Home Office

Improving Mental Health Services in Immigration Detention

An Action Plan

Department of Health

Developed in collaboration with NHS England

Contents

Ministerial Foreword

Last year, the Prime Minister (then Home Secretary) asked Stephen Shaw, the former Prisons and Probation Ombudsman for England and Wales, to review how persons with vulnerabilities are identified and managed in immigration detention. An effective immigration system will sometimes need to detain individuals to secure their removal. In those circumstances detainees must be treated with dignity and respect, and those who are identified as vulnerable whilst in detention must be properly supported, with access to the physical and mental healthcare that they need.

The Government welcomed Mr Shaw's report in January[1]. The report offered a helpful framework for strengthening our approach to managing vulnerability in detention. The Government's response included the promise of a joint Department of Health, NHS England and Home Office mental health action plan. We are delighted to be publishing that action plan today.

The action plan considers the provision of mental health services and some relevant wider welfare and wellbeing issues for vulnerable adults in Immigration Removal Centres (IRCs) in England and, where appropriate, residential Short Term Holding Facilities (STHFs)[2].

There are two core pillars to the work - prevention and provision:

- **prevention** - ensuring that those who manifest vulnerabilities when in detention have them identified early and that they are managed appropriately to prevent further deterioration; and
- **provision** - improving our understanding of mental healthcare needs in detention, to ensure that the right interventions are available and that we manage effectively the removal of such individuals from the UK, or their transfer within the detention estate or back into the community.

Key to this approach is a new 'adult at risk' policy whose intention is that fewer people with a confirmed vulnerability, including mental health issues, will be detained in fewer instances and that, when detention becomes necessary, it will be for the shortest period necessary. Detention of people considered to be vulnerable will not be appropriate unless and until there are overriding immigration considerations. All cases in which vulnerability is identified will be considered before entry to the detention estate by a new gatekeeper function to assess the suitability of the individual for detention.

[1] http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Lords/2016-01-14/HLWS462/

[2] Healthcare is a devolved matter. We will work with colleagues in Scotland and Northern Ireland to share information and best practice on our commitment to the transformation of healthcare provision in immigration detention in England. Wales does not have any immigration detention facilities, so our approach will be to share information as appropriate.

Where detainees' mental health problems develop or worsen in detention, evidence-based and effective commissioning of mental health services will better meet their needs. Clear communication and early stage wellbeing interventions can prevent deterioration, and more serious long-term consequences. A clear protocol will support the swift and appropriate transfer to hospital of those detainees whose mental health needs are such that the best option is for them to be sectioned under the Mental Health Act 1983.

We have developed a comprehensive programme of work to drive improvements in the provision of mental healthcare services. The action plan builds on efforts since 2014 to improve the identification of health issues and the provision of healthcare services more generally. Annex A gives some examples of this wider work.

On behalf of the Government we want to thank the many individuals and organisations whose work has made this action plan possible. In particular, we are grateful to Stephen Shaw, for his thorough review and constructive recommendations; Professor Mary Bosworth, for her study on the relationship between detention and adverse mental health outcomes; the Centre for Mental Health, for its work on the clinical needs analysis of mental health in the detention estate; and our partners in NHS England, whose role in delivering more focused and evidence-based commissioning of healthcare through a revised specification for 2016/17 is essential to the success of what we seek to achieve in this plan.

We are confident that these reforms will bring significant improvements in this important area of public life.

Robert Goodwill MP
Immigration Minister
Home Office

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Introduction

Shaw review

Stephen Shaw's review into the *Welfare in Detention of Vulnerable Persons*[3] was published on 14 January 2016. It contained 64 recommendations covering immigration detention related issues such as casework, healthcare and operations.

The Government accepted the broad thrust of the recommendations and committed to taking forward three key reforms, consistent with our policies, and working across Government, NHS England, NHS Trusts and private sector providers to:

- adopt a wider definition of those at risk – the new definition of 'adult at risk' incorporates Mr Shaw's recommendations;
- address the concerns raised by Mr Shaw about mental healthcare provision in detention by supporting NHS England's commissioning of a specific analysis of clinical needs, conducted by the Centre for Mental Health; and
- maximise the efficiency and effectiveness of the detention estate by implementing a new approach to the case management of those detained.

