East Sussex Offender Health Needs Assessment

NHS East Sussex Downs and Weald

NHS Hastings and Rother

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Contents

1 Background

1.1.1 As part of the Joint Strategic Needs Assessment, NHS East Sussex Downs and Weald and NHS Hastings and Rother have commissioned this comprehensive needs assessment of offender health. This assessment of offender health needs will inform the Offender Health strategy and enable the PCTs to commission the services required to meet the current and future needs of the individuals (and their families) who are at risk of offending or who have offended.

1.1.2 As a healthcare needs assessment was undertaken in HMP Lewes in 2008, the focus of this needs assessment is on offenders in the community, although reference and comment is made about the pathway of healthcare for offenders going into and coming out of prison.

1.1.3 This assessment is based on information from a number of sources which have provided an understanding of offender health in the county and which have contributed to the conclusions and recommendations made:

Desk research into the national and local policy and context for offender health

1.1.4 Sources of data include a range of government departments and documentation on offender health including the relevant Joint Strategic Needs Assessment dataset. This work has focus on groups identified by the Department of Health as being particularly vulnerable, specifically women, young people, those with learning disabilities and learning difficulties, black and minority ethnic groups and older people.

A questionnaire completed by adult offenders

1.1.5 Questionnaires were distributed to the Probation teams in Hastings and Eastbourne. In turn they asked offenders under their supervision to participate in this process. 29 responses were received from adult offenders and their comments and views have been collated and analysed.

A questionnaire completed by young offenders and those at risk of offending

1.1.6 Questionnaires for young people were distributed to YOT staff in Eastbourne and Hastings who facilitated the process of completion with young people. A total of 11 forms were returned. These responses have been used to inform the analysis of health need in relation to young people.

A questionnaire completed by professionals

1.1.7 A questionnaire was sent out to a range of people and organisations working with offenders. 33 responses were received from staff in the PCTs, Council, Police, Probation, and third sector agencies such as Rethink and Action for Change. The focus of the questionnaire was to ascertain the perceptions of people in terms of the links between health and offending, accessibility of services and effectiveness of partnerships.

Stakeholder interviews & focus groups

1.1.8 The relatively small number of questionnaires was supplemented by a range of other face to face interviews and telephone calls including the Eastbourne Probation Team. These

focused on pathways, access and barriers to healthcare for all offenders, and gaps in provision.

1.1.9 The information collected through these various methods has been analysed and has resulted in the production of a final report, centred around the key themes that have emerged.

2 Introduction

2.1.1 Recent research and policy development concerning offenders' health needs recognises the importance of this area for both healthcare and the criminal justice system. Now that prison healthcare is managed by the NHS, PCTs and their partners must ensure equity of care for offenders both in terms of access to services and quality of provision. This is important for improving the health of individual offenders, especially since their health needs are often more pronounced than those of the general population, but it is also important for public health.

2.1.2 From a criminal justice perspective, health is one of the National Offender Management Service's pathways to reducing re-offending, alongside other related pathways - including accommodation, education, training and employment and drug and alcohol abuse. It is recognised that offenders often experience significant problems gaining access to adequate health and social care services and this can add to problems of social exclusion, putting offenders at a greater risk of continued offending.

2.1.3 Recent research has addressed the following key issues:

- The prevalence of health issues amongst the offender population, especially mental health issues, substance abuse, and issues around multiple needs
- The specific health needs of vulnerable groups such as women, young offenders, black and minority ethnic groups, older offenders and offenders with disabilities, and the possibility of diversion from the criminal justice system
- The importance of a multi-agency approach in ensuring continuity of care

2.1.4 However, there is a lack of research on the health needs of offenders in the community compared to those in prison. This is despite the fact that approximately 95% of young offenders and approximately 50% of adult offenders remain in the community.

2.1.5 Continuity of care is important for newly released prisoners. The health needs of offenders in the community tend to be significantly worse than those of the general population. This group has different needs compared to prisoners e.g. the problems of alcohol/drug misuse and levels of suicide amongst offenders in the community appear to exceed those of the prison population, with recently released offenders as a particularly vulnerable group.

