



Public Health
England

Health and Justice Health Needs Assessment Toolkit for Prescribed Places of Detention

Part 1: Introduction and getting started

NB: This is a live document and will be regularly updated and refined. **We therefore advise using the on-line version.** It is a quasi “wiki” document (q-wiki) and we welcome updated content from readers, particularly if you are aware of more recent or more relevant data sources.

If you would like to add content or data sources please send any suggestions to health&justice@phe.gov.uk. The Health and Justice writing group will quality assure all additions prior to updating the on-line version.



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About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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1. Introduction

Health needs assessment (HNA) is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities (NICE, 2005).

This document has been produced by the Health and Justice Prescribed Places of Detention (PPsD) HNA Working Group with representation from Public Health England (PHE), NHS England, the National Offender Management Service (NOMS), the Youth Justice Board (YJB) and Public Health Wales (PHW) (membership detailed in **Appendix A**). It is the first part of the Health and Justice HNA Toolkit for Prescribed Places of Detention. The scope of 'prescribed places of detention' includes prisons, Young Offender Institutions (YOIs), Secure Training Centres (STCs), Secure Children's Homes (SCHs) and Immigration Removal Centres (IRCs). Detailed descriptions of PPDs are included in **Appendix B** of this document.

The Health and Justice HNA toolkit provides a consistent approach for producing a HNA, which can inform regional or national views of need across places of detention. It reflects the diverse health needs of different populations within PPsD for example women, older prisoners, young people, those with a learning disability and those with a physical disability.

The toolkit will be of particular interest to commissioners of health services in PPsD in the community including:

- Directors of Public Health
- NHS England Area Team (AT)
- Clinical Commissioning Groups (CCGs)
- Health and Justice leads and drug and alcohol teams based in PHE centres
- Directors of Children's Services
- Police and Crime Commissioners (PCCs)
- Community Rehabilitation Companies (CRCs)

The templates that accompany this document are not designed to be prescriptive and have been developed to assist stakeholders in developing their HNA for specific target groups and settings.

1.1 Structure of the toolkit

The toolkit comprises three parts:

Part 1 (this document) explains the background and policy context for HNAs in PPsD. It also provides guidance on establishing a multi-agency steering group to oversee its production and to take forward any recommendations that are made. This document starts with information about establishing a steering group for a HNA to cover adult prisons. Variants of the composition of steering groups for HNAs in other PPsD will be added as these HNA templates are developed.

Part 2 is a template to support local adult prison HNA. It includes links to useful resources and provides prison and national benchmarks for likely levels of need. It should be noted that the prison HNA template focusses on adult prisons and Young Offender Institutions (18 years and above).

Part 3 will be a toolkit for HNA in police stations, due for publication in April 2015.

Consideration is also being provided to developing templates for other PPsD, such as IRCs.

Templates supporting the creation of Health and Wellbeing Needs Assessments (HWBNAs) for the Children's and Young People's Secure Estate (C&YPSE) for ages 10-17 year olds are available on the Child and Maternal Health Intelligence Network (CHIMAT) website: <http://www.chimat.org.uk/yj/na/template>.

1.2 Policy context

The Health and Social Care Act 2012 has introduced substantial changes to the way the NHS in England is organised and how the commissioning of health services provided for people living in the community and those in a detained setting is arranged. Section 15 of the Health and Social Care Act 2012 gives the Secretary of State the power to require NHS England to commission certain services instead of CCGs who are responsible for the commissioning of healthcare services in the community. These include 'services or facilities for persons who are detained in a prison or other accommodation of a prescribed description'. NHS England assumed these powers from 1 April 2013.