In his evidence to the Home Affairs Committee on 9 February 2016[4], Mr Shaw said that he shared the Government's view as to what the priorities should be, particularly the fact that we want to ensure that those who are most at risk are not subject to detention. This was an issue also raised in the report of The Tavistock Institute's review of mental health issues in Immigration Removal Centres (IRCs) published by the Home Office in 2015[5].

A new "adults at risk" concept has been introduced into decision-making on immigration detention with a clear presumption that people who are at risk should not be detained, building on the existing legal framework. Section 59 of the Immigration Act 2016 places part of the policy on a statutory basis. We have laid statutory guidance before Parliament and the policy came into force on 12 September 2016. We have also put in place, though the Immigration Act 2016, a limit of seventy-two hours on the detention of pregnant women for the purposes of removal or deportation. This can be extended to up to a week with ministerial authorisation.

[3] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490782/52532_Shaw_Review_Accessible.pdf
[4] http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/home-affairs-committee/the-work-of-the-immigration-directorates-q3-2015/oral/28840.html
[5] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/402204/tavistock_institute_report_final.pdf

Shaw review and mental health

As part of his review, Stephen Shaw commissioned a specialist literature-based sub-review[6], led by Professor Mary Bosworth, on the relationship between detention and adverse mental health outcomes. Mr Shaw viewed the completed study as one of 'the greatest significance' and highlighted two of Professor Bosworth's key findings in the executive summary to his review to the effect that:

- there is a consistent finding from all the studies carried out across the globe and from different academic viewpoints that immigration detention has a negative impact upon detainees' mental health; and
- the impact on mental health increases the longer detention continues.

Mr Shaw sets out his wider findings on mental health issues in detention in Parts 8 and 9 of his review. He makes a series of recommendations designed to understand better the demand for mental health services in Immigration Removal Centres (IRCs) and, where appropriate, Short Term Holding Facilities (STHFs), and improve the quality and consistency of the service delivered.

His overarching recommendation (Rec.58) was for the Home Office, NHS England and the Department of Health to develop a joint action plan to improve the provision of such services in immigration detention.

In its response to Mr Shaw's review, the Government accepted this recommendation and also committed to carrying out a more detailed mental health needs analysis in the detention estate. This was commissioned by NHS England. The Centre for Mental Health was successful in securing the contract for this work given its expertise in respect of understanding the challenges of delivering effective mental healthcare in secure and detained settings.

The action plan which we are publishing today sets out how the Government is putting in place a systematic programme of action on prevention and provision to improve the diagnosis and treatment of mental health conditions in detainees.

The actions have been developed from the findings from the mental health clinical needs analysis in IRCs conducted by the Centre for Mental Health. It also brings together work to deliver Mr Shaw's specific recommendations on mental health and some wider actions on wellbeing which will contribute to improved mental health outcomes. The action plan has been structured to reflect the direction of recommendations made in the report of The Tavistock Institute's review of mental health issues in IRCs published by the Home Office in 2015.

The full report of the clinical analysis by the Centre for Mental Health will be published in late 2016. NHS England will use the full findings to inform the revision of the specification for the commissioning of mental health service provision in IRCs for use from April 2017.

[6] http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2732892

Governance

The Government is committed to improving healthcare in immigration detention. The reforms need to deliver improved outcomes for detainees, providers and the detained estate as a whole. We will achieve this by working collaboratively with commissioners and providers of services to monitor progress against the actions detailed here and the recommendations in Mr Shaw's report.

The work to implement the action plan will be overseen by the IRC Assurance Group which is chaired by NHS England and includes representatives from the Home Office and Public Health England. Action owners, including NHS England as Chair, will be accountable for the implementation of the work and will be required to report progress back to the Group against agreed performance indicators. The performance indicators - Health and Justice Indicators of Performance (HJIPs) – were introduced in April 2016. Action 15 refers specifically to reporting on healthcare provision through the development of dashboards. The data from internal reporting mechanisms will contribute to the evaluation process outlined below.

Evaluation

The Government is committed to assessing the impact of the action plan and using the findings to help us identify where further improvement is required. NHS England will commission a follow-up independent evaluation to assess whether the action plan has delivered improved outcomes for detainees with mental health issues. It will include assessment of whether the more robust screening and assessment procedures we are introducing have been effective in ensuring that the most vulnerable do not enter immigration detention unless there is compelling evidence of other factors relating to immigration abuse, public risk, or the imminence of removal which are so significant as to outweigh the vulnerability factors. We anticipate that evaluation will take place once the revised commissioning arrangements have come into operation and are part of routine delivery.

