

Improving Health, Supporting Justice

The National Delivery Plan of the Health
and Criminal Justice Programme Board

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FOREWORD

Adults and young people who are socially excluded, have a high proportion of health inequalities and are in contact with the criminal justice system are more likely to experience mental health problems or learning disabilities, or to have difficulties with drugs and alcohol. They can struggle to access appropriate care and all too often have to reach crisis point to do so. For many, the criminal justice system leads to their first contact with health and social care professionals – whose contribution is so vital to addressing their needs. The link between offending, reoffending and wider factors, including health, is widely recognised.

Over the last decade, we have already made great strides to achieve better outcomes for this group. Healthcare in prisons is now a mainstream NHS service. Strong partnership working with the National Offender Management Service (NOMS), coupled with a more comprehensive understanding of the healthcare needs of this population, has seen great improvements in both the quality and continuity of care provided to prisoners.

Yet this does not go far enough. To better ensure that the right treatment is given at the right time, we must identify a person's health and social care needs as early as possible – and ideally before they offend. Prevention and early intervention (coupled with system reform to deliver better information sharing and close working between criminal justice agencies and the NHS – through embedding offender health

in World Class Commissioning, for example) must inform our focus as we move forwards.

In this delivery plan, we have set out an ambitious programme of work for the coming period, building on our successes and learning from healthcare in prisons to encompass the whole criminal justice system. At its heart are some key objectives: increasing the efficiency and effectiveness of systems, care pathways and continuity of care; ensuring equity of access to services, as well as increasing capacity and capability; and, most fundamentally, working together. Strong partnerships, both across government and at the local level, will be crucial to engaging users, delivering improved services and driving up performance.

This is the most important juncture for health and criminal justice since the announcement to transfer prison health services back in 2003. Never before has there been such commitment across government to work together to improve the health and well-being of offenders across the criminal justice pathway – in police, courts, probation and prison services, and in the community.

I am pleased to address this foreword on behalf of my fellow ministers in the Ministry of Justice, Home Office and Department for Children, Schools and Families. We extend our thanks to all criminal justice and health colleagues who have contributed to the vast improvements already made in recent years to offender health services. It is your hard work and commitment

that has made these changes possible and your input will continue to be vital as – together – we implement this challenging plan.

We also pay tribute to all those involved in the development of this plan, particularly members of the National Programme Board and policy officials across several government departments who have devoted their time with such enthusiasm and dedication.

A handwritten signature in black ink that reads "Phil Hope". The signature is written in a cursive, slightly slanted style.

Phil Hope
Minister of State for Care Services,
Department of Health

On behalf of:

David Hanson
Minister of State for Policing and Crime,
Home Office

Vernon Coaker
Minister of State for Schools and Learners,
Department for Children, Schools and
Families

Claire Ward
Parliamentary Under-Secretary of State,
Ministry of Justice

EXECUTIVE SUMMARY

- 1 Whether in custody or under community supervision, offenders are much more likely than average to be subject to factors such as mental illnesses, personality disorders, learning disabilities, substance misuse, homelessness and poor educational achievement.
- 2 We know that when people are in the criminal justice system, they often experience significant problems in gaining access to adequate health and social care services. This should not be the case. There are examples of excellent work in all areas of the country and in each part of the criminal justice system. Our aim in implementing this plan will be to learn from and build on services where there is already good practice and innovative approaches.
- 3 On 30 April this year, the Government published its response to Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system. The Government accepted the direction of travel set out by Lord Bradley, and committed to developing this delivery plan, incorporating the full response to the report's recommendations. In addition, this plan draws heavily on feedback received from stakeholders during the consultation *Improving Health, Supporting Justice*, which sought to shape a future strategy on offender health and social care. It has also taken into account other important publications and represents the first comprehensive approach at co-ordinating this work and forming a cohesive and integrated strategy and plan.
- 4 Recognising the need for a cross-government approach to system reform, and building on one of Lord Bradley's specific recommendations, the Government has set up a Health and Criminal Justice Programme Board, comprised of the relevant government departments and agencies. This delivery plan represents our first objective as the new board and, through our cross-departmental and multi-agency sub-programme boards, we are responsible for overseeing the delivery of the actions included in this plan.

Resources

- 5 We have been acutely aware of the financial challenges that public sector organisations will face as they work together to implement this plan. There will be little scope, if any, for new resources in the foreseeable future. This makes it all the more important that we maximise opportunities for improvement through system reform, better working practices and building on the capacity of the front line to innovate. Our aim throughout this plan is to improve and re-focus existing services rather than create new structures.

As we take forward this work, our focus will be on highlighting the potential for a more effective use of resources across agencies, and the gains that can be made by improving the quality of services. There is also emerging evidence that there are resources in the system that could be used in a better way.

- To develop a national approach, by building on the good work and good practice that is already under way in individual localities. To maintain the significant impetus and enthusiasm created by Lord Bradley's review, to drive forward improvements in health and social care services for offenders.

6 Many of the deliverables in this plan relate to how central government itself will take forward the work to improve the health and well-being of offenders. These deliverables will lead to the development of a robust analysis of potential costs and impacts on existing services and the scope for efficiency savings. It is only once this work has been done that we will be able to make firm commitments on implementation of the deliverables that have costs to local services, taking into account the availability of resources in the next Spending Review and the capacity of local services to prioritise this agenda.

8 In addition to the overarching strategic outcome of improving the health and well-being of offenders, we expect the delivery of this plan to contribute to other key government objectives such as:

- protecting the public;
- reducing health inequalities;
- reducing reoffending; and
- health improvement and health protection.

9 In support of the strategic outcomes and objectives above, we have set out below our five key cross-departmental objectives. The plan sets out in detail the deliverables that will underpin each of these objectives.

Our key aims and objectives

7 The purpose of this plan is as follows:

- To provide a strategic framework within which local services can deliver quality improvements, and to communicate the framework to the relevant NHS and criminal justice organisations.
- To set out the actions the Government will take to support these improvements.

Objective 1: Improving the efficiency and effectiveness of systems

To ensure that services are needs-based, delivered to high standards and achieve best value for money, by realising efficiency savings and reinvesting in improvements to services.

Objective 2: Working in partnership

To support and enhance the integration of services by improving partnership working between criminal justice, health and social care organisations at all levels, enabling effective and appropriate health, social care and criminal justice outcomes at every stage in the criminal justice process.

Objective 3: Improving capacity and capability

To contribute to the development of an informed and effective workforce to deliver services for offenders with health and social care needs, making sure that they are able to work confidently across organisational boundaries, by equipping them with the right skills and knowledge to share information and take co-ordinated action that supports continuity of care.

Objective 4: Equity of access to services

To ensure that all offenders – irrespective of race, gender, disability, age, sexual orientation, religion or belief – will 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.

Objective 5: Improving pathways and continuity of care

To develop care pathways that enhance health and social care provision and contribute to the delivery of justice. Pathways will focus on assessment and intervention at as early a stage as possible, and will support improved risk management and continuity of care.

What will this plan deliver?

- 10 The deliverables in this plan are intended to ensure that individuals with health needs in the criminal justice system achieve both improved health and criminal justice outcomes, as well as improved effectiveness and efficiency from the health and criminal justice services that support them.
- 11 The training deliverables in this plan will contribute to the improved identification of these issues at any point in the criminal justice system. Along with improved assessment processes, this will encourage health needs being picked up at an early stage. Key to continuity of care and informing the subsequent stages of the criminal justice process will be the improvement of appropriate information sharing between agencies, and for each of the agencies and sectors involved with an offender to work in partnership.
- 12 Once needs have been identified, it will be crucial to ensure that they can be met by the appropriate services. Improved commissioning, as set out in this plan, will support that aim by providing the necessary tools and information to commission appropriate services for offenders as part of commissioners' mainstream responsibilities.
- 13 Development of liaison and diversion services are central to this plan. There is a growing evidence base to support the economic and health benefits of liaison

and diversion services. We are positive about the vision described by Lord Bradley in his report for Criminal Justice Mental Health Teams. We believe that a combination of the development of comprehensive liaison and diversion services, in addition to the other reforms to the health and criminal justice systems, as set out in this plan, will in themselves address many of the objectives that have been identified for these teams.

- 14 Over the course of the next five years, we expect to see the idea of access to criminal justice mental health services evolving in a number of forms as services become increasingly integrated and locally refined. We are clear that the function of the teams, as described by Lord Bradley, is essential, but that the precise nature of delivery and service configuration must be determined by local needs and priorities.

Cross-cutting issues

- 15 There will need to be a focus on a number of key patient groups to ensure that services are able to meet their particular needs.

People with mental health problems

- 16 Our overarching aim at each stage of the offender journey is to develop the mechanisms that enable the provision of effective mental health care in the most appropriate environment, whether in the criminal justice system or in health settings. We will develop a robust care pathway approach in relation to mental health, and this will have an impact at all points in the

criminal justice pathway. These aims and objectives are to be seen as part of the wider government strategy for delivering better mental well-being and better mental health care for all individuals, families and communities in England.

People with learning disabilities

- 17 Learning disability was identified as a key and challenging issue in Lord Bradley's review, particularly in relation to identification and assessment. There is a need to improve the identification of people with a learning disability at every point in the criminal justice system, and at as early a stage as possible, so that appropriate diversion and sentencing options can be applied. This plan aims to improve the overall well-being of offenders with learning disabilities in the criminal justice system by aiding early identification, by providing accessible materials, and by assisting front-line professionals to develop skills and a knowledge base to help them manage offenders with learning disabilities more effectively.

Women

- 18 The difficulties for women who are in contact with the criminal justice system were clearly highlighted in Baroness Corston's report and were reiterated by the subsequent report from Lord Bradley. The existing women's health programme of work, developed in response to Baroness Corston's report, will become a cross-cutting theme of the other work areas described within this delivery plan, with priorities for women fully explored within each specific area of work.

Children and young people

19 Recommendations from Lord Bradley's review that are specific to children and young people will be addressed in the forthcoming *Healthy Children, Safer Communities: A strategy and action plan to promote the health and well-being of those in contact with the youth justice system*, which will be published later this year. This strategy, and the programme of work to implement it, will not only address the recommendations made in Lord Bradley's review, but will also set out the Government's wider vision for improving the health and well-being of children and young people in contact with the youth justice system.

How the plan will be delivered

20 The success of this plan is dependent on effective partnership working at national, regional and local levels. A number of other overarching elements will support this effective partnership working and aid delivery. These are listed below:

- **Commissioning**

This key driver to achieving the necessary changes will rely on the approach set out in World Class Commissioning, which is designed to deliver better health and well-being for the population, improve health outcomes and reduce health inequalities. In particular, this process reinforces the need for a systematic approach to ensuring that joint health and criminal justice offender health needs assessments are carried out to inform service development or transformation,

identify the resources available and reach a joint view about the priorities.

- **Developing the workforce**

The requirement for a more highly trained workforce to help identify health issues and promote improved services for offenders is a priority that runs across all the themes in the plan. Our focus will be to provide training and development for all front-line criminal justice staff across the pathway and also for health staff working within these areas. In particular, we will enhance the depth and quality of existing mental health, learning disability and personality disorder awareness training, and extend the benchmark of quality where it currently does not exist.

- **Developing providers**

Over the next six months – and working in partnership with both the third and private sectors – we will highlight innovative work, hold learning events to encourage other organisations to offer similar services, and raise the profile of these organisations and the services they provide with commissioners.

- **Information management**

Information management and governance is a key element of enabling criminal justice system staff to manage complex and vulnerable individuals in a fair and consistent manner. Our aim is to improve the quality of data, records and information sharing in the interests of partnership working between agencies and across boundaries, thereby promoting continuity of assessment throughout the

criminal justice process. Good-quality information systems are required to help commission and deliver quality health services.

- **Research**

Despite some recent improvements, limited health research has been undertaken in prison or probation settings. We will take a whole-system approach to establishing a research strategy, incorporating the development of an evidence base around a robust analysis of costs and benefits.

Measuring success

- 21 Performance information is already gathered from a number of areas – both locally and nationally – for health, social care and criminal justice services. This needs to be developed into a framework against which those responsible at the national, regional and local levels can assess progress and impact against the delivery plan. Further work is required to bring together information on service provision in order for partnerships to be able to take a view of both the quality and usefulness of these data sources. We undertake to develop, in the next six months, a comprehensive performance management framework, based on existing performance processes across the health and criminal justice sectors, to underpin this delivery plan.

Timescales

The following section sets out some of the headline activity taking place at a national level over the next 18 months. This activity will kick-start the roll-out and implementation of improvements at a regional and local level over the next five years.