3 East Sussex's Offender Population

3.1 HMP Lewes

3.1.1 HMP Lewes[1] has an average daily population of 522 (9.6% are young offenders), with an occupancy rate of 95.6%. It is a Victorian male local Category B prison (holding prisoners for whom the very highest conditions of security are not necessary, but for who escape must be made very difficult). It holds both remanded and convicted male adult prisoners, as well as male young offenders on remand. It serves the courts of East and West Sussex and was recently extended in April 2008 with the addition of a new house block that comprises 174 single cells. Responsibility for providing and commissioning healthcare services within HMP Lewes transferred to NHS East Sussex Downs and Weald in 2005.

3.1.2 The average sentence for prisoners in HMP Lewes is just over 2 years, although the majority are actually sentenced to either 4-10 years or less than 2 years.

3.1.3 The age profile is typical of the UK prison population in that younger age groups are over-represented and older age groups are under-represented. There is a high proportion of those aged 22-29 years (34.1%) and those aged 30-39 years (28.7%).

3.1.4 In terms of ethnicity and background, 84% of prisoners identify themselves as white. There is an under-representation of white British and an over-representation of other white backgrounds and BME groups (especially black) compared to the ethnic profile of East Sussex.

3.1.5 Prisoners entering HMP Lewes are received predominantly from the local area of East Sussex (34% - of which three quarters are from the three major centres in the area: Brighton & Hove, Eastbourne and Hastings). Almost one quarter are registered as 'No Fixed Abode' (24%) and may also have come from the local area. In the short term it is expected that the proportion of intake from out of area (i.e. outside the Surrey and Sussex courts) will increase, but it is likely that as the population stabilises the proportion of out-of-area intake will drop back to historical levels.

3.2 Offenders in the Community

3.2.1 The majority of offenders in the East Sussex community are based around the major conurbations of Hastings, Eastbourne and Lewes.

3.2.2 As at March 2009 there were 579 adults in the NHS East Sussex Downs and Weald area, and a further 543 in the NHS Hastings and Rother area. The majority are on community orders with smaller numbers on custody, licence or suspended sentence[2].

3.2.3 Around 20% of the offenders in the community in East Sussex have a disability. Of this percentage, 55% have a mental illness, 36% dyslexia, 23% have reduced mobility and 21% have learning difficulties[3]. It should be noted that people can experience more than one of these conditions.

[1] HMP Lewes' Healthcare Needs Assessment 2008
[2] Data received from Sussex Probation Service, April 2009
[3] Data received from Sussex Probation, April 2009

3.3 Predicted Changes in the Offender Population

3.3.1 The HMP Lewes' *Healthcare Needs Assessment 2008* identifies that the expansion of the prison will lead to increased health needs. If the prison population becomes older or younger this will affect prevalence of disease. For instance, older prisoners may suffer from ischaemic heart disease and non-insulin dependent diabetes, whereas younger prisoners are more likely to suffer from asthma, epilepsy and insulin dependent diabetes), and would also require adjustments in the provision of mental health services.

3.3.2 East Sussex itself has a growing population. Although birth rates are expected to fall, an increase in the older population is projected. Eastbourne is expected to experience particularly high growth in population, (whilst Hastings is expected to grow least). A needs assessment of older people in East Sussex in 2007[4] projects that the greatest increase will be in numbers of men aged 75 and over; suggesting that life expectancy for men is increasing. It is therefore generally expected that the prison population will also age (*Old inside*, Prison Reform Trust) and the number of older prisoners will continue to grow in the coming decades due to both the ageing population profile, and as a result of trends in sentencing, and improvements in methods of crime detection.

3.3.3 Sussex Probation covers the two counties of East and West Sussex and the city of Brighton and Hove and manages more than 4,000 offenders who have either been released from prison on licence or sentenced to a community order. Recent national sentencing trends suggest that numbers of offenders on community sentences is likely to increase in the coming years and health needs will play a major role in sentencing, with mental health treatment, drug rehabilitation and alcohol treatment requirements attached to community sentences. Access to healthcare is particularly important for this group as they may have difficulty accessing mainstream health services and may overuse crisis services such as A&E.

[4] Older people in East Sussex: an epidemiological health needs assessment February 2007 (www.phru.nhs.uk)

4 Health Issues on Arrest

4.1 Initial Assessment

4.1.1 Those who have been arrested receive a verbal risk assessment from the custody sergeant to check out health, suicidal tendencies and medication.