NHS England is now responsible for ensuring that services are commissioned to consistently high standards of quality across the country. They are also required to promote the NHS Constitution and deliver the requirements of the Secretary of State's Mandate and the section 7a agreement between NHS England and the Department of Health. These are available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256497/13-15_mandate.pdf and <https://www.gov.uk/government/publications/public-health-commissioning->

in-the-nhs-from-2013

A detailed specification of the nature of the 7a agreement with respect to prisons and the C&YPSE is available at: <http://www.england.nhs.uk/wp-content/uploads/2014/03/ph-comms-intent.pdf> as well as in specification 29: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213171/29-People-in-prison-specification-121025.pdf

On 9 May 2013, the Offender Rehabilitation Act made changes to the sentencing and release framework to extend supervision after release to offenders serving short sentences. It also creates greater flexibility in the delivery of sentences served in the community. The Act provides a range of provisions that affect the local delivery landscape including the creation of resettlement prisons, a national probation service and Community Rehabilitation Companies.

The Police Reform and Social Responsibility Act introduced Police and Crime Commissioners (PCCs), providing accountability for policing locally.

With the implementation of the Social Care Act from 2015, local authorities will be commissioning care and support services for prisoners, and there may be the opportunity to work with local authorities to broaden the scope of a joint health needs assessment to include social care needs of prisoners. The Social Care Act clarifies that Local Authorities are responsible for assessing and meeting the eligible social care needs of people leaving prison or living in bail accommodation or approved premises¹.

1.3 What's in scope

Children (aged 10-17 years) placed in the CYPSE will be covered by the HWBNA on CHIMAT, children held in police custody and IRCs are covered by the specific toolkits for these settings, however, it is good practice to cross reference with the children HWBNA.

1.4 Roles & responsibilities

This part of the document describes partners who are directly responsible for commissioning health services or have a specific interest in the health needs of offenders, people in contact with the Youth Justice System (YJS) and Criminal Justice System (CJS) and children held on welfare grounds.

¹ Approved Premises (formerly known as Probation & Bail Hostels) offer residential provision to selected offenders and some bailees in order to provide enhanced levels of protection to the public and reduce the likelihood of further offending.

Table 1: Commissioning functions in the reformed health and care system

Clinical Commissioning Groups	NHS England	Local authorities
<p>Responsible for commissioning:</p> <ul style="list-style-type: none"> • health services for adults and young offenders serving community sentences or completing custodial sentences on licence, supervised by the local probation trust • emergency care, including 111, A&E and ambulance services, for prisoners and detainees • mental health services, including assessment at arrest and advice to courts (as well as psychological therapies) • treatment services for children, including child and adolescent mental health services (CAMHS) treatment for mental ill health, including community sentences with a mental health treatment requirement • alcohol health workers in a variety of healthcare settings • promoting early diagnosis, as part of community health services and outpatient services • drug misuse advice and treatment in the community, which may form part of other healthcare contacts 	<p>Responsible for commissioning:</p> <ul style="list-style-type: none"> • primary care, including mental health, secondary care, drug and alcohol treatment services • health services (excluding emergency care) and public health services for people in prisons and other custodial settings (adult prisons, Young Offender Institutions, , secure children’s homes, secure training centres, immigration removal centres, police custody suites) • public healthcare for people in prison and other places of detention • sexual assault referral services (SARCs) • mental health interventions provided under GP contract • some specialised mental health services • secure psychiatric services • brief drug, alcohol misuse and tobacco control interventions in primary care 	<p>Responsible for commissioning:</p> <ul style="list-style-type: none"> • drug misuse services, prevention and treatment • alcohol misuse services, prevention and treatment • local tobacco control activity, including stop smoking services, prevention activity, enforcement and communications • sexual health advice, prevention and promotion • mental health promotion, mental illness prevention and suicide prevention • local programmes to address inactivity and other interventions to promote physical activity • adult and young people’s social care services <ul style="list-style-type: none"> • Children placed on Section 25 The Children Act 1989 <ul style="list-style-type: none"> • vulnerable adult accommodation services

Source: Health and wellbeing boards and criminal justice system agencies: building effective engagement, November 2012, <http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/criminal-justice-system-agencies.pdf>

In addition to the health and social care commissioners detailed above, criminal justice agencies also play a role in commissioning PPsD.