Over the next six months (by May 2010), we aim to:

- undertake a full impact assessment of the costs and benefits of the policies proposed in this plan;
- scope the feasibility of, and make a decision on, transferring health services in police custody to the NHS;
- develop a comprehensive research strategy to underpin the work of the delivery plan, including looking at the costs, benefits and impacts of deliverables on other services;
- publish World Class Commissioning guidance on commissioning services for offenders;
- start the reduction in the current delay in producing court psychiatric reports by producing a national template and supporting guidance;
- pilot and evaluate a new learning disability screening tool;

- identify changes needed to underpin delivery of the 14-day standard for the transfer of mentally ill prisoners under Sections 47 and 48 of the Mental Health Act 2007; and
- introduce rolling training programmes to:
 - continue the roll-out of training for prison officers in mental health and learning disability awareness;
 - train all probation staff on mental health and learning disability awareness; and
 - train all front-line staff in NOMS, the NHS and social care agencies working with personality disordered offenders.

In the next 12 months (by November 2010), we aim to:

- raise awareness among the judiciary of mental health and learning disability issues;
- publish an overarching cross-departmental strategy for the management of people with personality disorders;
- complete an evaluation of enhanced mental health service-level agreements for approved premises;
- develop a clear-cut economic case for the financial and health impact of liaison and diversion services;

- produce guidance on comprehensive assessments by all agencies that come into contact with offenders with mental health problems;
- introduce national templates and guidance on the application and use of both Section 135 and Section 136 of the Mental Health Act;
- with the Crown Prosecution Service, review the use of conditional cautions for individuals with mental health problems or learning disabilities, and issue guidance to relevant agencies; and
- scope the benefit of, and agree a way forward for, a comprehensive mentoring programme to support individuals with mental health problems and learning disabilities to resettle into the community on leaving prison.

In the next 18 months and beyond (by May 2011), we aim to:

- produce guidance on the objectives, scope, functions and outcomes of liaison and diversion services;
- undertake a review of the current reception screen process, strengthening the areas of screening for mental health problems and learning disabilities, and putting a new screen in place;
- set up a pilot to establish processes for GP registration for all sentenced prisoners (this will ensure that prisoners have realistic options for registering with a GP in the community);
- progress towards the overall goal of police and court liaison and diversion services being in place; and
- progress towards a provision of alcohol treatment for a minimum of 15% of offenders identified as potentially alcohol-dependent across all regions.

1. INTRODUCTION

The case for change

- 1.1 Evidence of the substantial over-representation of people from socially excluded sections of the community in the offender population is well documented.¹ Whether in custody or under community supervision, offenders display many times the average incidence of factors such as mental illnesses, personality disorders, learning disabilities, substance misuse, homelessness and poor educational achievement.² Many offenders, but especially those in prison, suffer from multiple, interrelated difficulties and disadvantages.
- 1.2 We know that when people are in the criminal justice system, they often experience significant problems in gaining access to adequate health and social care services. This should not be the case. There are examples of excellent work in all areas of the country and in each part of the criminal justice system. Our aim in implementing this plan will be to learn from and build on services where there is good practice and where innovative approaches have been developed.
- 1.3 Research has also shown that offenders generally do not access the health services they need outside of prison. The criminal

justice system offers a range of settings and opportunities that, when properly used, would allow health services to engage better the otherwise 'hard-to-reach' sections of the population. It provides a prime opportunity to address health inequalities, through engagement with NHS health services and specific health promotion, treatment and prevention interventions.

Developing a national, strategic approach

- 1.4 On 30 April 2009, the Government published its response to Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system.³ The Government accepted the direction of travel set out by Lord Bradley, and committed to developing this delivery plan, incorporating the full response to the review's recommendations. Where activity relates specifically to a recommendation, this is numbered and referenced to the list in the Annex to this document. This plan focuses on recommendations and actions relating to adults in the criminal justice system. A separate strategy, *Healthy Children, Safer Communities: A strategy and action plan to promote the health and well-being of those in contact with the youth justice system*, due to be published by the end of

1. Lennox C and Shaw J (2009) *Offender Health: Scoping Review and Research Priorities within the UK*. Liverpool: Offender Health Research Network.

2. Harris F, Hek G and Condon L (2006) Health needs of prisoners in England and Wales: the implications for prison healthcare of gender, age and ethnicity. *Health and Social Care in the Community* 15(1): 56–66.

3. Lord Bradley (2009) *The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*. London: Department of Health (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098694).

the year, will address Lord Bradley's recommendations in relation to young people.

1.5 In addition to Lord Bradley's recommendations, this plan draws heavily on feedback received from stakeholders during the consultation *Improving Health, Supporting Justice*,⁴ which sought to shape a future strategy on offender health and social care. It has also taken into account other important publications, such as Baroness Corston's review,⁵ and the Government's plan that followed. This plan represents the first comprehensive approach aimed at co-ordinating this work and forming a cohesive and integrated strategy.

1.6 Recognising the need for a cross-government approach to system reform, and building on one of Lord Bradley's specific recommendations, the Government has set up a Health and Criminal Justice Programme Board comprising the relevant government departments and agencies. This Delivery Plan represents our first objective as the new board and, through our cross-departmental and multi-agency sub-programme boards, we are responsible for overseeing the deliverables in this Plan.

1.7 During the development of this plan, Welsh Assembly Government officials have been involved in discussions. As health is a devolved responsibility in Wales, we will

continue to discuss with the Welsh Assembly Government the interface between these devolved services and non-devolved services.

1.8 We have been acutely aware of the financial challenges that public sector organisations will face as they work together to implement this plan. This makes it all the more important that we maximise the opportunities for improvement through system reform, better working practices and building on the capacity of the front line to innovate. Our aim throughout this plan is to improve and refocus existing services rather than create new structures. As we take forward this work, our focus will be on highlighting the potential for more effective use of resources across agencies, and the gains that can be made by improving the quality of services.

1.9 The purpose of this plan is therefore to:

- provide a strategic framework within which local services can deliver quality improvements, and communicate that framework to the relevant NHS and criminal justice organisations;
- develop a national coherence, by building on the good work and good practice that is already under way in individual localities and maintaining the significant impetus and enthusiasm created by Lord Bradley's review to drive

4. Department of Health (2008) *Improving Health, Supporting Justice: A Consultation Document*. London: Department of Health (www.dh.gov.uk/en/Consultations/Liveconsultations/DH_080816).

5. Baroness Corston (2007) *The Corston Report: A report by Baroness Jean Corston of a review of women with particular vulnerabilities in the criminal justice system*. London: Home Office (www.homeoffice.gov.uk/documents/corston-report/).

forward improvements in health and social care services for offenders; and

- set out the actions that the Government will take to support the achievement of these improvements.

1.10 In addition, there are a relatively small number of offenders who present a serious risk to society. In developing this plan, we are acutely aware of the need to ensure that we have a proportionate and effective response to addressing the health needs of offenders which is balanced against the objective of public protection.

An underpinning principle of this plan is to uphold the Government's priority of public protection.

Strategic outcomes

1.11 The combination of the deliverables in this plan are intended to contribute to people with health needs in the criminal justice system achieving improved outcomes in terms of both health and criminal justice. What we expect to see as a result of the implementation of these deliverables can best be described by Lord Bradley's definition of diversion from his report:

"A process whereby people are assessed and their [health] needs identified as early as possible in the offender pathway (including prevention and early intervention), thus informing subsequent decisions about where an individual is best placed to receive treatment, taking into

account public safety, safety of the individual and punishment of an offence."

1.12 The overarching strategic outcome is improving the health and well-being of offenders. In addition, the improvements set out in this plan can be expected to make a substantial contribution to the delivery of a number of overarching aims of government, as set out in existing cross-departmental Public Service Agreements (PSAs). In particular, they will contribute to:

- increasing the proportion of socially excluded adults (including offenders) and adults in contact with secondary mental health services, in settled accommodation and employment, education or training (PSA 16);
- promoting better health and well-being for all (PSA 18), ensuring better care for all (PSA 19) and improving the health and well-being of people in contact with the criminal justice system through:
 - a reduction in health inequalities;
 - a reduction in the consequences of risky health behaviour, including smoking, teenage pregnancy, alcohol and substance misuse, infection with bloodborne viruses and sexually transmitted infections;
 - reduced mortality in prison and the community from suicide, accidental drugs overdose, bloodborne viruses,

chronic liver disease and coronary artery disease;

- a better understanding of health and social care issues (including how to access services) by clients and users' families; and
- increased participation, empowerment and self-esteem for offenders and their families;
- making communities safer (PSA 23) by reducing the level of reoffending through health and social care interventions;
- delivering a more effective and transparent criminal justice system for victims and the public (PSA 24); and
- reducing the harm caused by alcohol and drugs (PSA 25), through targeting the rates of alcohol-related hospital admissions and of drug- or alcohol-related offending.

Key objectives

1.13 In support of these strategic outcomes, we have set out below our five priority cross-departmental objectives.

Objective 1: Improving the efficiency and effectiveness of systems

1.14 To ensure that services are needs-based, delivered to high standards and achieve best value for money, by realising efficiency savings and reinvesting in improvements to services.

Objective 2: Working in partnership

1.15 To support and enhance the integration of services by improving partnership working between criminal justice, health and social care organisations at all levels, enabling effective and appropriate health, social care and criminal justice outcomes at every stage in the criminal justice process.

Objective 3: Improving capacity and capability

1.16 To contribute to the development of an informed and effective workforce to deliver services for offenders with health and social care needs, making sure that they are able to work confidently across organisational boundaries, by equipping them with the right skills and knowledge to share information and take co-ordinated action that supports continuity of care.

Objective 4: Equity of access to services

1.17 To ensure that all offenders – irrespective of race, gender, disability, age, sexual orientation, religion or belief – will 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.

Objective 5: Improving pathways and continuity of care

1.18 To develop care pathways that enhance health and social care provision and contribute to the delivery of justice. Pathways will focus on assessment and intervention at as early a stage as possible, and will support improved risk management and continuity of care.

This will contribute to improved health and well-being of offenders.

Interdependencies

1.19 This plan is published in the context of many other Government initiatives and should not be viewed in isolation. The content of this plan brings together the health, social care and criminal justice sectors, and so interacts with their associated policy areas. Some examples of other policy initiatives that apply to offenders are:

- reducing health inequalities;
- reducing social exclusion;
- health improvement and protection;
- reducing reoffending;
- regional and Wales reducing reoffending delivery plans and National Offender Management Service (NOMS) regional and Wales commissioning plans; and
- protecting the public, for example through Multi-Agency Public Protection Arrangements (MAPPAs).

1.20 And some examples of Government policy documents which relate to this area are:

- *High Quality Care For All: NHS Next Stage Review final report* (www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_085825);

- *New Horizons: Towards a shared vision for mental health* (www.dh.gov.uk/en/Consultations/Liveconsultations/DH_103144);
- *Personality disorder: No longer a diagnosis of exclusion* (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009546);
- *Breaking the Cycle of Rejection: The personality disorder capabilities framework* (www.spn.org.uk/fileadmin/SPN_uploads/Documents/Papers/personalitydisorders.pdf);
- *Recognising Complexity: Commissioning guidance for personality disorder services* (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_101788);
- Government's diversion programme – vulnerable women in the CJS (www.justice.gov.uk/news/announcement101208a.htm);
- *Valuing People Now: From progress to transformation* (www.dh.gov.uk/en/Consultations/Liveconsultations/DH_081014);
- *Cutting Crime: A new partnership 2008–11* (www.homeoffice.gov.uk/documents/crime-strategy-07/);

- *Drugs: protecting families and communities* (www.drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-action-plan-2008-2011);
- *Integrated Offender Management* (www.crimereduction.homeoffice.gov.uk/ppo/IOMGovernmentPolicyStatement.pdf);
- National Institute for Health and Clinical Excellence (NICE) clinical guidelines on *Antisocial personality disorder: treatment, management and prevention* (<http://guidance.nice.org.uk/CG77>) and *Borderline personality disorder: treatment and management* (www.nice.org.uk/Guidance/CG78); and
- the future strategy for adults with autism spectrum conditions (currently being developed).

Women's services

1.21 The difficulties for women who are in contact with the criminal justice system were clearly highlighted in *The Corston Report* and were reiterated by the subsequent report from Lord Bradley. The existing women's health programme of work, developed in response to Baroness Corston's report, will become a cross-cutting theme of the other work areas described within this delivery plan, with priorities for women fully explored within each specific area of work. They will include work on commissioning, which will be included in overall commissioning guidance on offender health (see Commissioning Section on page 26) what

is required specifically for women across the pathways, as well as work on workforce capacity and gender informed practice mental health training. The priorities within each area will be described in a women's programme document **by December 2009**. This approach will ensure that the Government's plan and priorities for women are met and become integral to the delivery of this plan.

