



Navigating **the health landscape in England**

A guide for the **voluntary sector**
working in the **criminal justice system**



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Introduction

This resource aims to provide an overview of the health commissioning landscape, explaining the roles of organisations with direct commissioning responsibilities as well as key organisations in a commissioning support role.

It has been specifically developed for voluntary sector organisations working with people in the criminal justice system, and covers the commissioning arrangements in places of detention, as well as for offenders and ex-offenders in the community. It highlights where voluntary sector organisations working with offenders and their service users can influence health and care provision.

The Health and Social Care Act (2012) introduced fundamental changes to the way in which health and social care services are commissioned. The reforms created a number of new commissioning structures for health care services, alongside the introduction of a new infrastructure to ensure that the health needs and views of local people are taken into account in local commissioning plans. The


Care Act (2014) made further changes to the way in which adult social care services are commissioned, including clarifying who is responsible for meeting the care needs of people in prison. Both Acts include a strong focus on prevention and reducing health inequalities.

These reforms present an opportunity to improve health outcomes among groups who experience the poorest health outcomes, including people in contact with the criminal justice system. We know that a high proportion of people in contact with the criminal justice system experience much poorer physical and mental health than the general population, and often experience difficulties in accessing and engaging with mainstream health services.

We hope this will help you navigate the health landscape, and welcome your feedback on this publication and your engagement with the health and care sector. See [Get in touch 23](#) for contact details.

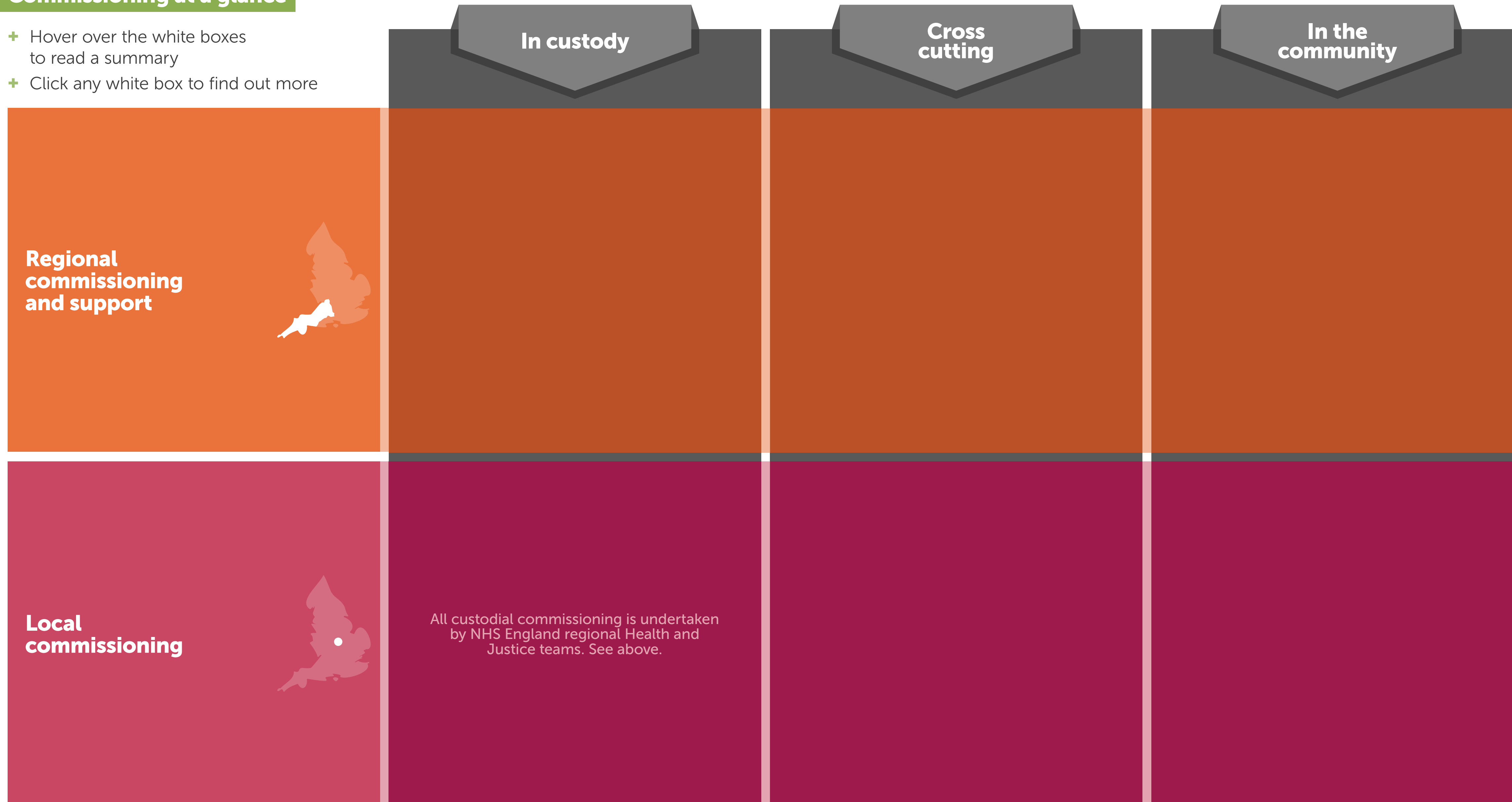
The health landscape at a glance

- + Hover over the white boxes to read a summary
- + Click any white box to find out more

