Health and Justice Commissioning for Prisons and IRC in Oxford

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The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

Health and Justice Commissioning

1. Context

Section 15 of the **Health and Social Care Act 2012** gives the Secretary of State for Health the power to require NHS England to commission certain services instead of Clinical Commissioning Groups (CCGs). These include 'services or facilities for persons who are detained in a prison or other accommodation of a prescribed description'. NHS England assumed these powers from **1 April 2013.** The responsibilities of NHS England cover both public and contracted prisons and Immigration Removal Centres (IRCs).

NHS England is responsible for ensuring that services are commissioned to consistently high standards of quality across the country, promote the NHS Constitution and deliver the requirements of the Secretary of State's (SoS) Mandate and the Section 7a agreement with NHS England. NHS England Health and Justice are responsible for commissioning all health services (with the exception of some emergency care, ambulance services, out of-hours services and NHS 111 services). This includes primary care incorporating dentistry and optometry services, preventive and public health services, secondary care, community services, mental health and substance misuse services, in respect of persons detained in prison, or in other secure accommodation.

Commissioning is led by ten teams across four regions (North, South, Midlands and East and London), supported by a small national Health and Justice team.

2. Health and Offending

Offenders are more likely to smoke, misuse drugs and/or alcohol, suffer mental health problems, report having a disability, self-harm, attempt suicide and die prematurely compared to the general population. The links between poor health and reoffending have been long understood. For example, evidence suggests:

- Drug users are estimated to be responsible for between a third and a half of acquisitive crime and treatment can cut the level of crime they commit by about half;
- Alcohol is a factor in an estimated 53% of violent crime[3] and Accident and Emergency (A&E) data sharing and targeted interventions have been shown to reduce overall A&E violence related attendances in one study by 40%.

The clear links between the wider determinants of health and factors affecting reoffending such as sustainable housing or employment create a potentially vicious circle. For example, offenders with addiction or mental health problems are more likely to need support with housing, education or employment to change their lives and prevent future victims, yet at the same time research shows these offenders will find it more difficult to access mainstream help than the general population. Increased health inequalities are therefore compounded by greater barriers to accessing services to meet those needs.

Just as the evidence base shows both the links between health and crime and the disproportionate levels of health inequalities experienced by those in contact with the criminal justice system, so too there is clear evidence of the efficacy of interventions to improve the health needs of this group, on reductions in crime and better health outcomes. There is also emerging international evidence of the benefits of recognising prison health as a public health issue and the wider 'community dividend' which may be realised by addressing some of the disproportionate levels of illness identified within the prison population, in particular with respect to issues such as communicable disease control.

The World Health Organisation's Health in Prisons Programme and the Council of Europe at a meeting of prison health experts held in Strasbourg in 2014 endorsed the position that there can be 'no health without justice and no justice without health' by which it was meant that health and justice organisations cannot achieve their respective aims in isolation. It is therefore essential that health and justice organisations with responsibilities for commissioning and delivering services in prisons work together in partnership. Further, wider public health objectives around reducing health inequalities can be achieved through addressing the health needs of people detained in prison as they often return to communities experiencing significant levels of disease, poorer health behaviours and less access to health services.

3. Health Needs of Detainees

There has been very little research on the physical health needs of detainees in the UK immigration detention system. However, there is some literature from Europe and Australia on the health of migrant communities that is likely to be relevant to this population group. This research suggests that the most likely health problems for detainees will be communicable diseases such as TB, Chicken Pox and HIV. There is also evidence to suggest that certain ethnic groups including those most likely to be detained have higher prevalence rates for particular conditions including Asthma, Diabetes and Cardiovascular diseases. Certain conditions, including anaemia, dental caries, intestinal parasites, nutritional deficiencies and immunisation irregularities, appear more commonly in newly arrived refugees from developing countries. Also, people with darker skins and those whose mothers lacked adequate nutrition during pregnancy and breast-feeding are known to be at risk of Vitamin D deficiency.

