October 2018

CLINKS RESPONSE

Clinks response to the NHS long term plan for health and justice

About Clinks

Clinks is the national infrastructure organisation supporting voluntary sector organisations working in the criminal justice system (CJS). We are a membership organisation with over 500 members working in prisons and community settings, including the voluntary sector's largest providers as well as its smallest. Our wider national network reaches 4,000 voluntary sector contacts.

Clinks is a member of the Voluntary, Community and Social Enterprise Health and Wellbeing Alliance (HW Alliance), a national partnership between the voluntary sector and Department of Health and Social Care, NHS England and Public Health England. The HW Alliance aims to bring the voluntary sector's voice and expertise into national policy making to improve health and care systems, address health inequalities, and help people, families and communities to achieve and maintain wellbeing. Through the HW Alliance, Clinks works to raise awareness of the health needs of people in the CJS, and the vital role the voluntary sector can play in addressing them.

For more information see www.clinks.org

About this response

Clinks welcomes the opportunity to contribute to the development of the NHS long-term plan for health and justice. Our response draws on evidence from our wide range of work supporting voluntary sector organisations working with people in contact with the justice system, including:

a. Clinks' response to the Health and Social Care Committee inquiry into prison healthcare
b. Reducing Reoffending Third Sector Advisory Group (RR3) Special Interest Group on suicide and self-harm in prison: key findings and recommendations
c. Race, mental health and criminal justice: moving forward

We have also drawn on extensive evidence gathered from the voluntary sector, including from our active support for the voluntary sector's work with women in contact with or at risk of contact with the justice system; intensive support for voluntary organisations working with families; and support for arts-based work with people involved with the criminal justice system. Further evidence comes from our annual State of the sector survey, which maps trends and feedback from voluntary organisations across England and Wales; and a specialist survey of our members conducted in autumn 2017 on the health and care needs of those they work with.

As our expertise is in relation to people in contact with the criminal justice system, our answers to the questions below relate specifically to health and justice services, not to the armed forces or Sexual Assault Referral Centres (SARCs). We have included examples of good practice, which we believe should be adopted

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and applied nationally (Q10) throughout our responses to the other questions below.

1. What are your top three priorities for meeting the health needs of people (in our populations of Health & Justice) of all ages in England? - Over the next five, and - ten years?

We support the core principles in NHS England's *Strategic direction for health services in the justice system 2016-2020*[1] of "care not custody, care in custody and care after custody", and believe these should continue to underpin the direction and delivery of health and justice services in the coming five and ten years.

People in contact with the criminal justice system experience high, and growing, levels of physical health, mental health and social care need. Many people in this population have multiple and complex needs, with a high prevalence of co-morbid conditions including physical, mental health, substance misuse and other vulnerabilities.[2] Clinks members tell us that both the complexity and urgency of needs among their service users has increased in recent years. Achieving the ambitions set out above will therefore require ongoing growth in investment in NHS England's health and justice services. We believe the top priorities for this investment to be:

Stronger partnership working

Meeting the complex needs of people in this population will require integrated working between health services and the many other organisations and agencies supporting people in contact with the justice system to provide holistic support. One example of this multi-agency work in practice is the work of the Making Every Adult Matter (MEAM) coalition.[3] Working together, the MEAM coalition supports 35 local areas across England to develop effective, coordinated approaches to multiple needs that can increase wellbeing, reduce costs to public services and improve people's lives. The MEAM Approach[4] provides local areas with a non-prescriptive framework from which to design and deliver better coordinated services for people with multiple needs, which reflects their local environment and current service structure.

One example of MEAM's work is in Blackburn with Darwen, where the local authority and the Families Health and Wellbeing Consortium (representing the voluntary sector), have brought together a range of partners to better support the approximately 500 people living in shared housing in the area who had been identified as facing multiple problems – particularly mental ill health and substance misuse.