	In custody	Cross cutting	In the community
National oversight 			
Regional commissioning and support 			
Local commissioning 	All custodial commissioning is undertaken by NHS England regional Health and Justice teams. See above.		
Regulation 			

Commissioning at a glance

- + Hover over the white boxes to read a summary
- + Click any white box to find out more



National



NHS England [↗](#)

NHS England is the national public body that has overall responsibility for the commissioning of primary care services in the community. It has oversight of [Clinical Commissioning Groups \(CCGs\)](#) [15](#) which commission around 80% of healthcare services in the community. It also has responsibility for the commissioning of specialised services. This includes health services for people in places of detention including prisons, under a Health and Justice structure.

NHS England Health and Justice

At a national level, oversight of services in custodial settings is the responsibility of a small department within NHS England: Public Health, Armed Forces and their families and Health and Justice. This team does not have any direct commissioning responsibilities but is responsible for setting the strategic direction of healthcare provision for people in custodial settings. This includes activities

such as developing a standardised model for the delivery of criminal justice liaison and diversion services for people with mental health problems, learning disabilities, substance misuse problems and other vulnerabilities in police custody and the courts.

Commissioning of services is undertaken by ten regional [NHS England Health and Justice teams](#) [9](#).

Useful resources

NHS England has published its [Strategic direction for health services in the justice system 2016-21](#) [↗](#) which sets out its seven priority areas for action.

Public Health England [↗](#)

Public Health England (PHE) provides advice and support to commissioners in local authorities on protecting and improving the nation's health and wellbeing and reducing health inequalities. The commissioners they support include Directors of Public Health, responsible for commissioning public health functions in local areas; the NHS; and other organisations.

Public Health England has absorbed the drug and alcohol treatment remit previously undertaken by the National Treatment Agency, which was abolished in March 2013. An Alcohol and Drug Team has been established within the Health and Wellbeing Directorate of Public Health England to provide strategic oversight of local public health drug and alcohol commissioning.

Public Health England Health and Justice

At a national level, a small Public Health England Health and Justice team has been

established within the national [Health and Wellbeing directorate](#) [↗](#) in Public Health England. This team does not have any direct commissioning responsibilities, but aims to support a range of commissioners across criminal justice, health and social care agencies to understand and manage the health needs of people in contact with the criminal justice system. Their overarching aim is to:

“Work in partnership with health and social care providers, academic and third sector organisations to identify and meet the health and social care needs of people in prisons and other prescribed detention settings, as well as those in contact with the Criminal Justice System in the community.”¹

A network of [Health and Justice Public Health specialists](#) [11](#) based in each of the nine PHE Centres support commissioners and service providers at a local level.

Useful resources

Public Health England has recently published [Rebalancing Act](#) [↗](#), a briefing written by Revolving Doors Agency which sets out policy, prevalence and partnership and governance issues relevant to improving health and care outcomes for people in contact with the criminal justice system.

1. Presentation by the Director of Health and Justice in Public Health England (2013)

Her Majesty's Prison and Probation Service [↗](#)

From 2012 to March 2017, the National Offender Management Service (NOMS) operated a small Health and Wellbeing Co-Commissioning Team, to provide a strategic link between commissioning of NOMS offender services and health services for people in contact with the criminal justice system.

In April 2017, NOMS was disbanded and replaced by Her Majesty's Prison and Probation Service (HMPPS). At the time of writing, the team is under review in HMPPS, in light of the planned introduction of local co-commissioning arrangements for prison healthcare services.

Healthwatch England [↗](#)

Healthwatch England is the national leadership organisation of the local Healthwatch network, which champions the rights of patients and service users of health and care services. It is a statutory committee of the Care Quality Commission.

Key functions of Healthwatch England include:

- + Gathering evidence to establish national consumer trends
- + Gathering information, reporting on and raising issues nationally on all health and social care
- + Escalating local concerns to the Care Quality Commission
- + Producing an annual report to Parliament
- + Providing advice to the Secretary of State, Monitor, NHS England and local authorities
- + Providing leadership and support to [local Healthwatch 21](#).

