January 2020

CLINKS RESPONSE

Clinks and Nacro response to the Cabinet Office and Department of Health and Social Care consultation – *Advancing our health: prevention in the 2020s*

Submitted October 2019

About Clinks and Nacro

Clinks is the national infrastructure organisation supporting voluntary sector organisations working in the criminal justice system in England and Wales. Clinks 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. Clinks' aim is to ensure the sector and those with whom it works are informed and engaged in order to transform the lives of people in the criminal justice system.

Clinks is part of the Making Every Adult Matter (MEAM) coalition, along with other national charities Homeless Link and Mind, and associate member Collective Voice. MEAM support 39 local areas across England to develop a coordinated approach to multiple disadvantage that can increase wellbeing, reduce costs to public services and improve people's lives. MEAM have also responded to this consultation and Clinks supports their submission.

Nacro is a national social justice charity with more than 50 years' experience of changing lives, building stronger communities and reducing crime. Nacro houses, educates, supports, advises, and speaks out for and with disadvantaged young people and adults.

Clinks and Nacro are members of the Voluntary Community and Social Enterprise (VCSE) Health and Wellbeing Alliance (the alliance), a partnership between the Department of Health and Social Care, NHS England and Public Health England and 21 national voluntary sector organisations and consortia. The alliance aims to bring the voice of the voluntary sector and people with lived experience into national policy making, to promote equality and reduce health inequalities. Clinks and Nacro work together to raise awareness of the health needs of people in the criminal justice system and the vital role the voluntary sector can play in addressing them.

About this response

We welcome the opportunity to respond to *Advancing our health: prevention in the 2020s* conducted by the Cabinet Office and Department of Health and Social Care (DHSC). We want to help ensure that prevention is at the heart of the government's approach to the health system and to recognise that preventative approaches must be different for each individual. Our response focusses on the health inequalities faced by a large group of people in the criminal justice system,

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the link between poor health and coming into contact with the criminal justice system, and how prevention is of central importance to address the health inequalities they face.

Our response is structured under the relevant headings of the green paper in the order they appear. We have only answered questions of relevance to our work. There is a significant amount of content in the green paper that is relevant to us but which is not specifically consulted on through questions and we have commented on those sections below.

Introduction

From life span to health span

We welcome the emphasis in the green paper on excluded groups. People in contact with the criminal justice system (both adult and youth justice systems) include some of society's most vulnerable people, who experience a diverse range of social, economic and environmental disadvantage. On entering prison for example, many people are unemployed (68%), have no qualifications (47%), have experienced abuse as a child (29%), have recently been using Class A drugs (64%), recently overconsuming alcohol (22%) and are homeless (15%).[1] Many of these forms of disadvantage are recognised as wider determinants which impact on people's health.

People in contact with the criminal justice system will generally experience high levels of social exclusion and significant health inequalities. Many have complex and multiple morbidities and may experience significant inequality in accessing services to help to meet their needs due to their involvement in the justice system.[2] Many service users will have had poor experiences of services and, therefore, may not engage in a timely and appropriate manner, impacting further on opportunities for prevention and early intervention. These factors may collectively result in high usage of costly emergency services by this client group.[3]

However, it is generally accepted that addressing health inequalities and putting measures in place to encourage engagement will have a positive impact on social exclusion and levels of offending and reoffending. As many people in contact with the justice system come from disadvantaged and underserved communities, tackling their needs brings a 'community dividend' by having a positive impact on their wider peer group and social networks, as well as the communities they come from.[4]

Question: Which health and social care policies should be reviewed to improve the health of people living in poorer communities or excluded groups?

People in prison face many specific and significant challenges in meeting their health needs. Justice and health departments must work together to best ensure health and social care policies respond to the specific needs of people in prison, including distinctive approaches to those with protected characteristics.

The *National Partnership Agreement for Prison Healthcare in England 2018-2021*,[5] signed by Ministry of Justice (MoJ), Her Majesty's Prison and Probation Service (HMPPS), DHSC, Public Health England and NHS England is a positive example of cross-departmental work, and it includes commitments on addressing disparities faced by people with protected characteristics.

The government should publish a detailed update on its progress in meeting the commitments made in the *National Partnership Agreement for Prison Healthcare in England 2018-2021*.

There are much greater numbers of people serving their sentences in the community. Only 6.5% of those sentenced in 2014 were sentenced to custody,[6] while 46% of custodial sentences were for 6 months or less.[7] We are therefore pleased to see recognition in the green paper of people in contact with the criminal justice system in the community. There are very few studies on the health and care needs of people serving sentences in the community and Clinical and Commissioning Groups (CCGs) rarely feature this population in Joint Strategic Needs Assessments (JSNAs). Those studies that have been done, show levels of health inequalities for people serving sentences in the community are on a par with people in prison, and both are significantly higher than the general population.

