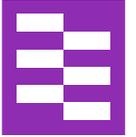




HM Prison &
Probation Service

National
Probation
Service



National Probation Service

Health and Social Care Strategy 2019-2022

June 2019





Contents

Foreword	4
Our Principles	5
Our Responsibilities	6
Making Sense of The Health and Justice Landscape	7
Our Commitments	10
Priority Areas	
Mental Health and Wellbeing	11
Substance Misuse	13
Suicide Prevention	15
Social Care	17
Physical Health	19
Learning Disabilities and Challenges (LDC) and Autism	22
Offender Personality Disorder (OPD) Pathway	23
Delivery	25
Annex	26
References and Endnotes	27



Steve Johnson-Proctor,
Probation Divisional
Director, SEE Division

People in contact with the criminal justice system (CJS) often have multiple and complex health and support needs. Compared to the general population, they are more likely to misuse drugs or alcohol, smoke and experience a higher burden of disease and comorbidity. Furthermore, there is a much higher prevalence of mental health problems among this cohort; they are more likely to self-harm or die by

suicide, have experience of psychological trauma, suffer from anxiety and depression, or have psychotic disorder. A significant number of people in contact with the CJS also have learning disabilities, learning challenges and/

or autism, which may interfere with their ability to cope with the system.ⁱ Moreover, they regularly experience other negative social determinants of health such as homelessness or unemployment.ⁱⁱ

In the community, even though individuals involved in the CJS have the right to access local health and social care services, they often have problems accessing these services, which are set up in a traditional way that may not be able to cater to their multiple and complex needs. As a result, these individuals face significant challenges addressing their vulnerabilities through mainstream services.

The relationship between health and social influences on offending and re-offending behaviour is complex. However, in many cases, unmet health and social care needs inhibit individuals from engaging effectively with probation services and ultimately impedes their rehabilitation. Therefore, success in reducing reoffending partly lies in addressing this cohort's health and social care needs.

The National Probation Service (NPS) is committed to making a meaningful contribution to address the vulnerabilities of people in contact with the CJS to improve their health and wellbeing. This approach will enable NPS to better

fulfil their principal role in protecting the public because reducing recidivism will subsequently reduce victims of crime and improve overall community safety.

The National Probation Service Health and Social Care Strategy 2019-2022 outlines our core commitments to addressing this demanding agenda, as well as seven priority areas to deliver the overall strategy. The strategy is not intended to be prescriptive. Rather, its purpose is to guide and inform NPS operational practice.

Further, because of the complexity of, and interdependencies between, the health and justice systems, this strategic document emphasises the need for collaborative and multi-agency working to deliver holistic care and support. It is only through partnership working across the health and justice system at national, regional and local levels that progress can occur. Hence, to achieve its aims, NPS must work more closely and effectively with health and justice partners at all levels.

NPS also believe that the most efficient way to advance this agenda is to empower local areas in England and Wales to design approaches that are tailored to the needs of their localities. A locally-led approach, supported by national and regional partnership working and advocacy, will achieve the most effective and sustainable outcomes for people under NPS supervision and for the wider community.

Steve Johnson-Proctor

Probation Divisional Director, SEE Division

Our Principles

Our core principles underpin everything that we do. Our core principles are:

We believe in the capacity of people to change. We know that through excellent professional practice that we can assist people under probation supervision to change their lives and effectively reintegrate back into the community.

We are accountable. We are proud of our role in protecting the public and we strive to provide a service that the public are confident in.

We are collaborative. We work with partners at national, regional and local levels to create genuine change and we understand that we can only achieve holistic support through collaborative partnership working.

We are effective. We are focused on delivering measurable results and embrace innovation to provide a service that meets the changing needs of people under NPS supervision. This includes designing approaches that are data informed and good value for money.

We are fair. We value the diversity of our staff, our communities and the people under our supervision and understand that inclusivity and equity are critical to the integrity and effectiveness of our service.

Our Responsibilities

NPS is a statutory criminal justice service that supervises individuals who are subject to community sentences, serving custodial sentences and those released from custody on licence or post-sentence supervision. The majority of individuals under NPS supervision are those considered as posing a high risk of serious harm to the public. We work as part of Her Majesty's Prison and Probation Services (HMPPS) and supervise over 100,000 individuals at any time, protecting the public while simultaneously supporting rehabilitation. Since 2014, NPS also works alongside private-sector Community Rehabilitation Companies (CRCs), as part of the wider probation system.

Our Core Criminal Justice Tasks Are:

- Protecting the public by managing the risks posed by individuals who have committed violent and sexual offences.
- Working with Police and Prison Services to protect the public through Multi-Agency Public Protection Arrangements (MAPPA).
- Providing advice to the courts to assist sentencing.
- Assisting parole boards regarding the release of long-term prisoners.
- Assessing individuals in custody to prepare them for release on licence to the community.
- Managing Approved Premises (AP) for individuals with a residence requirement as part of licence conditions.
- Managing individuals released from custody on licence or post-sentence supervision and those on community sentences.
- Delivering treatment programs in the community for people convicted of sexual offending.
- Liaising with victims through the Victim Liaison Service (VLS).
- Jointly delivery The Offender Personality Disorder (OPD) Pathway with the NHS.

In carrying out our statutory responsibilities there are several opportunities for NPS to contribute to the overall health and wellbeing of individuals under our supervision.

- **At Court:** When making recommendations to the court and during sentence planning, NPS staff consider how the health and social care needs of people entering the CJS contributes to offending behaviour and risk of reoffending. In England, NPS court staff also work with NHS-England (NHSE) Liaison and Diversion Services, which identify vulnerable people early on to help improve health and criminal justice outcomes.ⁱⁱⁱ
- **In Custody:** Alongside prison and health partners, NPS staff assist prisoners in preparing for release. NPS staff are a central link between prisons and health and social care services who work together to maintain continuity of care upon return to the community. As per the Offender Management in Custody (OMiC) model, rolling out in 2019, more cases will be handled by Offender Managers in the custodial setting.
- **In the Community:** NPS staff consider the health and social care needs of individuals when assessing and monitoring progress and risk factors. NPS staff may also assist individuals in their rehabilitation by supporting and encouraging them to access appropriate treatment and/or services.
- **In Approved Premises:** The primary purpose of an AP placement is to effectively manage the risk posed by residents. As appropriate, staff support residents directly, and indirectly, to meet their health and social care needs as part of resettlement plans. AP staff are also the central link with partner agencies to provide joined up case working to enable appropriate transition back into the community.

Making Sense of the Health and Justice Landscape

It is imperative that NPS engages effectively with the wider health and justice landscape to achieve its aim of improving the health and wellbeing of people under probation supervision. However, making sense of the health and justice landscape can be challenging due to the complexity of, and interdependencies between, the health and justice systems. Below, is a summary of the healthcare and social care responsibilities and commissioning structures that NPS must operate within, followed by an overview of the benefits, and necessity, of working collaboratively in a multi-agency environment.