The remit of Healthwatch England covers the delivery of all health and care services, regardless of whether they are provided in prison, other places of detention, or in the community. However, Healthwatch England's ability to report on key issues and national trends is reliant upon the information that is forthcoming from [local Healthwatch 21](#), so local engagement with these organisations is vital in ensuring that they capture the experiences of people in contact with the Criminal Justice System.

Healthwatch England has supported Healthwatch Peterborough to share the learning from their [prisoner engagement programme](#) [↗](#) with other local Healthwatch, as an example of good practice in this area.

Regional

Custodial settings

NHS England Health and Justice teams [↗](#)

Key responsibilities

NHS England Health and Justice teams are responsible for commissioning the vast majority of health services within prescribed places of detention. This currently includes all physical health, mental health and substance misuse services in adult prisons (both public and private), Immigration Removal Centres, Young Offender Institutions and Secure Children's Homes across England. They also commission Sexual Assault Referral Centres (SARCs).

The teams are also responsible for commissioning liaison and diversion services for people with mental health problems, learning disabilities, substance misuse

problems and other vulnerabilities in police custody and the courts. These services are currently being rolled out and expanded across England, with complete coverage intended by 2021. In addition, Clinical Commissioning Groups (CCGs) provide some funding for existing liaison and diversion services, while Youth Offending Teams (YOTs) provide some funding for youth diversion activities.

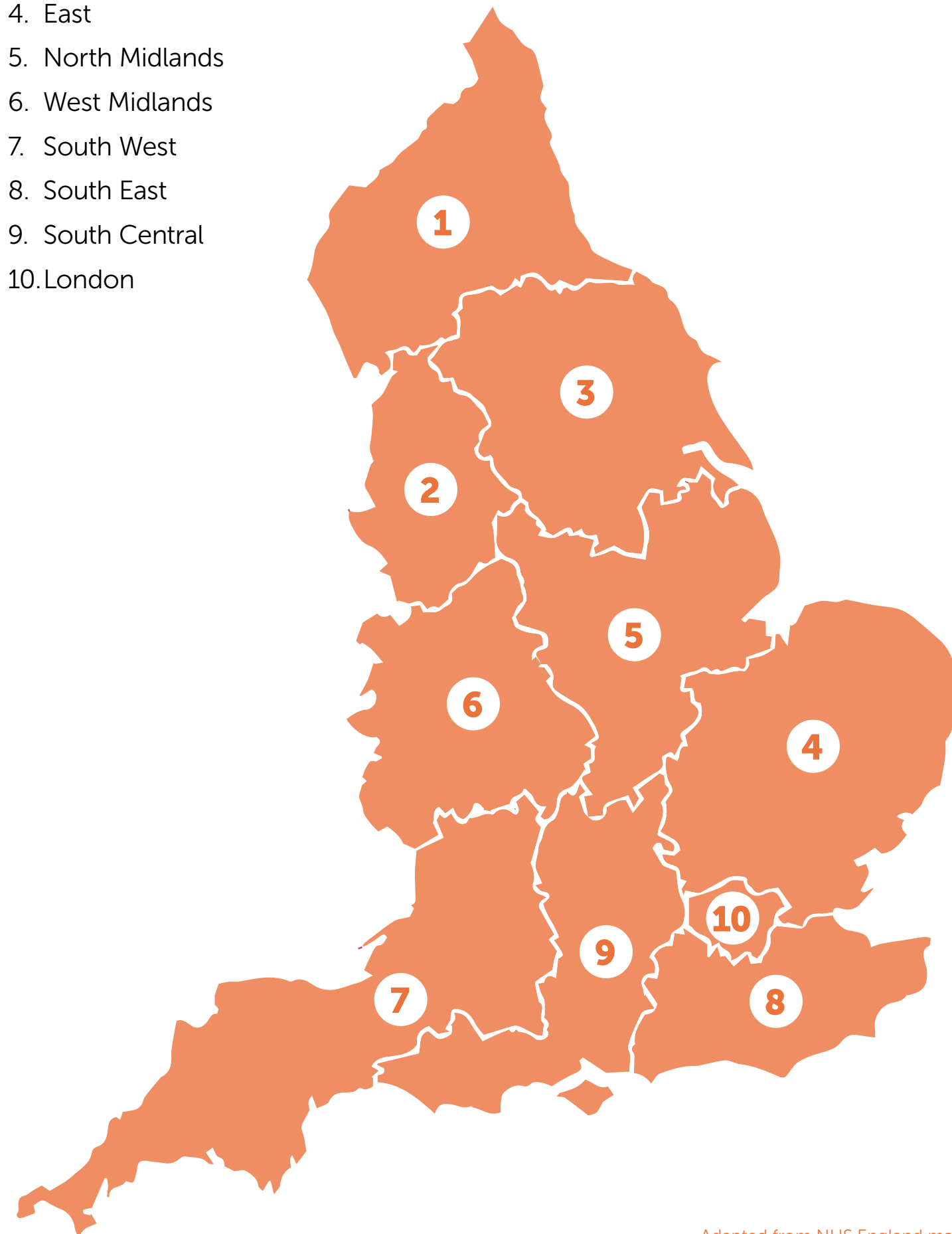
General healthcare services in police custody are commissioned by [Police and Crime Commissioners](#) ¹⁸ not by NHS England.