- NOMS is the executive agency of the Ministry of Justice (MoJ) responsible for commissioning and providing offender services in the community and in custody in England and Wales
- police and crime commissioners' role is to cut crime and deliver an effective and efficient police service within their force area. PCCs do have funding available to them and some commission drug/alcohol services if it is likely to contribute to a reduction of crime in their area. PCCs will have a particular interest in people in contact with the CJS who are experiencing mental health issues and often taking up police time and resources, particularly given their responsibility as lead commissioners for police custody suite health services until April 2015
- the Youth Justice Board oversees the youth justice system in England and Wales, working to prevent offending and reoffending by children and young people under the age of 18

Other agencies that would have an interest in the health needs of those held in a secure setting include:

- PHE and its 15 centres
- Director of Children's Services
- the National Probation Service (NPS)
- Community Rehabilitation Companies (CRCs)
- prison healthcare providers
- health providers in the CYPSE
- other healthcare providers in prisons who often provide in-reach services such as substance misuse management teams and mental health services
- local Healthwatch
- Local Integrated Offender Management (IOM) arrangements

When conducting a HNA it is also important to be aware of local partnerships that will have an interest in the needs of people in PPsD. HNAs do not stand alone and are used by a range of public health and health commissioners to understand and meet the health needs of the total population. **Appendix C** details the agencies and local partnerships that will have an interest in the needs of people in PPsD.

2. Getting started

It is recommended that as part of developing a HNA that the lead agency establishes a HNA working group. The working group should be chaired by the relevant lead agency. For example, in the case of adult prisons NHS England would oversee the development and delivery of HNA recommendations for all prisons in their area.

Membership should include all the relevant stakeholders relevant to their prisons listed above. The working group should be a subgroup of the Local Health Delivery Board and should attempt to address the following questions:

- at what level is the HNA being completed, eg regional, sub-regional, cluster of services or for an individual establishment?
- are all the relevant stakeholders listed in Appendix C involved in the HNA? Can you think of any others required locally?
- what structure is in place for doing the HNA eg is there a permanent oversight group with clear terms of reference responsible for on-going HNA production and review (this may only meet every 6-12 months)? How does this feed in to the Local Delivery Board?
- what is the governance mechanism for overseeing the HNA and who will complete it? Is the governance structure right for the scope of the work?
- what is the frequency of a full review and a timetable of more detailed thematic reviews based on need²?
- who is responsible for developing the recommendations?
- what is the linkage with the local JSNA?
- how can you ensure that the HNA recommendations will feed into local JSNAs?
- which other organisations could benefit from the information within the finalised HNA eg local H+WBs

2.1 Overview of the steps for adult prison HNA

Prison HNAs should be defined by the local pathway / cluster and should not sit as a 'stand-alone' document. ATs may wish to use only part of the template depending upon the need in their prison(s) which may include remand and / or sentenced prisoners, immigration detainees

² A comprehensive HNA does not need to be undertaken every year. However, commissioners will need to assure themselves that their evidence-based priorities are up to date to inform the relevant local commissioning plans. If prisons are "re-rolled", changing function and demographics this should prompt an updating of the HNA. To be transparent and enable wide participation, it is recommended that a full HNA should be completed at least once every 3 years with a refresh taking place within this time as relevant, eg when there is a change in population type. Thematic HNAs may also take place during this time depending on local need.

or foreign national prisoners¹.

In order to develop an effective HNA for a prison it is essential to be aware of current disease prevalence data, health inequalities, NHS and Public Health outcomes, effective treatment interventions including latest NICE guidance and to know where to find such data.

The working group (**Appendix A**) has taken account of these vital sources of information and links to the data are provided where available in the prison HNA template.