Children and young people's services

1.22 This Delivery Plan takes into account implications for children and young people, as Lord Bradley's review recognised the importance of looking at the needs of children and young people in contact with the criminal justice system.

Recommendations from Lord Bradley's review specific to children and young people will be addressed in the forthcoming *Healthy Children, Safer Communities: A strategy and action plan to promote the health and well-being of those in contact with the youth justice system*, which will be published later this year. This strategy looks to improve the health and well being of children and young people who have offended or are at risk of offending, and follows the findings of the Bradley review.

1.23 The strategy sets out the Government's wider vision for improving the health and wellbeing of children and young people in contact with the youth justice system. It will ensure that their needs are recognised early and that access to health and other services vital to their well being is improved. For example:

- We will make online mental health awareness training available for the universal children's workforce, including teachers and GPs, from Autumn 2010. This will ensure that professionals are aware of how common difficulties present, strategies to address them and how to make referrals.
- We will set out proposals to include in offender health commissioning guidance (see Commissioning Section on page 26), information to help them to fulfil their duties in relation to health and mental health provision for young offenders **by Summer 2010**.
- We will consider how best to build on the learning from the National Youth Justice Liaison and Diversion pilots **from Autumn 2011**. This, alongside ongoing work to implement the recommendations of the independent review of Children's Mental Health Services,⁶ will enable us to give explicit further consideration to the potential for early intervention and diversion for children and young people, with mental health problems or learning disabilities, who have offended or are at risk of offending.

1.24 Government will continue to be held to account in meeting the needs of these children and young people, through the Healthy Children, Safer Communities Programme Board, along with the newly appointed Health and Criminal Justice Programme National Advisory Group (see

Page 24), which includes membership to represent youth justice issues, and by the Independent Advisory Council for Children and Young Peoples' Psychological Wellbeing and Mental Health. The board links with the National Criminal Justice Programme Board.

(Bradley recommendations 1,2,3)

Mental health

1.25 Improving mental health services across the offender pathway was one of the key themes of Lord Bradley's review, and connects strongly with many of the other initiatives set out in this plan. Our overarching aim at each stage of the offender journey is to develop the mechanisms that enable the provision of effective mental health care in the most appropriate environment, whether in the criminal justice system or in health settings. Our aim is to remove the obstacles to effective cross-agency working and create a far more coherent and integrated system – one which is based on shared responsibility and ownership by those working in it, irrespective of which agency or sector employs them.

1.26 We will develop a robust care pathway approach in relation to mental health and this will have an impact at all points in the criminal justice pathway. We will pay particular attention to:

- ensuring that the roles and functions of primary care services on the mental

6. Children in Young people in Mind November 2008.

health pathway are clearly defined reinforcing the expectation that in the first instance mental health care needs will be triaged and where possible services provided by primary care services. We will work with PCTs and commissioners to develop an evidence-based care pathway model and disseminate it, **by April 2011**;

- clarifying the role of mental health in-reach teams to ensure that they work with prisoners who have needs equivalent to those addressed by secondary health services in community settings **by April 2011**; and (*Bradley recommendation 40*)
- embedding the care programme approach (CPA). We will do this by:
 - using existing guidance to clarify which prisoners should be on the CPA **by March 2010**;
 - considering the CPA when setting the objectives, scope, functions and outcomes of liaison and diversion services, **by December 2010**;
 - ensuring that the use of the CPA is clear at each stage of the revised pathways **by April 2011**;
 - reviewing the content of the OASys⁷ system **by April 2011**; and
 - requiring trusts who provide mental health services in prison to enable

offender managers to work with the NHS in providing holistic support throughout the sentence plan including CPA **by April 2010**. (*Bradley recommendations 50, 51, 52, 58 and 59*)

- 1.27 We will enable the flow of management and case information between partner agencies. We know that readily available information about an individual's mental health or learning disability needs is critical for making decisions which will lead to optimum results for individuals and the effective delivery of services overall.
- 1.28 The Department of Health has recently concluded its consultation on New Horizons, a new cross-government vision for mental health and well-being in England for 2010 onwards. New Horizons is a programme of action to advance the twin aims of:
 - improving the mental health and well-being of the population; and
 - improving the quality and accessibility of services for people with poor mental health.
- 1.29 The programme takes a life course approach, from laying down the foundations of good mental health in childhood through to maintaining mental resilience into older age; from prevention of mental health problems, through effective treatment to recovery.

7. OASys is the offender assessment system and is the standardised process for the assessment of offenders, developed by NOMS.

1.30 The findings of the New Horizons consultation are due to be published in December 2009, and will set out the next stage in the Government's strategy for improving mental health in England. It takes a cross-government approach and looks to the wider health service, local authorities, employers, education and criminal justice agencies to play their part in achieving its aims.

1.31 The aims and objectives relating to people with mental health problems who come into contact with the criminal justice system set out in this delivery plan are to be read as part of the wider Government strategy for delivering better mental well-being and better mental health care for all individuals, families and communities in England.

Services for people with learning disabilities

1.32 Learning Disability⁸ is identified as a key and challenging issue in Lord Bradley's review. There are about 6,000 prisoners⁹ in the system at any one time who have a learning disability, as defined by the Department of Health. There is a need to identify people with this disability at every stage of the CJS and respond appropriately. If a learning disability can be identified at an early stage, appropriate diversion and sentencing can be applied. We aim to improve well-being issues for offenders with learning disabilities in the CJS by aiding early identification, by providing easier read materials, and assisting front-

line professionals develop skills and a knowledge base to support them in managing offenders with learning disabilities more effectively. In addition we will:

- ensure access to primary care services for offenders with learning disabilities, including healthchecks and health action plans; and
- contribute to reducing reoffending, by ensuring that offenders with learning disabilities better understand the criminal justice system, and the support that is available to them in the community.

Key deliverables

1.33 Key deliverables include the following:

- We will work with service users to agree the most effective way to present induction, health, and general prison regime, information to offenders with a learning disability **from November 2009**.
(Bradley recommendation 39)
- We will work with local NHS commissioners to encourage the development of services for prisons based on the directed enhanced scheme for people with a learning disability, **from January 2010**.
(Bradley recommendation 38)
- We will complete the pilot of a learning disability screening tool in three prisons

8. Positive Practice Positive Outcomes 2007.

9. Mottram et al, University of Liverpool 2007

by January 2010. DH and NOMs are working together to pilot a screening tool. Pilots started in October 2009 in 3 prisons they will test the operational issues around using the screening tool. Pilot reports are due **in February 2010** and will inform plans for national implementation.

- Taking the learning from the pilot we will implement a solution across the CJS **from March 2010.**
(Bradley recommendation 37)
- We will work with the Department of Health's Valuing People team to strengthen the links between local learning disability partnership boards and the CJS. This will include Third Sector organisations **by April 2010.**
(Bradley recommendations 56 and 60)

Making improvements within tight resource constraints

Objective 1: Improving the efficiency and effectiveness of systems

To ensure that services are needs-based, delivered to high standards and achieve best value for money, by realising efficiency savings and reinvesting in improvements to services.

1.34 The Government response to Lord Bradley's review¹⁰ acknowledged that there will be little scope, if any, for new resources in the foreseeable future. There is, however, emerging evidence that there are resources in the system that could be used in a better

way. For example, recent research¹¹ strongly indicates that cost and efficiency savings can be made within the criminal justice system by appropriately diverting offenders with mental health problems away from short sentences in prison towards effective treatment in the community. Lord Bradley's review similarly indicates that there is scope for doing more within existing resources, reinvesting short- and long-term savings across the system unlocked by implementing good practice more widely and supported by clear systems and evidence about what needs to be delivered.

1.35 Many of the deliverables in this plan relate to how central government itself will take forward the work to improve the health and well-being of offenders. These deliverables will lead to the development of robust analysis of potential costs and impacts on existing services and the scope for efficiency savings. It is only once this work has been done that we will be able to make firm commitments on implementation of the deliverables that have costs to local services, taking into account the availability of resources in the next Spending Review and the capacity of local services to prioritise this agenda (see also section on Research, Page 29).

10. HM Government (2009) *Lord Bradley's review on people with mental health problems or learning disabilities in the Criminal Justice System: the Government's response.* London: Ministry of Justice (www.justice.gov.uk/publications/bradley-mental-health-cjs-gov-response.htm).

11. Sainsbury Centre for Mental Health (2009) *Diversion: A better way for criminal justice and mental health.*

2. DELIVERING THE PLAN

Objective 2: Working in partnership

To support and enhance the integration of services by improving partnership working between criminal justice, health and social care organisations at all levels, enabling effective and appropriate health, social care and criminal justice outcomes at every stage in the criminal justice process.

Partnership working

- 2.1 The success of this delivery plan is dependent on effective partnership working at all levels. Current arrangements for continuity of care, through the criminal justice system and across the community setting, are too often disjointed and experience has taught us that problems are often caused by a lack of sound partnership working. We have set out over the next few pages the accountability framework that will be used to support the delivery of this plan. Each partner will need to demonstrate that each tier of its management chain has a clear and unambiguous understanding of its roles and responsibilities for delivery, measuring performance and reporting to partners.
- 2.2 A number of other overarching elements that will support effective partnership working and delivery are explored further in this chapter.

National partners

Ministerial oversight

- 2.3 Ministers from the relevant departments are individually, and collectively, responsible for the oversight of this work programme. Because of the close links between health and the other key needs of offenders, such as housing, employment and education, it is the Reducing Reoffending Inter-Ministerial Group (IMG) which has the formal responsibility for driving forward this work. The IMG will link closely with the Health and Criminal Justice Board, which will also periodically be making progress reports to the National Criminal Justice Board (NCJB). A sub-group of the IMG has also been established to oversee the implementation of the strands of work that specifically support women offenders. Consequently, ministerial oversight is reinforcing the links between existing governance structures that deal with criminal justice and offender health.
- 2.4 This plan comprises the health element of the Reducing Reoffending programme, which is overseen by its own programme board.
- 2.5 A cross-government board has overseen a three-year programme of work for children and young people, which has led to the development of *Healthy Children, Safer Communities: A strategy and action plan to promote the health and well-being of those in contact with the youth justice*

system. The Healthy Children, Safer Communities Programme Board will focus its attention on the delivery and implementation of this strategy, linking with the Health and Criminal Justice Programme Board.

Health and Criminal Justice Programme Board

2.6 This cross-government board was set up to take responsibility for the overall development and implementation of a national approach to health and social care for offenders and those in contact with criminal justice agencies. Although health is a devolved responsibility in Wales, representatives of the Welsh Assembly Government are included on the board as observers.

(Bradley recommendations 61 and 65)

National Advisory Group

2.7 In his report, Lord Bradley recommended that a National Advisory Group be established to support ministers and the Health and Criminal Justice Programme Board in their development of this agenda. This group will comprise key stakeholders outside of government with particular interest and experience in the health of offenders. A key role of the group, and in particular its chair, will be to champion this agenda and provide prominent leadership for delivery.

(Bradley recommendations 62, 63 and 64)

Regional partners

2.8 Recognising the need for buy-in from key leaders and influencers across the health, social care and criminal justice systems is fundamental to the progression and

success of this plan. For example, engagement with Government Offices (GOs) for the Regions will be central in ensuring that these priorities are communicated to all the relevant regional and local partners. The GOs have regional responsibility for a wide range of different issues including criminal justice, for example they play a pivotal role in negotiating local priorities in the Local Area Agreement (LAA) process. As their role stretches across these multiple agendas, it is important that they are involved with this work and can support the delivery of these health and criminal justice objectives.

2.9 Directors of offender management (DOMs) will be crucial partners from the criminal justice perspective. They work closely with colleagues in GOs, such as Home Office regional deputy directors, and are influential in helping to negotiate the priorities included in LAAs. The DOMs will ensure that the health agenda is taken forward in both their regional reducing reoffending delivery plans and their regional commissioning plans. This will reinforce the strong links between the two agendas and the need for partnership working with regional offender health teams.

2.10 Given the complex cross-government agenda, co-production of an offender health regional delivery plan will also ensure that all delivery partners, processes, incentives and communications are congruent with one another. Offender health regional delivery plans will help to

inform wider regional plans for health and well-being as well as being consistent with reducing reoffending plans. Crucially, the offender health regional delivery plans will describe key relationships and common strategic interests at a regional level, thereby forming the basis of a clear and accountable relationship between the national Health and Criminal Justice Programme Board and the regions to assess the progress of delivery.