In addition to direct commissioning responsibilities, NHS England Health and Justice teams are expected to work closely with commissioners of community healthcare services to ensure effective 'through the gate' services and continuity of care in the transition into community health services upon release from prison.

The 10 areas for NHS and PHE England Health and Justice teams

Lead area teams

1. Cumbria and North East
2. Lancashire and North West
3. Yorkshire and the Humber
4. East
5. North Midlands
6. West Midlands
7. South West
8. South East
9. South Central
10. London



Adapted from NHS England map

Structure

Health and Justice services are commissioned by 10 NHS England Health and Justice host area teams on behalf of the **27 area teams across England** ¹³. In some cases the same lead commissioner covers more than one area.

See our map, left.

Direct commissioning responsibilities

Police custody and courts

- + Liaison and diversion services for people with mental health problems, learning disabilities, substance misuse problems and other vulnerabilities in police custody and the courts²
- + Sexual Assault Referral Centres (SARCs) for victims of sexual assault.

Prisons, Young Offender Institutions, Secure Training Centres and Secure Children's Homes

- + Primary healthcare services (including GP services, pharmacy, dentistry and optometry)

- + Planned secondary care (including mental health services, midwifery, inpatient and outpatient services and diagnostic services such as blood testing)
- + Public health services (including vaccination and immunisation, sexual health, smoking cessation and substance misuse services³)
- + Health screening services.

Opportunities to engage

All NHS commissioners, including NHS England Health and Justice teams, have a legal responsibility to involve patients and the public in the commissioning process to ensure that the services provided reflect the needs of local people. This includes a focus on involving individual service users, which voluntary sector organisations working with offenders are well placed to facilitate, as well as engaging the views of voluntary sector organisations and their experiences in supporting this client group.

Useful resources

NHS England has published a [Framework for patient and public participation in Health and Justice commissioning](#) [↗](#).

[National Partnership Agreement](#) [↗](#). There is an agreement between the [National Offender Management Service](#) [↗](#), NHS England and Public Health England, which sets out the intentions and expectations of the agencies involved in the commissioning and delivery of healthcare services in prisons.⁴

2. The picture regarding the commissioning of substance misuse services in police custody is complicated. The portion of funding for the Drug Interventions Programme previously administered by the Home Office has been transferred to police and crime commissioners without statutory requirement to fund this programme. NHS England commissioners of liaison and diversion services will work closely with police and crime commissioners regarding coverage of substance misuse in police custody.

3. The commissioning responsibility of these services may be devolved to existing local joint commissioning arrangements for substance misuse services in the community to support continuity of care through the gate.

4. The national partnership agreement was signed prior to April 2017, when Her Majesty's Prison and Probation Service (HMPPS) replaced the National Offender Management Service. From April 2017, health services in prison will be jointly commissioned by NHS England Health and Justice teams and prison governors.

Structures covering both custodial and community settings

Public Health England Health and Justice teams [↗](#)

Key responsibilities

Public Health England (PHE) has a network of Health and Justice public health specialists across England to support a range of criminal justice and health agencies in understanding and managing the health needs of people in contact with the Criminal Justice System, both in custody and in the community.

While PHE Health and Justice leads are not directly responsible for commissioning health services for offenders, a key aspect of their role is to support NHS England Health and Justice

teams in the delivery of their public health responsibilities for people in places of detention.

The Health and Justice public health specialists provide support in understanding and responding to public health issues including: health promotion and health protection as well as evidence based guidance on the use of specific healthcare interventions.

The remit of the PHE Health and Justice network also includes working with commissioners and providers of health and social care services in the community, such as Directors of Public Health (who are responsible for commissioning substance misuse services in the community) and Clinical Commissioning Groups, along with NHS England Health and Justice teams, to improve care pathways inside prison and 'through the gate'.

Structure

There are Health and Justice public health specialists in each of the nine PHE Centres:

- + North East
- + North West
- + Yorkshire and the Humber
- + East Midlands
- + East of England
- + West Midlands
- + South East
- + South West
- + London.

Direct commissioning responsibilities

The PHE Health and Justice teams do not have any direct responsibilities for commissioning health services for offenders.

Opportunities to engage

Public Health England Health and Justice specialists work at the interface of criminal justice and health to support improved health outcomes among people in contact with the criminal justice system, providing advice

and guidance to a range of commissioners in both custodial and community settings. Voluntary sector organisations working with offenders have considerable insight into local challenges encountered by service users in accessing effective healthcare which can usefully inform the work of this team.

