



# SUPPORTING VULNERABLE PEOPLE IN CUSTODY AND AT COURT

An update for the voluntary and community sector



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This briefing has been prepared by Revolving Doors Agency, in association with Clinks and Making Every Adult Matter (MEAM)



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# Introduction

Health inequalities within the offender population are high, with studies consistently revealing that those in contact with the criminal justice system are significantly more likely than the general population to experience poorer physical and mental health, require support in relation to substance misuse issues, or have multiple support needs across these and other areas<sup>1</sup>.

The commissioning arrangements of health and social care services are currently undergoing significant reform. These reforms, introduced by the Health and Social Care Act (2012), provide local areas with increased responsibility and accountability for commissioning services that deliver improved integration across health and social care and which reduce health inequalities among the local population. From April 2013, Health and Wellbeing Boards will assume strategic oversight of the commissioning of health and social care services, with Clinical Commissioning Groups and local authority Public Health teams leading on the commissioning of services locally. However, separate arrangements are to be introduced for the commissioning of some specialist groups; including the commissioning of health and some substance misuse services for suspects, defendants and offenders within custodial settings.

A number of programmes of work, designed to accompany and support this commissioning reform are also underway. These include the transfer of commissioning of health services in police custody from individual forces to the NHS, and the national roll-out of liaison and diversion services.

The vast majority of offenders spend more time residing in the community than they do within custodial settings. The emerging commissioning arrangements for services in the community will therefore have an important role to play in reducing health inequalities among those in contact with the criminal justice system. Further details of the wide and changing range of commissioning structures for health and social care services in the community are provided in Clinks' member's briefing on the **new health commissioning landscape**<sup>2</sup>, and the Making Every Adult Matter (MEAM) publication, **Navigating Change**<sup>3</sup>.

This paper aims to add to these earlier briefings to provide voluntary and community sector (VCS)



organisations working with vulnerable offenders with an overview of the commissioning and provider arrangements for healthcare services within custodial settings and at court, and to consider how pathways between custody and community services can be strengthened.

The briefing begins with an outline of the existing arrangements for the commissioning and delivery of services in custodial settings and at court, covering general healthcare services, mental healthcare and substance misuse services. Details of current and anticipated changes to these arrangements are then provided along with consideration of how VCS organisations can link with these developments to increase the support available to offenders in custody or going through the criminal justice process.

1. Singleton, N., Meltzer, H. & Gatward, R. (1998) Psychiatric Morbidity among Prisoners in England and Wales. [http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publicationsstatistics/DH\\_4007132](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publicationsstatistics/DH_4007132) & Singleton, N., Bumpstead, R., O'Brien, M., Lee, A. & Meltzer, H. (2001) Psychiatric Morbidity among Adults Living in Private Households, 2000. [www.ons.gov.uk/ons/rel/psychiatric-morbidity/psychiatric-morbidity-among-adults-living-in-private-households/2000/index.html](http://www.ons.gov.uk/ons/rel/psychiatric-morbidity/psychiatric-morbidity-among-adults-living-in-private-households/2000/index.html); Stewart, D (2008) The problems and Needs of Newly Sentenced Prisoners: Results from a National Survey. [www.cjp.org.uk/publications/archive/the-problems-and-needs-of-newly-sentenced-prisoners-13-10-2008/](http://www.cjp.org.uk/publications/archive/the-problems-and-needs-of-newly-sentenced-prisoners-13-10-2008/); Brooker, C. et al (2011) An Investigation into the prevalence of mental health disorders and patterns of health service access in a probation population. [www.lincoln.ac.uk/cjmh/RfPB%20Executive%20Summary.pdf](http://www.lincoln.ac.uk/cjmh/RfPB%20Executive%20Summary.pdf)

2. [www.clinks.org/assets/files/PDFs/Briefings/Members%20Briefing%20-%20Offender%20Health%20August%202012.pdf](http://www.clinks.org/assets/files/PDFs/Briefings/Members%20Briefing%20-%20Offender%20Health%20August%202012.pdf)

3. [www.meam.org.uk/wp-content/uploads/2012/07/Emerging-Structures-FINAL.pdf](http://www.meam.org.uk/wp-content/uploads/2012/07/Emerging-Structures-FINAL.pdf)

## OFFENDERS AND HEALTH

- Just under half the prison population are estimated to have an anxiety disorder or depression, three times the level found among the general population<sup>4</sup>.
- Approximately 8% of prisoners have schizophrenia, compared with 0.5% of the general population<sup>5</sup>.
- More than one quarter of prisoners in the Surveying Prisoner Crime Reduction project reported having a long standing physical illness or disability<sup>6</sup>.
- 62% of prisoners in the Surveying Prisoner Crime Reduction project reported using drugs in the four weeks before entering custody<sup>7</sup>, with an estimated 45% of the prison population identified as drug dependent<sup>8</sup>.
- 30% of the prison population are estimated to be alcohol dependent<sup>9</sup>.
- In assessing their own support needs, 32% of prisoners identified help for a drug problem, 21% support for a mental health issue, 20% to address medical problems and 16% help for an alcohol problem<sup>10</sup>.