Ash is one person who has received support through the partnership. "I've battled drug addictions, alcoholism, you name it," he says. "Sleeping in bins, bus stops. Terrible." He was unemployed for long spells and in and out of hospital. Support from the partnership helped Ash to get a job and a flat of his own. He's stopped using drugs and alcohol, and now has a girlfriend. "I've been in such a dark place," he says. "They changed everything, lifted my spirits, about how I feel about people, how I feel about myself. They've got me coming off drugs, coming off alcohol, happy with my flat. Everything."

Ensuring continuity of care

The population served by health and justice services is highly dynamic, with almost half of those given a prison sentence in 2017 serving six months or less[5], while people in police custody may only be present for a few hours. Continuity of care for those entering and leaving custody (as well as when transferring between custodial

settings) is therefore of paramount importance. Information about health and care needs is not routinely transferred with people as they journey through the criminal justice system, meaning people are required to undergo multiple assessments and retell their story, which can be re-traumatising or cause them to disengage.

Respondents to our 2017 survey also highlighted delays and failures in ensuring continuity of care for people on release from prison, which too often had a significant detrimental effect on the health and wellbeing of people returning to the community. Examples included people with long-term conditions being released without, or with the wrong, medication, and without a registered GP in the community; and people receiving social care support in prison where no assessment or plan for meeting this need in the community was made prior to their release.

The current investment by the NHS with Her Majesty's Prison and Probation Service (HMPPS) in a new Health and Justice Information System to improve the flow of health information is welcome and will go some way to improving this. However, data sharing alone will not ensure continuity of care, as this population includes many vulnerable people who may need additional support to engage and remain engaged with health services. Voluntary sector organisations working with people in both custody and the community are well placed to contribute to this, and NHS England should work closely with through-the-gate services to achieve continuity of care.

Improving support for people with mental health needs

Ensuring access to adequate mental health care for people in the justice system is another key priority, as highlighted by the National Audit Office report into mental health in prisons in 2017.[6] People in contact with the criminal justice system have much higher prevalence of both common and serious mental health disorders than the general population, and poor mental health can also be a contributing factor to offending behaviour.

The focus here should be on support for people in the community, to prevent escalation of needs and reduce the likelihood of entry into the criminal justice system. Re-investment in community mental health services is vital for this population. In our 2017 survey many respondents expressed concern that lack of funding and cuts to services in the community, especially around mental health, were contributing to the rising complexity of needs among their service users.

There is a particular need for improved care for people with co-occurring mental health and substance misuse conditions. We welcome the inclusion of requirements in the new NHS England service specifications for prison mental health and substance misuse services[7] to ensure coordinated care for people with dual diagnosis, and operate a 'no wrong door' policy. However, our members tell us this is still a significant barrier to people accessing mental health and substance misuse treatment, especially in the community, and requires continued attention.

NHS England has made strong progress in recent years in establishing the national Liaison and Diversion programme, which seeks to identify people with mental health and other vulnerabilities at their first point of contact with the justice system, and ensure these needs are met, including through diversion from custody where appropriate. We support the continued expansion of these services to achieve full national coverage by 2020.

We also welcome the current work being undertaken to develop an effective protocol for increasing uptake of Community Sentence Treatment Requirements (CSTRs). In consultation with our members and their service users earlier this year, to inform the evaluation of the CSTR protocol programme, Clinks found strong support for the value of CSTRs to support people with mental health, drug or alcohol needs; and for expanding their use to encompass

a greater range of people and conditions. In particular, participants discussed the need to develop CSTRs suitable for people with primary care-level mental health needs, such as social anxiety; and for people with personality disorder, as their needs are currently only catered for via the Offender Personality Disorder Pathway for high risk offenders. NHS England should consider investing in a national programme for CSTRs, similar to Liaison and Diversion, to ensure consistent provision and availability of these across the country.

4. There are some significant inequalities in how our populations access and experience care for their mental/physical health needs, and in their outcomes, including but not limited to people who have 'protected characteristics' under the Equality Act 2010. What are your views on what practical steps the NHS should take to address inequalities in the services it provides?