We wish to see people serving sentences in the community and those being released from prison included in JSNAs in order that local agencies can identify actions to improve the well-being of individuals in contact with the criminal justice system in their strategies.

Both in prison and in the community, special attention should be given to the particularly acute forms of exclusion faced by many people with protected characteristics, especially black, Asian and minority ethnic (BAME) individuals. The criminal justice system in effect emphasises and perpetuates existing inequalities and exclusion faced by BAME individuals, given both the existing prevalence of discrimination and structural inequality in wider society and the overrepresentation of BAME individuals in the criminal justice system. *Whole prison, whole person*, a recent report by Clinks, shows that people with protected characteristics face additional and specific barriers to maintaining good mental health in prison and accessing appropriate mental health services.[8] The report showed that this was particularly true for BAME individuals who face specific forms of direct and indirect discrimination in prison, leading to negative impacts on their health. *The Lammy Review* comprehensively detailed the disparity in the treatment of, and outcomes for, BAME individuals in the criminal justice system as a whole.[9]

Women remain a minority group in contact with the criminal justice system and represent just 5% of the prison population, but women experience more complex and acute needs than their male counterparts. A large majority have experienced trauma, including sexual and domestic abuse; many are primary carers for children; and many will suffer from mental ill health including post-traumatic stress disorder. The prevalence of self-harm across the prison estate is at a record high, but women are significantly more likely to self-harm than men.[10] Only a tiny proportion of women who have offended are assessed as a high risk of harm to others, yet many are still sent to prison.

All health and social care policies should pay special attention to particular forms of health inequalities faced by people with protected characteristics, and seek to address these forms of inequality.

Chapter one: Opportunities

Intelligent health checks

Question: Do you have any ideas for how the NHS Health Checks programme could be improved?

While supportive of the NHS Health Checks programme, we are concerned that they take place in settings that people may not visit or engage with and that there is a lack of understanding amongst some in the criminal justice system of their value. We note examples of positive initiatives where health checks are offered in libraries or shopping centres to improve engagement rates.

We would like health checks to be part of resettlement planning from prison, and suggest they are built into the RECONNECT programme. We also want to see health checks where people in contact with the criminal justice system can engage with them, including when accessing services provided by the voluntary sector.

Nacro – in partnership with Centra – provides support for men in the Greenwich prisons (HMPs Belmarsh, Isis and Thameside) who have significant mental health issues on their transition from prison to the community. It has been commissioned as part of the prison healthcare service provided by Oxleas NHS Trust to provide in custody and through the gate support to prisoners who are the most vulnerable, to ensure that they have clearly defined release plans and there is an immediate link with community based support services when they leave custody. This includes registering with and attending primary care services. In providing this additional support and continued provision through the gate, service users can be encouraged to increase engagement with community services, improve their health and wellbeing and desist from criminal activity.

Chapter two: Challenges

Staying active

The green paper compellingly sets out the importance of physical activity to maintaining physical and mental health, but the ability for people in prison to access physical activity is often severely restricted. Clinks members reported that overcrowding and staff shortages are having a substantial impact on prisoners being able to access the services they need. The wider prison environment and regime, in the context of overcrowded and understaffed prisons,[11] has a major impact on the ability of staff to unlock prisoners and escort them around the prison.

Despite such challenges, there are many examples of prisons, often in close collaboration with the voluntary sector, delivering transformative interventions through sports and exercise, as detailed extensively in Rosie Meeks' review for government, a sporting chance.[12]

When considering the importance of physical activity as part of its health prevention agenda, the government should consider the specific challenges and benefits of delivering meaningful physical activity to people in prison.

Taking care of our mental health

Question: There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?

Poor mental health can be a contributing factor that leads people into contact with the criminal justice system, especially when people are unable to access the services they need in the community. The criminal justice system is then ill-suited to provide these people with the mental health support they need, often worsening rather than addressing their poor mental health. Some groups of people are disproportionately likely to access services through the justice system. For example, the Bradley report notes that people from BAME communities are 40% more likely than White Britons to access mental health services via a criminal justice system gateway.[13]

Studies on prevalence rates of mental ill health within the justice system suggest that 90% of all people in prison have one of five mental health conditions and 70% have two or more.[14] Similarly a study of probation caseloads in 2008 concluded that people with convictions (as opposed to people in prison) also have significantly worse health, including levels of mental ill health, than the general population.[15]

To prevent this damaging cycle, there must be better provision of early intervention, prevention and diversion, to support people to improve their health and address the underlying causes of their offending in the community. We welcome programmes such as the national liaison and diversion (L&D) programme that helps to identify people with vulnerabilities in contact with the justice system and helps them access appropriate and timely interventions. We acknowledge particularly the work of the national L&D programme in putting lived experience at the heart of its delivery and significantly improving engagement rates both with L&D and with subsequent interventions through the use of peer support.