2.11 The offender health regional delivery plans will deliver the Health and Criminal Justice Programme through a series of interrelated projects which reflect the priorities set out in this delivery plan. To handle the complexity of this agenda, these offender health regional plans will be agreed and monitored by a regional partnership board which, as a minimum, will comprise the strategic health authority, the regional director of public health, the director of offender management and the deputy director of social care and local partnership, as well as the police and local authorities.

Local delivery

2.12 Delivery of this plan will take into account the good work that has already taken place and build on it. We recognise that, in many local areas, partnerships and mechanisms are already developing which bring together the key partners for this agenda. Local authorities and Local Strategic Partnerships (LSPs) have a critical role in supporting this work through LAAs. The National Indicator Set, and particularly the process for agreeing LAAs, will be

important in helping local partnerships to develop a more integrated approach to addressing the health needs of offenders. They are a key driver to make local partners more efficient in meeting offender health needs – by working together to identify key local issues, agreeing joint priorities and developing co-ordinated plans.

2.13 Crime and Disorder Reduction Partnerships (CDRPs) already work closely with many local agencies, including PCTs and third sector organisations, to achieve a community-based multi-agency approach to crime reduction. PCTs are already a 'responsible authority' of CDRPs. Forthcoming legislative changes in the Policing and Crime Bill (assuming Royal assent later this year) will include a new responsibility for CDRPs to focus on reducing reoffending as well as making the Probation Service a 'responsible authority'. This will strengthen the levers to ensure that CDRPs have a greater focus on health and reoffending.

2.14 Local Criminal Justice Boards (LCJBs) bring together the chief officers of the main criminal justice agencies. As the only LSP for the criminal justice system, LCJBs are responsible for, and manage the criminal justice input into, broader partnerships. While they are primarily responsible for delivering PSA 24 (a more efficient and transparent criminal justice system for victims and the public), they also contribute across a range of other PSAs, including PSA 25 (reducing the harm caused by alcohol and drugs) and PSA 23 (making

communities safer). LCJBs are currently developing strengthened relationships with CDRPs, as well as other key partnerships. They will also be key stakeholders in the development of any regional strategies.

- 2.15 The aim is for local delivery arrangements to draw together the key stakeholders, enabling them to plan effectively, deliver, manage and monitor a seamless healthcare service for offenders, which integrates with existing NHS provision, future NHS regional and national planning arrangements, and wider plans to reduce crime and reoffending. Partnership arrangements with the Department for Children, Schools and Families and the Youth Justice Board to deliver services for children and young people must be similarly explicit in every area.

Objective 3: Improving capacity and capability

To contribute to the development of an informed and effective workforce to deliver services for offenders with health and social care needs, making sure that they are able to work confidently across organisational boundaries, by equipping them with the right skills and knowledge to share information and take co-ordinated action that supports continuity of care.

Commissioning

- 2.16 Effective commissioning will be the key driver to achieving the necessary changes. This will rely on the approach set out in World Class Commissioning (WCC).¹² WCC is designed to deliver better health and wellbeing for the population, improve health outcomes and reduce health inequalities. In particular, this reinforces the need for a systematic approach to ensuring that joint health and criminal justice offender health needs assessments are carried out. This will inform service development and transformation, identify the resources available and enable commissioners to reach a joint view about the priorities. These priorities then need to feed into the Joint Strategic Needs Assessment to enable local partners to better address health inequalities through joint and single agency commissioning, especially in relation to the wider determinants of health, e.g. housing, transport, alcohol.
- 2.17 In taking this forward, we will also support local delivery by developing a robust analysis of potential costs, savings and impacts on existing services, identifying good practice and qualitative benefits.
- 2.18 This plan can only be delivered through effective partnerships between health and CJS commissioners. The police, DOMs and Probation Trusts (as the key regional and local commissioners for offenders) will have a particularly important role. WCC provides

12. www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/index.htm

the context in which offender health commissioning must be developed and the associated competencies are critical to success. In particular, partners will need to focus on:

- improved local leadership in all the partnership agencies, building where appropriate on lead commissioning arrangements in the NHS;
- improved services – outcomes to match those achieved in the wider community;
- improved information – for continuity of care and performance management; and
- partnership working and commissioning – to drive forward improvement, effectiveness and productivity.

2.19 In 2010 we will work with regional offender health colleagues, local PCT commissioners and probation trusts to ensure that Joint Strategic Needs Assessments identify the health needs of all residents, including those in contact with the Criminal Justice System, and informed by the evidence base for effective interventions, translate into joint and single agency commissioning strategies to meet their needs.

(Bradley recommendations 19 and 77)

Key deliverables

2.20 Key deliverables include the following:

- We will issue joint DH/NOMS guidance to PCTs on commissioning alcohol services to ensure they meet the needs

of offenders. This joint guidance will form an annex to the guidance published this year by the Department of Health 'Signs for Improvement – Commissioning interventions to reduce alcohol-related harm', or incorporating into the overall commissioning guidance for offenders, **April 2010**.

- We will assess the feasibility of transferring commissioning and budgetary responsibility for health services in police custody suites from the police to the NHS, **by March 2010**. *(Bradley recommendation 13)*
- We will provide one overall guidance document to PCTs that builds on existing and future planned commissioning guidance within an offender health context. It will assemble the priorities, as identified in Lord Bradley's review **by April 2010**. *(Bradley recommendations 41, 77, 78, 79)*
- We will ensure that the care of offenders is reflected in the mainstream of DH social exclusion programmes. We will publish a report that outlines a new approach to primary care for socially excluded people **Both reporting by Spring 2010**.
- We will develop systems to facilitate the effective commissioning partnerships that will lead to integrated liaison and diversion services; **by Autumn 2011**.

Developing providers

2.21 We are committed to working more effectively with the private and third sectors as potential providers of services. As a first step in engaging and involving these organisations in the development of the Government's action to respond to this plan, we are developing a picture of current activity and ideas for developing services. *(Bradley recommendations 34 and 42)*

2.22 Over the next six months and working in partnership with both the sectors, we will highlight innovative work, hold learning events to encourage other organisations to offer similar services, and raise the profile of these organisations and the services they provide with commissioners. We will report on this **by October 2010**.

Measuring success

2.23 Performance information is already gathered from a number of areas both locally and nationally. This needs to be developed into a framework against which those responsible at national, regional and local level can assess progress and impact against the delivery plan. Further work is required to bring together information on service provision in order for partnerships to be able to take a view of both the quality and usefulness of these data sources in assuring delivery of the elements in this plan. The Programme Board will develop a comprehensive performance management framework, based on existing performance processes across the sectors,

to underpin the delivery plan, **by April 2010**. Work will include the following:

- Progress will be measured against PSAs and national indicators.
- We will promote the importance of the involvement of offenders in the development and design of services, publishing a Patient Advice and Liaison Services in prisons toolkit **by December 2009**. *(Bradley recommendation 80)*
- We will contribute to the development of performance metrics which ensure that substance misuse needs are a key element of offender management sentence plans **by January 2010**.
- The Prison Health Performance Indicators¹³ will be further developed to, where possible, include assessment of quality across the offender pathway and ensure that it is equivalent to that in the community **by December 2010**.
- The NHS standard mental health contract includes reference to specific offender health issues against which PCTs are expected to make progress **by April 2011**.
- In the longer term, our aim is to integrate offender health into the Quality and Outcomes Framework used to monitor mainstream primary care services.

13. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097118

2.24 The Care Quality Commission (CQC) will play a key role in ensuring that all health providers are covered by regulation and are registered with the CQC. The CQC replaces the former Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission, and as a new commission will, for the first time, provide coherent regulation across both health and adult social care, reflecting the growing integration of these services.

2.25 Subject to the passage of legislation and in accordance with CQC's programme of requirements for registration all health and adult social care providers of regulated activities will be required to register under this new framework whether they are provided by public, private or the third sector organisations.

- The Criminal Justice Chief Inspectors' Group comprises: Her Majesty's Chief Inspectors of Constabulary, the Crown Prosecution Service, Court Administration, Probation and Prisons. These five independent inspectorates increasingly operate in a joined up way and continue to develop the capability to inspect business processes that span two or more of the criminal justice agencies, through the delivery of a joint inspection programme.
(Bradley recommendation 81)

2.26 Together, these health and criminal justice inspectorates will continue to work to ensure that the regulatory and required

standards for health are clearly understood and included in future work.

2.27 It is anticipated that all health and adult social care providers will be required to register under this new framework during 2010/11. This will ensure that **by April 2011:**

- all organisations providing health and adult social care will be expected to be registered with the CQC;
- the criminal justice inspectorates and CQC will, where possible, undertake joint inspections; and
- statutory inspectorates working in the criminal justice system will have an agreed understanding of health and adult social care standards and the quality of service provision, whether they are provided by the public, private or third sector.
(Bradley recommendation 81)

Research

2.28 Policy and practice should be based on the best available evidence. People in contact with the criminal justice system engage with health professionals in non-traditional health settings. However, often an evidence base may be lacking or require questioning as to whether an intervention is as effective when delivered in custody as opposed to being delivered in the community, for example interventions for alcohol dependency.

2.29 To date, limited health research has been undertaken in either prison or, more specifically, probation settings. Despite more recent development of three major cohort studies by the Ministry of Justice's Surveying Prisoner Crime Reduction study, the Offender Management Community Cohort Study and the Juvenile Cohort Study – as well as the publication of reports such as *Evidence-based practice? The National Probation Service's work with alcohol-misusing offenders*¹⁴ – there is still much to be done. It is vital that clinically relevant research, particularly from the patient perspective, is undertaken to inform both policy and ongoing clinical practice.

Key deliverables

2.30 We will take a whole-system approach to establishing a research strategy, incorporating development of an evidence base around robust analysis of costs and benefits.

2.31 The strategy will aim to pull together what is known about health and care for offenders, at each stage of the criminal justice system and in the community, identifying the main gaps and putting in place specific projects to fill them. The National Advisory Group will play a significant part in overseeing the research strategy, which will be developed **by April 2010**. Specific elements of the strategy will include consideration of:

- audit of the mental health needs of individuals in approved premises;
- evaluation of how community justice centres impact on people with mental health problems or learning disabilities;
- a study of the relationship between indeterminate public protection (IPP) sentences and mental health or learning disabilities; and
(Bradley recommendations 18, 30 and 35)
- research into the role of prosecutors and their decision-making in cases involving mentally disordered offenders and offenders with learning disabilities. The research will also look at issues around information-sharing in such cases between the CPS and partner agencies.

We will:

- identify the scope, specification and need for a public health observatory for offender health **by spring 2010**; and
- scope the feasibility of undertaking a repeat of the Office for National Statistics psychiatric morbidity studies, for mental health and learning disability **by spring 2010**.
(Bradley recommendations 74 and 75)

14. Institute for Criminal Policy Research (2009) *Evidence-based practice? The National Probation Service's work with alcohol-misusing offenders*. London: King's College.

Workforce development

2.32 The need for a more highly trained workforce to help identify health issues and promote improved services for offenders is a priority that runs across all the themes in the plan. Development of a competent workforce is essential in the overall objective to ensure that health needs are assessed and identified correctly at the earliest stage. Appropriate education and training will equip front-line staff with the knowledge and expertise to work more effectively with those in contact with the criminal justice system. This will ensure that offenders are treated in a timely manner by a competent and able practitioner, irrespective of their point of access within the system.

2.33 Training and development will focus on all front-line criminal justice staff across the pathway and also health staff working within these areas. This will ensure that there is appropriate staff competence at the interface between health services and the criminal justice system. Where possible, training should be delivered jointly between services to encourage partnership working, and developed in conjunction with service users.

(Bradley recommendations 54 and 55)

Mental health, personality disorder and learning disability awareness training

2.34 We will enhance the depth and quality of mental health, personality disorder and learning disability awareness training which practitioners receive already and extend this benchmark of quality where it currently

does not exist. This will include establishing a minimum standard of awareness and understanding across the criminal justice system.