These are new roles, and while we expect there to be substantial engagement with the voluntary sector, it is at an embryonic stage. We would welcome feedback on your experience of engagement.


Useful resources

[National and local PHE Health and Justice contact details](#) 

Community settings

Public Health England Centres

Key responsibilities

There are nine Public Health England (PHE) Centres across England which provide guidance and support on a range of public health issues to local [Directors of Public Health](#) , the wider public health workforce and other partners. This includes support and advice to local government on commissioning drug and alcohol services, as well as sexual health services.

A network of [Public Health England Health and Justice specialists](#) , attached to each of the PHE Centres, has been established with a specific focus on supporting criminal justice and health commissioning partners in responding to the health needs of people in contact with the Criminal Justice System.

PHE also has a Health and Justice Health Protection Network, which provides expert advice to the Health and Justice team and the local public health system on issues relating to protecting health, preventing and responding to outbreaks of disease and supporting emergency planning, preparation and response in the criminal justice estate.

Structure

There are nine Public Health England Centres in four PHE regions (London, the South, Midlands and the North). Each Centre includes a specialist in Health and Justice and in drugs and alcohol. [Contact details for the nine Public Health Centres](#) are available on the Public Health England website.

Direct commissioning responsibilities

Public Health England Centres do not have any direct responsibilities for commissioning health services for offenders.

NHS England Regional Commissioning [↗](#)

Key responsibilities

The commissioning of most primary healthcare services outside places of detention, such as GP practices and dental services, is undertaken by the four regional teams of NHS England.

Primary healthcare services are an important point of access to the healthcare system for offenders and ex-offenders in the community, providing treatment for a range of physical and mental health issues and referral into secondary care for more severe conditions (commissioned by [Clinical Commissioning Groups \(CCGs\)](#) ¹⁵). In some cases CCGs also have a role in commissioning primary care services.

The importance of effective engagement with, and early intervention from, primary care services is recognised by NHS England as a priority area in improving patient experience and outcomes and the delivery of a more efficient healthcare system.

These teams are also responsible for the commissioning of specialised healthcare services. Specialised healthcare services are those which are used by a relatively small number of the population, for example, mental health inpatient care and rare medical conditions. They are jointly responsible for the commissioning of personality disorder services for offenders who are at high risk of harm (men) and high risk of reoffending (women) under the [Offender Personality Disorder Pathway](#), which is jointly funded and commissioned by HMPPS.

Structure

There are four NHS England regional teams across England, with 27 area offices. The regions are:

- + North of England
- + Midlands and East
- + South
- + London.

In some areas NHS England has delegated responsibility for primary care commissioning to Clinical Commissioning Groups, either

fully or jointly with NHS England. See [Primary Care Co-Commissioning](#).

Direct commissioning responsibilities

- + GP services
- + Dental services
- + Community pharmacies
- + Optical services
- + Mental health secure services (including secure Child and Adolescent Mental Health Services)
- + [Offender Personality Disorder Pathway](#) (jointly commissioned with HMPPS).

Opportunities to engage

People in contact with the criminal justice system can experience difficulties in registering and/or engaging with primary care services, which can lead to increased use of emergency and crisis services. As in all NHS commissioning, public and patient involvement is recognised as an integral aspect to the commissioning

process (and a legal responsibility) to ensure that services are responsive to the needs of the local population.

Voluntary sector organisations working with offenders are well placed to facilitate patient involvement, which can help inform more responsive commissioning to improve health and wellbeing outcomes for offenders and ex-offenders in the community.

Useful resources

Regional Voices has compiled a list of [contact details for NHS England Area Teams](#).

[NHS England's Involvement Hub](#) has more information and resources on public and patient involvement in health commissioning.

[Rights and complaints procedures for health and care services: for the voluntary sector working with offenders](#), Clinks (updated 2017), a companion document to *Navigating the health landscape in England*.

Local



Community settings

Clinical Commissioning Groups

Key responsibilities

Clinical Commissioning Groups (CCGs) are responsible for commissioning the majority of healthcare services for the local population and are made up of GPs and other healthcare professionals.

CCGs are responsible for around 80% of the healthcare budget, and commission a wide range of services for children and adults, including planned hospital care, urgent and emergency care, rehabilitation care, community health services as well as mental health and learning disability services.

While CCGs are not responsible for commissioning any services in custodial settings

(see [NHS England Health and Justice 9](#)), they are responsible for commissioning a wide range of services relevant to offenders and ex-offenders in the community.