Commissioning and Responsibility

In Prisons

- Healthcare services are commissioned by NHSE to ensure that prisoners receive the same standards of healthcare as the general population.
- Under the Care Act 2014 and the Social Services and Well-Being Act (Wales) 2014, Local Authorities have a legal obligation to assess the need for, and provide, social care to adults in prison.^{iv}

In the Community

- For individuals subject to community sentences or on licence or post-sentence supervision, healthcare is provided on the same terms as the general public.
- Clinical Commissioning Groups (CCGs), which are statutory NHS bodies, are responsible for the planning and commissioning of healthcare services for their local area, while Local Authorities are largely responsible for drug and alcohol treatment.
- As per the Care Act 2014 and Social Services Act 2014, Local Authorities also have a legal obligation to assess the need for, and provide, social care for those subject to community sentences or on licence or post-sentence supervision, as they would for the general public.

- Distinctly local commissioning processes also exist from health and justice agencies, including those within the third sector, that may benefit people under probation supervision.
- Although NPS does not have a statutory responsibility to support the health and social care needs of individuals under their supervision in the community, NPS believe that assisting individuals to access both health and social care is central to resettlement in the community and to overall rehabilitation.

In Wales

- Both health and social care are a devolved matter to the Welsh Government, which is also responsible for its funding. Local Health Boards commission services for public sector prisons as well as mainstream healthcare services in the community.
- HMPPS in Wales retains responsibility for commissioning certain substance misuse services within the prisons and the services that deliver Alcohol Treatment Requirements and Drug Treatment Requirements in Wales.

The Case for Collaborative Working

Due to the complexity of health and social care commissioning and responsibilities, particularly in the community, combined with the difficulties individuals face in accessing appropriate services, improving the health and wellbeing of people under NPS supervision is an ambition that NPS cannot achieve alone. It is therefore imperative that NPS engages collaboratively with the wider health and justice landscape to achieve its aims.

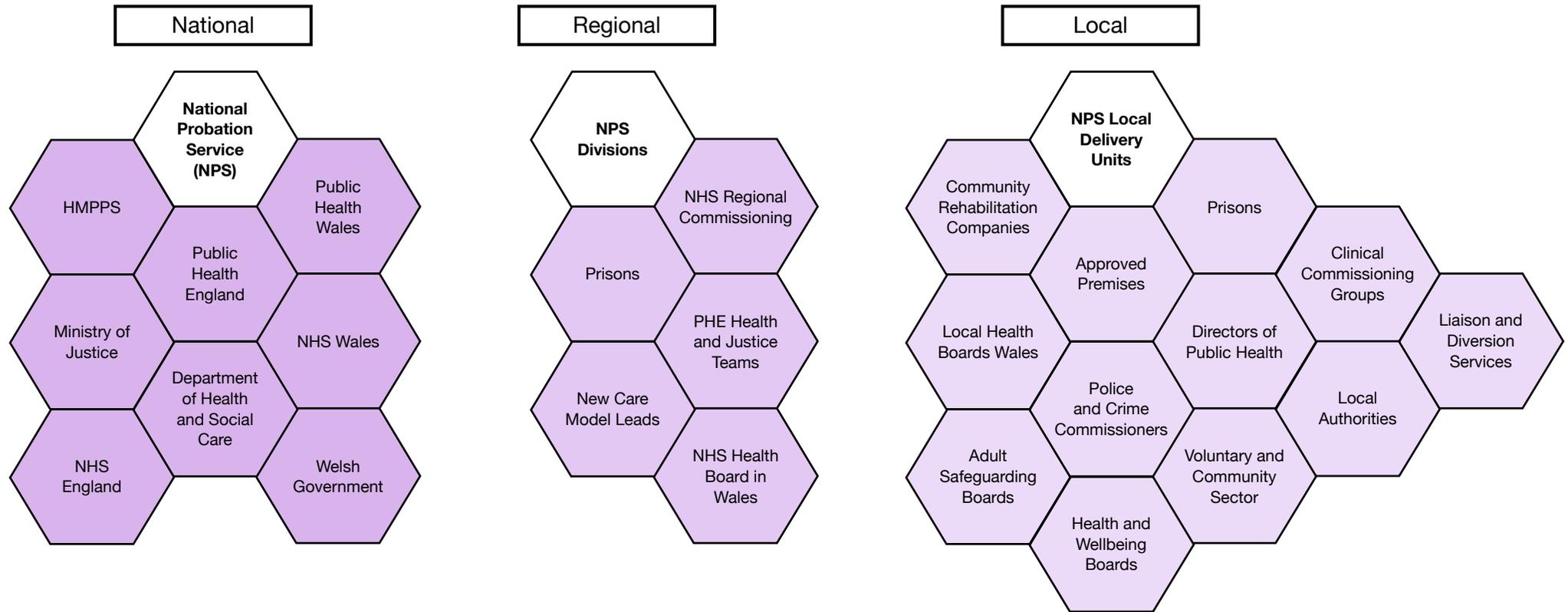
Indeed, there are shared outcomes and commitments across the health and justice landscape that are owned by health and social care agencies, HMPPS and NPS. For example, reducing health inequalities, strengthening integration of services and improving the health and wellbeing of the most vulnerable in society are objectives that multiple agencies can contribute to achieving.¹ Improving the health and wellbeing of people under NPS supervision, and individuals in contact with the CJS more broadly, will contribute to safer, healthier communities, improved outcomes for health and social care agencies.

To succeed in strengthening collaborative working, NPS must develop stronger strategic links with the relevant bodies at national, regional and local levels. This includes taking responsibility to raise awareness about what our responsibilities are in the CJS with our partners to establish a common platform of understanding. This basis will better enable NPS to support access to appropriate treatment and/or services. NPS will also seek to influence commissioning processes, where possible, by providing accurate data to demonstrate the prevalence of need and efficacy of health and social care interventions. Additionally, NPS will support staff by providing the appropriate information, guidance and training to enable them to feel more confident when engaging with health and social care agencies.

Ultimately, despite the complexity of the landscape, Care Act reform and a renewed focus within the health sector on the health inequalities faced by people in contact with the CJS presents an opportunity to improve health outcomes for people under probation supervision.^v While the health and justice landscape is undeniably complex, we should embrace this challenge as a unique chance to promote collaborative, multi-agency working.

1. See Annex for examples of strategic documents and agreements that span the health and just landscape that highlight these shared outcomes and commitments.

Below is a visual representation of some of the key stakeholders that span the health and justice landscape at national, regional and local levels. This diagram is not intended to be prescriptive because stakeholders and appropriate forums vary regionally and locally. The diagram is intended to assist NPS staff to consider the appropriate agencies to engage with.