- the NHS England AT should establish a HNA working group which provides an overview of the development and delivery of HNAs in all prisons in their areas¹
- identify the method to undertake the HNA:
 - Divide specific tasks for each component of the HNA to relevant stakeholders;
 - Consult on, and develop a specification to contract with a provider to produce HNA
- consult interested stakeholders to make them aware of the work and anticipate reception of the recommendations
- liaise with relevant partners including NOMS Health, Wellbeing and Substance Misuse Co-commissioning leads to confirm long-term plans for the prison(s) ie any imminent re-role or other changes to the role of the estate/cluster; or confirm timescales to negotiate planned / announced changes
- the most important output from the needs assessment will be a set of questions that the information prompts commissioners and providers to ask eg why does this prison have this level of need? Are the data robust and if not what can happen to improve data capture? Are the services appropriately configured, what are the gaps in service? Where are the overlaps in service?
- agree final recommendations for healthcare commissioning which may include actions to address current health inequalities
- oversee the clearances³ for and publication of the final document and share final report with relevant stakeholders such as CCGs, LAs, criminal justice agencies to inform the health and wellbeing of people returning to the community, JSNAs community safety and other strategic plans

³ Depending on data sources used, clearances from various data owners may be required. In particular, NOMS and MoJ will not support the use of unpublished data without written approvals.

3. Information and data sources

There are a number of information and data sources referred to in the specific templates within the toolkit, however it must be noted that when analysing small numbers, care must be taken when publishing data to ensure that a breach of confidentiality does not occur. Data which could allow an individual to be identified should not be published. In general numbers under five should be suppressed. Care needs to be taken to avoid 'deductive disclosure' whereby it might be possible to deduce who the data might be referring to by combining more than one table of information. Furthermore depending on data sources used, clearances from various data owners may be required. In particular, NOMS and the Ministry of Justice (MoJ) will not support the use of unpublished data without written approvals.

A key data source for the prison HNA template is SystmOne. This is the nationally commissioned prison based system used by healthcare to record health data at prisoner level.

In the templates for each HNA are links to the latest data sources. Some of these unfortunately are old since there have been no comprehensive national surveys of the health of prisoners for over a decade. These benchmarks do however still have some merit if the demography of the local prison population has not changed much in comparison to the general population. However where there has been significant change for example of the ethnic profile of a prison population it may be that local surveys of health need may need to be undertaken.

Appendix A: Health and Justice Prescribed Places of Detention HNA Working Group

Chairs

Mary Piper PHE Health & Justice national team
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Appendix B. Prescribed Places of Detention (PPsD)

The scope of PPsD includes prisons, Young Offender Institutions, Secure Training Centres, Secure Children's Homes and Immigration Removal Centres. Detailed descriptions of PPsD are as follows:

Prisons are providers of custodial services (currently Her Majesty's Prisons [HMPs] for public sector prisons and Serco, Sodexo and G4S for contracted prisons).

The health and wellbeing of people in PPsD is a particular responsibility of the state. Health and wellbeing services in prison should seek to improve health and wellbeing, tackle health inequalities and wider determinants of health and contribute to protecting the public and reducing re-offending.

Prisoners and detainees should expect to experience a measurable improvement in their health and wellbeing, particularly in respect of recovery from substance misuse addiction, mental health problems, management of long-term conditions and access to public health interventions to prevent disease and illness.

Primary care services are the major health services that individual's access in detention but specialist services including sexual health, drugs & alcohol, and mental health services are also provided according to need. Such services provide a prime opportunity to deliver therapeutic and prevention services and to begin care which can be continued around the detention estate and into the community

Prisons provide an opportunity to address health inequalities and difficulties that offenders may have previously encountered in accessing the full range of health and social care services while in the community. The role and function of a prison, its designation (for example a resettlement prison) and the prison's allocation criteria are crucial to understanding the needs of the population in that prison.

Immigration Removal Centres (IRCs) are run by the Home Office UK Border Agency (UKBA) and are used for temporary detention where people have no legal right to be in the UK but have refused to leave voluntarily. Three IRCs are contained in English prisons and as such the health services provided are commissioned by NHS England which is not the case currently for the remaining ten. Those detained are able to leave at any time to return to their home country. Some detainees were previously foreign national prisoners who have completed prison terms for serious crimes, but are awaiting deportation from the UK.

Police custody suites are designated areas in police stations for the processing and, if necessary, detention, of a person who has been arrested. They usually consist of rooms or cells for detention, a room for custody officers to process those who have been detained, interview rooms, and a medical room for the use of clinicians providing health services to the custody suite. Currently the responsibility of police forces, however NHS England, through their ten Health and Justice Area Teams (ATs), will be responsible for commissioning health services in police custody suites will transfer to the NHS from April 2015.