To support CCGs, Commissioning Support Units have been established to provide a range of commissioning support functions. This includes service redesign, public and patient engagement, as well as procurement, contract negotiation and monitoring. Clinical Commissioning Groups may undertake these functions in-house, or may choose to contract them out to Commissioning Support Units. If contracted out, Clinical Commissioning Groups remain legally accountable and retain overall commissioning responsibility.

Structure

There are 211 Clinical Commissioning Groups (CCGs) in England. Some local authority areas are covered by more than one CCG.

Direct commissioning responsibilities

- + Mental health care services including psychological therapies (excluding mental health services provided under GP contracts)
- + Learning disability services
- + Speech and language therapy
- + Out of hours primary medical services (where this is not included under GP contracts)
- + Accident and Emergency and ambulance services
- + Elective hospital care.

Opportunities to engage

In undertaking their commissioning responsibilities, Clinical Commissioning Groups (CCGs) must have regard for the need to reduce health inequalities, giving consideration to both access to health services and health outcomes across the local population.⁵

People in contact with the criminal justice system experience a range and high level of

health inequalities and difficulties in accessing and engaging with health services. Addressing this will require understanding of the barriers and action to address these from both commissioners of health services in custodial settings (NHS England Health and Justice) and commissioners of wider health services in the community.

As with NHS England commissioners, CCGs have a duty to involve patients and the public in the commissioning process. Voluntary sector organisations working with disadvantaged groups, including offenders and ex-offenders can provide considerable insight into local service gaps and barriers and facilitate patient involvement by their service users. Every CCG board must have a lay member to champion public and patient involvement. Some CCGs may choose to contract out public and patient engagement to Commissioning Support Units.

[Regional Voices](#) is the umbrella organisation for voluntary sector organisations working to improve health, wellbeing and care across England. It has reported mixed success in

voluntary sector engagement with CCGs. They highlight the need for a co-ordinated approach across the voluntary sector and recommend contacting the local Council for Voluntary Service (CVS) to identify any existing coordinated work already taking place. [Find your local CVS](#).

Useful resources

Regional Voices produces a set of [contact details for Clinical Commissioning Groups](#) in each region of England.

Compact Voice and Regional Voice have published a [Practical guide to engaging with clinical commissioning groups](#).

[NHS England's Involvement Hub](#) has more information and resources on public and patient involvement in health commissioning.

Contact details for [Commissioning Support Units](#) can be found on the NHS England website.

5. NHS England (2013) The functions of Clinical Commissioning Groups, p9

Local authority public health teams

Key responsibilities

Public health teams now sit within the upper tier and unitary local authorities and are led by Directors of Public Health. They are responsible for protecting and improving the health and wellbeing of the local population.

Working with key partners across the local authority and in health commissioning, Directors of Public Health have a key co-ordinating role in reducing health inequalities and addressing the wider determinants of health (such as housing and employment).

Directors of Public Health are also responsible for commissioning a range of services, including substance misuse services in the community. In many areas, Drug and Alcohol Action Teams (DAATs) have been incorporated within the local authority public health teams. In some areas, commissioning of substance misuse services

in prisons may be devolved from [NHS England Health and Justice teams](#) [9](#) to such partnerships. This is with the intention of improving the transition between services in custody and the community.

Structure

There are 152 upper tier and unitary local authority areas in England, each of which has a duty to appoint a Director of Public Health. In some areas, this role is shared across neighbouring authorities.

Direct commissioning responsibilities

- + Community based drug services, including prevention and treatment
- + Alcohol misuse services, including prevention and treatment
- + Children's public health services (5-19 years)
- + Sexual health (including contraception services not covered by GP contract; sexual health advice and prevention; and testing and treatment of sexually transmitted infections)

- + Blood borne virus testing in community services (including Hepatitis B and C and HIV)
- + Public mental health (mental health promotion, mental illness prevention and suicide prevention)
- + Smoking cessation services.

Opportunities to engage

Directors of Public Health are responsible for leading on local authority plans to reduce health inequalities, and have a duty to advise Clinical Commissioning Groups in this regard. They are also a statutory member of [Health and Wellbeing Boards](#) [19](#).

People in contact with the criminal justice system experience poor health outcomes across a number of indicators within the [Public Health outcomes framework](#) [19](#), through which local authorities and Public Health England are held to account. The outcomes framework also includes indicators such as reducing reoffending which are

related to community wide health benefits through improved community safety. As such, Directors of Public Health will be an important contact for voluntary sector organisations working with offenders.

Useful resources

[Regional Voices](#) has compiled a list of [contact details for Directors of Public Health](#).

[Revolving Doors Agency](#), [The Probation Chiefs Association](#) and [Public Health England](#) have developed a [briefing paper for Directors of Public Health](#) on addressing health inequalities among people in contact with the Criminal Justice System. This provides information on:

- + The extent of health inequalities among this group
- + Relevant public health outcome framework indicators
- + The actions that Directors of Public Health can take.

