



**Response to**  
**Healthy Lives, Healthy People: strategy for public health in**  
**England**  
**from the Prison Reform Trust**

**Prison Reform Trust**

The Prison Reform Trust, established in 1981, is a registered charity that works to create a just, humane and effective penal system. The Prison Reform Trust aims to improve prison regimes and conditions, defend and promote prisoners' human rights, address the needs of prisoners' families, and promote alternatives to custody. The Prison Reform Trust's activities include applied research, advice and information, education, parliamentary lobbying and the provision of the secretariat to the all party parliamentary penal affairs group.

**Introduction**

**Healthy Lives, Healthy People; aim: *To improve and protect the nation's health and to improve the health of the poorest fastest.***

Effective public health services have a significant role to play in preventing offending and reoffending, and in supporting the rehabilitation and resettlement of offenders and prisoners. The Prison Reform Trust welcomes the focus on prevention, ring fenced budgets and health premium that 'rewards' health improvements for the poorest, most 'disadvantaged, vulnerable and excluded groups' in our society.

It is well established that the physical and mental health needs of children and adults who offend, and of prisoners in particular, are greater than those of the general population<sup>i</sup>. Equally well established are the high levels of multiple deprivation frequently experienced by children who offend, and the high levels of homelessness, long term unemployment, educational under-attainment, and drug and alcohol abuse by adult offenders<sup>ii</sup>. Efforts, therefore, 'to improve the health of the poorest fastest' should actively seek to include those most at risk of offending, for example children and young people in poor socio-

economic circumstances and, in particular, those not in education, employment and training, as well as offenders, and especially those in prison.

The Prison Reform Trust has responded to a small number of consultation questions and has made a number of more general points.

### 1. Parity of indicators and outcomes

There should be parity between the indicators and outcomes for the public health of the prison population and that of the general population, for example in nutrition, health at work and physical activity (Table A – public health funded activity, *Consultation on the funding and commissioning routes for public health*). Certain indicators and outcomes, such as fuel poverty (Domain 2, *Proposals for a public health outcomes framework*), will be inappropriate for prisoners, and these should be noted. Further, should any indicators and outcomes be deemed not to apply for prisoners, these should be made explicit, and published in a joint statement by the NHS commissioning board and Public Health England.

### 2. Children in contact with youth justice services

Prison Reform Trust welcomes the key priority of ‘early intervention and prevention’ (paragraphs 3.5 – 3.10). However, evidence suggests that the additional needs of children in contact with youth justice services have often not been adequately identified or identified at all. Further, for children whose additional needs have been identified, adequate support has not always been forthcoming<sup>iii</sup>.

Children’s contact with youth justice services provides a unique opportunity to ensure that their additional needs are both recognised and met. The proposal in the SEN and disability Green paper for ‘a new single assessment process and Education, Health and Care Plan’ should help to ensure that some of the most disadvantaged and vulnerable children in our society receive the help and support they need. While for older children, robust transition planning into adult services will help to ensure that young people are better able to take control of their lives, free from crime (paragraph 3.17).

Health and well being boards are well placed to ensure effective and cooperative working between youth justice and universal children’s services, such as education and health, to deliver the holistic screening, assessment, treatment programmes and support needed to improve the life chances of children who offend (paragraphs 1.25 – 1.27; 3.13; 3.15; 3.17 – 3.18).

### 3. Prisoners, rehabilitation and resettlement

Effective public health services have a particular role to play in the rehabilitation and resettlement of prisoners. Public health services for prisoners should reflect the greater health needs acknowledged as being present in the prison population.

There should be parity of access to, and provision of, public health programmes and events for prisoners as for the general population, such as Older People's Day (paragraph 3.76) and Community Agents (paragraph 3.68). In particular, arrangements should be put in place to ensure that prisoners have the same access to HealthWatch as other citizens, including opportunities for engagement, participation and in bringing complaints.

For prisoners in receipt of public health services commissioned by the NHS commissioning board, there should be a 'seamless' transition of service provision on their release from prison. To that end, a senior representative of the NHS commissioning board should be required to be part of the local health and wellbeing board whenever a prison is co-located in the area (paragraph 4.11). The NHS commissioning board and local health and wellbeing boards should be jointly accountable for ensuring that arrangements are in place, which guarantee the continuation of service provision and rehabilitation of people leaving prison, so avoiding any compromise in the progress of individuals through lack of 'joined up' provision.

The NHS commissioning board, together with prison rehabilitation and resettlement programmes, should work proactively with health and wellbeing boards to ensure necessary support for individual prisoners on release; for example through programmes such as Supporting People (paragraph 3.63), and to mitigate against the heightened levels of social isolation and loneliness (paragraph 3.67) frequently experienced by people on release from prison. This is especially important for certain groups of prisoners, such as people with mental health problems and people with learning disabilities, people who have self harmed or attempted suicide in prison, and women. For example, high numbers of women prisoners have histories of domestic violence and sexual abuse, and many experience mental health problems and low levels of self-esteem<sup>iv</sup>.