## The picture so far

This section provides details of healthcare services operating primarily within police custody, the courts and prisons across England. It should be borne in mind that the boundaries between these custodial settings and the community, particularly police custody and the courts, cannot be readily demarcated, and there is some cross-over of community services providing crisis support in these settings.

## Police custody

### General healthcare

There is no uniform model for the provision of healthcare services in police custody. These services are currently commissioned by individual police forces and are frequently contracted to independent providers. Cover is typically provided by forensic physicians, sometimes with support from custody nurses, who are often from general practice backgrounds with only limited mental health training<sup>1</sup>.

The Police and Criminal Evidence Act 1984 (PACE) sets out the responsibilities of the police in responding to illness and injuries among detainees in police custody. The predominant focus of PACE healthcare requirements is upon addressing acute physical and mental healthcare needs (to ensure safe detention) and upon adherence to regulations relating to criminal proceedings, including determining fitness to detain and interview a suspect and the collection of evidence, for example, in sexual assault cases<sup>12</sup>.

The limited research that has examined the general healthcare needs of detainees in police custody suggests that these encompass a broad range of disorders, and that a considerable proportion of those entering police custody have active, long-term medical conditions, which are often poorly managed<sup>13</sup>. Within the existing focus of police healthcare provision, there is only limited capacity to respond to these broader healthcare needs and significant scope to improve links with community support services<sup>14</sup>.

### Alcohol and drugs: arrest referral

Arrest referral schemes operate in the majority of police custody suites, offering information, brief interventions and referral into assessment and treatment for detainees with substance misuse problems. Funding for these services is currently drawn from a variety of sources, including the Home Office portion of the budget for the Drugs Interventions Programme (DIP). Drug (and Alcohol) Action Teams (DAATs) are responsible for commissioning these services, many of which are operated by VCS organisations.

4. Singleton, N., Meltzer, H. & Gatward, R. (1998) Psychiatric Morbidity among Prisoners in England and Wales. [http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publicationsstatistics/DH\\_4007132](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publicationsstatistics/DH_4007132) & Singleton, N., Bumpstead, R., O'Brien, M., Lee, A. & Meltzer, H. (2001) Psychiatric Morbidity among Adults Living in Private Households, 2000. [www.ons.gov.uk/ons/rel/psychiatric-morbidity/psychiatric-morbidity-among-adults-living-in-private-households/2000/index.html](http://www.ons.gov.uk/ons/rel/psychiatric-morbidity/psychiatric-morbidity-among-adults-living-in-private-households/2000/index.html)
5. Ibid
6. Stewart, D (2008) The problems and Needs of Newly Sentenced Prisoners: Results from a National Survey. [www.cjp.org.uk/publications/archive/the-problems-and-needs-of-newly-sentenced-prisoners-13-10-2008/](http://www.cjp.org.uk/publications/archive/the-problems-and-needs-of-newly-sentenced-prisoners-13-10-2008/)
7. Ibid
8. Singleton, N., Meltzer, H. & Gatward, R. (1998) Psychiatric Morbidity among Prisoners in England and Wales. [http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publicationsstatistics/DH\\_4007132](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publicationsstatistics/DH_4007132)
9. Ibid
10. Stewart, D (2008) The problems and Needs of Newly Sentenced Prisoners: Results from a National Survey. [www.insidetime.org/resources/Research%20and%20Reports/Problems+Needs\\_New\\_Prisoners\\_MOJ\\_2008.pdf](http://www.insidetime.org/resources/Research%20and%20Reports/Problems+Needs_New_Prisoners_MOJ_2008.pdf)
11. Bradley, K. (2009) The Bradley Report: Lord Bradley's Review of People with Mental Health Problems or Learning Disabilities in the Criminal Justice System [www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_098698.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_098698.pdf)
12. See PACE Code C (2012) [www.homeoffice.gov.uk/publications/police/operational-policing/pace-codes/pace-code-c-2012?view=Binary](http://www.homeoffice.gov.uk/publications/police/operational-policing/pace-codes/pace-code-c-2012?view=Binary); ACPO NPIA (2012) The safer detention and handling of persons in police custody, second edition [www.homeoffice.gov.uk/publications/police/operational-policing/safer-detention-guidance?view=Binary](http://www.homeoffice.gov.uk/publications/police/operational-policing/safer-detention-guidance?view=Binary) and Payne-James, J., Green, P., Green, N., McLachlan, G., Munro, M. and Moore, T. (2010) Healthcare issues of detainees in police custody in London, UK. *Journal of Forensic and Legal Medicine*. 17: 1
13. Ibid
14. Revolving Doors Agency (forthcoming) Service Users' perspectives on the provision of health care in police custody. London: Revolving Doors Agency.