Our Commitments

NPS is committed to working in collaboration with other agencies to make a meaningful contribution to address the challenging health and social care challenges faced by people under probation supervision. Accordingly, our three core commitments are:

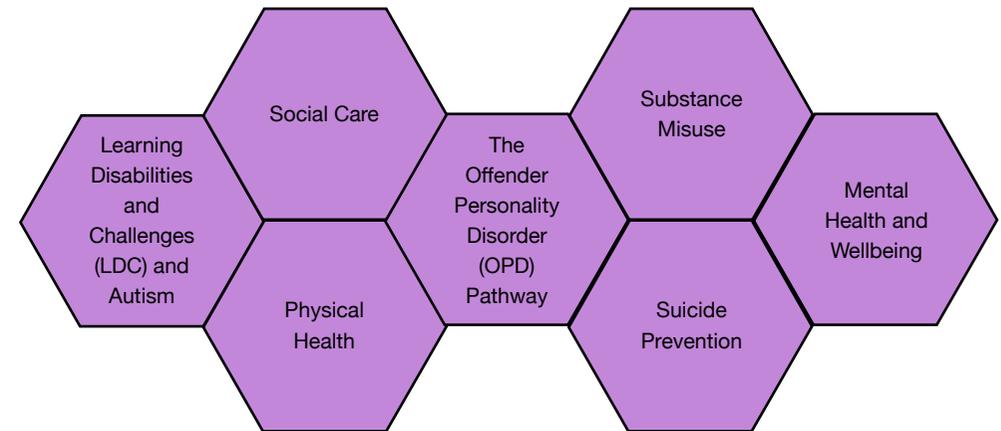
Improve the health and wellbeing of people under probation supervision, and contribute to reducing health inequalities within the criminal justice system.

Reduce re-offending by addressing health and social care related drivers of offending behaviour to reduce victims of crime.

Support the development of robust pathways into services for people under probation supervision, including improving continuity of care between the custodial and community setting.

NPS will deliver these three core commitments through seven priority areas, each of which will correspond with an Action Plan that will outline activities and their associated deliverables and timelines. The emphasis will remain on local areas to tailor approaches according to the needs of their locality and to the health and justice structures in which they operate. NPS recognises that many individuals in contact with the CJS are likely to have multiple and complex needs. For example, an individual may have a learning disability and an underlying mental health condition and their needs must be addressed holistically to achieve permanent changes. We have separated the needs into seven categories to effectively manage and assess outcomes in each area.

The seven priority areas are as follows:



Mental Health and Wellbeing

In recent years, there has been a clear commitment across Government to improve provisions for individuals with mental health problems and mental health disorders. However, for people who commit offences, the need for more effective and robust mental health provisions and pathways is particularly essential. In comparison to the general population, it is well documented that people who commit offences are far more likely to experience mental health problems ranging from anxiety and depression, to more clinically severe disorders, such as psychosis or personality disorders. Unmet mental health needs can hinder rehabilitation and are frequently associated with other vulnerabilities such as homelessness or substance misuse, as well as potentially contributing to offending behaviour.

According to a Ministry of Justice (MoJ) study of individuals starting Community Orders in 2009/10, nearly one-third self-reported to have mental health conditions (29%) and these were particularly prevalent among women (46%) and those over 40 (40% of those aged 40 and over). The same study showed that a formal diagnosis of a mental health condition was reported by 35% of them.^{vi} In 2018, another MoJ study found that for those with identified mental health issues, Mental Health Treatment Requirements (MHTRs)^{vii} attached to Community Orders or Suspended Sentence Orders were associated with significant reductions in reoffending, compared with similar cases where they were not.^{viii}

Therefore, addressing underlying mental health problems plays a significant role in improving the health and wellbeing of individuals under NPS supervision and will improve overall compliance with terms of probation supervision. NPS has a clear duty to the public to support individuals, whose mental health problems and disorders contribute to their offending behaviour, to receive treatment and support to prevent further public harm.

What NPS Will Do

Through increasing training provisions, NPS will support staff to further develop their skills, and to feel more confident, when managing individuals with mental health problems. This includes promoting a better understanding of the relationship between mental health problems, other vulnerabilities, and offending behaviour.

NPS is also committed to ensuring that NPS court staff adequately consider mental health needs when supporting court sentencing, which includes recommending community sentences and/or MHTRs. NPS will also support the work of the MoJ, Department of Health and Social Care (DHSC), NHSE and Public Health England (PHE) who have developed a Community Sentence Treatment Requirement (CSTR) 'protocol' to increase the use of Community Sentences with treatment requirements, which includes increasing the use of MHTRs. The NHS has also committed to set aside increased funding for CSTRs through the Long Term Plan, and it is critical that NPS engage with partners as this process develops.^{ix} Moreover, it is imperative that NPS works more closely with NHSE Liaison and Diversion providers to ensure that health staff may contribute information to support court sentencing and proposals for treatment requirements where possible.

NPS also a critical role to play in signposting and supporting access to appropriate local mental health treatment and/or services for individuals under NPS supervision with mental health needs. This includes signposting individuals with ongoing mental health treatment and support needs into primary healthcare and specialist services at the end of their court sentence. To achieve this aim, NPS will seek to engage with local service providers to improve pathways into mental health treatment and/or services, as well as engaging with the forthcoming NHS care after custody service RECONNECT outlined in the NHS Long Term Plan.^x Further, NPS must develop more collaborative links with health partners at all levels to inform the commissioning process of services, particularly with the introduction of New Care Models in tertiary mental health services.^{xi}



Our three primary objectives for Mental Health and Wellbeing are:

Increase training provisions for staff to support them to feel more confident when managing individuals under NPS supervision with mental health problems.

Support timely and appropriate sentencing that adequately considers the mental health and wellbeing needs of individuals entering the criminal justice system, including supporting the use of MHTRs attached to a community sentence.

Strengthen partnerships at all levels to improve pathways into mental health treatment and services, particularly aiming to inform local commissioning processes for appropriate services that adequately cater to the needs of this complex cohort.