#### 4. Liaison and diversion services

PRT welcomes the commitment to diverting people, where appropriate, away from the criminal justice system and into health services (paragraph 3.41); people with learning disabilities should be included alongside people with mental health problems.

Robust alternatives to the criminal justice route are required, including timely access to mental health services, learning disability services and accessible drug and alcohol treatment programmes. Support with housing should also be available, and health and wellbeing boards are well placed to coordinate a comprehensive response to the additional and holistic needs of individuals.

Routine and systematic support should be provided for people with a mental disorder subject to the criminal justice system, such as access to an appropriate adult at the police station and support to ensure effective participation in court. Further, information concerning treatment options for offenders with mental health problems and learning disabilities should be

made available to the courts and be updated regularly, and local treatment programmes should be made available in a timely manner.

#### 5. Health and wellbeing boards

PRT is encouraged that certain offices will be 'required' to be part of local health and wellbeing boards. In addition to those listed (paragraph 4.11), each health and wellbeing board should include, as a requirement, a senior member of the local Probation Trust(s), and a senior representative with a specific brief for youth justice. A senior representative of the NHS commissioning board should be required to be part of the board whenever a prison is co-located in the area. Further, to ensure the success of liaison and diversion schemes, senior members of the police and of the courts and the judiciary should be required to be part of the board.

#### 6. Public health budget and health premium:

PRT remains concerned at the significant challenge to be met in reducing health inequalities (paragraph 4.31) experienced by 'disadvantaged, vulnerable and excluded groups' – including most offenders and those at risk of offending. The health premium should therefore be calculated in two distinct parts: part one, the smaller part, in recognition of global improvements made, and part two, the larger part, in recognition of specific improvements made in relation to the most 'disadvantaged, vulnerable and excluded groups' (paragraph 4.4).

In recognition of the greater health needs of the prison population, a greater premium should be paid for public health services in prison, consistent with the greater premium paid to disadvantaged areas (paragraph 4.33).

#### 7. GP registration

GP consortia should be required (and incentivised), in cooperation with local health and wellbeing boards, to offer GP registration for offenders on community orders who are not registered with a GP, and for people upon their release from prison (paragraph 4.50).

## Healthy Lives, Healthy People: Transparency in Outcomes

### Proposals for a Public Health Outcomes Framework

Consultation questions:

#### **Question 6: have we missed out any indicators that you think we should include?**

Yes. The following indicators should be included:

- Domain 2, tackling the wider determinants of ill health:
  - School exclusion rate
  - Rate of children in alternative provision
  - Rate of children not in full time education or full time alternate provision
  - Rates of violent crime: specify rates of hate crime, for example against people with learning disabilities, and violence in the home and domestic abuse
  - Rates of hate crime, for example against people with learning disabilities
  - Settled accommodation: specify, and count separately, people with a learning disability
  - Proportion of people in settled accommodation on release from prison
  - Employment: specify, and count separately, people with a learning disability
  - Employment: proportion of people in education, training or employment on release from prison
  - Reduction in proven reoffending: clarify for both children and adults
  - Rates of diversion away from criminal justice and into healthcare
  - Rates of community orders with a mental health treatment option, including for people with a learning disability
  - Rates of community orders with a drug and/or alcohol treatment option.
- Domain 3, health improvement:
  - Smoking prevalence in children
  - Number leaving alcohol treatment free of alcohol dependence.
- Domain 4, prevention of ill health:
  - Rate of hospital admissions as a result of self-harm: this should include recorded incidents of self-harm by prisoners who are admitted to hospital, including relocated to either healthcare or segregation within the prison
  - Take up of the NHS Health Check programme: specify Health Action Plans for people with a learning disability.
- Domain 5, healthy life expectancy and preventable mortality:
  - Mortality rate of people with mental illness: add of people with learning disabilities.

**Question 7: we have stated in this document that we need to arrive at a smaller set of indicators than we have had previously. Which would you rank the most important?**

Those that can be demonstrably linked to the aspired aim, i.e. improving the health of the poorest the fastest.

**Question 9: how can we improve indicators we have proposed here?**

See response to question 6, above.

**Question 10: which indicators do you think we should incentivise through the health premium?**

See response to question 7 above, those that can be demonstrably linked to the aspired aim, i.e. improving the health of the poorest the fastest.

---

<sup>i</sup> See, for example, Bromley Briefings Prison Factfile, December 2010; Prison Reform Trust.

<sup>ii</sup> Ibid

<sup>iii</sup> See, for example:

- Talbot, J., (2010) Seen and Heard: supporting vulnerable children in the youth justice system, London: Prison Reform Trust;
- Jacobson, J., Bhardwa, B., Gyateng, T., Hunter, G., and Hough, M. (2010) Punishing Disadvantage: a profile of children in custody, London: Prison Reform Trust.

<sup>iv</sup> See, for example, Bromley Briefings Prison Factfile, December 2010; Prison Reform Trust.