Involve people with lived experience

People and families with experience of the criminal justice system are a vital source of intelligence about how to improve services. Listening to the voice of people with lived experience can improve the quality and impact of the services on offer; contribute to wider outcomes, including addressing inequalities; and enable individuals to build a new identity which supports them to move forward. NHS England should embed the involvement of a diverse range of people with lived experience throughout the commissioning cycle, to inform policy and practice.

Access to primary care services

Despite the high levels of health and care need among this part of the population, many people in contact with the criminal justice system have poor contact with primary care services and instead overuse emergency health services. Overcoming barriers to accessing primary care for this underserved population will improve health outcomes, reduce health inequalities and ultimately reduce costs for the NHS. In common with other inclusion health groups[8], some of the key barriers experienced include:

- Stigma, or the fear of stigma and negative perceptions of public services
- Being refused registration at GP practices without proof of address or identity documentation
- Inappropriate communication, including provision of verbal, easy-read or other communication formats for those with poor or no literacy
- Being excluded from services due to perceived challenging behaviour in response to past trauma.

One of the main reasons behind this is a lack of training or awareness of requirements around registration amongst GP reception staff. Many inclusion groups can be refused access to primary care due to a lack of documentation, even though "there is no regulatory requirement to prove identity, address, immigration status or the provision of an NHS number in order to register."[9] People are often asked to provide an address, prove immigration status or provide identification. Similarly, a negative attitude, poor communication, or a lack of understanding of trauma-informed approaches on the part of practice or reception staff can prevent people from engaging well with services. Investing in training and the provision of trauma-informed primary care services is key to improving health outcomes for this population.

Invest in peer support services

Peer support approaches are another proven means to improve engagement with health services and health outcomes for people in the justice system. Many voluntary sector organisations currently operate peer support schemes, which could be adapted, expanded or scaled up to encompass health support. Peer support can be especially valuable for people from equalities groups, where they are able to receive support from someone who shares the same characteristics, experiences or cultural background as

themselves. For example, Keyring[10] provides networks of support for people with learning disabilities who have been in contact with the criminal justice system. Each network has a volunteer who acts as the group facilitator and supports the others with their everyday issues, as well as support workers who can provide further help and advice to the group. This model of mutual support empowers those within the group to pull together and ensures there is always a friendly face available as and when somebody needs it[11].

Gender-specific responses for women offenders

Women in the criminal justice system have very different needs to men, including an even higher prevalence of health and care needs. A large majority have experienced trauma, including sexual and domestic abuse; are primary carers for children; suffer from mental ill health including post-traumatic stress disorder; are engaged in street sex work; and have chronic substance misuse problems. Voluntary organisations have developed gender-specific responses to this challenge, including a one-stop-shop approach which delivers a holistic package of support in a safe and women-only environment. The NHS should work with specialist women's organisations to provide access to health services in the same way.

Addressing racial disparity

Black, Asian and minority ethnic (BAME) people are disproportionately overrepresented throughout the criminal justice system. All sectors working in criminal justice, including health services, must work to tackle racism and discrimination by ensuring that they are using evidence and examples of good practice to meet the needs of BAME people. The NHS should adopt the explain or reform principle of the Lammy Review[12] to identify any aspects of disproportionality in access to, or outcomes from, health services in the justice system. If they cannot provide an evidence-based explanation for apparent disparities, then they should introduce reforms to address them.

Older people

The projected growth of older people within the health and justice population will require an increased focus on meeting the complex mix of health and social care needs they present with over the next 10 years. Six out of 10 older prisoners (59%) report having a long-standing illness or disability, compared with just over a quarter of younger prisoners.[13] Meeting these needs will require close co-operation between the NHS, social care, criminal justice and voluntary sector services. Voluntary sector provision for older people who have offended can offer greater flexibility to build trusted, people-centred services that uncover needs, act as a gateway between statutory services, and are able to meet needs that fall outside statutory criteria.

End notes

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Clinks supports, represents and advocates for the voluntary sector in criminal justice, enabling it to provide the best possible opportunities for individuals and their families.

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