to detainees effectively
- The NHSCB will need to be satisfied that any delegated commissioning arrangements (e.g. for substance misuse) are not segregated from wider health provision for prisoners and offenders in the community.

Next Steps - Transition

- Continue active programme of work to manage transition, including:
 - robust audit of PCT responsibilities and discretionary expenditure to prevent fragmentation of responsibilities and investment.
 - Ensure existing performance management mechanisms continue to inform regular quality monitoring during transition.
 - Work in close consultation with partners to develop approach (outcomes framework, operating model and assurance framework).
 - Work with HWB early implementor network to promote offender health agenda
 - Further develop mandate between DH, PHE and NHSCB in relation to offenders
 - Maintain and develop existing local and regional networks
 - Work with NICE to develop an evidence base to support and inform the commissioning framework, including quality standards.

Next Steps - Diversion

Developing the Business Case

- Appoint contractor to undertake analytical study
- Start collecting data to build the business case for implementation

Development Network

- Appoint contractor to manage the network
- Select successful bids for development work
 - 86 bids received nationally - 8 bids from the NE Region
 - Services will be notified of outcome on Monday 24 October

Alternatives

- Select successful bids for alternatives work
 - 26 bids received nationally – 1 bid from the NE Region
 - Services will be notified of outcome on Monday 24 October

Further information on the work of Offender Health, please
visit:

<http://www.dh.gov.uk>