Key deliverables

2.35 Key deliverables include the following:

- We will raise awareness of learning disability and develop practical skills for staff across the criminal justice system. As a first step, we will continue the roll-out of training for prison officers and customise the training materials for staff working at other points of the criminal justice process. The training plan will be agreed **by December 2009**.
(Bradley recommendation 53)
- A rolling programme will be introduced **in April 2010**, with the aim of training all probation staff on mental health and learning disability awareness within five years.
(Bradley recommendation 22)
- We will develop and implement a training and education plan for all front-line staff in NOMS, the NHS and social care agencies working with personality-disordered offenders **from April 2010**.
- Regional Offender Health Boards will develop and implement a training strategy and will be monitored on this **from April 2010**.
- We will work with probation to evaluate the current suicide and self-harm training in approved premises and recommend a

best practice model to achieve consistency of approach **by September 2010**.
(Bradley recommendation 21)

- We will produce a national higher education accredited set of dual diagnosis training modules for staff working in prisons and across the criminal justice system pathway. Modules will be available for inclusion in higher education courses across England for any practitioner working in any part of the criminal justice system **from September 2010**.
- We will support the development of the criminal justice system primary care clinical workforce by working with representative and professional bodies. An MSc in primary care in secure environments is being developed and will commence **in September 2010**.
- We will work to understand and develop the response to training needs for police officers, police civilian staff and healthcare professionals to ensure that people in police custody who are vulnerable due to mental ill health, physical ill health or social considerations have access to competent practitioners **by April 2011**.
(Bradley recommendation 16)
- We will work jointly with the National Policing Improvement Agency and other key stakeholders on understanding training needs for Appropriate Adults and other third parties coming into

custody **by April 2011**.
(Bradley recommendation 9)

- We will raise awareness among the judiciary of mental health and learning disability issues. Responsibility for judicial training lies with the Lord Chief Justice and is exercised through the Judicial Studies Board (JSB), an independent body. The JSB will review its guidance on mental health and learning disabilities in the *Equal Treatment Bench Book* and any relevant training materials for the judiciary, magistracy and their legal advisers **by April 2011**.
(Bradley recommendation 25)

Risk assessment

- 2.36 We also recognise that there is a need for a more coherent and systematic approach to the assessment of mental health needs and risk, adopting a common approach across criminal justice agencies and the NHS. In particular, to help support the aims of public protection and the management of individuals with mental health problems, where there is risk either to the person concerned or to others, this will mean being clear about how and when information should be shared among the police, probation and community mental health services. This should also help support the goal of ensuring that patients who need secure mental health services are admitted to hospitals with appropriate levels of security.
- 2.37 We will therefore issue, **by November 2010**, joint guidance that supports comprehensive assessments by all those

agencies that come into contact with offenders with mental health problems, providing a shared understanding of everything that needs to be included, for example the risk to public protection. This will include:

- a common language to underpin the assessment process that also facilitates communication across the criminal justice and health services;
- a standardised approach to assessment, with a criminal justice system/NHS protocol on the specified information that, as a minimum, will need to be shared, and which should form part of mental health or risk assessments. This protocol will also support the use and development of other more specific assessments, for example OASys and MAPPA; and
- arrangements for training staff in the criminal justice system and the NHS to support the above goals.

Information management

2.38 Our aim is to improve the quality of data, records and information-sharing in the interests of partnership working between agencies and across boundaries, thereby promoting continuity of assessment throughout the criminal justice process. Good-quality information systems are required to help commission and deliver quality health services.

2.39 To date, the main focus has been on the performance indicators and the management of a programme to deliver a single clinical IT system across the prison estate. We now need to take these early objectives to a more ambitious level. In line with developments in NHS and criminal justice IT, Offender Health's Information Management and Technology project aims to deliver tools and support to improve the continuity of care across the criminal justice pathway and other parameters of quality. These tools will also enable the performance management of this improvement.

2.40 By delivering a more familiar clinical IT environment in criminal justice settings, clinicians, commissioners and service users will therefore contribute to a greater equivalence of services and outcomes with those in the community. This and improvements in managing clinical risk are also likely to provide improvements in recruitment and retention.

2.41 Information management and governance is a key element of enabling criminal justice system staff to manage complex and vulnerable individuals in a fair and consistent manner. IT systems and the timely availability of appropriate assessment and other clinical information to support the police, CPS, sentencers, probation and the Prison Service are essential.

Key deliverables

2.42 Key deliverables include the following:

- We will develop substance misuse outcomes and quality indicator metrics for incorporation in the prison health IT system **by March 2010**.
- We will work towards the integration of all drug treatment activities with the prison health IT system, incorporating a controlled drug pharmacy function, which interfaces with methadone-dispensing devices, the Drug Interventions Record database (DIRWeb/DMIS) and the National Drug Treatment Monitoring System. This work will be scoped **by April 2010**.
- Working with Connecting for Health, we will ensure the optimal use of clinical IT systems to improve and assure the quality of clinical care in the criminal justice system and provide information in support of public health and commissioning. We will scope what the system requirement options might be for this pathway approach and report **by October 2010**.
(Bradley recommendation 82)
- We will include mental health and learning disability indicators in the OASys review, by the NOMS timeline **from April 2011**.
(Bradley recommendation 71)

Objective 4: Equity of access to services

To ensure that all offenders – irrespective of race, gender, disability, age, sexual orientation, or religion or belief – will 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.

Equality and diversity

2.43 As part of the preparation for this delivery plan, a data report¹⁵ and impact assessment have been undertaken which explore how services can work to ensure that offenders receive appropriate, sensitive and effective care throughout the criminal justice pathway. The data report provides a demographic summary of the populations within each of the six areas of equality and diversity (race, gender, disability, sexual orientation, religion or belief, and age) together with a summary of what is known about their contacts with the health and criminal justice systems. This will help to inform future development of the policies set out in this plan, alongside findings from the initial equality impact assessment of this delivery plan.

Key deliverables

2.44 Key deliverables include the following:

- We commit fully to ensuring that full and robust equality impact assessments are undertaken for each strand of work that we have set out in this delivery plan. This

15. Department of Health (2009) *Offender Health and Social Care Strategy Data Report*. London: Department of Health (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097136).

will include consideration of human rights issues.

- We will aim to meet the needs of groups that are socially excluded due to race, gender, disability, sexual orientation, age, or religion or belief by utilising a robust equality impact process that addresses any adverse impact and improves access to services for disadvantaged groups.
- We will engage with stakeholders, via the National Advisory Group, to ensure that there is a clear process of ongoing evaluation of the impact of the delivery of this plan on disadvantaged groups.
- We will ensure that offender health regional delivery plans take full account of equality and diversity issues and are developed in conjunction with equality impact assessments, **by January 2010**.

Black and minority ethnic groups

2.45 The Count Me In census¹⁶ is one of the building blocks of the Government's plan to tackle inequalities in access and outcomes for mental health service users from black and minority ethnic communities. At the heart of the census is accurate information about patient ethnicity, language and religion. Some of the providers that participated in the 2005 and 2006 censuses are already using this information to monitor and plan services.

Key deliverables

2.46 Key deliverables include the following:

- The aim of the Count Me In pilot in prisons was to test the census' transferability to the Prison Service nationally. We are now in the process of analysing the data, and an evaluation will be completed **by April 2010**.
- We will develop the principles and learning from the Count Me In pilot and national census for use at the other points of the offender pathway **by April 2011**.
- We will use the findings from the completed census to inform the development of national and regional plans **in April 2010 and April 2011**.

Veterans

2.47 Estimates vary on the number of ex-Service personnel in prison, but studies suggest that their needs may not be met. Most British military personnel do not have mental health problems but a small percentage do encounter mental health problems following combat including depression, post-traumatic stress disorder and substance misuse.

2.48 Data from nationally representative surveys of some 2,000 sentenced prisoners near release conducted in 2001, 2003 and 2004 show the proportion of prisoners who had previously served in the Armed Forces as

6%, 4% and 5% respectively. Ex-Service personnel with mental health needs and a history of violent offending are less likely to be picked up by screening than those who have had previous contact with services. Prison mental health in-reach teams' activity is focused on those at the severe end of the spectrum of mental ill health. Treatments for the mental health problems experienced by veterans are specialised and prison mental health in-reach teams are unlikely to have relevant training.

2.49 The Department of Health and Ministry of Defence have established pilot schemes to provide community mental health services for veterans in six locations. These pilots concentrate on improving veterans' access to services. The intention is that community mental health services will be provided nationwide, taking into account the lessons learned from these pilots.

2.50 A number of different models have been adopted and it is anticipated that models will emerge that will be able to be incorporated into the service delivery arrangements of all our mental health trusts. All of the trusts involved report that they will be able to continue their work beyond the end of the pilot period due to support from their senior management/ commissioners.

Key deliverables

2.51 The Department of Health has commissioned some scoping work to establish a methodology to answer three key questions:

- How many veterans are in the criminal justice system?
- How many come into contact with the criminal justice system as a result of mental health problems associated with deployment?
- What additional support do veterans need within the criminal justice system?

2.52 The initial evaluation of the pilots will be available before the end of the year and the final version in the spring of 2010. Our expectation is that all mental health services will make special provision for veterans **during 2010/11**.

3. SERVICE-SPECIFIC PRIORITIES

Objective 5: Improving pathways and continuity of care

To develop care pathways that enhance health and social care provision and contribute to the delivery of justice. Pathways will focus on assessment and intervention at as early a stage as possible, and will support improved risk management and continuity of care. This will contribute to improved health and well-being of offenders.

physical, mental and forensic health and social care for both suspects and victims at the police station.

The Police Service and Crown Prosecution Service

- 3.1 Working in partnership with health agencies, the Police Service can provide the gateway to health engagement. Much of the behaviour that leads people to have contact with the police is mediated by both physical and mental health needs, and the police often act as the initial point of contact with the criminal justice system. At a national level, the Department of Health will work with the Home Office and Police Service to implement a framework to define the Police Service's role where it is the first gateway to health and social care.
- 3.2 Working together, we will raise the quality and effectiveness of the delivery of healthcare services for those who come into contact with the police and the criminal justice system by developing a joint commissioning framework. This will include professional oversight of standards and competencies for the delivery of

- 3.3 The CPS also has a key role to play as a gatekeeper to the criminal justice system. Through its charging decision, or in its advice to the police on charging, the CPS determines whether an individual has no further action taken against them, whether they are diverted from prosecution to an out-of-court disposal (for example, conditional cautions) or whether they are prosecuted in court. It is already the case that public prosecutors should take account of a person's mental health when considering whether it is in the public interest for that person to be charged.

Key deliverables

- 3.4 Key deliverables include the following:
- The CPS will conduct research into the role of prosecutors and their decision-making in cases involving mentally disordered offenders and those with learning disabilities. The research will also look at issues around information-sharing between the CPS and partner agencies **by March 2010**.
 - The Programme Board will consider a review of the role of Appropriate Adults in police stations **by April 2010**. (*Bradley recommendation 8*)

- We will introduce a national template and guidance on the application and use of section 135¹⁷ of the Mental Health Act 2007 **by October 2010**.
(Bradley recommendation 10)
- We will introduce a national template and guidance on the application of section 136¹⁸ of the Mental Health Act 2007 **by October 2010**.
(Bradley recommendations 11 and 12)
- The CPS will review the use of conditional cautions for individuals with mental health problems or learning disabilities, and will issue guidance to advise relevant agencies **by October 2010**.
(Bradley recommendation 7)
- We will work to ensure that information on an individual's mental health or learning disability needs will be obtained prior to an Anti-Social Behaviour Order or Penalty Notice for Disorder being issued, or for the pre-sentence report if this penalty is breached, **by October 2010**.
(Bradley recommendation 6)
- We will scope the role of neighbourhood policing within the function of criminal justice mental health services **by April 2011**.
(Bradley recommendations 4 and 5)

- We will undertake a review of the Association of Chief Police Officers/ Home Office 2006 safer detention guidance¹⁹ on health interventions and identify legislative changes for improving access to healthcare professionals during the custodial process **by April 2011**.

The courts

- 3.5 The courts are an important stage of the criminal justice system for the identification and assessment of health and social care needs and the subsequent referral of individuals to appropriate services at an early stage in the justice process. Courts need to be sufficiently able and informed to make use of a range of appropriate disposals and to impose a sentence that takes account of the health and social care needs of the offender while being commensurate with the gravity of the offence and the statutory purpose of sentencing.

Key deliverables

- 3.6 Key deliverables include the following:
- We will reduce the current delay in producing court psychiatric reports by supporting implementation of service level agreements between PCTs and HM Courts Service for the provision of court psychiatric reports. We will devise a

17. Section 135 of the Mental Health Act 1983 allows for a magistrate to issue a warrant authorising a police officer to enter premises, using force if necessary, for the purpose of removing a mentally disordered person to a place of safety. There is guidance on the circumstances in which this application can be made, because without the warrant the legal act of trespass could occur. For further information, see the Care Quality Commission website: www.cqc.org.uk/guidanceforprofessionals/mentalhealthact/mentalhealthact1983.cfm.

18. Section 136 of the Mental Health Act 1983 gives the police powers to remove from a public place to a place of safety a person who appears to be suffering from mental disorder and who is in 'immediate need of care or control'. For further information, see the Care Quality Commission website: www.cqc.org.uk/guidanceforprofessionals/mentalhealthact/mentalhealthact1983.cfm.