We welcome the commitment in the NHS Long Term Plan to increase the use of Community Sentence Treatment Requirements (CSTRs) – including Mental Health Treatment Requirement (MHTR), Drug Rehabilitation Requirement (DRR), and Alcohol Treatment Requirement (ATR) – as well as to develop a programme of continuity of care through RECONNECT. For each of these initiatives we believe that there are opportunities to embed prevention strategies as part of delivery. Clinks found strong support amongst voluntary organisations for CSTRs as an alternative to custody[16] and the successful pilot for increasing the use of CSTRs, has had a particularly positive impact on increasing the use of Mental Health Treatment Requirements.[17] If requirements under CSTRs are too stringent however, or are not offered alongside appropriate support, people may relapse, disengage from services or be returned to court. Requirements must not be so unrealistic that they set people up to fail.

We welcome a further expansion of alternatives to custody, including Community Sentence Treatment Requirements, and government should engage the voluntary sector to track and address any adverse consequences that stem from mandated treatments.

The criminal justice system has a growing recognition that many people who come into contact with it have a history of trauma including early childhood trauma, and in some cases justice agencies are looking to understand and address people's actions using this perspective. Some police forces for example are promoting an Adverse Childhood Experiences led approach. Trauma-informed interventions for women in prison have been shown to reduce symptoms of depression, anxiety, psychological distress, PTSD, and trauma-related problems.[18]

Health services in criminal justice settings should develop trauma-informed approaches and interventions to understand, address and mitigate the impact of trauma on an individual's life.

Key to supporting people with mental health needs, including those in crisis, is access to services. We are aware that having a history of offending is a barrier to accessing some services as is accessing services via the justice system. In many cases access is denied: in others, a blanket approach to risk means that the response is escalated to an inappropriate level.

We believe that 'parity of esteem' should exist between those with a history of contact with the justice system and those without.

Prevention in the NHS

Question: Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?

We see a very positive role for community pharmacies in prevention and promoting good health for people in contact with the criminal justice system, who may perceive that they will not be received by primary care services and GPs.

We would like community pharmacies to be located in settings that people in contact with the justice system and other disadvantaged groups use, such as probation settings or community centres. Community pharmacies should work in a joined-up way with voluntary organisations too, who often offer support to help people address social determinants that impact on health (for example, employment and training, accommodation, benefits).

Working in such a way can provide holistic support for people to address various challenges in one place.

Chapter 3: Strong foundations

The early years

The criminal justice system has a major impact on the early lives of many children. There is no record of how many children of prisoners there are in England and Wales, though a recent estimate puts the number at 312,000.[19] There is a high incidence of offending, mental health issues, and poor educational attainment amongst this group. A recent report by the Joint Human Rights Committee found irreparable harm is caused to tens of thousands of children each year when their mothers are sent to prison.[20] As shown in two recent reviews conducted by Lord Farmer for the MoJ, and supported by Clinks, maintaining relationships and family ties for people in prison is essential to reduce reoffending and reducing intergenerational crime.[21]

Pregnant women and new mothers have many physical health, dietary, caring and mental health needs that cannot be met in a conventional women's prison. Mother and Baby Units (MBU) are specialist inpatient units that can admit women in late pregnancy and enable babies to stay with their mother until they reach 18 months, after which other arrangements for long-term care are made. To inform a Clinks report on mental health in prison, women with lived experience said MBUs were positive and allowed them to bond with their baby, but being transferred to a MBU could often be highly frustrating and stressful. The Birth Charter produced by Birth Companions, with support of the Royal College of Midwives, sets out what needs to be in place in order to improve the care of pregnant women and their babies whilst they are in prison.[22]

The Birth Charter should be embedded in a whole prison approach to wellbeing in any custodial estate holding women who are pregnant and who could give birth whilst in prison.

Creating healthy places

Question: What would you like to see included in a call for evidence on musculoskeletal (MSK) health?

The green paper sets out statistics that more years are lived with musculoskeletal (MSK) disability than any other long term condition, and we recognise that the condition has an enormous impact on the quality of life of millions of people in the UK. What we are less aware of is the impact and affect it has on people in contact with the justice system or whether strategies have been developed to address this within this group. Evidence has suggested that among men, musculoskeletal complaints are the most common long-term physical complaint, though this data is from 1998 and needs updating.

We would like people in contact with the justice system to be specifically included in a call for evidence on MSK and in any subsequent research studies.