Substance Misuse

Substance misuse, both of drugs and alcohol, continues to be a major problem for people in contact with the CJS. An MoJ study of individuals starting Community Orders in 2009/10 showed that of those who received a formal assessment, 32% were identified as having a drug misuse need and 38% an alcohol problem.^{xiii} The link between substance misuse and crime is also strong. For example, the Home Office estimates that around 45% of acquisitive offences are committed by regular heroin/crack cocaine users.^{xiv} Changing drug misuse patterns, most notably the increasing use of psychoactive substances, has also significantly added to the complexity of the problem, particularly in the prison and AP estates.^{xii}

Individuals suffering from addiction may also have an underlying mental health problem that significantly contributes to their addiction and are more likely to require support with housing, education and employment. Yet, at the same time, research shows that individuals find it more difficult to access mainstream services than the general population. Increased health inequalities are therefore compounded by greater barriers in accessing services to meet those needs. However, there is evidence of the efficacy of a wide range of interventions in reducing reoffending and improving health outcomes. For example, for drug misuse, effective interventions include methadone and heroin treatment, therapeutic communities, psychosocial approaches, and drug courts and probation.^{xv}

Despite the evidence of the efficacy of interventions, there continues to be a problem with individuals accessing community substance misuse services upon release from prison. In 2017-2018, only 32% of people with substance misuse treatment needs successfully engaged in community based treatment within 21 days of release from prison.^{xvi} In Wales, in 2017-18, 78.5% of service users successfully completed the treatment element of their court order.^{xvii}

NPS recognises that substance misuse presents a substantial barrier to efforts to rehabilitate individuals under probation supervision. Therefore, NPS have a responsibility to assist this cohort to receive appropriate support for their substance misuse, which will in turn improve their health and wellbeing.

What NPS Will Do

NPS will identify and assess individuals with substance misuse problems at court, while supporting appropriate and fair sentencing. This may include the use of community based sentences and treatment requirements such as Alcohol Treatment Requirements (ATR) and Drug Rehabilitation Requirements (DRR).^{xviii} NPS also use Drug Appointment and Drug Testing to support those with substance misuse issues to achieve recovery, and to ensure continuity of treatment and/or support on entering the community.

Further, it is NPS priority to work with health and justice partners to strengthen referral pathways and improve continuity of care between the custodial and community setting for substance misuse treatment in England. More generally, NPS will work with local partners to improve referral pathways for any individual who may benefit from substance misuse treatment and/or services.

It is also imperative that NPS remain vigilant to changing patterns of drug misuse, particularly psychoactive substances. Currently, work is underway to introduce innovative approaches to drug testing to improve effectiveness across all domains and NPS has also developed a Psychoactive Substances Toolkit for AP. NPS is also committed to working with local intelligence and health agencies to better understand changing drug misuse patterns and will provide support and training for staff where necessary.



Our three primary objectives for Substance Misuse are:

Identify individuals with substance misuse problems as they enter the criminal justice system and support appropriate sentencing, which includes supporting the use of community based sentences and treatment requirements.

Work with partner agencies to strengthen local referral pathways for those who may benefit from substance misuse services, including improving pathways into the community for those receiving substance misuse treatment in prison.

Stay vigilant to changing drug misuse patterns and increase training and awareness of these patterns based on local intelligence and data.

Suicide Prevention

Globally and nation-wide suicide is a significant cause of death – on average, thirteen people kill themselves every day in England alone.^{xx} As laid out in The National Suicide Prevention Strategy in England (2012) and The Suicide and Self Harm Prevention Strategy for Wales (2015), reducing the rate of death from suicide is a government priority.^{xx} The Fourth Progress Report (2019) also makes it clear that suicide prevention is a cross-government responsibility and pledges to deliver the ambition for zero suicide.^{xxi}

While suicide rates are of national concern, research consistently shows that individuals within the CJS, both in custody and the community, present an elevated risk of suicide in comparison to the general population. In 2017/18 there were 285 self-inflicted deaths by individuals under probation supervision, an increase of 14% from 2016/17. This accounted for 30% of all deaths individuals under probation supervision. This cohort also have a higher presentation of risk factors associated with suicide, such as a history of substance misuse, mental health conditions, or history of trauma or abuse. It is also well evidenced that the transition from the custodial to community setting is a particularly vulnerable time for people in relation to suicide.^{xxi}

NPS recognises the severity of this issue and is committed to ensuring the safety of all individuals under NPS supervision as far as reasonably possible. Therefore, it is an NPS priority to reduce the rate of self-inflicted deaths of individuals under probation supervision, including within the AP estate.

What NPS Will Do

In the first instance, NPS will achieve the commitment to ensure the safety of all individuals under our supervision as far as reasonably possible by utilising internal and external data to understand the risk profiles of people under our supervision in relation to suicide. Subsequently, NPS will use this data to address identified risks.

NPS is also committed to raising awareness and understanding of suicide prevention as well as of the heightened risk of suicide for individuals under our supervision and will develop the workforce to address these vulnerabilities. For example, NPS has produced the Approved Premises Reducing Self-Inflicted Death Action Plan 2018-2021. Additionally, NPS will provide comprehensive support and guidance for staff and promote effective monitoring and research to enhance care and welfare of staff and individuals under NPS supervision.

Moreover, NPS is committed to working with internal and external stakeholders to achieve our goal to reduce the number of self-inflicted deaths under community supervision. For example, NPS will look to engage more closely with Local Authority Suicide Prevention Action Plans and Adult Safeguarding Boards.

Due to the rate of self-inflicted death among individuals under our supervision, NPS' Suicide Prevention Action Plan will directly contribute to supporting the Government's commitment to reduce the number of self-inflicted deaths nationally.



Our three primary objectives for Suicide Prevention are:

Utilise internal and external data to understand the risk profile of the NPS service user population and utilise this to address identified risks.

Raise awareness of suicide prevention and improving practice by developing the workforce to address the vulnerabilities of individuals under our supervision, and increase staff support and resilience.

Work with internal and external stakeholders to develop best practice and improve safety of NPS service users, particularly through engagement with Local Authority Suicide Prevention Action Plans and Adult Safeguarding Boards.

Social Care

Under the Care Act 2014 and the Social Services and Well-Being Act (Wales) 2014, Local Authorities have a legal obligation to assess the need for and provide social care to adults in prison as well as individuals in the community under probation supervision.^{xxiii} Types of support may range from advice to prevent, reduce or delay social care needs developing to items of equipment to help with daily living or hands on care and support.

The social care needs of individuals under NPS supervision are both demanding and diverse. Firstly, there is an increasingly elderly cohort within prisons and probation. According to 2018 statistics, 16% of prisoners in England and Wales are over 50 years of age, which is the fastest growing age group in the prison estate.^{xxiv} Alongside experiencing an accelerated ageing process, the ageing prison population are likely to experience both frailty and dementia, which has accelerated the needs for prisons to address social care needs.^{xxv} Likewise, upon release, this ageing cohort are likely to have acute social care needs, which NPS must respond to.

Although the needs of this ageing cohort are significant, it is imperative to understand that social care support may be necessary at any age and that this need may be present for a variety of reasons. Social care may be required due to an individual's illness, disability or age, or due to an added vulnerability such as being a care leaver, having a learning disability and/or autism, or even an acquired brain injury. Such individuals may require significant social care support to live as independently and safely as possible.