Action Plan

The action plan comprises a series of complementary actions to improve the provision of mental health services and some relevant wider welfare and wellbeing issues for vulnerable adults in Immigration Removal Centres (IRCs) in England.

Where appropriate the work will extend to Short Term Holding Facilities (STHFs) in England, such as Pennine House. The short-term nature of any stay in an STHF will determine the suitability of any healthcare interventions.

Healthcare is a devolved matter. We will work with colleagues in Scotland and Northern Ireland to share information and best practice on the long-term commitment we have made to the transformation of healthcare provision in immigration detention in England. Wales does not have any immigration detention facilities so our approach will be to share information as appropriate.

The action plan is set in a strategic framework of prevention and provision measures designed to improve mental health and welfare outcomes. There are two main strands:

- Detention environment
    - Physical
    - Welfare
- Provision of mental health services
    - Early and effective identification/ diagnosis of mental ill health
    - Effective commissioning
    - Access to appropriate mental health treatment (provided in detention, in external in-patient units, and onward referral)

The actions are set out under this structure below. The delivery and outcomes of the actions will be assessed, unless otherwise indicated, by an independent follow-up evaluation to be commissioned by NHS England.

Some of the guidance specified will be developed as a Detention Services Order (DSO) as part of the suite of operational guidance used by all staff (Home Office, healthcare and custodial providers) across the immigration detention estate.

Detention environment: Physical				
Ref.	**Action**	**Lead Dept.**	**Timing**	**Outcomes**
1	Creation/refurbishment of appropriate facilities such as quiet rooms, care suites, segregation facilities in IRCs for use in the de-escalation of volatile situations. STHFs have greater physical constraints and will need to consider alternative means for the management of de-escalation situations (linked to Shaw Rec. 37, 38 & 56).	Home Office supported by NHS England.	Jan 2017 - specification and site options developed. 31 March 2017 – costs and commercial delivery options assessed (for care suites). This is an action with significant cost implications - will require ongoing work and review.	Potential for quicker resolution to situations requiring de-escalation. It should be noted that de-escalation is not dependent on specific facilities.
2	Review access that detainees have to natural light and open air to develop better understanding of type and cost of adjustments required to established IRCs and residential STHFs (where feasible) to deliver improvements (linked to Shaw Rec.33).	Home Office with service providers.	April 2016 – options identified and scoped.	Improvement/ future planning for the detention estate includes consideration of access to natural light and open air as a standard requirement.

Detention environment: Welfare				
Ref.	**Action**	**Lead Dept.**	**Timing**	**Outcomes**
3	Develop clear guidelines and processes to ensure that current arrangements for adult safeguarding are adequate, including guidance on procedures for safe release into the community of a detainee with mental healthcare requirements to ensure they support an informed handover (linked to Shaw Rec.29).	NHS England, Department of Health and Home Office (joint lead). Input from the Department for Communities and Local Government, Social Services and Local	Sept 2016 – Adults at Risk policy implemented and Detention Services Order published. These affect individuals in detention. April 2017 to establish new	Detainees released into the community are supported by clear care and commissioning pathways with agreed responsibility for delivery. Effective links between IRCs

		Authorities.	approach for arranging care prior to leaving detention. This is a long term action - contributing deliverables include: Clarify legal roles and responsibilities (end June); identify options (end June); and new approach supported by guidance (end September).	and local adult safeguarding boards – dependency on legal responsibilities.
4	Consider whether it is feasible to offer a follow-up health check to a detainee with mental healthcare requirements who is in detention for more than four weeks and is subsequently released into the community.	NHS England, Department of Health and Home Office (joint lead). Input from the Department for Communities and Local Government, Social Services and Local Authorities.	June 2016 – consideration of feasibility.	Better monitoring of impact of detention on mental health conditions. Greater likelihood of the individual engaging with community based healthcare.
5	Review range of activities available to detainees with particular consideration of skills to support an independent future post-return (linked to Shaw Rec.32).	Home Office with service providers.	June 2016 – review of current activities completed. September 2016 – proposals.	(Where changes feasible) wider range of options for detainees to enhance their skills base and self-esteem (links to mental health).
6	Ensure that all staff in IRCs and STHFs who have contact with detainees have access to continued professional development in managing welfare issues,	Home Office and NHS England (jointly).	July 2016 – gap analysis. December 2016 – develop	The management of welfare issues of all detainees improves through better identification/