19. National Centre for Policing Excellence on behalf of the Association of Chief Police Officers and the Home Office (2006). Guidance on the safer detention and handling of persons in police custody (http://police.homeoffice.gov.uk/publications/operational-policing/Safer_Detention_and_Handlin1.pdf?view=Binary).

national template and issue guidance **by April 2010**, supporting delivery **throughout 2011**.

(Bradley recommendations 23 and 24)

- We will also issue guidance to NOMS and PCTs on the use of community order requirements containing elements of health and social care to support offenders with mental health or learning disability as part of the overall offender health commissioning guidance, **by September 2010**.

(Bradley recommendations 31 and 32)

- In addition, we will support the Sentencing Guidelines Council to consider whether any revision is necessary to the current sentencing guidelines, insofar as they affect mental health treatment requirements, **by April 2010**.

(Bradley recommendation 33)

- We will consider the feasibility of extending the provisions currently available to vulnerable witnesses, to include vulnerable defendants, **by April 2010**.

(Bradley recommendation 17)

- We will identify a model for the management of offenders with a dual diagnosis, to inform how dual diagnosis issues may be best addressed and fit within the court process, **by September 2010**.

(Bradley recommendations 27 and 29)

- We will issue guidance to enable probation to better access health service providers, in order to ensure that offenders' mental health and learning disability needs are addressed within pre-sentence reports and community orders, **by September 2010**.

Liaison and diversion

3.7 Other parts of this document set out our plans for improving mental health and learning disability services for offenders. However, the single biggest change we can make is to ensure that these conditions are identified as early as possible on the offender pathway. Effective liaison and diversion services are essential in providing this service. Working in courts and in police stations they will:

- liaise with all agencies involved in the criminal justice / health interface providing advice and information as necessary;
- be open to all offenders whether there are learning disability, personality disorder or mental health issues;
- be available daily, but not necessarily 24/7; and
- provide a series of assessments capable of meeting the needs of the criminal justice system at each stage of the offender pathway.

3.8 By doing so they will:

- enable the police and courts to make informed decisions about charging and sentencing;
- ensure that wherever offenders are in the criminal justice system their health needs are known and provided for;
- reduce the number of people with learning disabilities and mental health problems who are in prison unnecessarily;
- contribute to reducing re-offending; and
- provide net savings for the system as a whole.

3.9 We are clear that the function of the criminal justice mental health teams, as described by Lord Bradley, is essential but that the precise nature of delivery and service configuration must be determined by local needs and priorities. We believe that liaison and diversion services, coupled with the other reforms to the health and criminal justice systems, as set out in this plan, will address the objectives that Lord Bradley identified for these teams.

3.10 Only around one third of magistrates' courts currently have liaison and diversion services and they vary significantly in coverage, size, composition, governance, funding arrangements and quality. We will promote and stimulate the development of liaison and diversion services through:

Key deliverables:

3.11 Over the next five years we expect to see the overall goal of police and court liaison and diversion services in place.
(Bradley recommendations 14, 28)

3.12 We will promote and stimulate the development of liaison and diversion services through:

- Providing a clear cut economic case for the financial and health impact of liaison and diversion services on other mental health and community based learning disability services **by August 2010**.
- Modelling the financial benefits for local authorities, prisons, probation and the police of liaison and diversion services **by November 2010**.
- Providing guidance on the objectives, scope, functions and outcomes of liaison and diversion services **by December 2010**.
- Working with existing schemes to develop a series of assessment pro-forma and a minimum data set for use by liaison and diversion service providers **by December 2010**.
- Agreeing data collection/sharing processes for those involved in the delivery of liaison and diversion services **by December 2010**.
- Detailing the benefits of liaison and diversion services within New Horizons²⁰

20. DH (2009) *New Horizons: Towards a shared vision for mental health* (www.dh.gov.uk/en/Consultations/Liveconsultations/DH_103144).

which is due to be published later this year **by April 2011**.

- Revisiting the potential and mechanisms for pooling budgets at a local level **by April 2011**.
(Bradley recommendations 15, 26, 57, 66, 67, 68, 69, 70, 72, 73 and 76)

Prisons and probation

3.13 Custody is the only option for some offenders, and custodial services need to be supported to treat and manage those with mental health problems who are in their care. As previously stated, each stage prior to prison admission is an opportunity to reduce the number of people with mental health problems who are inappropriately detained. Our aim is to remove the blockages to effective working and create a far more coherent and integrated system.

3.14 Probation services manage the risks of harm and reoffending posed by over 180,000 offenders in the community at any one point in time. These offenders are either subject to community orders, suspended sentences or supervision under licence following release from custody. Probation staff also provide risk assessments to courts to help in sentencing decisions and assist the parole board in making decisions about release on licence. It is therefore essential that strong links are forged between local health services and probation providers. This will increase mutual understanding and awareness of

the services that each provides and commissions directly and in partnership, which will support effective supervision and access to treatment for offenders.

Key deliverables

3.15 Key deliverables include the following:

- We will improve transfers between prison and appropriate NHS facilities. We aim to achieve a 14-day standard for the transfer of mentally ill prisoners under Sections 47 and 48 of the Mental Health Act 1983. We know that this standard has been met in many areas of the country and we believe that through focused activity it should be achievable everywhere.
- We will work with NOMS, government agencies and the NHS to identify **by April 2010** the structural, procedural and service changes required to underpin delivery, with a phased implementation thereafter.
(Bradley recommendations 43 and 44)
- Working with NOMS, we will scope the benefit of having a comprehensive mentoring programme to support individuals identified as having mental health and learning disabilities in resettling into the community on leaving prison. The Programme Board is to make a decision on the way forward **by April 2010**.
(Bradley recommendation 60)
- Working with NOMS, we will scope and develop a model rehabilitation service for

individuals with mental health or learning disability problems who are not subject to supervision from probation on release. Initial report to be completed **by July 2010**.

(Bradley recommendation 56)

- We will undertake an evaluation of the existing enhanced mental health service level agreements for approved premises in relation to effectiveness and value for money, and will recommend future models to meet mental health needs **by August 2010**.

(Bradley recommendation 20)

- Using existing evidence, we will undertake a review of the current health reception screening process, strengthening the areas of screening for mental health and learning disability, and have a new screen in place **by April 2011**.

(Bradley recommendation 36)

3.16 Improving access to services before contact with, and at all points of the criminal justice system (in the community, on arrest, at court, prison or community sentence) can be expected to lead to an increase in the chances of successful resettlement, the reduction of reoffending and a more efficient and effective system.

Primary care

3.17 Primary care is the foundation service for delivering healthcare in prisons, just as it is in the community. All care pathways either

begin or end with primary care. Primary care services for those in contact with the criminal justice system must be easily accessible, deliver continuity of care back into the community, offer choice and be responsive. They must identify and effectively meet the primary health needs of offenders and their families, with the aim of leading to improved health and well-being, a reduction in health inequalities, reduced mortality associated with suicide and a reduction in health-related reoffending.

Key deliverables

3.18 Over the next three years, we will promote the development of local health and criminal justice partnerships in order to deliver more effective continuity of primary care between the criminal justice pathway and community services. This will in turn support improved continuity of care in other key pathways, such as mental health, substance misuse and infectious disease, after release in support of resettlement. We will do this as follows:

- We will develop an evidence-based care pathway model for the development of a comprehensive primary care service across the criminal justice pathway incorporating the key features of services experienced in the community. The outline of the approach will focus on articulating good practice models, will be agreed with commissioners and will be published as part of the overall offender health commissioning guidance **by April 2010**.

- We will work with the professional bodies of primary care practice managers to develop a prison practice manager's network. **From March 2010.**
- A pilot from January 2010 will establish processes for GP registration. Registration will be available to all sentenced prisoners based on choice and personal circumstance. The pilot will also ensure that prisoners on discharge have realistic options for registering with a GP in the community. The pilot will inform national implementation and will report **by May 2010.**
- We will give people entering prisons the opportunity to register with the prison practice if they choose to do so. **By December 2010.**

Transition services

3.19 The transition from youth to adulthood is a time when continuity of care is particularly important; however, it frequently breaks down. The recent independent review of Child and Adolescent Mental Health Services (CAMHS) highlighted the problems that young people can face when making the transition of care from CAMHS to adult mental health services, often due to differences in the culture and service criteria between the two. This issue was included in the Government's New Horizons consultation on the future of mental health services.²¹

3.20 Key to the delivery of services to meet the needs of this group of people is the need for services to work collaboratively to provide support in a holistic and integrated way. Features of effective transition services will include:

- protocols agreed between organisations/agencies that are audited regularly in order to see if they are being used effectively;
- involvement of the young people and their families/carers in planning transition;
- ensuring that the young person and their family/carers understand the nature of the new service that they will be going to – how they will be involved in care, who will be providing the care, etc.;
- a focus on the issues that are important to the young person;
- easily accessible information for young people;
- understanding that some young people are especially vulnerable and will require a range of services;
- a case management approach, with strong therapeutic relationships;
- flexibility regarding the point of transfer;

21. DH (2009) *New Horizons: Towards a shared vision for mental health* (www.dh.gov.uk/en/Consultations/Liveconsultations/DH_103144).

- a period of joint management of care e.g. at least one joint meeting over a six-month period prior to transfer;
- an identified case worker to welcome and support the young person entering into adult services;
- full case histories being handed over to the new service prior to the first formal appointment with new service; and
- outcomes that are measured and shared across organisations/agencies.

3.21 This work will be taken forward in the work programme being developed for New Horizons, which is due for publication at the end of 2009, and will also be part of the Government's response to the CAMHS review.

Secure services

- 3.22 High-, medium- and low-secure hospitals provide comprehensive, multi-disciplinary, high-quality treatment and care by appropriately qualified staff to patients who demonstrate disturbed behaviour in the context of a serious mental disorder and who require the provision of security.
- 3.23 The key objective of our work is to develop policy that supports providers and commissioners to deliver high-quality, value-for-money care in secure settings. This will contribute to an improvement in standards of leadership and awareness of

security-related issues at unit and commissioner level.

Key deliverables

3.24 Key deliverables include the following:

- We will produce guidance and associated training materials on relational security **by December 2009**.
- We will publish environmental design principles for medium-secure units **by December 2009**.
- Systems are in place in high- and medium-secure services which support the assessment of provision and the degree to which units adopt guidance. We will prepare new guidance on low security, focusing on clinical and security needs of service users **by June 2010**.
(Bradley recommendation 45)

Drugs services

- 3.25 The criminal justice system presents an opportunity and a challenge to address a wide range of clinical and social care needs of drug and alcohol misusers.
- 3.26 The key objectives in tackling drugs within the criminal justice system are to ensure that offenders have access to drug services that are evidence based and provide realistic personal choices and outcomes, including abstinence.
- 3.27 There is also a need to support the development of a unified drug strategy for people in prison that ensures continuity of care to and from the community and care

pathways while in custody. Effective commissioning and funding arrangements are crucial.

3.28 Through appropriate management and facilitation of effective services for substance misusers, we aim to contribute to a reduction in reoffending and reduced suicide rates, accidental drugs overdose, blood-borne viruses, chronic liver disease and other health and social deficits.

Key deliverables

3.29 Professor Lord Kamlesh Patel was asked by ministers to chair and establish the Prison Drug Treatment Strategy Review Group to consider the funding, commissioning, performance management and delivery of services within prisons, and to explore and provide recommendations on how to improve the continuity of care for drugs offenders leaving prison. This is a two-year review running from April 2009 to March 2011. The first key milestone was the production of an interim report to ministers **in October 2009**.

3.30 We will continue the implementation of the Integrated Drug Treatment System (IDTS) throughout the adult prison estate. IDTS aims to increase the volume and quality of treatment available to prisoners, with particular emphasis on early custody, and to improve integration between clinical and counselling, assessment, referral, advice and throughcare services and to reinforce continuity of care from the community into prison, between prisons and on release back into the community. Current activity includes the following:

- In April 2009 funding was made available to prison/PCT partnerships to support the implementation of IDTS in all English prisons. The ambition is to achieve key elements of the service in the majority of prisons **by April 2010**.
- Independent evaluation of IDTS has been commissioned – the evaluation began in 2008 and is timetabled for completion **by the end of 2011**.
- Work to complete the Drug System Change pilots programme which will include looking at the needs of offenders, we will issue a final report and way forward **by March 2011** that features the findings from a formal evaluation and which will inform the possibility of a wider roll-out of the following:
 - pooling of budgets;
 - individual budgets for treatment and wider support;
 - end-to-end planning and delivery of individual treatment packages; and
 - a renewed focus on outcomes.