It must be also noted that social care is not a discrete category. Therefore, NPS staff must consider the potential social care needs of individuals in conjunction with their healthcare needs. NPS has a responsibility to support the independence of people under probation supervision in a fair and decent way, whether individuals were previously known or unknown to local services before their contact with the CJS. Meeting an individual's social care needs is crucial to overall rehabilitation and will enable individuals to better comply

with terms of licensing, as well as contributing to improved overall health and wellbeing and quality of life.

What NPS Will Do

NPS is committed to sufficiently and fairly considering the social care and support needs of individuals at all stages of their contact with probation services, including during pre-sentencing and during the transfer of care from custody to the community. Therefore, NPS will seek to support, and improve, access to social care assessments. Achieving this goal will require timely information sharing and more robust engagement with Local Authorities, as well as working with prison colleagues to improve the transfer of care for individuals released into the community. This includes ensuring that care packages are reassessed based on an individual's new environment.

Additionally, NPS aims to improve staff's knowledge of social care legislation, confidence in recognising potential social care needs, as well as confidence to make referrals to Local Authorities for assessment and support. This support may include advice to prevent, reduce or delay a social care need from developing.

It is also imperative that NPS improves the collection of data around individuals who have social care needs and whether they have previously been referred to Local Authority assessment and/or support. This will require increasing information sharing with prison partners. Improved data and information-sharing will allow NPS to better understand the prevalence of need and to monitor progress in supporting individuals to access assessment and/or support.



Our three primary objectives for Social Care are:

Sufficiently and fairly consider the social care needs of individuals in contact with probation services by improving access to social care assessments. This will include more robust engagement and information sharing with Local Authorities and prison partners.

Develop a learning package for NPS staff to improve their knowledge of social care legislation, identification of social care needs, types of support available and referral pathways.

Improve internal data collection around individuals who may require social care assessment and/or support to better understand the prevalence of needs and to more effectively monitor progress.

Physical Health

The physical health of people in contact with the CJS is generally poorer than in the wider population across a broad range of conditions, from respiratory and musculoskeletal conditions to skin complaints. These physical health inequalities are largely due to the high incidence of social factors linked to poorer health such as poverty, lack of suitable accommodation and unemployment. Poorer physical health is also often linked to substance misuse problems and puts individuals at an elevated risk of conditions such as Hepatitis C.

People in contact with the CJS also have an increased propensity to contract bloodborne viruses (BBVs) and infectious diseases such as Tuberculosis (TB). The most common BBVs in Britain are Hepatitis B^{xxvi}, Hepatitis C^{xxvii} and HIV^{xxviii}, which are four times higher in the prison population than in the general community. However, Hepatitis B is preventable by vaccination, Hepatitis C can often be treated successfully and, while there is no cure for HIV, there are effective treatments that enable most people to live a long and healthy life. TB can also be successfully treated and will not only improve the health of the individual, but will also prevent further spread of infection.

In the community setting, individuals under NPS supervision are expected to access the same services as the general population because primary healthcare and emergency care are a universal right in the UK, irrespective of someone's experience with the CJS. Accessing primary healthcare services is also the first step in accessing specialist secondary care. Yet, individuals in contact with the CJS often have low levels of interaction with primary healthcare services, which many individuals under NPS supervision may significantly benefit from.

NPS believe that supporting individuals under probation supervision to address their physical health needs will contribute to a broader rehabilitative context, improved health outcomes and improved overall compliance.

What NPS Will Do

While poorer physical health among those within the CJS is a broader public health concern, NPS can improve outcomes in this area by encouraging and supporting individuals under probation supervision to access primary health care services by promoting GP registration as the first step in this process.

Further, NPS will seek support those with, or at risk of contracting, BBVs and infectious diseases. By working with health and prison partners, NPS will encourage prisoners released into the community with diagnosed BBV or TB to continue engaging with mainstream healthcare services. More broadly, NPS will raise awareness of BBVs and infectious diseases and their associated risk factors. This work will contribute to supporting broader, NHS, Public Health England (PHE) and World Health Organisation (WHO) targets to reduce the prevalence of BBVs and TB.^{xxix}

NPS is also committed to supporting people under our supervision with protected characteristics who may have specific physical health concerns.^{xxx} At a local level, this means understanding the differential presentation of a variety of health issues. For example, gender-related health issues or disparity in health outcomes based on race or disability. NPS will advocate for the health needs of underserved groups when working with local service providers and will signpost individuals under NPS supervision to local services and opportunities that cater to their health and support needs.



Our three primary objectives Physical Health are:

Promote GP registrations as a first step to helping individuals under NPS supervision access local health services.

Support national objectives to treat BBV and TB by working with prison and health partners to encourage prisoners released into the community with BBV and TB diagnoses to continue engaging with healthcare services.

Utilise internal data to better understand the differential presentation of health needs dependent on an individual's protected characteristic and advocate for the needs of underserved groups.

Learning Disabilities and Challenges (LDC) and/or Autism

Learning Disabilities, Learning Challenges and Autism are often confused and have very different consequences for individuals under probation supervision, regarding both their offending behaviour and health and wellbeing;

Learning Disabilities: are defined as a reduced level of intellectual functioning that makes learning new skills and understanding new and complex information difficult. To have a diagnosable learning disability an individual must have an IQ below 70 and to receive social care support their disability must have a significant impact upon their wellbeing. However, even if they are ineligible, these individuals are still entitled to advice and information to prevent, reduce or delay social care needs from developing. People with learning disabilities are also at increased risk of a range of physical and mental health conditions.^{xxxii} Estimates of prevalence among this cohort in the CJS vary hugely, but average estimates of prevalence range from 1 – 10%.^{xxxiii}

Learning Challenges: There is also a significant proportion of people in contact with the CJS that do not meet the diagnosable requirement for learning disability, but have an IQ in the range of 70 to 80. Such individuals may be defined as having learning challenges. The Offender Assessment System (OASys) Learning Disabilities and Challenges Screen indicates that 28% of population under NPS supervision have a learning disability or challenge. This reduced level of cognitive functioning can still significantly interfere with an individual's ability to cope with prison and probation services, but they will probably be ineligible for social support based on their learning challenges alone.

Autism Spectrum Condition (ASC or Autism): is a lifelong developmental disability that affects how a person perceives the world and interacts with others.^{xxxiii} Some autistic people also have learning disabilities or mental health problems, such as anxiety or obsessive-compulsive disorder, meaning that individuals will need varying levels of support. In some cases, an individual's autism may be linked to their offending behaviour. For example, an individual's

offence may be connected to a special interest. In some cases, autistic individuals may also be entitled to social care support from Local Authorities.