The Children and Young People's Secure Estate is made up of three types of settings which are detailed below.

Young Offender Institutions (YOIs). There are currently 11 YOIs in England and Wales, eight male and three small female units which accommodate 15 -17 year old boys and some 17-year-old girls. Nine are run by HM Prison Service and two by private contractors. There are also seven YOIs that hold young people from the ages of 18 - 21 years, these are Cookham Wood, Feltham, Hindley, Warren Hill, Werrington, Parc and Wetherby

Secure Training Centres (STCs) are purpose-built custodial facilities for 12 -17 year olds. There are currently four STCs, all run by private contractors.

Secure Children's Homes (SCHs) are smaller facilities run by local authorities and provide facilities for 10-17 year olds, including some of the youngest and most vulnerable. SCHs can also accommodate children looked after by local authorities where courts have authorised that they may be detained for welfare reasons.

Appendix C: Key commissioners and partners

NHS England is responsible for commissioning healthcare in prescribed places of detention (PPsD). NHS England arranges the commissioning of health care services through health and justice commissioning teams in 10 of NHS England's 27 area teams (ATs). These teams are supported by members of PHE's Health and Justice Network. The following map which includes hyperlinks to additional information is available at <http://www.england.nhs.uk/about/regional-area-teams/>

NHS England is therefore responsible for ensuring that HNAs are commissioned for prisons and other areas of prescribed detention. A range of partners should also be involved in informing the HNA specification and in the scoping and development of HNAs. Local health delivery boards should provide this oversight function. NHS England analytic teams provide access to data to support HNAs and commissioning.

Clinical Commissioning Groups (CCGs) are responsible for commissioning emergency "out of hours" services in prisons. As leaders of the local primary care community and commissioners of secondary care they also have a key role in terms of continuity of care when people are released from prison and return to the community. Furthermore, CCGs work with Local Authority (LA) partners to inform the commissioning of Social Care Services.

Local Authority (LA) Public Health has a responsibility to address health inequalities and whilst a LA may or may not have a prison within its boundaries, it holds a broader responsibility for planning health services for offenders on release, who are on community sentences and in the community on licence. The responsibility of LAs for those who have been in contact with the criminal justice system is outlined by the Revolving Doors Agency in partnership with PHE and the Probation Chiefs Association document 'Balancing Act': Addressing health inequalities among people in contact with the criminal justice system, a briefing for directors of public health, 2013ⁱⁱ. The LA public health departments, where there is a place of prescribed detention within its boundary, are additionally responsible for the planning of public health services, such as health improvement services within those custodial setting. Within the new health service commissioning landscape, Directors of Public Health should therefore have a direct interest, in addressing health inequalities among this population. The Revolving Doors document provides a useful briefing to support Directors of Public Health as they assume significant new responsibilities for improving the health of their local population.

Under the Care Act 2014⁴, LAs are expected to be responsible from 2015 for commissioning social care for people in prisons and approved premises who meet community eligibility criteria for the provision of social care and for ensuring continuity of social care for people moving between prisons and the community.

Public Health England (PHE) provides a range of support to commissioners including access to relevant epidemiological information and evidence base for health inequalities, desired health outcomes and effective interventions that may inform a HNA.

⁴ <http://services.parliament.uk/bills/2013-14/care.html>

The role of a **PHE Centre** is to:

- collaborate with Directors of Public Health, LAs, Police and Crime Commissioners (PCCs), NOMS, NHS England ATs, police forces, CCGs and other statutory and non-statutory partners on issues relating to the health and wellbeing of people in contact with the criminal justice system;
- gather and provide evidence and intelligence to inform and support the work of local and national commissioners and service providers;
- provide expertise at local and national level on a broad range of health protection, health promotion and disease prevention activities working in close partnership with local commissioners and service providers;
- support partners, including commissioners and providers of health and social care, in the development of care pathways which account for the movement of people around the detention estate and between prescribed detention settings and the community;
- contribute to the development and elaboration of the evidence-base by participating in audits, research and other appropriate activities

The National Offender Management Service (NOMS) is the executive agency of the Ministry of Justice (MoJ) responsible for commissioning and providing offender services in the community and in custody in England and Wales. NOMS works to protect the public and reduce reoffending by delivering the punishment and orders of the courts and supporting rehabilitation by helping offenders to change their lives.