Alcohol

3.31 The links between alcohol and crime are complex and differ from the relationship between drug dependence and crime. The most important effects of alcohol intoxication in relation to crime are the

reduction of inhibition and the impairment of judgement. There is an association between alcohol and criminal damage and violence against the person. Research has found, for instance, that alcohol had been consumed prior to the offence in nearly three-quarters (73%) of domestic violence cases and was a 'feature' in almost two-thirds (62%).²²

3.32 There are large regional and local variations in access to alcohol treatment in the community.²³ In 2008/09, average waiting times to receive an assessment for treatment were better for those referred from criminal justice agencies (1.6 weeks) than for the general treatment population (2.1 weeks), although the numbers actually referred from criminal justice agencies were very small. A requirement for equality of access, alongside an intent to monitor this, should have a benefit. This is particularly true for those PCTs that are planning to invest in alcohol treatment. Those with the most ambitious plans up to 2011 are in areas of greatest alcohol-related need.

3.33 We will need to ensure that offenders have access to alcohol services that are evidence based and which provide realistic personal choices and outcomes, including abstinence. We will do this by supporting the development of an alcohol pathway for offenders that ensures continuity of care across both community and secure settings, underpinned by the development of effective assessment of commissioning

and funding arrangements. Appropriate management of offenders with alcohol problems may contribute to a reduction in reoffending; lowered suicide rates; reduced serious mental health problems; and chronic health problems, including heart and liver disease.

Key deliverables

3.34 We will progress, across all regions, towards a provision of alcohol treatment for a minimum of 15% of offenders identified as potentially alcohol dependent. Progress in this area will be monitored via the National Alcohol Treatment Monitoring System and the NOMS OASys processes.

3.35 We will provide, **throughout 2010 and 2011**, further support through the Alcohol Improvement Programme in the following ways:

- We will promote policy, evidence and examples of promising practice through the offender section of the Alcohol Learning Centre.
- The Alcohol National Support Team will highlight offender issues in all its alcohol visits (the team visits 18 PCTs each year, focusing on those PCTs with the highest rates of alcohol-related hospital admissions).
- Through regional offender health structures and regional alcohol managers, we will monitor and support

22. Gilchrist E, Johnson R, Takriti R, Weston S, Beech A and Kebbell M (2003) *Domestic violence offenders: characteristics and offending related needs*. (Findings, 217). London: Home Office.

23. National Audit Office (2008), *The National Probation Service: The supervision of community orders in England and Wales*. London: TSO.

the development of alcohol services for offenders.

- 3.36 We will issue joint guidance with the Ministry of Justice **in February 2010** on the commissioning of alcohol services for offenders as part of the overall offender health commissioning guidance.

and practitioners on the management of dual diagnosis in prisons,²⁴ as well as the community Drug Interventions Programme dual diagnosis guidance,²⁵ is being used. Guidance published **September 2010**, with roll-out throughout **2011/12**.

(Bradley recommendations 46 and 49)

Dual diagnosis

- 3.37 Dual diagnosis is the co-existence of substance dependence with mental health problems or a learning disability. This was highlighted as a key issue by Lord Bradley's review. Government departments have been working together to improve these services.

- 3.38 In order to align with the delivery plan's aim of creating a far more coherent and integrated mental health system, we will ensure that dual diagnosis is fully incorporated into a robust care pathway, with particular attention to the availability of information across mental health and substance dependence services.

Key deliverables

- 3.39 Key deliverables include the following:

- The Department of Health, in alliance with the National Treatment Agency for Substance Misuse, will work with the Home Office and other government partners to ensure that guidance for prison commissioners, service providers

Personality disorder

The strategic aims for reforming personality disorder services are based around ensuring that the personality-disordered offender population is accepted as a shared responsibility of the criminal justice system and the NHS, and ensuring that they are generally managed through joint operations. Services will need to be primarily based in the criminal justice system, involving collaborative delivery with the NHS. Future planning and development of these services will need to be on a whole-systems pathway basis, supported by appropriate staff support and training and building on the knowledge and understanding framework.²⁶ Future areas of research will need to be identified and prioritised in order to reduce risk, improve psychological health and identify economic benefits.

- 3.40 A priority group is those offenders who present a high risk of serious harm to others. The work will ensure that this group of offenders, who have the most complex psychological needs and require

24. Department of Health and the Ministry of Justice (2009) *A Guide for the Management of Dual Diagnosis for Prisons*. London: Department of Health.

25. Drummond C, Phillips T and Boland W (2008) *Substance misusing clients with mental health problems: A brief practitioner's guide for Criminal Justice Integrated Teams*. Specialist Clinical Addiction Network.

26. www.pdinstitute.org.uk

specialist interventions, are identified early, and that appropriate options are included in sentence plans. This will help to ensure that public protection can be enhanced by addressing risk and psychological need, and psychologically informed lifelong management is delivered where this risk is associated with a personality disorder.

3.41 This builds on the learning over the last six years from the Dangerous and Severe Personality Disorder (DSPD) Programme and the National Personality Disorder Programme.²⁷ The primary focus is to develop, through stakeholder engagement and consultation, an interdepartmental forensic personality disorder strategy. This will set out policies and a delivery framework for a systemic approach to effectively managing and treating this population. This work will involve improvement in all stages of the offender pathway for those with a personality disorder in the criminal justice system.

Key deliverables

3.42 While this area of development is on the periphery of research evidence, the experience of 'what works' provides sufficient understanding to:

- complete a review, with recommendations, of democratic therapeutic communities in the prison estate, **by December 2009**; (*Bradley recommendation 47*)

- co-produce with commissioners a care pathway for offenders with personality disorder to be used by commissioners, strategic managers and those responsible for service delivery and include in overall offender health commissioning guidance **by April 2010**;
- produce a guide for non-specialist staff for managing offenders who present a high risk of serious harm to others, where there is a clinically meaningful link between the offending and personality disorder **by July 2010**;
- pilot a model to better support the psychological improvement in offenders as they progress from custody to community as part of treatment **by July 2010**;
- agree a revised plan for NOMS and the NHS of investment in the DSPD programme, **by July 2010**; and (*Bradley recommendation 48*)
- develop and agree an overarching, cross-departmental strategy for the management of people with personality disorders, **by October 2010**. (*Bradley recommendation 49*)

Physical and public health

3.43 There is substantial over-representation of people in contact with the criminal justice system whose life expectancy is reduced

27. National Personality Disorder Programme: www.personalitydisorder.org.uk
Dangerous People with Severe Personality Disorder Programme: www.dspdprogramme.gov.uk.

from birth onwards because of accidental death and major diseases, including coronary artery disease, lung cancer, chronic liver disease, substance misuse and suicide associated with severe and enduring mental health issues. This group of people is also associated with higher levels of risky behaviour such as injecting drugs, sharing drugs paraphernalia, smoking, excess alcohol consumption and unprotected sex.

3.44 These factors, in combination with low expectations about their quality of life and problems experienced in gaining access to adequate health and social care services, result in significantly reduced physical and mental health.

Key deliverables

3.45 Key deliverables include the following:

- Publish research reporting on a case control study of self-inflicted deaths in prison as conducted by the National Confidential Inquiry into Suicide and Homicide, **by January 2010**.
- A Department of Health commissioned evaluation by the University of Stirling of the Department of Health's disease prevention and health promotion policies and programme initiatives for tackling blood-borne viruses in prisons in England and Wales. Evaluation report due **in March 2010** and a subsequent review of the suite of health promotion and harm reduction initiatives designed to reduce

blood-borne viruses in prison, in light of the evaluation report.

- Create a template and database to analyse all Prisons and Probation Ombudsman (PPO) reports of deaths in prison **by April 2010**. The database includes information on physical and mental health prior to death, treatment provided and PPO recommendations; the PPO will undertake data analysis and provide regular reports on epidemiology and aspects of healthcare (**ongoing**).

Social care

3.46 The availability of effective social care support for people in the criminal justice system is poor,²⁸ services are patchy or non-existent, both in the community and in custody. The main barrier to progress is lack of clarity regarding which agency is responsible for providing social care in the various criminal justice system settings.

3.47 We will need to reach an agreement on responsibility for the delivery of social care services, based on national protocols. This will detail the split of obligations between NOMS, local authorities and PCTs, based on the specific service need and a nationally agreed interpretation of responsible authority.

3.48 The prison population contains a growing number of older (55+) prisoners and disabled prisoners. An older prisoners action group was established in response

28. Parker H et al (2007) Adult Social Care in Prisons: A Strategic Framework. Birmingham: University of Birmingham.

to Her Majesty's Inspectorate of Prisons recommendations '*No problems – old and quiet*'.²⁹ The action group now has overall oversight of social care and disabled offender issues, and its key aim is to improve the well-being of the older and disabled offender populations. In particular, the group will aim to ensure that the underpinning legislation in the Disability Discrimination Act, the Mental Capacity Act and elsewhere is applied. The group will work with the third sector on programmes to prepare older prisoners for release and provide support as they return to the community .

3.49 The initiatives are aimed at responding to various official and third sector reports (those by the Prison Reform Trust, for example). We will also take full account of the changes to social care provision as a consequence of any systemic reorganisation that results from the Green Paper on social care.³⁰

Key deliverables

3.50 Key deliverables include the following:

- Working with NOMS on a management programme to place prisoners in the most appropriate locations **by January 2010**.
- Complete and evaluate the Isle of Wight pilot on care pathways for older prisoners **by March 2010**. This will inform national implementation of a standard national pathway across all prisons **from March 2010**.
- Developing a strategic approach to NHS and Local Authority services for “groupings” of older or disabled prisoners **by June 2010**.
- Develop a normalised model of social care delivery for prisoners, based on an understanding of roles and responsibilities agreed with NOMS, local authorities and NHS commissioners, **by September 2010**.
- Implement an agreed national plan for the management of older prisoners and disabled prisoners both in prison and on release into the community **by March 2011**.

29. Her Majesty's Inspectorate of Prisons (2004) '*No problems – old and quiet*': *Older prisoners in England and Wales*. HMIP.

30. DH (2009) *Shaping the Future of Care Together*. London: TSO (www.dh.gov.uk/en/Publicationsandstatistics/PublicationsPolicyAndGuidance/DH_102338)

In conclusion

3.51 In the Government's response to Lord Bradley's review, we recognised that work was needed addressing the mental health and learning disabilities of offenders. Reforms have long been called for in the way that health and criminal justice services work together in order to achieve a better outcome that is in the interests of victims, the rehabilitation of offenders and the public.

3.52 As this plan sets out, we will only be able to deliver the commitments we are making if all key partnerships work together – whether they are national, regional or local and in the public, private or third sectors. In particular, it will be essential for PCTs and criminal justice partners to jointly plan their services to ensure co-ordinated commissioning and delivery. We know that it will only be through this partnership approach that we will be able to deliver a healthcare service for offenders that provides continuity of care while still ensuring that justice is done.

3.53 This work is in everyone's interest: focusing on improving access to services before contact with, and at all points of, the criminal justice system (in the community, on arrest, at court, in prison or during community sentences) will lead to a more efficient and just system that has the confidence of the public. It will increase the chances of offenders successfully resettling back into the local community and should help to break the cycle of crime and reduce the chances of reoffending.