4.1.2 In 2000, Sussex Police entered into a 30 year PFI contract with Reliance Medical Services for medical services. They provide: Nurses (A&E equivalent), on-going training and Doctors who act as the Forensic Medical Advisors. Doctors and nurses are available around the clock. Nurses assess fitness of people to be detained and fitness to be interviewed.

4.1.3 During the custody screening a risk assessment is undertaken. Police are legally responsible for the welfare and care of the individuals. If a detainee is hurt they will be taken to hospital. The Police have a legal responsibility to ensure that the detainee is treated; however, an individual may refuse treatment. If a detainee is taken to hospital and then return to the police station, the individual is not obliged to share information about diagnosis or interventions.

4.1.4 Doctors can give a referral letter to the detainee; however a direct referral cannot be made as the recommendations are based on the offenders' information given. When an individual is taken into custody, medication is withheld for 24 hours. The custody officer will try to contact the GP to verify medication but this is not always possible. Police do not have access to NHS records. Although attempts have been made to gain access to data this has not been granted. Police are therefore reliant on the accuracy of information given by individuals. This may include information on alcohol and drug usage, mental history, physical and learning disabilities.

4.1.5 The Drug Arrest Referral Scheme in the police station (and Magistrates Court) is provided by CRI. This enables immediate access to drug intervention and support services, and works to facilitate the process of getting people into treatment.

4.2 Provision of Appropriate Adults

4.2.1 There is one emergency duty team covering East Sussex and Brighton & Hove which is managed by East Sussex Children's Services. The team is not statutorily required to provide an appropriate adult service for vulnerable adults, including those with mental health problems and learning disabilities.

4.2.2 East Sussex County Council has a contract with Catch 22, the children's charity, to provide volunteer appropriate adults for children and vulnerable adults in custody (custody suites are in Hastings and Eastbourne). The contract is funded 50% by the Youth Offending Team and 50% by Sussex Police, with in-kind support provided by the Youth Offending Team. The contract provides for the service to be available between 08:00 and 24:00 seven days per week.

4.2.3 Between the hours of midnight and 08:00 the Police are reliant on the Emergency Duty Service to provide an appropriate adult if a service is required at this time.

4.2.4 The police have committed to open discussions with Brighton & Hove City Council and West Sussex County Council to investigate whether the arrangements for providing an appropriate adult service in East Sussex can be replicated across the rest of Sussex.

4.3 The Mental Health Act

4.3.1 The Police have a dedicated Mental Health Liaison Officer. There are good links with Social Services and extensive protocols are in place. The PCT has an agreement with the ambulance service and there are currently three alternative places of safety. In the absence of an alternative place of safety individuals will remain in a Police cell. Assessment times have been lowered to less than 4 hours in a hospital, compared to 18 hours in a Police Station. Delays experienced in a Police Station are caused by the time taken bringing together doctors and social workers to undertake the assessment. Reliance Medical Services are looking to offer a bank of section 12 doctors in the community.

4.3.2 The Police are reviewing mental health policies and protocols, particularly in relation to S135 and S136 of the Mental Health Act as protocols do not always work well. There has been mixed experience and working practices.

4.4 Plans for the Future

4.4.1 Sussex Police are in the process of developing an Integrated Offender Management system. This will involve police, probation, YOT, and the CPS working together. The hope is that health will also be involved and it is currently being piloted in other police areas. The strategy is being written at the moment and is based on the American “Million Dollar Blocks” and the Metropolitan Police “Diamond Initiative”.

4.4.2 The Police are also looking to have an NHS nurse working in the custody block to provide medical care for detainees. This would replace or supplement Reliance Medical Services and would be beneficial as the nurses would be able to access medical records and the information would then be able to be passed on. This would guarantee follow on support. Devon and Cornwall and Hampshire have this arrangement in place.

4.4.3 For younger adults aged 18-24, the Probation Service in conjunction with other criminal justice agencies is applying to the Government to establish a new senior attendance centre in Sussex along similar lines to the junior attendance centre in Falmer that caters for young people under 18. The Attendance Centre provides 3 hours of training on social, skills, gateway services, computer, mental health, sexual health, disability awareness and literacy. In terms of costs, to tag someone costs £14000 per 6 months for an individual compared with £280 per six months per individual for an Attendance Centre.