There are currently 118 prisons in England and Wales (including three Immigration Removal Centres that are operated by NOMS on behalf of the UK Border Agency). Probation services will from April 2015 be provided by the NPS (National Probation Service) and a network of Community Rehabilitation Companies divided into 21 'contract package areas' across England and Wales.

NOMS works to align the commissioning of justice services with health, social care and a wide range of other services and has a direct interest in HNA development to support evidence based commissioning of health and social care services for people in prison to whom it has a duty of care, both in custody and "through the gate"⁵.

National NOMS functions such as population strategy and population management, safer custody, equalities, and security policy may be relevant to consult in the preparation of HNAs.

The Youth Justice Board (YJB) oversees the Youth Justice System in England and Wales for children and young people under the age of 18. It is responsible for ensuring that custody is safe, secure, and addresses the causes of their offending behaviour.

⁵ "Through the gate – a term referring to on-going voluntary and statutory sector input to offenders after they leave prison whether released or on licence to reduce offending and maintain prevention, treatment and rehabilitation programmes. Eg see on <http://www.thinknpc.org/publications/through-the-gate/>

Police and Crime Commissioners (PCCs) aim is to cut crime and deliver an effective and efficient police service within their force area. They have been elected by the public to hold chief constables and the force to account, effectively making the police answerable to the communities they serve and ensure community needs are met as effectively as possible, and are improving local relationships through building confidence and restoring trust. They work in partnership across a range of agencies at local and national level to ensure there is a unified approach to preventing and reducing crime. Under the terms of the Police Reform and Social Responsibility Act 2011, PCCs must:

- set the police and crime objectives for their area through a police and crime plan;
- bring together community safety and criminal justice partners;
- ensure local priorities are joined up.

PCCs do have funding available to them and some commission drug/alcohol services if it is likely to contribute to a reduction of crime in their area. PCCs will have a particular interest in people in contact with the CJS who are experiencing mental health issues and often taking up police time and resources, particularly given their responsibility as lead commissioners for police custody suite health services until April 2015.

Other key agencies who could offer expertise in the delivery of HNAs for people in prison

The National Probation Service (NPS) and Community Rehabilitation Companies (CRCs): Consideration needs to be given by all local partners about the ease with which those leaving a prison in the future may be able to resume social security benefits and access to housing or temporary accommodation as finance and housing issues are key factors capable of reducing re offending. As a result of the Transforming Rehabilitationⁱⁱⁱ reforms, CRCs are expected to lead on resettlement planning for the majority of offenders, while high-risk prisoners will continue to be supervised by the NPS. CRC services may include direct support to people in a prison, help with finding accommodation, providing enhanced family support, financial advice, and support for those who may have been victims of domestic violence or sex workers.

Prison healthcare providers are responsible for delivering and co-ordinating care for people in prison and are well placed to provide expertise around the health needs of their patients.

Other healthcare providers in prisons who often provide in-reach services such as substance misuse management teams and mental health services who are also well placed to provide expertise around the health needs of their patients.

Local Healthwatch network champions the rights of patients and service users of health and social care services and supports the National Healthwatch England, which is a statutory committee of Care Quality Commission. The remit of Healthwatch England covers the delivery of all health and social care services, regardless of whether they are provided in prison and other places of detention or in the community. Local Healthwatch enables Healthwatch England to report on key issues and national trends. Local engagement with this organisation is key in ensuring that the experiences of people in contact with the CJS are captured.