ANNEX: RECOMMENDATIONS FROM LORD BRADLEY'S REVIEW

Recommendation from Lord Bradley's review	Reference in the delivery plan
1. All staff in schools and primary healthcare, including GPs, should have mental health and learning disability awareness training in order to identify individuals (children and young people in particular) needing help and refer them to specialist services.	Page 19
2. The membership of all Youth Offending Teams must include a suitably qualified mental health worker who is responsible for making appropriate referrals to services.	Page 19
3. The Government should undertake a review to examine the potential for early intervention and diversion for children and young people with mental health problems or learning disabilities who have offended or are at risk of offending, with the aim of bringing forward appropriate recommendations which are consistent with this wider review.	Page 19
4. Local Safer Neighbourhood Teams should play a key role in identifying and supporting people in the community with mental health problems or learning disabilities who may be involved in low-level offending or anti-social behaviour by establishing local contacts and partnerships and developing referral pathways.	Page 38
5. Community support officers and police officers should link with local mental health services to develop joint training packages for mental health awareness and learning disability issues.	Page 38
6. Information on an individual's mental health or learning disability needs should be obtained prior to an Anti-Social Behaviour Order or Penalty Notice for Disorder being issued, or for the pre-sentence report if these penalties are breached.	Page 38
7. The Crown Prosecution Service should review the use of conditional cautions for individuals with mental health problems or learning disabilities and issue guidance to advise relevant agencies.	Page 38
8. A review of the role of Appropriate Adults in police stations should be undertaken and should aim to improve the consistency, availability and expertise of this role.	Page 37

Recommendation from Lord Bradley's review	Reference in the delivery plan
9. Appropriate Adults should receive training to ensure the most effective support for individuals with mental health problems or learning disabilities.	Page 32
10. All agencies involved in the use of Section 135 of the Mental Health Act 2007 must agree a joint protocol on the use of this section.	Page 38
11. All partner organisations involved in the use of Section 136 of the Mental Health Act 2007 should work together to develop an agreed protocol on its use.	Page 38
12. Discussions should immediately commence to identify suitable local mental health facilities as the place of safety, ensuring that the police station is no longer used for this purpose.	Page 38
13. The NHS and the police should explore the feasibility of transferring commissioning and budgetary responsibility for healthcare services in police custody suites to the NHS at the earliest opportunity.	Page 27
14. All police custody suites should have access to liaison and diversion services. These services would include improved screening and identification of individuals with mental health problems or learning disabilities, providing information to police and prosecutors to facilitate the earliest possible diversion of offenders with mental disorders from the criminal justice system, and signposting to local health and social care services as appropriate.	Page 40
15. Liaison and diversion services should also provide information and advice services to all relevant staff including solicitors and Appropriate Adults.	Page 41
16. Mental health awareness and learning disabilities should be a key component in the police training programme.	Page 32
17. Immediate consideration should be given to extending to vulnerable defendants the provisions currently available to vulnerable witnesses.	Page 39
18. An audit should be undertaken of the mental health needs of individuals in approved premises, and of the capacity of local services to deal with the identified level of need.	Page 30
19. Primary care trusts should identify and address the health needs of residents in approved premises when planning local services as part of their commissioning plans.	Page 27
20. A full evaluation of the three approved premises with enhanced mental health provision should be undertaken. The evaluation should look at the effectiveness of the current service provision, and whether it offers value for money.	Page 42

Recommendation from Lord Bradley's review	Reference in the delivery plan
21. The national approved premises training package addressing suicide and self-harm should be reviewed and updated to include mental health awareness training.	Page 32
22. All probation staff (including those based within courts and approved premises) should receive mental health and learning disability awareness training.	Page 31
23. Courts, health services, the Probation Service and the Crown Prosecution Service should work together to agree a local service level agreement for the provision of psychiatric reports and advice to the courts.	Page 39
24. All criminal courts should carry out a six-month baseline study recording psychiatrists' and psychologists' reports commissioned by the court and the cost of those reports, in order to inform the development of the service level agreement.	Page 39
25. The judiciary should undertake mental health and learning disability awareness training.	Page 32
26. Liaison and diversion services should form close links with the judiciary to ensure that they have adequate information about the mental health and learning disabilities of defendants, and concerning local health and learning disability services.	Page 41
27. The Ministry of Justice should examine how individuals with a dual diagnosis are served in drug courts.	Page 39
28. All courts, including current specialist courts, should have access to liaison and diversion services, in order that specialist courts are seen as an addition to a comprehensive liaison and diversion service.	Page 40
29. Her Majesty's Courts Service and the Department of Health should investigate how defendants with a dual diagnosis of mental ill health and drug/alcohol misuse are currently served by all courts, including specialist courts.	Page 39
30. A study should also be undertaken to evaluate how Community Justice Centres impact specifically on people with mental health problems or learning disabilities.	Page 30
31. The Department of Health and HM Courts Service should commission further research on the use of mental health treatment requirements.	Page 39

Recommendation from Lord Bradley's review	Reference in the delivery plan
32. A service level agreement between HM Courts Service, the Probation Service and the NHS should be developed to ensure the necessary mental health provisions for community orders are available.	Page 39
33. The Department of Health and HM Courts Service should issue clear guidance for sentencers and probation staff regarding the use of mental health treatment requirements.	Page 39
34. The Department of Health, the NHS and other relevant government departments must work with voluntary organisations to ensure the adequate provision of alcohol and mental health treatment services across the country.	Page 28
35. A study should be commissioned to consider the relationship between imprisonment for public protection sentences and mental health or learning disability issues.	Page 30
36. An evaluation of the current prison health screen should be undertaken in order to improve the identification of mental health problems at reception into prison.	Page 42
37. Urgent consideration should be given to the inclusion of the identification of learning disabilities as part of the screen.	Page 22
38. Robust models of primary mental health services should be developed, ensuring an appropriately skilled workforce to assess and treat those with mild to moderate conditions.	Page 21
39. Primary mental health care must include a range of non-health activities to support well-being in prison.	Page 21
40. The Department of Health should examine the current role of mental health in-reach teams and explore how they can be refocused on providing services for those with severe mental illness. This should include the development of liaison and diversion services to undertake some of the current non-clinical activities.	Page 20
41. NHS commissioners should seek to improve the provision of mental health primary care services in prison.	Page 27
42. The involvement of non-health agencies, including statutory and third sector providers, should be urgently considered in order to improve the support for prisoners with mental health problems or learning disabilities.	Page 28
43. The Department of Health should develop a new minimum target for the NHS of 14 days to transfer a prisoner with acute, severe mental illness to an appropriate healthcare setting.	Page 41

Recommendation from Lord Bradley's review	Reference in the delivery plan	
44.	This new target should be included as a mandated item in the Central Mental Health Contract and included in the next edition of the Operating Framework.	Page 41
45.	The Department of Health should expedite planned work on assessing the quality of security at low- and medium-secure mental health facilities in order to retain public confidence in the diversion of prisoners with mental health problems to these facilities.	Page 44
46.	Improved services for prisoners who have a dual diagnosis of mental health and drug/alcohol problems should be urgently developed.	Page 47
47.	An evaluation of treatment options for prisoners with personality disorder should be conducted, including current therapeutic communities in the prison estate.	Page 48
48.	An evaluation of the dangerous and severe personality disorder programme should be conducted, to ensure that it is able to address the level of need.	Page 48
49.	In conjunction with other government departments, the Department of Health, the National Offender Management Service and the NHS should develop an inter-departmental strategy for the management of all levels of personality disorder within both the health service and the criminal justice system, covering the management of individuals with personality disorder into and through custody, and also their management in the community.	Pages 47/48
50.	Offender managers should be aware of their role in the Care Programme Approach process, and the new Department of Health guidance <i>Refocusing the Care Programme Approach</i> should be fully implemented in prisons as a matter of urgency.	Page 20
51.	Prison mental health teams must link with liaison and diversion services to ensure that planning for continuity of care is in place prior to a prisoner's release, under the Care Programme Approach.	Page 20
52.	Improved continuity of care for prisoners subject to the Care Programme Approach should become a mandatory item in the standard NHS contract for mental health.	Page 20
53.	Awareness training on mental health and learning disabilities must be made available for all prison officers.	Page 31

Recommendation from Lord Bradley's review	Reference in the delivery plan
54. Where appropriate, training should be undertaken jointly with other services to encourage shared understanding and partnership working. Development of training should take place in conjunction with local liaison and diversion services.	Page 31
55. The training programme must be developed in conjunction with service users.	Page 31
56. The National Offender Management Service, in partnership with the Department of Health and the NHS, should develop a national strategy for rehabilitation services for those leaving prison with mental health problems or learning disabilities who are not subject to supervision from the Probation Service.	Pages 22/42
57. It will be a key role of developed liaison and diversion services to liaise with prison mental health in-reach teams to ensure that planning for continuity of care for prisoners on release is in place. Once a prisoner has been released, the liaison and diversion services will continue to act as a point of information and support for probation and third sector staff, and other organisations involved in resettlement.	Page 41
58. Further work should be undertaken to ensure better implementation of the Care Programme Approach for people with mental health problems in prisons, to ensure continuity of treatment through the prison gate.	Page 20
59. Joint care planning between mental health services and drug and alcohol services should take place for prisoners on release.	Page 20
60. A comprehensive mentoring programme for people leaving custody with mental health problems or learning disabilities and returning to the community should be established.	Pages 22/41
61. National accountability for this agenda will be via a new Programme Board, which will bring together all the relevant government departments, covering health, social care and criminal justice. The National Programme Board will develop a clear, national approach to mental health/learning disability for offenders.	Page 24

Recommendation from Lord Bradley's review	Reference in the delivery plan
<p>62. A National Advisory Group should be set up to support Ministers and the Programme Board. The role of the Advisory Group will include:</p> <ul style="list-style-type: none"> • provision of independent, evidence-based advice to Ministers and the Programme Board on the developing agenda; • acting as an independent challenge to the development and progress of the work programme; and • highlighting examples of good practice and commissioning in-depth studies in areas of particular interest. 	<i>Page 24</i>
<p>63. An independent Chair should be appointed for the Advisory Group.</p>	<i>Page 24</i>
<p>64. The Advisory Group will incorporate service user/carer experience into its work.</p>	<i>Page 24</i>
<p>65. The National Programme Board and Advisory Group will be supported by a small, cross-government implementation team that will draw together all the key agencies needed to deliver this agenda.</p>	<i>Page 24</i>
<p>66. The National Programme Board will oversee the development of a national model of Criminal Justice Mental Health Teams with agreed common elements, and its roll-out across the country. The core elements of this work will be the development of the following:</p> <ul style="list-style-type: none"> • Core minimum standards for each team • National network • Reporting structure • National minimum dataset • Performance monitoring • Local development plans • Key personnel. 	<i>Page 41</i>

Recommendation from Lord Bradley's review	Reference in the delivery plan
<p>67. The development of Criminal Justice Mental Health Teams will be informed by the recent Mental Health Effective Practice – Audit Checklist recommendations in addition to further evaluation work. It is anticipated that some of the core elements will include:</p> <ul style="list-style-type: none"> • Liaison with local community services • Screening and assessment • Coverage of police custody and courts, with links to prison mental health in-reach services and resettlement to ensure continuity of care • Management of information concerning an individual's needs throughout the criminal justice system and back into the community • Direct involvement and input to Multi-Agency Public Protection Arrangements • Standardised assessment processes • Joint training for criminal justice and health and social care staff • Active service user involvement • Access to learning disability expertise. 	Page 41
<p>68. Schemes should also consider how they can best serve the interests of particular groups within the offender population, for example:</p> <ul style="list-style-type: none"> • People with learning disabilities • Women • Children and young people • People from black and minority ethnic groups. 	Page 41
<p>69. The requirement for Criminal Justice Mental Health Teams is currently included in the Standard NHS contract for mental health and learning disabilities on a non-mandated basis. This should be included in the contract as a mandated item and reflected in the next edition of the NHS Operating Framework.</p>	Page 41
<p>70. Criminal Justice Mental Health Teams will be responsible for ensuring continuity in an individual's mental health care when they are in contact with the criminal justice system.</p>	Page 41
<p>71. This review supports the Review of Criminology Information report recommendation that mental health professionals be engaged in the development of the planned replacement for the Offender Assessment System (OASys).</p>	Page 34

Recommendation from Lord Bradley's review	Reference in the delivery plan
72. A responsibility of the Criminal Justice Mental Health Teams will be to ensure that appropriate information is shared between all the agencies that are responsible for caring for an offender with mental health problems or learning disabilities.	Page 41
73. The Criminal Justice Mental Health Teams should have direct involvement with and input into local Multi-Agency Public Protection Arrangements.	Page 41
74. A new study should be commissioned which repeats the 1997 Office for National Statistics survey of the psychiatric morbidity of prisoners to provide new baseline data. In addition, the Government should explore the feasibility of adding to the study the psychiatric morbidity of offenders at other stages of the criminal justice system.	Page 30
75. A similar study should be undertaken to establish the prevalence of people with learning disabilities in the criminal justice system.	Page 30
76. A minimum dataset should be developed, for collection by Criminal Justice Mental Health Teams, to provide improved information to assess need, plan and performance manage services, and inform commissioning decisions.	Page 41
77. Primary care trusts and partners should jointly plan services for offenders to ensure effective commissioning and delivery of services.	Page 27
78. Consideration should be given to a lead PCT commissioning offender mental health and learning disability services on behalf of a cluster of local primary care trusts in each area.	Page 27
79. The Department of Health should include explicit reference to the needs of offenders with mental health problems or learning disabilities into future NHS Operating Framework documents.	Page 27
80. The NHS must engage offenders with mental health problems or learning disabilities with current patient and public involvement mechanisms.	Page 28
81. Inspectors and regulators involved in the criminal justice system in partnership with the new Care Quality Commission should determine how they will ensure quality assurance for services provided to offenders with mental health problems or learning disabilities, with a particular focus on joint inspections.	Page 29
82. Connecting for Health, primary care trusts and strategic health authorities should work together to roll out integrated information systems to health services provided in all criminal justice settings.	Page 34



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