An individual's learning disability, learning challenge or autism is not to be medicalised. But, recognising the signs of LDC and/or autism is crucial for NPS because individuals may be unlikely to respond to, or benefit from, conventional methods of addressing offending behaviour. Conversely, improving communication with people with LDC and/or autism can lead to better compliance, reduced reoffending and improved health and wellbeing. Ultimately, NPS has a statutory responsibility to provide the appropriate reasonable adjustments for all individuals to ensure that they have fair and equal opportunity to progress in addressing their offending behaviour, and indirectly this may mean supporting individuals to progress with their healthcare outcomes.

What NPS Will Do

NPS is committed to ensuring that all staff have access to appropriate toolkits, guidance and training to assist them to better communicate with individuals under their supervision with LDC and/or Autism.

NPS will also work in close partnership with local disability and autism services and practitioners to inform practice and to better support this vulnerable cohort.

Further, NPS is committed to building on examples of innovative practice to improve services for people with LDC and/or Autism. Specifically, NPS seeks to learn from and extend the excellent work undertaken by NPS in the North West where the National Autistic Society (NAS) awarded NPS Lancashire Autism Accreditation.^{xxxiv}

Our three primary objectives for Learning Disabilities, Learning Challenges and/or Autism are:

Develop national toolkits and materials for staff to work more fairly and effectively with individuals under NPS supervision with Learning Disabilities and Challenges and/or Autism.

Increase professional partnership working with local services that support individuals with Learning Disabilities and Challenges and/or Autism to inform practice.

Build on examples of innovative practice to improve our service for individuals with Learning Disabilities and Challenges and/or Autism, which may include working towards Autism Accreditation.

Offender Personality Disorder (OPD) Pathway

The Offender Personality Disorder (OPD) Pathway is a well-established, jointly commissioned initiative from HMPPS and NHS to improve the identification, management and treatment of people in contact with the CJS who are likely to have a personality disorder managed by NPS. The HMPPS-NHS partnership brings together the skills of offender managers in NPS and mental health practitioners within the health system to provide psychologically informed services for offender managers and for individuals who offend, where their personality difficulties may significantly contribute to their offending behaviour. The individuals on the pathway are also those who are unlikely to be willing or able to access other types of health and social care services or, at least, are unable to do so without additional support.

As of November 2017, nearly 35,000 people under NPS supervision were screened into The OPD Pathway. The OPD pathway assists with the identification, assessment, risk management and treatment of this challenging cohort in prisons, secure hospitals, approved premises and in the community. Once an individual has been identified as meeting the criteria for the pathway, offender managers work in partnership with the health service provider to develop a pathway/sentence plan for individuals, where required. This may also include a case consultation and formulation. Offender managers and health service provider may also refer an individual to a Psychologically Informed Planned Environment (PIPE).^{xxxv} Further, provisions are gender specific; services for women take account of gender differences in understanding the development of personality disorder, risk, psychosocial needs, service planning and delivery.

Overall, the pathway's three high-level outcomes specified in *The Offender Personality Disorder Pathway Strategy 2015* are to; reduce levels of reoffending among this cohort, improve their psychological health and wellbeing, and improve the skills, confidence and attitudes of staff working with individuals screened onto the pathway.

What NPS Will Do

NPS' most immediate priority is to continue to work with health partners to jointly deliver high quality OPD Pathway services in the custodial and the community settings. The continued focus on shared ownership, joint responsibility and joint operations to deliver the pathway services is an excellent example of health and justice collaboration. Accordingly, NPS commits to working collaboratively with health partners to deliver the three outcomes of the OPD Pathway Strategy, with specific focus on supporting NPS staff to develop the confidence to supervise individuals who are likely to have a personality disorder.

NPS will also support and actively contribute to the roll-out of Intensive Intervention and Risk Management Services (IIRMS), which are community-based intervention services. NPS strongly believes that IIRMS will contribute to a reduction in re-offending and achieve better health and wellbeing outcomes for this complex cohort.

Lastly, NPS staff will work with prison-based colleagues in HMPPS to ensure that there is integration between OPD Pathway work delivered within the Offender Management in Custody (OMiC) model and community OPD services, with a view to the delivery of a seamless OPD service.



Our three primary objectives for OPD Pathway are:

Continue to work closely with NHS partners to upskill and support NPS staff to develop the confidence to supervise individuals who are likely to have a personality disorder.

Support and actively contribute to the roll-out of the jointly-delivered Intensive Intervention and Risk Management Services (IIRMS) in the community setting.

Work with prison-based colleagues in HMPPS to ensure that there is integration between OPD Pathway work delivered within the OMiC model and community OPD services, with a view to the delivery of a seamless OPD service.

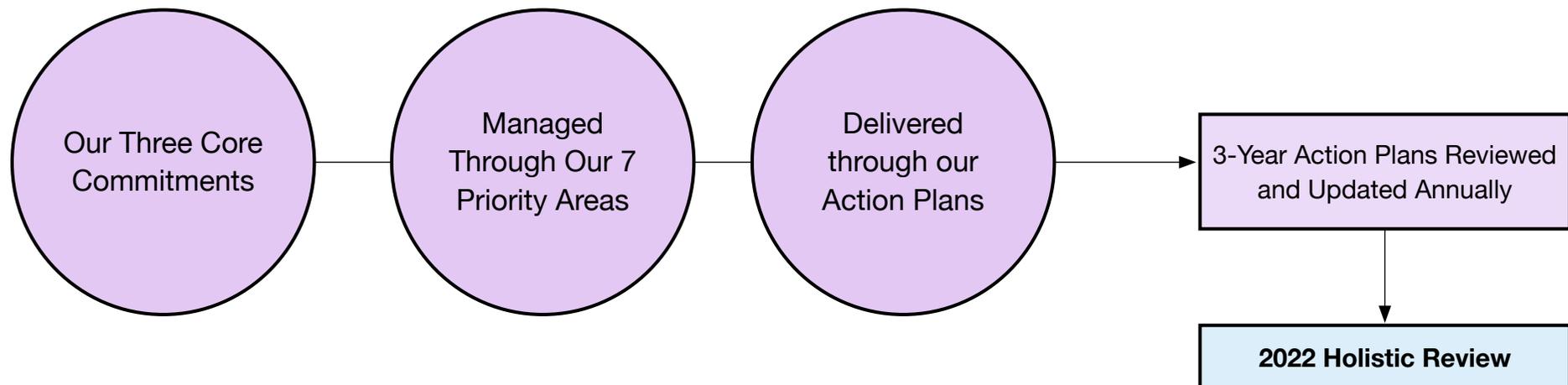
Delivery

Between 2019 and 2022, this strategic document will inform NPS' planning and operational practice. We will deliver our core commitments to; i) contribute to reducing health inequalities, ii) reduce recidivism and iii) work with health partners to improve pathways into services, through seven action plans that correspond to the seven priority areas.