4.5 Identified Areas for Improvement

- Consideration should be given as to whether the model established in Brighton with social services where there is a link to information should be replicated in East Sussex.
- Police should employ an NHS nurse to work in custody suites who is able to be the conduit between the NHS (including A&E) and police for the sharing of information to ensure the safety of detainees in the custody suites.
- Development of a directory of information for provision to offenders at the police station would be valuable in signposting them to beneficial services.

5 Physical Health

5.1 Identified Health Needs in the Offender Population

5.1.1 Offenders' physical health needs are often linked to other health needs and a damaging lifestyle. The South East Regional Public Health Fact Sheet: Offender Health identifies that many offenders suffer from poor physical health due to high levels of smoking and drug and alcohol abuse[5]. Injecting drug users are, for instance, more likely to suffer from Hepatitis B and C, and 1.2% of female offenders are HIV positive. A chaotic lifestyle or poor mental health may also lead to general neglect of physical wellbeing, such as poor nutrition and lack of exercise.

5.1.2 A pilot study of the health needs of offenders on probation caseloads conducted in Nottinghamshire and Derbyshire found that 83% of their sample were smokers (compared to just 22% of the general population), and that the smokers reported their physical health to be significantly worse than the non-smokers[6]. The report concludes that offenders' health is significantly worse than the general population and that the health of female offenders is significantly worse than their male counterparts.

5.1.3 There is a higher prevalence of chronic diseases among prisoners than the general population. This includes disorders that are the result of deprivation, disorders associated with incarceration, and disorders that are a direct or indirect result of activities leading to incarceration. Common diseases include:

- Epilepsy
- Asthma
- Cardiovascular disease
- Infectious diseases
- Sensory and physical disabilities.

5.1.4 There is a higher rate of blood-borne viruses amongst offenders than amongst the general population e.g. 21% tested positive for hepatitis C (of which 96% were intravenous drug users). Levels of Hepatitis C are known to be high among the prisoner population (30% of injecting drug users). Although numbers in the community are not known, it is fair to extrapolate similar prevalence among injecting drug users in the community.

5.1.5 Access to GPs is a significant issue for many offenders, both young and adult. There are several reasons for this. For example, some will have been de-registered as a result of their behaviour, some will never have tried registering and others may not be accepted because they are homeless. Staff from probation and the YOTs have identified that the barriers put in place, whether physical or bureaucratic, can have a lasting impact on the health of offenders.

5.1.6 The Healthcare Needs Assessment in HMP Lewes in 2008 found poor levels of dental health among the prisoner population. This reflects the national picture that inmates show more decayed, missing and filled teeth than the non-institutionalised population. The

[5] Regional public health group fact sheet: offender health (http://www.sepho.org.uk/viewResource.aspx?id=11539)
[6] A health needs assessment of offenders on probation caseloads in Nottinghamshire and Derby

situation in the community will be similar for offenders, although this information is only anecdotal. High levels of intravenous drug use, smoking and poor diet, coupled with difficulties accessing dentists all contribute to these poor levels of dental health. Furthermore, Probation staff report that offenders with Hepatitis C or intravenous drug users find it difficult to access dentistry.

5.2 Policy & Good Practice

5.2.1 No specific policy or good practice has been identified in relation to physical health that is not covered elsewhere in more detail.

5.3 Current Services

5.3.1 Health screening is provided on arrival at prison in the First Night Centre, which is where all new prisoners are placed upon arrival. All new admissions are assessed for initial risk of self harm, potential admission to detoxification programme and fitness to work or attend gym.

5.3.2 Primary care services are provided 7 days a week in HMP Lewes through the local prison healthcare department. This includes GP, dental, pharmacy, radiography, optometry, podiatry, counselling, immunisation and sexual health services.

5.3.3 Secondary care is provided in the hospital wing. Occupancy of the hospital wing has increased since the prison expansion. The most common reason for admission is mental health illness and/or self harming behaviour (in which case the patient requires observation). Prisoners with acute physical ill health are transferred to the appropriate external hospital for treatment.

5.3.4 Health promotion and health education programmes are run in the prison, such as smoking cessation services. However, in August 2007 the unannounced inspection visit by HM Chief Inspector of Prisons highlighted that the level of health promotion activity within the prison was inadequate.