## Mental health and learning disability: liaison and diversion services

Criminal Justice Liaison and Diversion services operate in the majority of local areas, to assess and advise on mental health needs among suspects, and where appropriate, arrange for onwards referral into treatment. As identified in Lord Bradley's (2009) landmark review of people with mental health problems and learning disabilities in the criminal justice system, there is considerable variation in the provision of these services across the criminal justice system. At present, there is no uniform model for the commissioning or delivery of Criminal Justice Liaison and Diversion services, and while some services operate within police custody and others are exclusively court-based operations, some cover both domains<sup>15</sup>.

The majority of adult Criminal Justice Liaison and Diversion services are nurse-led services and are usually provided by mental health trusts, often as part of the wider contract for delivering mental health services in the local area. There are a smaller number of directly commissioned services operated by VCS organisations (an example of which is given in the proceeding section). In general, Criminal Justice Liaison and Diversion services have historically focussed on severe and enduring mental illnesses, and in turn, often rely on referral into trust-run mental health services, although this varies from area to area<sup>16</sup>.

In addition to adult schemes, there are a number of Youth Justice Liaison and Diversion services. These schemes are not generally located at police custody but instead respond to young people on police bail or those who have been given a restorative intervention, reprimand or final warning. These often sit within Youth Offending Services or local authority Early Intervention Teams. Links between youth justice and adult Criminal Justice Liaison and Diversion services are generally very limited, although these are developing in some areas<sup>17</sup>.

### Appropriate Adults

In addition to healthcare provision, PACE (1984) regulations require all suspects who are mentally vulnerable and those who are aged 16 and under to have a responsible adult present when they are read their rights, interviewed or charged. The role of the Appropriate Adult is separate to that of legal adviser and is intended



## GETTING INVOLVED...

### VCS partnership with Barnsley Criminal Justice Liaison and Diversion Team

In Barnsley, the Criminal Justice Liaison Service works in partnership with a local VCS organisation to extend the range of support available to offenders who come into contact with the service. A local VCS organisation has been commissioned to provide housing and support services alongside the work of the team's mental health nurses and social workers.

to safeguard the rights of vulnerable detainees in custody. While the police have a duty to request the attendance of an Appropriate Adult where there is information to suggest that a detainee is mentally vulnerable, there is no statutory responsibility to commission or provide this service for detainees over the age of 16<sup>18</sup>. This can lead to gaps in provision and subsequent delays in locating an Appropriate Adult<sup>19</sup>, one contributing factor in a reported significant underuse of Appropriate Adults for vulnerable suspects<sup>20</sup>. Further information can be found on the website of the National Appropriate Adult Network<sup>21</sup>.

15. Offender Health Research Network (2011) Liaison and Diversion Services: current practice and future directions. [www.ohrn.nhs.uk/OHRNResearch/LiaisonDivert.pdf](http://www.ohrn.nhs.uk/OHRNResearch/LiaisonDivert.pdf)

16. Ibid

17. Offender Health Collaborative (2012), unpublished data

18. Perks, M. (2010) National Appropriate Adult Network: Appropriate adult Provision in England and Wales, [www.homeoffice.gov.uk/publications/police/operational-policing/appropriate-adult-report?view=Binary](http://www.homeoffice.gov.uk/publications/police/operational-policing/appropriate-adult-report?view=Binary)

19. Bradley, K. (2009) The Bradley Report: Lord Bradley's Review of People with Mental Health Problems or Learning Disabilities in the Criminal Justice System [www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_098698.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_098698.pdf)

20. Ibid, see also Nemitz, T. & Bean, P (2001) Protecting the rights of the mentally disordered in police stations: The use of the appropriate adult in England and Wales. *International Journal of Law and Psychiatry*: 24 (6) 595-605

21. [www.appropriateadult.org.uk](http://www.appropriateadult.org.uk)

## GETTING INVOLVED...

### Middlesbrough and Stockton Mind, Custody and Court Support Service

Middlesbrough and Stockton Mind has secured Department of Health funding to develop a Custody and Court Support service. As well as providing core Appropriate Adult services, the service response has been expanded to provide support and navigation into a range of community services, as well as providing continuing support for defendants subsequently appearing at court. The service targets adults with mild to moderate mental health needs and/or learning disabilities (who generally do not meet the threshold for support from existing services) and aims to reduce reoffending and improve health and wellbeing.