Police and Crime Commissioners [↗](#)

Key responsibilities

Police and Crime Commissioners (PCCs) are elected representatives who provide local leadership across policing and crime prevention. The first PCCs were elected in 2012, with the second round of elections taking place in May 2016.

PCCs have a broad responsibility for holding the police to account, setting the police budget and determining and meeting the priorities for policing and crime reduction in the local area. With increasing regional devolution and integration of criminal justice services, PCCs may also play an expanded role in areas such as fire and rescue services and youth justice services.

As part of their commissioning remit, PCCs are responsible for commissioning healthcare services in police custody, including general

healthcare, substance misuse, and forensic healthcare services. Some PCCs may also commission street triage schemes, to support police in responding to people with mental health problems and other vulnerabilities. Liaison and diversion services in police custody and the courts are commissioned by [NHS England Health and Justice teams](#) **9**.

PCCs may work in partnership with a range of other local commissioners to jointly commission services. As PCCs oversee community safety as well as policing, they need to link in closely with health agencies on issues such as violence against women and girls, mental health, and drug and alcohol misuse.

Structure

There is a [PCC in each police force area](#) [↗](#), 42 in total.

In London, the role of the PCC is undertaken by the Mayor's Office for Policing and Crime ([MOPAC](#) [↗](#)), while in Manchester

the role of the PCC is due to be merged with that of the Mayor in 2017.

Direct commissioning responsibilities

- + General and forensic healthcare, and substance misuse services, in police custody.

Opportunities to engage


PCCs have a statutory duty to consult with community safety partners, victims of crime and members of the public. They may do this using a range of local structures, including Community Safety Partnerships or Local Criminal Justice Boards.


Every 5 years each PCC will develop and publish a Police and Crime Plan setting out their strategy for reducing crime and improving community safety, which can provide an opportunity for engagement.

It can be a powerful argument to demonstrate how holistic and preventative services which

improve health and wellbeing outcomes for people in contact with the criminal justice system can reduce crime, and therefore fit with the priorities of the PCC.

Useful resources

[Police and Crime Commissioners Generation 2.0: How you can work with the voluntary sector to cut crime](#)  is a Clinks and Revolving Doors Agency guide to how PCCs can work with the voluntary sector.

Compact Voice has published a [Practical guide to engaging with Police and Crime Commissioners](#) .

Health and Wellbeing Boards

Key responsibilities

Health and Wellbeing Boards (HWBs) were introduced in the Health and Social Care Act (2012) to bring together strategic leads across the health and care system to improve the health and wellbeing of their local population and reduce health inequalities.

HWBs have a duty to work together to understand the health needs of the local population and produce a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).

JSNAs are a comprehensive assessment of the current and future health needs of the whole local community, including groups who experience health inequalities and difficulties in accessing services. JSNA guidance issued by the Department of Health highlights offenders and ex-offenders as an example of one such group who experience multiple and complex needs.

The JHWS sets out the commissioning priorities and plans in responding to the identified needs in the JSNA. Health and Wellbeing Boards do not have any direct commissioning responsibilities themselves. However, through the JSNA and JHWS, they have considerable scope to impact on commissioning plans across the local area, including:

- + Public health
- + Children’s and adult social care
- + Wider services, such as housing
- + CCGs.

Structure

There is a Health and Wellbeing Board in each upper tier and unitary local authority area across England.

The Health and Social Care Act (2012) mandates a minimum HWB membership of:

- + One local elected council member
- + The Director of Public Health

- + A representative from the local Healthwatch organisation
- + A representative from each local Clinical Commissioning Group
- + The local authority Director of Children’s services
- + The local authority Director of Adult social services.

The minimum HWB membership does not include criminal justice or voluntary sector representation. However, local boards are not restricted in expanding their membership and in some areas this has included a voluntary sector or criminal justice representative. In other areas, sub groups of the HWB have been established to look at specific issues or vulnerable groups, which may also have voluntary sector or criminal justice representation.

Direct commissioning responsibilities

Health and Wellbeing Boards do not have any direct responsibilities for commissioning health services for offenders.

Opportunities to engage

Health and Wellbeing boards (HWBs) have specific responsibilities to engage with people from vulnerable and disadvantaged groups. Department of Health Joint Strategic Needs Assessment statutory guidance identifies offenders as one such group:

*“Health and wellbeing boards must involve the local Healthwatch organisation and the local community, and this should be continuous throughout the JSNA and JHWS process. When involving the local community, boards should consider inclusive ways to involve people from different parts of the community including people with particular communication needs to ensure that differing health and social care needs are understood, reflected, and can be addressed by commissioners. **This should recognise the need to engage with parts of the community that are socially excluded and vulnerable (such as people with disabilities, homeless people, offenders, victims of crime, or Gypsies and Travellers).** Involvement should aim to allow active participation of the community throughout*

the process – enabling people to input their views and experiences of local services, needs and assets as part of qualitative evidence; and to have a genuine voice and influence over the planning of their services.”⁶ (bold added).