5.3.5 Within the community there are alternative methods to see a GP available across the county. These provide some access, such as:

- Dangerous patient surgery based at the Salvation Army
- Surgeries with Homeless Health team
- Through the YOT nurse

5.3.6 However, this is rarely enough provision for the level of need. Accessing healthcare requires a level of skill and knowledge that many offenders do not have. In conjunction with chaotic lifestyles this means exclusion is often the outcome.

5.4 Feedback from Consultation

5.4.1 When asked, only a small proportion of the respondents to the adult offender questionnaire suggested that their general health was anything less than good. Similarly, there was little suggestion that day to day life was adversely affect as a result of poor health.

5.4.2 However, there was evidence to suggest that the offenders questioned were engaging in behaviours that were potentially detrimental to their health. For example, all but one of the

respondents smoked. Similarly, around half of those questioned suggested that they had experienced guilt in relation to alcohol or felt that they should cut down on their alcohol consumption. Answers also suggested that a number of those questioned had experience of drug use. In relation to food however, those questioned suggested that they ate a relatively healthy diet.

5.4.3 Professional stakeholders identified that, in their experience, there are problems for offenders in registering with GP surgeries, especially if the person is homeless or known to have exhibited challenging behaviour in the past. All the offenders questioned appeared to be accessing services from a GP, however not all of those questioned had accessed an optician or dentist in the previous year.

5.4.4 Many offenders have poor literacy which has implications for how public health information is presented; professional stakeholders noted that there is a lack of awareness and knowledge among offenders about how to access services that are not proactively provided. It was noted by one stakeholder that there is a need to deliver health promotion messages and to provide context to ensure that health is seen as important to offenders.

5.4.5 It was noted that prison healthcare does not always communicate with services on the outside, including GPs. It was suggested that pathways from prison to community are often poor, for example someone can be prescribed medication inside but have no way of continuing medication, either because they do not have a GP or because their records do not follow them. In general, the transfer of records was identified as poor. It was suggested by one respondent that offenders should have a letter to take with them on release to help them to access healthcare wherever they go. It was felt that this would provide some continuity of care for a range of health issues. The chaotic lifestyles of offenders themselves were also noted as a cause of disruption to referrals and treatment pathways.

5.5 Identified Areas for Improvement

- More flexibility in services is needed to enable ease of access for offenders and prevent deterioration of health due to non-treatment.
- More assistance is required to help offenders navigate a fragmented system.
- Consideration should be given to employing Health Advocates or advisors in the probation office.
- Access to dentistry should be improved through identification of dentists willing to provide services to offenders, with appropriate support from criminal justice and health staff.
- Involve offenders in consultation and discussion about how to better inform and get messages across.
- Effective health promotion messages are required, with a view to reducing engagement in activities that are detrimental to health and increase engagement with primary health care, dental care and optical care.
- Priority should be given to ensuring offenders have access to primary health care, either via a GP or an alternative method.

- The JSNA oral health recommendation to review and potentially expand dentistry in HMP Lewes.
- Explore options for ensuring increased continuity of care through improved transfer of information from prison to the community and information provided for offenders.

6 Mental Health

6.1 Identified Health Needs in the Offender Population

6.1.1 *Too little, too late* (Prison Reform Trust) found that up to 90% of inmates of UK prisons have at least one mental health disorder, and 10% have a serious mental health problem[7]. Prisoners often do not receive appropriate diagnosis and treatment for mental health problems, and some are incarcerated in prisons instead of being in health-care facilities.

6.1.2 Mental health disorders are exacerbated by the dislocation experienced when coming into prison, plus possible drug withdrawal. Depression and anxiety are common, especially amongst remand prisoners. In addition, prisoners suffer from functional psychoses (schizophrenia, other delusional disorders, mania and severe depression) and personality disorders.

6.1.3 Many offenders are diagnosed with a personality disorder. They are often well known to services and are excluded because of their challenging behaviour.

6.2 Policy & Good Practice

6.2.1 The forthcoming *Bradley Review* is looking at the extent to which offenders with mental health problems or learning disabilities could be diverted from prison to other services, and the barriers to such diversion. As part of this work the National Association for the Care and Resettlement of Offenders (NACRO) was commissioned to carry out an audit of the schemes currently operating in London, and found that there is some form of mental health diversion scheme in operation at the majority of courts, but that the level of provision varies[8]. Similarly CSIP audited 12 Court Diversion schemes in the south east, one of which included Sussex.