Local partnerships

Local Integrated Offender Management (IOM) arrangements comprise a multi-agency to tackle the most persistent and chaotic offenders, including drug misusing offenders. There is not one model of IOM and arrangements and approaches differ to reflect local circumstances and priorities. The approach combines tough enforcement (to ensure offenders face the consequences of criminal behaviour) and rehabilitation (to prevent further re-offending). Many of the offenders being identified, targeted and managed under local arrangements will have issues that without intervention will make it difficult to resist further offending, such as mental health, drug or alcohol issues, educational or employability problems or a lack of suitable housing.

Health & Wellbeing Boards (H+WBs): These are now established in every single and upper tier local authority. They have an important role to play in terms of their local population who are in contact with the criminal justice system including those under supervision of probation services. Statutory guidance on Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS) emphasise the importance of capturing the current and future health needs of the whole population, and lists offenders and ex-offenders in the community as one specific group who experience multiple and complex needs and should be considered by H+WBs^{iv}.

LAs need to receive completed prison HNAs to inform their own local strategies for continuity of health and social care for those who are returning to their locality community. Special consideration should be given for example to the continuity of drug treatment provided by community drug treatment services, mental health services for those with a significant mental illness (SMI), patients with a learning difficulty and treatment for a communicable disease including tuberculosis (TB) and blood-borne viruses (BBVs).

Local Health Delivery Boards: As detailed in the National Partnership Agreement between the National Offender Management Service, NHS England and Public Health England for the co-commissioning and delivery of healthcare services in prisons in England^v, prisons healthcare and substance misuse service providers should continue to come together in delivery boards whose membership and operation should be determined locally. This should be underpinned by a local delivery agreement.

Delivery boards should also focus on all of the interfaces between healthcare (including substance misuse) and wider establishment services, including the effectiveness of enabling services and any issues which may impact on improving health and justice outcomes. The role of the group should include ensuring the completion of HNAs or refresh, to consider gaps in provision, and agree remedial action plans and local commissioning intentions.

Community safety partnerships (CSPs) are made up of representatives from the 'responsible authorities', which are:

the police
local authorities
fire and rescue authorities
probation service
NHS Trusts and NHS commissioners

These responsible authorities work together to protect their local communities from crime and to help people feel safer. They address local issues such as antisocial behaviour, drug or alcohol misuse and reoffending and annually assess local crime priorities and consult partners and the local community about how to deal with them. CSPs were set up under Sections 5-7 of the Crime & Disorder Act 1998. There are about 300 CSPs in England and 22 in Wales and they are a key body to engage in the development of HNAs. Further information about CSPs can be found at:

<https://www.gov.uk/government/policies/reducing-and-preventing-crime--2/supporting-pages/community-safety-Partnerships>

A 2013 Home Office survey of Community Safety Partnerships showed that the partners most reported to be involved in IOM were police, probation, local authorities, drug and alcohol services, housing services and youth offending services. Some areas reported that their arrangements involved NHS Commissioning Boards or NHS England local area teams but there may be opportunities for local arrangements to strengthen the involvement of local health services and agencies.

ⁱ **NHS Commissioning Board, Securing excellence in commissioning for offender health, 2013,** <http://www.england.nhs.uk/wp-content/uploads/2013/03/offender-commissioning.pdf>

ⁱⁱ **Revolving Doors Agency in partnership with PHE and the Probation Chiefs Association document 'Balancing Act: Addressing health inequalities among people in contact with the criminal justice system, a briefing for directors of public health, 2013** <http://www.revolving-doors.org.uk/news--blog/news/balancingact/>

ⁱⁱⁱ <http://www.justice.gov.uk/transforming-rehabilitation>

^{iv} **Department of Health (2013) statutory guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.** London: Department of Health (accessed 26 September 2013) <https://s3-eu-west-1.amazonaws.com/media.dh.gov.uk/network/18/files/2013/03/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf>)

^v **National Partnership Agreement between the National Offender Management Service, NHS England and Public Health England for the co-commissioning and delivery of healthcare services in prisons in England, 2013** <http://www.justice.gov.uk/about/noms/working-with-partners/health-and-justice/partnership-agreement>