	including training provided by the NHS England teams in IRCs (linked to Shaw Rec. 9-16 - adults at risk).		proposals.	diagnosis and response.
7	Develop new guidance for all staff in IRCs and STHFs who have contact with detainees on the treatment and welfare of women in detention, and in Yarl's Wood specifically, and under escort with particular reference to issues of domestic violence, sexual assault, trafficking, and pregnancy (linked to Shaw Rec. 9-16 - adults at risk).	Home Office.	June 2016 – guidance published.	The management of welfare issues of female detainees improves through better identification/ diagnosis and response.
8	Develop refresher training for UK and overseas escort staff on duty of care and meaningful engagement with detainees under escort (linked to Shaw Rec.6).	Tascor - Home Office to oversee.	April 2016 – action plan and evaluation criteria in place.	Better and more pro-active sharing of information of welfare needs of detainees undergoing transfer in the UK or escort as part of a return plan.
9	Develop refresher communications and guidance for Home Office staff on continuity of care, including the need to limit detainees transfers where there is clinical advice to the contrary (physical as well as mental health needs). Guidance will need to set out the circumstances where a requirement to keep a person in a specific environment (or move them) for their own welfare/ safety may override this (linked to Shaw Rec.29 and 48).	Home Office and NHS England (jointly).	April 2016 – current guidance reviewed June 2016 – guidance rolled out	Sustained health or mental health interventions are delivered to detainees in a stable residential detention environment unless specific safety concerns override this. Clear documentation of decisions and reasons.

Provision of mental health services: Early and effective identification/diagnosis of mental ill health				
Ref.	**Action**	**Lead Dept.**	**Timing**	**Outcomes**
10	Commission an independent and detailed assessment of mental health clinical needs of detainees leading to a revised specification for commissioning mental healthcare in the detention estate (linked to Shaw Rec.55). Early findings from the analysis are incorporated in this action plan and are cross referenced.	NHS England delivered through Centre for Mental Health.	April 2016 (assessment completed). June 2016 – gap analysis. April 2017 – specification signed off by NHS England.	More targeted and effective commissioning with sufficient flexibility to meet emerging mental healthcare needs informed by more developed evidence and gap analysis.
11	Improve processes for identifying vulnerability, including mental health issues, in the immigration detention context, and for making decisions on the detention of vulnerable individuals, through the "adults at risk in immigration detention" policy. Provide training to caseworking staff and relevant staff working on the detained estate.	Home Office responsible for developing the guidance on the adults at risk policy. Training will be provided by Home Office, healthcare or service providers as appropriate. Home Office will oversee delivery.	Adults at risk policy implemented on 12 September 2016. Training delivered to relevant staff from August 2016 and is ongoing. Includes training for GPs in IRCs.	Reduction in the number of the most vulnerable detained.
12	Improve capability of all IRC and STHF staff (healthcare, immigration and service provider) to identify and respond to manifestations of trauma and, where feasible, any link to torture (linked to Shaw recommendations 21 and 22 on Rule 35).	Training will be provided by Home Office, healthcare or service providers as appropriate.	Ongoing to end 2016. Training on the Rule 35 process was provided to delegates from IRC healthcare in October 2015 and has since been the subject of local	Improved welfare benefits to the detainee and cost benefits to the estate through earlier identification/ diagnosis of and more targeted intervention in mental health issues.

			training. The Home Office issued revised and improved guidance on the Rule 35 process in September 2016.	
13	Improve capability of all IRC and STHF staff (healthcare, immigration and service provider) to identify and respond to manifestations of gender based trauma and, where feasible, any link to torture, sexual assault or trafficking (linked to Shaw recommendations 21 and 22 on Rule 35).	Training will be provided by Home Office, healthcare or service providers as appropriate.	Ongoing to end 2016. Training on the Rule 35 process was provided to delegates from IRC healthcare in October 2015 and has since been the subject of local training. The Home Office issued revised and improved guidance on the Rule 35 process in September 2016.	Improved welfare benefits to the detainee and cost benefits to the estate through earlier identification/ diagnosis of and more targeted intervention in mental health issues.
14	Develop a screening tool for use at detainee reception stage to identify learning disability/difficulty (linked to Shaw Rec. 9-16 - adults at risk).	NHS England commissioners supported by the Home Office.	Ongoing to end 2016/17. To be implemented from April 2017	Appropriate adjustments for detainees with learning disability/difficult put in place at an earlier point. To be assessed as part of ongoing service provision by NHS England.