6.2.2 *Diversion: A better way for criminal justice and mental health* (SCMH) argues that diversion could generate cost and efficiency savings[9]. Many people in the criminal justice system have complex mental health needs which are poorly recognised and inadequately managed. Prison is a high-cost intervention which is inappropriate as a setting for mental health care and is ineffective in reducing subsequent offending. Diversion schemes could lead to cost and efficiency savings within the criminal justice system, reductions in re-offending and improvements in mental health conditions for offenders.

6.2.3 Praise has been given for court diversion or specialist mental health schemes such as the Mental Health Court Pilot for Brighton (see *Diversion: A better way for criminal justice and mental health)*, and the *Bradley Review* is also expected to draw similar conclusions[10]. Mental health diversion schemes operate at the interface between criminal justice and mental health. They seek to ensure that people with mental health problems who come into contact with the police and courts are identified and directed towards appropriate mental health care, particularly as an alternative to imprisonment. This can mean access to early assessment and intervention, improved health outcomes and a reduction in offending behaviour for the offender, and an improved interface between health and criminal justice agencies, streamlined and appropriate processes for dealing with

[7] Too Little, Too Late: An Independent Review of Unmet Mental Health Need in Prison (Prison Reform Trust)
[8] Nacro, Court Diversion and the CJS audit
[9] Diversion: A better way for criminal justice and mental health (Sainsbury Centre for Mental Health)
[10] Brighton Mental Health Court pilot proposal

offenders with mental health issues and the development of specialist care programmes for the agencies involved.

6.2.4 Offenders have multiple needs and are often "dual diagnosis", commonly including substance misuse problems, personality disorder, isolation, exclusion and marginalisation, with a history of abuse and homelessness. This can be a particular problem if individuals are deemed to be "borderline" cases and therefore not eligible for treatment programmes, since their overall needs may not be resolved without simultaneously addressing mental health and other issues.

6.2.5 Being in prison may in itself damage mental health. Mental health issues are exacerbated by the stress of adapting to prison life, the lack of meaningful daytime activity and poorly trained staff with anxiety caused by separation from family, bullying and a lack of someone to trust. Self-harm and worries about children are particularly serious problems for women prisoners.

6.2.6 NACRO's stance is that the focus of efforts to improve healthcare for offenders with mental health needs should be part of the criminal justice process before sentencing[11]. This shift in focus would ensure that resources from PCTs are not exclusively spent on prison healthcare and that the services are provided for offenders as part of mainstream mental health provision. They state that the use of community and non-custodial options for offenders with mental health issues should increase, and community orders with mental health requirements should be made easier to use. This option is currently under-utilised by courts, and community orders can be difficult to use for offenders with mental disorders. NACRO recommends that offending behaviour programmes and community sentences should be should be tailored for people with mental health issues, which would ensure that fewer people are recalled because they do not engage with treatment or miss court appearances.

6.2.7 The Sainsbury Centre for Mental Health's report *From the Inside: Experiences of prison mental health care*, which explores the provision of mental health services for prisoners in the West Midlands, praises the introduction of mental health inreach teams to provide support for prisoners with severe and enduring mental health problems, and also recommended that improved interface between health and criminal justice agencies, both pre- and post-release, and staff training programmes about mental health awareness would further improve the provision of mental health services for prisoners[12].

6.3 Current Services

6.3.1 A mental health inreach service is employed by HMP Lewes Healthcare (which is in high demand), whilst Sussex Partnership NHS Trust provides a full time consultant psychiatrist post. This post has been made full-time to try and meet need.

6.3.2 The Court Assessment & Diversion Scheme, run by Sussex Partnership NHS Trust, operates across Sussex, and in Eastbourne, Hastings and Lewes Magistrates Courts. The Scheme has always prioritised overnight arrests as they have been shown to be most at risk of a custodial outcome and to have a higher amount of psychiatric morbidity. 88% of referrals are from the police. At present there are 5 full time Forensic Mental Health Assessors responding to need across the whole of Sussex. There is one person dedicated to the pilot Mental Health Court project in Brighton and Hove, whilst the rest of the team cover the whole County.