Through their experience of engaging this group, voluntary sector organisations are well placed to support this process. Health and Wellbeing Boards have a statutory duty to publish the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. It is worth investigating whether the health needs of offenders have been considered. Most are searchable by key words.

Direct engagement with the HWB may prove challenging due to its wide ranging remit. The primary route for engaging with HWBs for voluntary sector organisations working with offenders is through the local Healthwatch (see opposite) representative. Understanding local structures, including whether there is voluntary sector representation on the HWB, or any sub or advisory groups with a relevant focus may also identify further opportunities for engagement.

Useful resources

Department of Health (2013) [Statutory Guidance on Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies](#) [↗](#).

[Health and Wellbeing Boards and Criminal Justice system agencies: Building effective engagement](#) [↗](#). This is a briefing paper which has been developed by a number of agencies, including the Department of Health. This aims to support improved understanding and engagement of Health and Wellbeing Boards in responding to the health needs of people in contact with the Criminal Justice System.

[Rebalancing Act](#) [↗](#) Revolving Doors Agency (2016) developed with Public Health England. This resource paper for health and justice commissioners includes a section on engaging with Health and Wellbeing Boards and Joint Strategic Needs Assessments.

6. Department of Health (2013) Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, p12

Local Healthwatch

Key responsibilities

Local Healthwatch together with [Healthwatch England](#) [8](#) provide a voice for health and social care service users in the commissioning and delivery of local services, including services in both custodial and community settings.

- + Providing information and advice to the public on accessing health and social care services
- + Gathering experience of local people to influence commissioning, provision and scrutiny of health and social services
- + Raising awareness amongst commissioners, providers and other agencies about the importance of engaging with local communities.

Structure

There are 152 local Healthwatch organisations; one in every local authority area in England. They are made up of both individuals and organisations.

Direct commissioning responsibilities

Local Healthwatch organisations do not have any direct responsibilities for commissioning health services for offenders.

Opportunities to engage

As a statutory member of [Health and Wellbeing Boards 19](#), local Healthwatch plays a vital role in ensuring that local commissioning reflects the needs and experiences of the whole of the local population, providing a forum through which both individuals and voluntary sector organisations working with offenders can feed in information on local service gaps and barriers.

Useful resources

Peterborough Healthwatch is running a [prisoner engagement pilot](#) and have developed training to support other local Healthwatch organisations in engaging the views of prisoners.

Regional Voices have produced a series of [briefings](#) including a [briefing on the contribution of voluntary sector organisations to local Healthwatch](#).

They have also compiled [contact details for Local Healthwatch representatives](#) by area.

Structures covering both custodial and community settings

Local authority adult social services

Key responsibilities

Local authority adult social services departments are responsible for supporting adults with social care needs in their local population. This includes people with physical or sensory disabilities, learning disabilities, and long-term mental health problems.

Directors of Adult Social Services are responsible for commissioning social care services both in custody and in the community. The Care Act (2014) clarified the law to confirm that local authorities are responsible for assessing and meeting

the social care needs of people detained in prisons, Young Offender Institutions or approved premises in their local authority area, regardless of where the person is from.

Local authority adult social services have duties to assess people's care needs; provide advice and information to promote an individual's wellbeing and prevent, reduce or delay the development of care needs in the future; helping people to plan and manage their care support; and for safeguarding vulnerable adults.

Directors of Adult Social Services should aim to work closely with other local health partners to provide integrated services for people with health and care needs.

Structure

There are 152 upper tier local authority areas in England, which are responsible for providing adult social care. In some areas, services are delivered jointly across neighbouring authorities.

Direct commissioning responsibilities

- + Community adult social care, including residential and nursing home care, day services, home care and equipment/adaptations
- + Adult social care in custody.

Useful resources

The Association of Directors of Adult Social Services (ADASS) has compiled a list of [Directors for each local authority area](#).

Clinks' [briefing on the Care Act \(2014\) for the voluntary sector working in criminal justice](#) provides more detail about the role and responsibilities of local authority social services.

Get in touch

We hope you found this publication useful and would welcome comments on this publication, Clinks' health work more generally, or any issues of concern you have about health and care for offenders.

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For further information on health and care and the criminal justice system, please go to www.clinks.org/health.



supporting voluntary organisations that
work with offenders and their families

Our vision

Clinks' vision is of a vibrant and independent voluntary sector working with informed and engaged communities to enable the rehabilitation of offenders for the benefit of society.

Our mission

Clinks supports, represents and campaigns for the voluntary sector working with offenders. Clinks aims to ensure the sector and all those with whom they work, are informed and engaged in order to transform the lives of offenders.

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