## GETTING INVOLVED...

### Together for mental wellbeing, Women's Court Liaison and Outreach Project

These services operate in three magistrates' courts across London and are run in partnership with the local NHS Trust. They provide holistic assessment to identify support needs among the women held on remand and on bail in the courts, primarily around mental health and wellbeing needs but also including, accommodation, and financial and relationship difficulties. The results of the assessment inform a report provided to the sitting magistrates or district judges with recommendations and details of community services available to address the identified support needs.

## The courts

The provision of services to respond to the healthcare needs of defendants and offenders appearing at court and those held within court-based custody settings varies significantly from area to area. Where there are no specific healthcare arrangements, cover is provided by crisis or emergency duty teams, if at all.

### Mental healthcare and learning disability

There are currently over 100 adult Criminal Justice Liaison and Diversion schemes operating across England. The majority of these schemes are based in magistrates' courts, although as previously outlined, some also cover police custody. When they were first established in the early 1990s, the focus of these services was often concentrated on diverting offenders with mental health problems out of the criminal justice system and into secure mental health facilities<sup>22</sup>. Many of these services have since evolved to adopt a broader remit, undertaking mental health assessments and advising on the options available to the courts, as well as supporting criminal justice staff to access appropriate treatment for those who remain within the criminal justice system. However, in the absence of a national strategy, services have evolved at different rates giving rise to inconsistent coverage and operation of liaison and diversion services around the country<sup>23</sup>.

Although schemes may identify learning disabilities, there is very little support available to defendants with learning disabilities or difficulties throughout the court process itself. In contrast to the statutory responsibility in police custody to call an appropriate adult for vulnerable suspects, there are no equivalent measures in place for vulnerable defendants during the court process. Although the court has the power to appoint an intermediary to improve communication between a vulnerable defendant and the court, the delayed implementation of section 104 of the Coroners and Justice Act (2009) means this support is not routinely provided<sup>24</sup>. This can present profound challenges for this group in understanding and engaging in court proceedings<sup>25</sup>. Very few Criminal Justice Liaison and Diversion services have staff specifically trained to respond to learning disabilities, or systematic screening procedures in place for identifying these conditions<sup>26</sup>.

Courts themselves can facilitate access to and promote compliance with treatment through Mental Health Treatment Requirements, which can be issued as one of the 12 available options within the Community Order. The Mental Health Treatment Requirement is designed for use in cases where there is a treatable mental health condition but one which is not so severe as to require treatment under a hospital order<sup>27</sup>. Offenders must give

22. Bradley, K. (2009) The Bradley Report: Lord Bradley's Review of People with Mental Health Problems or Learning Disabilities in the Criminal Justice System, [www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_098698.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_098698.pdf); Offender Health Research Network (2011) Liaison and Diversion Services: Current practice and future directions. [www.ohrn.nhs.uk/OHRNResearch/LiaiseDivert.pdf](http://www.ohrn.nhs.uk/OHRNResearch/LiaiseDivert.pdf)

23. Ibid

24. Royal College of Speech and Language Therapists (2012) Registered Intermediaries Briefing; [www.rcslt.org/about/docs/rcslt\\_registered\\_intermediary\\_faqs\\_augst\\_2012](http://www.rcslt.org/about/docs/rcslt_registered_intermediary_faqs_augst_2012)

25. Talbot, J. (2012) Fair Access to Justice? Support for vulnerable defendants in the criminal courts. [www.prisonreformtrust.org.uk/Portals/0/Documents/FairAccessToJustice.pdf](http://www.prisonreformtrust.org.uk/Portals/0/Documents/FairAccessToJustice.pdf)

26. Ibid

26. Bradley, K. (2009) The Bradley Report: Lord Bradley's Review of People with Mental Health Problems or Learning Disabilities in the Criminal Justice System [www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_098698.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_098698.pdf); Offender Health Collaborative, unpublished report

27. Offender Health Research Network (2011) Alternatives to Custody for People with Mental Health Problems. [www.ohrn.nhs.uk/OHRNResearch/AltCust.pdf](http://www.ohrn.nhs.uk/OHRNResearch/AltCust.pdf)

their consent to comply with treatment, which is jointly managed by an appropriate mental health practitioner and an offender manager.

Research suggests that there are a number of barriers in issuing Mental Health Treatment Requirements and that they are often underused<sup>28</sup>, although recent legislative change has been introduced in an attempt to reduce these barriers<sup>29</sup>.

A Specified Activity Requirement may alternatively be issued by the courts, with a condition to engage with services or organisations providing mental health or other support in the community. A number of liaison and diversion schemes are exploring how greater use can be made of Specified Activity Requirements or Mental Health Treatment Requirements as part of an Alternatives to Custody programme, oversight of which has recently transferred from the Department of Health to the National Offender Management Service (NOMS)<sup>30</sup>.

