



Draft guidance for Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs)

Response by Revolving Doors Agency September 2012

Revolving Doors Agency welcomes the opportunity to comment on the draft guidance for Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). This response supports our joint submission made along with Clinks, Drugscope, Making Every Adult Matter, Homeless Link, Mencap, Mind, Rethink, Safer Future Communities, St Mungo's and Turning Point, and highlights a number of additional points.

Revolving Doors Agency is a charity working across England to change systems and improve services for people with multiple problems, including poor mental health, who are in repeat contact with the criminal justice system. We welcome the opportunity to comment on the draft mandate to the NHS Commissioning Board.

At any one time, an estimated 60,000 people in England and Wales are in repeat contact with the criminal justice system and face multiple and complex needs including mental ill health, drug and alcohol misuse and homelessness. They account for a small proportion of local populations but, as recognised in the draft mandate, experience significant health inequalities, often unable to access support services which are designed for single severe problems rather than a combination of lower level needs. Their patterns of service use incur high costs to the public purse¹, and repeat offending damages communities.

Although people facing multiple and complex needs in repeat contact with the criminal justice system are often sentenced to short prison sentences, they spend the majority of their time in the community and within the remit of health and wellbeing boards.

1) Reference to offenders in the guidance

We welcome the recognition of offenders in the guidance as a socially excluded and vulnerable group that may be hard to engage. However we are concerned that this is only noted in an end note. Both the draft mandate to the NHS Commissioning Board and the recent Mental Health Strategy Implementation Strategy include specific references in the main body of the text to the health inequalities experienced by offenders.

¹ As demonstrated by Revolving Doors' Financial Analysis Model. The model assesses the potential savings resulting from partnership projects providing holistic support to people with multiple needs at different points of the criminal justice system. See <http://www.revolving-doors.org.uk/policy--research/policy-projects/economic-model/> for more detail.

We recommend that specific groups likely to experience poor health outcomes, including offenders, are identified in the main body of the guidance.

Our scoping of JSNAs across the country has found few examples of JSNAs which include a recognition of or reference to offenders. Including a specific reference in the guidance would help local areas to ensure they have considered the health needs of the full range of socially excluded and vulnerable groups, including offenders. As highlighted in our joint response, specific sub-group needs assessments may help to focus local areas on assessing the needs of such groups.

2) Working in partnership with offender health commissioners

We welcome focus in the draft guidance to joint working with partners outside the health and social care system including local community safety partnerships, Police and Crime Commissioners (PCCs), probation trusts and prisons. However, we recommend that offender health commissioners are also included in the guidance. Although the structure of these commissioning arrangements is currently being finalised, it is clear that offender health commissioners will report to the NHS Commissioning Board and be responsible for commissioning health services in custodial setting including police custody and prison. Linking with offender health commissioners may help to address challenges of engaging with PCCs whose constituencies may cover several health and wellbeing board areas.

We therefore recommend that the guidance offender health commissioners should be added to the list of partners with which health and wellbeing boards should work jointly. This is currently in the third paragraph of section 5 on working in partnership, page 8.

3) Collecting data on health and social care needs of offenders

We recognise that those developing JSNAs and JHWSs will have limited resources to dedicate to the collection of data. It will be vital to make the most data that is already being collected, including by probation, police, prisons and courts. In particular, data from integrated offender management schemes may be of use.

The development of liaison and diversion services and establishment of offender health commissioning arrangements are likely to provide valuable new opportunities to improve understanding on the health and social care needs of offenders to inform JSNAs and JHWSs. For example, as offender health commissioners take on the commissioning of healthcare in police custody, they will undertake needs analyses. This is likely to identify crucial information, such as whether people with drug, alcohol or mental health problems spend longer in custody. For example, we have heard anecdotal evidence suggesting people facing these issues spend up to three times as long in custody.

The consultation on the January version of the guidance proposed an updated “core data set”. We supported this and recommended that it included data on offenders of all ages, and at all stages of the criminal justice pathway. Although this is not mentioned in the revised version of the guidance, ***we maintain that an updated “core data set” would be useful and would be keen to work with government to consider how this could be developed.***

We would be happy to expand on any of the points in this response. Please contact Anna Page, Policy Manager at anna.page@revolving-doors.org.uk or on 020 7407 0747.