The Action Plans will outline activities and their associated deliverables and timelines and will be developed through engagement with operational and policy colleagues, both internal and external to NPS. The Action Plans will not be prescriptive. Rather, the emphasis will remain on local areas tailoring approaches according to the needs of their locality and to the health and justice structures in which they operate. The plans will also outline national and divisional objectives that are intended to support local action.

Moreover, we recognise that we cannot deliver these core commitments alone due to the complexity of, and interdependencies between, the health and justice systems. Therefore, our Action Plans will emphasise the necessity of communicating and engaging more effectively with health and justice partners to achieve common aims and objectives.

NPS will annually review the progress of the strategy and Action Plans will be updated accordingly, which will culminate in a holistic review in 2022.



Below is a sample of strategic documents and agreements that highlight the shared outcomes and commitments of agencies that span the health and justice landscape, which will contribute to improving the health and wellbeing of people in contact with the CJS. The documents clearly indicate the necessity of working collaboratively in a multi-agency environment to achieve shared goals. It is our belief that the NPS Health and Social Care Strategy 2019-2022 contributes and adds to the existing agenda. The sample of documents is not intended to be prescriptive. It is intended to be demonstrative.

Public Health England (PHE) Prevention Concordat for Better Mental Health, 2019^{xxxvi}

NPS is a signatory of the PHE Mental Health Concordat, which is underpinned by an understanding that a prevention-focused approach to improving the public's mental health is shown to make a valuable contribution to achieving a fairer and more equitable society.

NHS Long Term Plan, 2019^{xxxvii}

The NHS Long Term Plan sets out its commitment to provide services for the most vulnerable in society in the justice system, as well as supporting the justice system to provide healthcare support to victims. It also commits to expanding provisions for women offenders, short-term offenders, offenders with a learning disability and those with mental health and additional requirements, as well as commissioning the care after custody service RECONNECT.

The National Partnership Agreement (NPA) for Prison Healthcare, 2018^{xxxviii}

The National Partnership Agreement, signed by HMPPS, Ministry of Justice (MoJ), the Department for Health and Social Care (DHSC), NHSE and PHE is a partnership agreement that sets out the shared understanding of, and commitment to, a way of working to impact the policy, commissioning and delivery of health and social care services in prisons in England.

A Healthier Wales: Our Plan for Health and Social Care, 2018^{xxxix}

Created by the Welsh Government, A Healthier Wales emphasises their ambition to bring health and social care services together, so that they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and well.

The Rebalancing Act, 2017^{xl}

Created the Revolving Doors Agency, supported by the Home Office and Public Health England, the Rebalancing Act is a resource that looks at concrete ways in which partnership and collaboration can be strengthened to address the health inequalities faced by those in contact with the CJS.

PHE Outcomes Framework^{xli}

Public Health England's (PHE) Outcomes Framework sets out a vision for public health that improves and protects the nation's health, and improves the health of the poorest fastest. The two main focuses of the framework are reducing health inequalities between communities and increasing healthy life expectancy.

NHS Strategic Direction for Health Services in the Criminal Justice System, 2016-2020^{xlii}

The document outlines how health and care services in the CJS need to evolve to reduce the health inequalities experienced by children, young people and adults caught up in the CJS.

References and Endnotes

ⁱ Segmentation data shows 28% of service users in custody and community have Learning disabilities and challenges (LDC). The cohort with LDC includes people who will meet the technical definition of learning disabilities (LD) and those who will have similar challenges but who will not meet technical definitions.

ⁱⁱ NPS recognises that there is a fundamental link between accessing and retaining stable housing/accommodation and desistance from offending and that stable housing/accommodation is key to resettlement, the management of risk and improved health and wellbeing of individuals. However, in England, there is currently no national government approach to the housing needs of individuals in contact with the CJS and no agreed national position on the priority that they should be given in terms of access to housing/accommodation. At strategic level, the NPS Senior Leadership Team will seek to ensure the Accommodation Needs Strategy is integrated with wider NPS strategy and priorities. This will be supported by effective communication and linkages between the National Accommodation Leads Group and their divisions and with other NPS strategic groups focusing on areas of overlap and shared objectives.

ⁱⁱⁱ For more information on the NHS-commissioned Liaison and Diversion services see <https://www.england.nhs.uk/commissioning/health-just/liaison-and-diversion/>

^{vi} *The Care Act 2014*, 2014, London, available at: http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf; *Social Services and Well-Being Act (Wales) 2014*, 2014, Wales, available at: http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf

^v ‘Care Act reform’ refers to *The Care Act 2014*, 2014, London, available at: http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf

^{vi} Cattell, J., Mackie, A., Prestage, Y., and Wood, M, 2013, *Results from the Offender Management Community Cohort Study (OMCCS): Assessment and sentence planning*, London: Ministry of Justice, available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/309959/results-omccs.pdf

^{vii} For more information on MHTRs see *Supporting Community Order Treatment Requirements*, 2014, London, National Offender Management Service, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/391162/Mental_Health_Treatment_Requirement_-_A_Guide_to_Integrated_Delivery.pdf It is also notable that there is a pilot programme being tested in five areas across England during 2018/19 to increase the uptake of community sentence treatment requirements, including MHTRs. The pilot will measure the effectiveness of this more targeted approach to delivering mental health treatment and in reducing reoffending.

^{viii} *Do offender characteristics affect the impact of short custodial sentences and court orders on reoffending?*, 2017, London, Ministry of Justice, available at: <https://www.gov.uk/government/publications/do-offender-characteristics-affect-the-impact-of-short-custodial-sentences-and-court-orders-on-reoffending>

^{xi} See p.118 in *The NHS Long-Term Plan*, 2019, London, NHS, Available at: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

^x Ibid.

^{xi} *Testing New Care Models in Tertiary Mental Health Services*, NHS England, available at: <https://www.england.nhs.uk/mental-health/taskforce/imp/mh-new-care-models/>

^{xii} For more information on the challenges that face probation due to psychoactive substances see *New Psychoactive Substances: the response by probation and substance misuse services in the community in England*, 2017, London, Criminal Justice Joint Inspection, available at: <https://www.justiceinspectors.gov.uk/cjji/inspections/newpsychoactivesubstances/>

^{xiii} Results from the *Offender Management Community Cohort Study (OMCCS): Assessment and sentence planning*, 2012, London, Ministry of Justice, available at: <https://www.gov.uk/government/publications/results-from-the-offender-management-community-cohort-study-omccs-assessment-and-sentence-planning>

^{xiv} *Crime in England and Wales: Year Ending June 2016*, 2016, London, Office of National Statistics (ONS), available at: <https://www.ons.gov.uk/releases/crimeinenglandandwalesyearendingjune2016>

^{xv} *Transforming Rehabilitation: a summary of evidence on reducing reoffending*, 2014, London, Ministry of Justice, available at <https://www.gov.uk/government/publications/transforming-rehabilitation-a-summary-of-evidence-on-reducing-reoffending>

^{xvi} *Secure setting statistics from the National Drug Treatment Monitoring System (NDTMS)*, 2018, London, Public Health England and Department of Health and Social Care, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/771009/Secure-setting-statistics-from-the-national-drug-treatment-monitoring-system-2017-18.pdf

^{xvii} The difference in statistical uptake of substance misuse treatment post-release can be attributed to the differences in how services are commissioned in Wales, which has led to an increased rate of compliance post sentence. See Dyfodol Offender Interventions Annual Report 2017-18.