## GETTING INVOLVED...

### Newcastle and Sunderland (WoW!) Alternatives to Custody programme

Working closely with probation and other staff in the local courts, the Newcastle and Sunderland Women outside Walls! project provides an alternative to custody for women with mental health and substance misuse problems who are in contact with the criminal justice system. Project workers attend the courts to develop a needs-led package of support, which sentencers can use as an alternative to custody where appropriate. Both projects operate an assertive outreach model of engagement, and have a dedicated Forensic Community Psychiatric Nurse attached to the staff team.

The Sunderland project works in close partnership with the local Criminal Justice Liaison and Diversion team, to provide support to women with mental health and substance misuse needs in the local area. Both projects have good links with Newcastle Crown Court mental health team.

## Substance misuse

The provision of substance misuse services in the courts largely falls within local arrangements of the DAAT commissioned Drugs Interventions Programmes (DIP). Court-based drugs workers attached to DIP operate in many magistrates' and crown courts to provide information and support during the court process, and to screen and assess defendants with substance misuse problems not previously identified. Where an individual consents, the results of the assessments may be shared with probation staff for consideration during sentencing. Court-based DIP workers also track sentencing outcomes, to liaise with drug treatment and health services where an offender is remanded or sentenced to custody<sup>31</sup>.

A Drug Rehabilitation Requirement may be issued by the courts as part of a Community Order. The Drug Rehabilitation Requirement involves treatment in either the community or a residential setting, alongside regular drug testing in monitoring compliance. Formal provision of treatment for offenders with alcohol problems can be made through an Alcohol Treatment Requirement. The issuing of Drug Rehabilitation Requirements by the courts in England and Wales has remained relatively stable since they were first introduced in 2005, at around 5% of all community orders issued, while the use of Alcohol Treatment Requirements has tripled to 3% in recent years<sup>32</sup>.

A number of projects in the Alternatives to Custody programme are also trialling the use of holistic community treatment options for substance misusing offenders. Pilot projects include a peer support model, as well as schemes with an emphasis on improving the skills and employment opportunities of service users<sup>33</sup>.

## Prisons and the secure youth estate

### General healthcare

Within the last decade, healthcare services in prisons across England have undergone considerable change, with a phased transfer of commissioning responsibility from the Prison Service to the NHS, which was completed in 2006. Soon to be disbanded Primary

28. Seymour, L. and Rutherford, M. The Community Order and the Mental Health Treatment Requirement. [www.centreformentalhealth.org.uk/pdfs/scmh\\_mental\\_health\\_treatment\\_requirement\\_paper.pdf](http://www.centreformentalhealth.org.uk/pdfs/scmh_mental_health_treatment_requirement_paper.pdf); see also Revolving Doors Agency (2012) The Big Diversion Project: Current State analysis of Diversion Services in the North East Region – Final Report. [www.revolving-doors.org.uk/documents/final-report-bdp/](http://www.revolving-doors.org.uk/documents/final-report-bdp/)

29. Scott, G. & Moffatt, S (2012) The Mental Health Treatment Requirement: Realising a better future. [www.centreformentalhealth.org.uk/pdfs/MHTR\\_2012.pdf](http://www.centreformentalhealth.org.uk/pdfs/MHTR_2012.pdf)

30. Further details of the alternatives to custody programme can be found on page 9 in the following Offender Health Collaborative (2012) report: [http://api.ning.com/files/dRltKnSKyrqfY9RHsNvdUxPE07XhivV6sf8buTuM3ptuhRCsxkezvRvSxNa6EK2Lg\\*12hp8aLNUSe-5T2x-1ZzgCqcn8xM/StageOnePhaseOne2.pdf](http://api.ning.com/files/dRltKnSKyrqfY9RHsNvdUxPE07XhivV6sf8buTuM3ptuhRCsxkezvRvSxNa6EK2Lg*12hp8aLNUSe-5T2x-1ZzgCqcn8xM/StageOnePhaseOne2.pdf)

31. Home Office (2010) Drugs Interventions Programme operational handbook. [www.homeoffice.gov.uk/publications/crime/reducing-reoffending/DIP-Operational-Handbook?view=Binary](http://www.homeoffice.gov.uk/publications/crime/reducing-reoffending/DIP-Operational-Handbook?view=Binary)

32. Ministry of Justice (2012) Offender Management Statistics Quarterly Bulletin October to December 2011. Annual tables – offender management caseload statistics 2011 tables (table A 4.9) [www.justice.gov.uk/statistics/prisons-and-probation/oms-quarterly/oms-quarterly-editions](http://www.justice.gov.uk/statistics/prisons-and-probation/oms-quarterly/oms-quarterly-editions)

33. Further details of the alternatives to custody programme can be found on page 9 in the following Offender Health Collaborative (2012) report: [http://api.ning.com/files/dRltKnSKyrqfY9RHsNvdUxPE07XhivV6sf8buTuM3ptuhRCsxkezvRvSxNa6EK2Lg\\*12hp8aLNUSe-5T2x-1ZzgCqcn8xM/StageOnePhaseOne2.pdf](http://api.ning.com/files/dRltKnSKyrqfY9RHsNvdUxPE07XhivV6sf8buTuM3ptuhRCsxkezvRvSxNa6EK2Lg*12hp8aLNUSe-5T2x-1ZzgCqcn8xM/StageOnePhaseOne2.pdf)

Care Trusts (PCTs) are currently responsible for commissioning a range of prison primary care services, which are broadly equivalent to those which operate in the community and are delivered by a range of providers. Prison healthcare centres typically provide access to a range of practitioners to respond to physical health problems, including GPs, nurses, and specialist clinics, such as for blood-borne viruses.