Migrant populations from less developed countries are known to be less likely to have been immunised against common diseases. Some ethic groups are known to have higher prevalence rates of certain chronic conditions e.g. Diabetes. Also some ethnic groups are known to have higher rates of cardiovascular disease.

There are no known prevalence figures for mental health problems amongst detainee populations. However, certain common mental health conditions, especially those that are stress related and depression would be expected to be high due to a variety of factors that are pertinent to these populations e.g. experience of trauma, stress related to immigration status and likely return to a home country where conditions and circumstances may be challenging. There are also known differential rates of mental illness diagnosis amongst certain ethnic

populations. Mental health is reported as being one of the most significant health problems for detainees.

Commissioning in Oxfordshire

4. Establishments

There are three secure establishments in Oxfordshire: HMP Bullingdon, IRC Campsfield and HMP Huntercombe.

HMP Bullingdon is a local prison for adult males and Young Offenders with the operational capacity of 1114 prisoners and is a Category B, C and YOI. It holds prisoners from 18 years of age, but predominantly those aged 21 years and over. The population mainly comprises of remand prisoners and newly sentenced prisoners, received from courts in the Thames Valley area - particularly Reading and Oxford but also from the Wessex area.

Bullingdon is a national treatment centre providing Sex Offender Treatment Programmes, including an adapted programme for prisoners with learning difficulties.

IRC Campsfield is a privately run Immigration Removal Centre based in Kidlington. The centre is run by contractor MITIE Care and Custody. The centre accommodates up to 292 detainees pending their case resolution and subsequent removal from the UK and receives detainees at any time during the day or night.

HMP Huntercome is a Category C establishment holding solely adult male foreign national prisoners who have been identified by the Home Office as meeting relevant deportation criteria. It has an operational capacity of 430 prisoners. Its population is drawn from a large number of different countries. For example, in recent times, it has held a significant proportion of prisoners from Albania, Ghana, Holland India, Jamaica, Poland and Somalia.

5. Commissioning process

The Service Procurement of healthcare in the three establishments took place over 2015 with a new contract for all three starting on 1st April 2016 following the expiry of existing contracts. The procurement fell within the scope of “Part B Services” as defined in the Public Contracts Regulations 2006 (as amended) and Directive 2004/18/EC. Therefore the 2006 Regulations and the 2004 Directive were only applicable to the Service Procurement to the extent required for Part B Services.

NHS England decided to follow a tendering procedure for the Service Procurement which is akin to the Open procedure, as provided for under the 2006 regulations and the 2004 Directive.

The procurement was carried out in partnership with the National Offender Management Service (NOMS) and the Home Office as well Public Health England.

NHS England promotes a Prime Provider or consortium model to encourage an integrated service. Care UK was the successful bidder for the Lot that comprised of the three establishments in Oxfordshire.

6. Healthcare provision

Health care provision in each of the prisons and the IRC includes primary care and secondary mental health services equivalent to that provided in the community. Services include:

- GP
- Healthcare Nursing
- Mental Health and Learning Disability
- Integrated Substance Misuse
- Dental
- Optometry
- Pharmacy
- Sexual Health
- Therapies
- Health Promotion
- Audiology

7. Governance

NHS England works in partnership with NOMS, Home Office and Public Health England through National and regional partnership boards and National Assurance Groups. This is replicated locally through a partnership board that meets quarterly and includes representation from Oxfordshire CC, Oxfordshire CCG and the IMB. It receives performance reports from the provider and considers strategic issues across all three establishments. An action plan is produced from recommendations emanating from Her Majesty's Inspectorate of Prisons (HMIP), IMB Annual Report, Death in Custody Reviews from the Prison and Probation Ombudsman and any Quality Inspection reports.

Her Majesty's Inspectorate of Prisons for England and Wales (HMI Prisons) is an independent inspectorate which reports on conditions for and treatment of those in prison, young offender institutions and immigration detention facilities. All inspections of prisons, young offender institutions and immigration removal centres are conducted jointly with the Care Quality Commission and the General Pharmaceutical Council (GPhC).