Active ageing

Question: What is your priority for making England the best country in the world to grow old in, alongside the work of PHE and national partner organisations?

People aged over 50 are the fastest growing group in the prison population. Meeting their health and care needs, both in custody and after release, is one of the most pressing challenges facing the criminal justice system. It is set to become even more pressing as the population continues to age.

Within prisons, an unintended combination of factors can create a climate of systemic ageism. For example, older prisons in particular are rarely wheelchair accessible, lack grab rails and have poor lighting. Hospital visits are delayed and put regimes under pressure because regulations require two officers to escort, despite the low risk of older prisoners absconding. Most of the education courses and work placements in prisons are limited to prisoners of working age, which also means that older prisoners are significantly disadvantaged in the Incentives and Earned Privileges scheme. They are more likely than the general prison population to spend more time restricted to their cells, vulnerable to isolation and to bullying.

The Secretary of State for Justice should provide strategic leadership that recognises and meets the specific needs of older people in the criminal justice system and addresses this systemic ageism. They should work closely with health agencies in this endeavour.

Flexibility is vital, a recent report by Clinks, profiled the singular contribution made by the voluntary sector to address the needs of older people in the criminal justice system.[23]

Commissioning strategies should recognise the role and value of the voluntary sector in meeting the needs of older people in the criminal justice system.

National action

Question: what government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health? Please describe a top 3.

1. Sentencing

As recently as July 2019 the then Secretary of State David Gauke called for a move away from short prison sentences, citing compelling government evidence[24] that short sentences are ineffective at reducing reoffending.[25] This was met with support by many in the voluntary sector, as short sentences often disrupt people's health care, accommodation and benefits, while they are too short to fully address issues inside prison or to effectively plan resettlement to ensure continuity of care in the community. Since then however the prime minister has announced a sentencing review with a reduced focus on alternatives to short prison sentences.

We urge government to revive plans to reduce the use of short sentences, in order to better meet people's health (and other needs) more effectively in the community.

An increase in the length of prison sentences over the last decade has been the main driver of an increasing prison population. The prison estate is straining under this increase, resulting in overcrowding, drug use, violence, self-harm, suicide and a lack of adequate rehabilitation. Longer sentences are the main contributor to an ageing prison population, as more people grow old in prison. Recent announcements, following the sentencing review, of intentions to keep people convicted of serious and violent offences in prison for longer will only exacerbate existing pressures and likely increase the demand for health and social care.[26]

Government should halt their proposals to increase the proportion of sentences that some people will spend in custody, and instead prioritise evidence-based sentencing policy, including addressing the increase in length of prison sentences.

2. Community provision

The Transforming Rehabilitation probation programme has had many serious consequences, including on the health of people serving sentences in the community. The annual report of HM Inspectorate of Probation reported that people are not receiving continuity care as they move between prison and the community,[27] and many people under probation supervision live with unrecognised and untreated mental health problems.[28]

The launch of a new probation system in 2021, following the decision to review the Transforming Rehabilitation model, and bring offender management back into public sector, therefore presents a valuable opportunity to improve the health of a large number of people.

The new probation model must be carefully designed to improve resettlement provision including ensuring there is a continuity of health care for people leaving prison and into the community.

3. Stronger partnership working

There needs to be better 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 MEAM coalition. 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[29] 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.

Value for money

Question: How can we make better use of existing assets- across both the public and private sectors- to promote the prevention agenda?

Many people's health needs cannot be adequately met in prison, exacerbating health inequalities. The government could make much better use of its existing assets by adopting a joined-up approach across government departments and the voluntary sector, to prioritise interventions aimed at addressing people's underlying needs (including mental health and substance misuse) outside of prison. The overreliance on prison is expensive and ineffective. Each prison place costs on average £40,843 per year[30] and the government has recently committed £2.5 billion to building 10,000 new prison places.[31] Despite this, 62.2% of people sentenced to less than 12 months will reoffend within a year.[32]

We welcome the recognition that community assets can support the public and private sector to promote the prevention agenda. Any effective approach to prevention in the context of health and justice will require close working with the voluntary sector. The voluntary sector holds extensive knowledge, resource and expertise in meeting the complex needs of people in the criminal justice system, and have been delivering cost-effective preventative and diversionary services in the community to vulnerable people for many years, that should be supported and expanded. The sector also has an enviable track record in engaging with disadvantaged and under-served communities and involving people with lived experience in co-producing, designing and delivering services.

Government should work with the voluntary sector as part of a joined-up approach to better meet the health needs of people in the community. A full range of funding mechanisms, including grant funding, must be made available to ensure appropriately local and specialised voluntary sector services are properly supported and resourced.

End notes

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CLiNKS

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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