## Mental healthcare

Mental health in-reach teams were introduced into prisons across England when the commissioning of healthcare services was transferred to the NHS<sup>34</sup>. In line with the structure of mental health services in the community, the original intention was that these teams would be focussed on addressing severe and enduring mental health problems among prisoners, with more moderate mental health problems to be treated within primary care services across the prison estate. However, a shortage of practitioners with appropriate mental health expertise in prison primary healthcare services has been reported in some areas<sup>35</sup>, along with a drift from the original focus of in-reach teams on severe and enduring mental illnesses<sup>36</sup>.

## Substance misuse

Prison substance misuse services have also undergone considerable change within recent years, with an increased emphasis on improving integration between clinical and non-clinical substance misuse services, (Counselling Assessment Referral Advice Throughcare [CARAT] services) as well as on improving pathways between prison and community services. Following recommendations made in the Patel Report (2010)<sup>37</sup>, funding responsibility for both clinical and non-clinical substance misuse services in prisons and the young person's secure estate was transferred from the Ministry of Justice to the Department of Health in April 2011<sup>38</sup>. This move is intended to provide greater local autonomy in commissioning services which are responsive to local need and existing community provision. Funding for these services is currently administered by Primary Care Trusts (PCTs) although commissioning of these services may be undertaken within existing partnership arrangements (such as DAATs)<sup>39</sup>.

# The changing landscape

The commissioning infrastructure for health services across custodial settings has historically been disjointed, with a variety of agencies commissioning services at various points along the criminal justice pathway. From April 2013, this process will become more unified, with responsibility for commissioning health and substance misuse services increasingly transferring from criminal justice agencies to the NHS.

At a national level, these reforms will be overseen by the Offender Health Division within the Department of Health, who have responsibility for implementing national programmes to improve health and social care outcomes among those in contact with the criminal justice system. At a local level, regional offender health leads from a select number of Local Area Teams of the NHS Commissioning Board will assume responsibility for commissioning an extended range of healthcare services within the custodial estate<sup>40</sup>.

Accompanying these structural reforms is an aspiration to extend the improved quality of care achieved within prison health services in recent years, across the whole of the criminal justice pathway.

## Police custody

### General healthcare

Following the recommendation by Lord Bradley (2009), a programme to transfer the commissioning of health services within police custody to the NHS is currently underway. As the entry point to the criminal justice system for many offenders<sup>41</sup>, attention is increasingly becoming focussed on the opportunity to identify the health needs of those in contact with the criminal justice system at the earliest stage, and to develop care and treatment pathways accordingly. Nominated police force leads are working closely with existing offender health commissioners within the NHS in this transfer process, with the intention that this will improve integration with healthcare services in the community and within the wider criminal justice system. 10 pathfinder forces began this process in 2011, with a further 23 joining in 2012.

34. Department of Health and HM Prison Service (2001) Changing the Outlook: A strategy for developing and modernising mental health services in prisons. [www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4034228.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4034228.pdf)

35. Durcan, G. (2008) From the Inside: Experiences of Prison Mental Health Care. [www.centreformentalhealth.org.uk/pdfs/From\\_the\\_Inside.pdf](http://www.centreformentalhealth.org.uk/pdfs/From_the_Inside.pdf)

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39. Ibid

40. NHS Commissioning Board Local Area Teams Staff Briefing Pack (2012) [www.wp.dh.gov.uk/commissioningboard/files/2012/06/lat-senates-pack.pdf](http://www.wp.dh.gov.uk/commissioningboard/files/2012/06/lat-senates-pack.pdf)

41. This is less often the case for young people, as policy is focussed on trying to keep young people away from this system with an increasing use of attendance at police stations by appointment and restorative and street-based disposals.





The third and final wave will begin in 2013, with the full transfer anticipated to be complete by 2015<sup>42</sup>.

### Mental healthcare and learning disability

In a separate programme, the Ministry of Justice and the Department of Health have recently announced plans to extend the provision of Criminal Justice Liaison and Diversion services, to provide greater coverage across police custody sites in England<sup>43</sup>. The additional funding that has been announced is subject to a successful business case being made to the Treasury, but if forthcoming, it is anticipated that the expanded network of services will become operational by 2014. The commissioning of these services is anticipated to fall within the remit of regional offender health commissioners from Local Area Teams of the NHS Commissioning Board.