Provision of mental health services: Effective commissioning				
Ref.	**Action**	**Lead Dept.**	**Timing**	**Outcomes**
15	Create a baseline assessment of current provision and carry out a gap analysis to inform a revised service specification based on evidence (linked to Shaw Rec.55 and 58).	NHS England/ local NHS Commissioners.	Publication of the needs analysis in late 2016. A revised MH service specification for IRCs to be in place for April 2017.	Strengthened strategic approach to planning based on evidence-led recommendations for commissioning.
16	Improve gathering and reporting of data collected on instances of detainees sectioned under the Mental Health Act 1983 to include numbers and characteristics such as gender, age, and (if feasible) FNO status.	Home Office.	April 2016 for gender and age.	Strengthened strategic approach to planning based on evidence-led recommendations for commissioning.
17	Strengthen data collection and reporting on mental healthcare provision in IRCs and STHFs through: i) consideration of the development of healthcare dashboards as reporting tool; and ii) inclusion of mental health indicators in the suite of Health and Justice Indicators of Performance (HJIPS) (linked to Shaw Rec.55 and 58). Dashboards yet to be developed but expected to include data on demand, provision, outcomes and cost effectiveness.	NHS England.	Decision to be made once findings of report from Central for mental Health have been considered. HJIPS rolled out across the estate from April 2016	Greater transparency of type of and spend on mental healthcare provision in IRCs and STHFs as part of the formal governance and oversight process. Relevant data will be provided to the Centre for Mental Health for the review process.

Provision of mental health services: Access to appropriate mental health treatment (provided in detention, in external in-patient units, and onward referral)				
Ref.	**Action**	**Lead Dept.**	**Timing**	**Outcomes**
18	Ensure access to appropriate mental health interventions for detainees reflects need and is not constrained by the duration of a detainee's period of residence in an IRC unless risk factors around possible non-completion of treatment negate this (linked to Shaw Rec. 9-16 - adults at risk). Effective mental health treatment post-detention is dependent on local service provision.	NHS England Home Office.	Timings as for action 10.	Better tailoring of interventions to need through an approach which recognises, but is not constrained by, the duration of stay
19	Consider the scope for extending the range and availability of easily accessed interventions such as the Improving Access to Psychological Therapies (IAPT) tool (linked to Shaw Rec. 57).	NHS England.	Timings as for action 10.	Better tailoring of interventions to need through an approach which recognises, but is not constrained by, the duration of stay.
20	Develop relevant guidance and specifications to ensure that key health and care agencies share core information about a detainee in an IRC or STHF such as 'fit to detain' and 'fit to be removed/fly', medication, and that a clear definition of informed consent is in place (linked to Shaw Rec. 9-16 adult at risk).	Home Office and NHS England.	April 2016 – Detention Services Order (DSO) on sharing of medical information published.	Improved support for detainees within a single centre or when transferring between centres or on escort.

21	Assess timeliness of transfer from immigration detention to hospital and develop guidance as appropriate (section 48 of the Mental Health Act 1983) – the availability of beds in hospitals is a key dependency and will need parallel consideration.	NHS England.	Transfer guidance signed off from April 2017	Treatment of mental health needs of detainees requiring hospital based intervention is not subject to undue delay.
22	Develop a multi-disciplinary approach (i.e. ensuring that all key partners are involved and informed) to mental healthcare provision to ensure better understanding of issues and integration of care pathways between staff in mental health and primary healthcare (linked to Shaw Rec. 55).	NHS England.	This will be developed as part of the revised commissioning specification informed by the clinical needs analysis by the Centre for Mental Health.	Improved primary care response (appropriateness, effectiveness and cost) to detainees who have mental healthcare requirements

Evaluation				
Ref.	**Action**	**Lead Dept.**	**Timing**	**Outcomes**
23	Review impact of range, quality, focus, and responsiveness of mental healthcare provision in IRCs and STHFs with read across to the outcomes identified in this action plan (linked to Shaw Rec. 55 and 58).	NHS England to commission an evaluation.	Once revised commissioning arrangements have come into operation and are part of routine delivery	Mental healthcare provision in IRCs moves to a cycle of continuous improvement through review.