^{xviii} For more information on ATRs and DRRs see *Supporting Community Order Treatment Requirements*, 2014, London, National Offender Management Service, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/391162/Mental_Health_Treatment_Requirement_-_A_Guide_to_Integrated_Delivery.pdf

^{xix} *Preventing Suicide in England: Third Progress Report of the Cross-government Outcomes Strategy to Saves Lives*, 2017, London, HM Government, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/582117/Suicide_report_2016_A.pdf

^{xx} *Preventing Suicide in England: A Cross-government Strategy to Save Lives*, 2012, London, HM Government, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf; Talk to me 2: suicide and self-harm prevention strategy for Wales 2015-2020, 2015, Wales, Welsh Government, available at: <https://socialcare.wales/research-and-data/research-on-care-finder/talk-to-me-2-suicide-and-self-harm-prevention-strategy-for-wales-2015-2020?record-language-choice=en-cy>

^{xxi} *Preventing Suicide in England: Fourth Progress Report of the Cross-government Outcomes Strategy to Saves Lives*, 2019, London, HM Government, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772184/national-suicide-prevention-strategy-4th-progress-report.pdf

^{xxii} The rate of deaths during post-release supervision in the community has risen and it is acknowledged to be a particularly vulnerable time for individuals released from prison, see recommendation 20 in the *Prison Health: Twelfth Report of Session 2017-19*, House of Commons Health and Social Care Committee, 2018, London, House of Commons, available at: <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/963/963.pdf>

^{xxiii} *The Care Act 2014*, 2014, London, available at: http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf; *Social Services and Well-Being Act (Wales) 2014*, 2014, Wales, available at: http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf

^{xxiv} *UK Prison Population Statistics*, 2018, House of Commons Library, available at: <http://researchbriefings.files.parliament.uk/documents/SN04334/SN04334.pdf>

^{xxv} Enggist, S., Møller, L., Galea, G., & Udesen, C. (Eds.). (2014). *Prisons and Health*. Copenhagen: WHO Regional Office for Europe; Di Lorito, C., Völlm, B., & Dening, T. (2018). 'The individual experience of ageing prisoners: systematic review and meta-synthesis through a Good Lives Model framework'. *International Journal of Geriatric Psychiatry*, 33(2), 252-262.

^{xxvi} For more information on Hepatitis B please see the NHS website available at: <https://www.nhs.uk/conditions/hepatitis-b/>

^{xxvii} For more information on Hepatitis C please see the NHS website available at: <https://www.nhs.uk/conditions/hepatitis-c/>

^{xxviii} For more information on HIV please see the NHS website available at: <https://www.nhs.uk/conditions/hiv-and-aids/>

^{xxix} *Hepatitis C in England 2018 report: Working to eliminate hepatitis C as a major public health threat*, 2018, London, PHE, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/693917/HCV_in_England_2018.pdf; *Public Health England Health and Justice Annual Review 2017/18*, 2018, London, PHE and WHO, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/725776/Health_and_Justice_Annual_Review_2017-2018.pdf; *Improving Testing Rates for Blood-borne Viruses in Prison and Other Secure Settings*, (2014) available at: <https://www.gov.uk/government/publications/improving-testing-rates-for-blood-borne-viruses-in-prisons-and-other-secure-settings>; *Tackling Tuberculosis in Under-Served Populations: A Resource for TB*

Control Boards and their partners, 2019, London, PHE, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/773730/Tackling_TB_in_Under-Served_Populations_-_a_Resource_for_TBCBs_and_partners.pdf

^{xxx} NPS will also support individuals under our supervision with protected characteristics to access services unrelated to physical health.

^{xxxi} *The Rebalancing Act*, p.25, available at: <http://www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8I>; The Health Outcomes Framework, 2013, available at: www.ndti.org.uk/uploads/files/The_Health_Equality_Framework.pdf

^{xxxii} Loucks, N. *No One Knows: Offenders with Learning Difficulties and Learning Disabilities*. Review of prevalence and associated needs, 2016, London, Prison Reform Trust, available at: <http://www.prisonreformtrust.org.uk/uploads/documents/noknl.pdf>

^{xxxiii} For more information on ASC see The National Autistic Society, *Autism: What is Autism?* available at: <https://www.autism.org.uk/about/what-is/asd.aspx>

^{xxxiv} *First ever autism awards for Category A prison and probation division*, 2018, MoJ, available at: <https://www.gov.uk/government/news/first-ever-autism-awards-for-category-a-prison-and-probation-division>

^{xxxv} PIPEs are not a treatment; they are instead designed to support transition and personal development at significant stages of an offender's pathway. An offender in a prison setting may either attend a Preparation PIPE to help them prepare for the treatment environment; reside in a PIPE environment – Provision PIPE – as they participate in treatment elsewhere, e.g. off the wing; or a Progression PIPE following the successful completion of an OPD treatment or OBP in their sentence plan. Additionally, the PIPE model has been applied in a number of community based hostel settings known as Approved Premises PIPEs, supporting those who have been released from custody.

^{xxxvi} For more information please see *Prevention Concordat for Better Mental Health*, 2019, London, Public Health England, available at: <https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health>

^{xxxvii} *The NHS Long-Term Plan*, 2019, London, NHS, Available at: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

^{xxxviii} *The National Partnership Agreement for Prison Healthcare in England 2018-2021*, 2018, London, HM Government and NHS England, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/697130/moj-national-health-partnership-2018-2021.pdf

^{xxxix} *A Healthier Wales: Our Plan for Health and Social Care*, 2018, Welsh Government, Available at: <https://gov.wales/docs/dhss/publications/180608healthier-wales-mainen.pdf>

^{xi} *The Rebalancing Act*, 2017, London, PHE and Home Office, available at: <http://www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8l>

^{xli} Public Health Outcomes Framework, available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

^{xlii} *Strategic Direction for Health Services in the Justice System: 2016-2020*, 2016, London, NHS England, available at: <https://www.england.nhs.uk/wp-content/uploads/2016/10/hlth-justice-directions-v11.pdf>