A National Liaison and Diversion Development Network has been established, which brings together the existing and pathfinder schemes into one network which is being overseen by the Offender Health Collaborative, a consortium of six organisations commissioned by the Department of Health as part of the Health and Criminal Justice Programme. The work of the Offender Health Collaborative includes the development of good practice guidance, a quality standard framework, and workforce development support, details of which will be available on the National Liaison and Diversion Development Network website as they are finalised<sup>44</sup>.

### Substance misuse

April 2013 will bring further changes, as newly elected Police and Crime Commissioners (PCCs) will assume responsibility for the portion of the Drugs Intervention Programme budget previously allocated to the Home Office, and administered through local Drug and Alcohol Action Teams. However, there is no statutory requirement for this funding to be spent on this programme which is anticipated to have an impact on provision of these services in some areas.

### The courts

#### Mental healthcare and learning disability

In addition to the expansion of Criminal Justice Liaison and Diversion services across police custody, the national programme to roll-out Criminal Justice Liaison and Diversion schemes includes greater coverage of services across courts.

#### Substance misuse

The provision of substance misuse services in the courts largely fall within local Drug Interventions Programme arrangements, and as outlined above, from April 2013, approximately one-third of the funding of this programme will be allocated directly to Police and Crime Commissioners as part of a Community Safety Fund, without statutory requirement to fund this programme.

### Prisons and the secure youth estate

#### Substance misuse

From April 2013, responsibility for commissioning substance misuse services in prisons and the young people's secure estate will be transferred to the NHS Commissioning Board from disbanded Primary Care Trusts<sup>45</sup>. The precise picture is not yet clear, but at a local level, commissioning of these services may be deferred from regional NHS Commissioning Board leads, to existing partnership arrangements (DAATs) to ensure integration with community substance misuse services (which will be commissioned by local authority Directors of Public Health).

42. Further information on the transfer programme is available on the Health and Criminal Justice Liaison and Diversion Development Network website: [www.networks.nhs.uk/nhs-networks/health-and-criminal-justice-liaison-and-diversion/police-healthcare-commissioning](http://www.networks.nhs.uk/nhs-networks/health-and-criminal-justice-liaison-and-diversion/police-healthcare-commissioning)

43. Department of Health (2012): <http://mediacentre.dh.gov.uk/2012/05/11/consortia-appointed-to-support-government-health-and-criminal-justice-programme>

44. [www.nliddn.org.uk](http://www.nliddn.org.uk)

45. Further information is available in Drugscope's Police and Crime Commissioners briefing paper: [www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/SFC-PoliceCrimeCommissionersBSBriefing.pdf](http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/SFC-PoliceCrimeCommissionersBSBriefing.pdf)

# Engaging with the new commissioning landscape:

## Four key steps that VCS providers can take

Taken together, the changes outlined in this briefing have the potential to significantly improve the range of support available to those in contact with the criminal justice system. It is vital that VCS agencies are well prepared to influence these changes and below we outline a number of suggested ways to engage with these developments.

### 1 / Familiarise yourself with the emerging local commissioning landscape

Changes to the commissioning of healthcare services in both the community and custodial settings are occurring at a fast pace, with some of the exact structures still to be announced. VCS organisations will need to keep up to date with the changes and position themselves as key local stakeholders. The following resources will be useful in starting to build a picture of the new commissioning structures in your local area:

#### Community-based services<sup>46</sup>

- *Health and Wellbeing Boards*  
The majority of upper tier local authorities have been operating Health and Wellbeing Boards in shadow form since April 2012. The King's Fund has created a [directory](#) which provides details and links to further resources, such as refreshed Joint Strategic Needs Assessments and draft Joint Health and Wellbeing Strategies<sup>47</sup>.
- *Directors of Public Health*  
A number of Directors of Public Health have now been appointed to roles within local authorities, with further recruitment continuing throughout the early part of the year. Some local authority websites have included details of the newly appointed Directors of Public Health.

#### Custodial-based services

- *Police and Crime Commissioners*  
A list of all Police and Crime Commissioners along with contact details is available on the Association of Police and Crime Commissioners website<sup>48</sup>. Clinks has developed a range of resources under the Safer Future Communities project to support the VCS in engaging with Police and Crime Commissioners<sup>49</sup>.

- *Offender Health regional lead areas*  
Regional offender health leads (drawn from a select number of NHS Commissioning Board Local Area Teams) will be key figures in the new commissioning landscape. In some areas, the post holders have already been recruited, while in others, these are yet to be announced.

### 2 / Strengthen partnerships

Forming partnerships across the VCS will be important in developing a cross-sector response to address the range of support needs that a significant proportion of individuals in contact with the criminal justice system experience.