Annex A

Ensuring the quality of healthcare service provision in immigration detention

In the foreword to the report of his review into the *Welfare in Detention of Vulnerable Persons*[7], Stephen Shaw refers to the 30,000 persons who are detained for immigration purposes at some point in any one calendar year. Published statistics[8] show that over 32,000 people were detained in 2015, solely under Immigration Act powers with well over half of those individuals being detained for under a month. For example, for the year ending June 2016, 64% of those detained left detention after 29 days or fewer and the vast majority (94%) were released after four months or less.

The operation of the immigration detention estate is subject to extensive external scrutiny at both a national and local level. All removal centres are subject to a regular and rigorous inspection regime operated by Her Majesty's Chief Inspector of Prisons (HMCIP). In addition, IRCs receive a full unannounced inspection at least once every four years. Each IRC has an Independent Monitoring Boards (IMBs) appointed to it. The function of the IMB is to ensure that detainees are treated with proper standards of care and decency.

In terms of healthcare specifically, the 2015-17 National Partnership Agreement between NHS England, Public Health England and Home Office Immigration Enforcement sets out the arrangements for governance and accountability, again at local and national level. This is currently being reviewed and an updated version published in due course. Local partnership boards, overseen by NHS England commissioning leads, report into national assurance routes such as NHS England's Health and Justice Oversight Group. Additional clinical commissioning assurance comes through NHS England's Health and Justice Clinical Reference Group.

Healthcare, like the vast majority of service provision, is most effective when it is evidence based. Health and Justice Indicators of Performance (HJIPs) look at outcomes, utilisation and uptake of healthcare interventions to monitor quality and delivery of service. The indicators are an important source of information to:

- help providers review performance and identify areas that need improvement;
- provide data for local Health Needs Assessments (HNAs);
- assure commissioners, the National Offender Management Service and Home Office that healthcare in prisons and removal centres is fit for purpose; and
- provide the Care Quality Commission (CQC) and HM Inspector of Prisons with information to support their inspection work in prisons and removal centres.

[7] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490782/52532_Shaw_Review_Accessible.pdf

[8] https://www.gov.uk/government/statistics/immigration-statistics-october-to-december-2015

Progress Update

In 2014 we transferred the commissioning responsibility for detainee healthcare to NHS England and have since worked jointly to develop a programme of action to improve service provision and the environment in which it is provided.

The work was framed around the following strategic areas:

- Detention environment; and
- Provision of healthcare services.

We have made progress but healthcare provision is only one part of a wider programme to change the way immigration detention in England is managed. In this context, there is more to do to bring all the elements of change together to realise our ambition for transformation.

Detention Environment

In the last 18 months we have made a number of structural changes across the detention estate to enhance the environment in which healthcare is provided.

The changes range from the refurbishment of current accommodation to create a dedicated softer space in which to provide healthcare interventions, to the redesign of the detention premises more generally to improve standards.

We have set out some examples of what we have achieved below:

- The Verne has developed a dedicated safer care room to provide vulnerable detainees with a more suitable environment;

- Harmondsworth and Colnbrook have redesigned their medicine administrative spaces to improve safety and confidentiality. Colnbrook has refitted the dental suite to meet CQC standards on the prevention and control of infection. It has also refurbished its single occupancy accommodation for disabled detainees to ensure ease of access and mobility in the space. Harmondsworth has refurbished the enhanced care unit to provide better facilities and has converted a room into a suitable space for an on-site optician. Both centres have brought in x-ray machines to enable on-site diagnosis of relevant conditions;

- Yarl's Wood has made a number of structural changes to improve health confidentiality and the management of the patient experience in response to the recommendations in a CQC report in April 2015. This includes the construction of a dedicated safer storage and distribution area for medicines; and

- Tinsley House had developed additional consulting and therapy space to support more structured delivery of wellbeing clinics and talking therapies.

Healthcare service provision

We have made significant changes and improvements to the range and availability of healthcare in the detention estate under the commissioning and provision service overseen by NHS England since April 2015. This includes increased availability of specialist healthcare staff, more direct availability of healthcare interventions and the delivery of a wider range of health promotion and wellbeing clinics and workshops.

We have also a developed a structured programme to improve the way we provide medicine to detainees with a greater focus on enhanced continuity of care across the detention estate, at the point of release, or onward referral.