Building relationships with existing service providers in custodial and court settings will help identify opportunities to work in partnership with health providers in these settings. VCS organisations can support existing providers to respond to a broader range of needs and may be able to offer a service to those who are excluded or struggle to engage with existing services.

When forming these partnerships, it will be important to develop clear and comprehensive information sharing agreements.

- *Know your landscape*  
Do you know what services operate within police custody and the courts in the local area, and the hours during which they operate?
- *Promote your service*  
Do Criminal Justice Liaison and Diversion services know which VCS organisations operate in the local area, and what support they can offer?

A directory of Criminal Justice Liaison and Diversion Schemes in England was published by NACRO in early 2011<sup>50</sup>. While some service details may have changed in the intervening period, it can be used as a starting point for identifying services operating in your local area. It is also worth checking the National Liaison and Diversion Development Network website ([www.nliddn.org.uk](http://www.nliddn.org.uk)) for further updates as they become available.

### 3 / Promote understanding of the needs of local service users

- *Among commissioners*  
From April 2013, offender health commissioners will be commissioning services across a much greater expanse of the criminal justice system than they have previously

46. For an overview of the key reforms of these services, see Clinks Members Briefing [www.clinks.org/assets/files/PDFs/Briefings/Members%20Briefing%20-%20Offender%20Health%20August%202012.pdf](http://www.clinks.org/assets/files/PDFs/Briefings/Members%20Briefing%20-%20Offender%20Health%20August%202012.pdf) and the Making Every Adult Matter (MEAM) publication, Navigating Change [www.meam.org.uk/wp-content/uploads/2012/07/Emerging-Structures-FINAL.pdf](http://www.meam.org.uk/wp-content/uploads/2012/07/Emerging-Structures-FINAL.pdf)

47. [www.kingsfund.org.uk/projects/health-and-wellbeing-boards/hwb-map](http://www.kingsfund.org.uk/projects/health-and-wellbeing-boards/hwb-map)

48. [www.apccs.police.uk/page/pcc-candidates](http://www.apccs.police.uk/page/pcc-candidates)

49. [www.clinks.org/services/sfc/sfcresources](http://www.clinks.org/services/sfc/sfcresources)

50. [www.nacro.org.uk/data/files/ld-directory-83.pdf](http://www.nacro.org.uk/data/files/ld-directory-83.pdf)



been responsible for. VCS organisations can provide an in-depth knowledge of the needs of local service users which can help to inform improved commissioning. Additionally, the success of liaison and diversion will also depend on the availability of local services for these teams to refer people into. Evidence of offender needs, including the first-hand accounts of service users, will be important in influencing commissioning decisions.

- *Among criminal justice decision makers*  
In order to consider non-custodial sentencing options, criminal justice decision makers, including the police, the Crown Prosecution Service, the courts and in particular, court-based probation staff, will need to have a good knowledge of the services operating in the local area, and how they address the support needs of offenders.

#### 4 / Build your case

Demonstrating a proven track record in improving health and wellbeing outcomes and in reducing reoffending will open up opportunities to engage with a wider range of commissioners. Consider what outcomes your service can demonstrate a positive impact on and the range of commissioners this relates to. The Charities Evaluation Services website has a range of free resources to support VCS organisations in developing outcome frameworks and measuring change among service users<sup>51</sup>. Partnerships with academic institutes may also help you to develop your evidence base.

51. [www.ces-vol.org.uk/tools-and-resources/outcomes-and-outcome-indicators](http://www.ces-vol.org.uk/tools-and-resources/outcomes-and-outcome-indicators)

**This briefing has been prepared by Revolving Doors Agency in association with Clinks and Making Every Adult Matter (MEAM).**

**Revolving Doors Agency** is a charity working across England to change systems and improve services for people with multiple problems, including poor mental health, who are in contact with the criminal justice system. Our work has three strands: policy and research, partnership and development, and service user involvement. Further information about Revolving Doors can be found at: [www.revolving-doors.org.uk](http://www.revolving-doors.org.uk)

**Clinks** supports, represents and campaigns for the Voluntary and Community Sector working with offenders. Clinks aims to ensure the sector and all those with whom they work, are informed and engaged in order to transform the lives of offenders. Further information about the Clinks can be found at: [www.clinks.org](http://www.clinks.org)

**Making Every Adult Matter (MEAM)** is a coalition of four national charities – Clinks, Drugscope, Homeless Link and Mind – formed to influence policy and services for adults facing multiple needs and exclusions. Together the charities represent over 1,600 frontline organisations working in the criminal justice, drug treatment, homelessness and mental health sectors. Further information about MEAM can be found at: [www.meam.org.uk](http://www.meam.org.uk)

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This project is funded by



Making Every Adult Matter