We have set out some examples of what we have achieved below.

Increased availability of specialist healthcare staff

Nottinghamshire NHS Foundation Trust has provided healthcare at Morton Hall since April 2015. In that time, the Trust has made substantial changes to the healthcare staffing structure and resource levels particularly in terms of mental health.

In an expansion of previous provision, a consultant psychiatrist is available on the premises on a fortnightly basis, and a psychologist and a substance misuse nurse weekly. The nursing team has expanded to three including a clinical matron. The healthcare administrative and pharmacy teams are in the process of being expanded to enable the primary care team to focus more directly on patient interaction and service provision. More generally, Nottinghamshire NHS Foundation Trust has provided link nurses which the Morton Hall staff can access for advice to ensure that emerging health issues receive a timely response.

More direct availability of healthcare interventions

The consistency of healthcare provision comes from a good understanding of demand. This is a fundamental part of the NHS England commissioning cycle. For example, in Yarl's Wood a Health and Social Care Needs Assessment produced by S Squared Analytics in 2015 is supporting commissioning improvements. There will be a further assessment in late 2016 to test whether the demand has changed.

Brook House has put substance misuse programmes and facilities in place on the premises as a more direct means of addressing drug issues, particularly those involving new psychoactive substances (NPS).

Harmondsworth has introduced on-site physiotherapy and occupational therapy provision to ensure more timely interventions.

It is important too that we make appropriate mechanisms available to get the views of service users in the detention estate. For example, the Verne introduced a patients' forum in June 2015. It provides a means for detainees to consult with healthcare staff on the service provided and make suggestions for improvement.

Wider range of health prevention and wellbeing clinics and workshops

Yarl's Wood has introduced a new psychological wellbeing service. Under this arrangement Kaleidoscope, an established Community Interest Company (CIC) focussing on delivering services for health and wellness, has been commissioned to provide 3.5 hours of compassion focussed therapy daily as well as talking therapies. It is a replacement for the previous counselling service and focuses on detainees with lower level mental healthcare requirements where there has been no formal diagnosis of a more serious underlying condition.

The Verne has developed a programme of wellbeing and prevention interventions over the last 12 months. This includes the introduction of substance misuse groups to help detainees to stop smoking and increase awareness of the negative effects of drugs and NPS. Another initiative, started in December 2015, is a regular relaxation session complemented by wellbeing and stress interventions sessions.

Campsfield has increased the availability of wellbeing days and clinics and has introduced workshops highlighting the dangers of NPS. It has also introduced sessions on ways to improve and maintain a good standard of oral hygiene as part of a drive to reduce the incidence of dental neglect found in detainees.

Provision of medicine and enhanced continuity of care

We recognise that there is more we can do to improve the way medicine is provided to detainees and to better ensure the continuity of that care. We have developed a medicines optimisation programme which we are implementing in 2016/17 to:

- enable, where feasible, detainees to retain and self-administer prescribed medicines – we are testing an IT-based risk assessment tool to support this;
- ensure medicines are dispensed in a setting which maintains confidentiality; and
- improve the provision of pharmacy services including timely supply, availability of clinical pharmacy services, and increased access for healthcare staff in the detention estate to pharmacy staff for specific advice.

We will also take steps to improve continuity of care through:

- increased access to medicines out of hours;
- more robust reconciliation of prescribed medicines in the possession of an individual on arrival and medicines available in the immigration detention estate;
- ensuring that there is a timely supply of specialist medicines, e.g. for HIV; and
- providing individuals with a supply of medicines on release, transfer or at removal.

Continuity of care is better supported with accurate medical data. We are committed to ensuring that SystmOne, the clinical records system that is used across the secure and detained estate to capture patient information and document interventions, is available in all IRCs. The remaining IRC without access to this system, Campsfield, is due to come on-stream as part of NHS England's delivery of its Health and Justice Information System (HJIS) programme. Implementation will be during the 2017/18 financial year.. In preparation, Campsfield is developing IT based care plans for vulnerable adults which will be a key tool in ensuring continuity of care.

We recognise that better IT connectivity will improve information sharing on healthcare issues across the detention estate. We are developing an integrated system as part of the HJIS programme. The system will provide connectivity across the secure and detained estate and into community GPs. It will also allow for General Medical Service (GMS) registration so that detained people can be allocated an NHS number which will further support continuity of care. This new provision will be rolled out across the residential estate during 2017.