[11] Effective mental healthcare for offenders: the need for a fresh approach (Nacro)
[12] From the Inside: Experiences of prison mental health care (Sainsbury Centre for Mental Health)

6.3.3 The 2008 Annual Report[13] identifies that there were 349 people seen by the scheme in East Sussex Courts. Approximately 13% of them were women. Of that number 320 were white British, with the second largest group of 13 people having unknown or not stated ethnicity. Eight people were black African, black Caribbean or black British; two of mixed parentage and two of Asian descent.

6.3.4 108 people seen were not given any diagnosis However, 50 had an alcohol problem and a further 39 a drug problem. Of the remainder, depression, ADHD, psychosis and bipolar disorder were the main presenting mental health issues. Levels of psychiatric morbidity were higher in the Hastings area.

6.3.5 160 people were referred into other services from the diversion scheme in 2008. This includes Early Intervention in Psychosis Team, Crisis Response & Home Treatment, Assertive Outreach Teams, Community Mental Health Teams and Mental Health in Primary Care Teams (Access Services), substance misuse and forensic services.

6.3.6 Sussex Partnership NHS Foundation Trust also provides a range of other mental services across East Sussex. This includes 10 Adult Community Mental Health Teams (in partnership with East Sussex County Council Adult Social Care), Mental Health in primary care teams, several day centres, psychiatric in-patient services in Eastbourne, Hailsham and St Leonards and a Crisis Resolution and Home Treatment Team (CRHT) who support people in their home or facilitate admission to hospital to help resolve the crisis.

6.3.7 Whilst all of these services are available to offenders through their GPs and other appropriate routes, they are services for the population as a whole.

6.3.8 Forensic and secure facilities are managed by the Trust. There is a medium secure unit at Ashen Hill in Hailsham and a low secure unit in Hellingly. Also on the Ashen Hill site is Amber Lodge, a women's medium secure unit. Lavender Lodge is an open residential facility for women in Eastbourne. There are approximately 22 women in open and supported forensic services as of March 2009, although just under half are not forensic cases, but are women with severe mental health problems.

6.3.9 As of January 2009, there were 12 people from East Sussex in high secure units, 23 people in private sector medium secure placements out of the area, and a further 12 in the medium secure unit at Ashen Hill. Additionally, three people were in the low secure facility.

6.4 Feedback from Consultation

6.4.1 Of the 14 respondents to the offender questionnaire, 6 people had been seen formally by a mental health service. Of those three quarters were diagnosed with conditions that include schizophrenia, Obsessive Compulsive Disorder, cannabis psychosis, depression and anxiety. Several of the respondents suggested that their emotional wellbeing has an impact on their life, stopping them from doing things.

6.4.2 It was noted that the new full time consultant psychiatrist set up in prison should help to meet needs. One of the targets around mental health is ensuring that the number of suicides and "near misses" are kept as low as possible.

[13] Sussex Criminal Justice Liaison Team: Court Liaison, Diversion And Prison Transfer 2008 Annual Report, Sussex Partnership NHS Foundation Trust

6.4.3 It was felt that the Forensic Mental Health, Substance Misuse Services and Community Mental Health services do not communicate well, pushing individuals around the system to the point that they disengage. It was suggested that there is a need for clearer processes and easier access. One suggested improvement was that if it was easier for probation to make appointments with the Community Mental Health team directly, it would be positive and would enable follow up.

6.4.4 A number of problems and gaps were identified by stakeholders:

- Provision for people with mental health issues that are considered to be "lower level" in that there is not a formal diagnosis under the Mental Health Act.
- The Community Mental Health teams may not deal with a person in receipt of drugs treatment, yet this needs to be addressed simultaneously to reduce risk of reoffending.
- If offenders miss Community Psychiatric Nurse appointments, their case is closed without chasing.
- Placement of mental health professionals in substance misuse services and vice versa would ease tensions and increase understanding.
- There is no specialist service for people with personality disorders.

6.5 Identified Areas for Improvement

- There are not enough mental health assessors in the Magistrates Court to provide advice and support to people who are mentally ill.
- Mental health advocates should be co-located in probation offices. They would provide a valuable resource for signposting to third sector services, advisors and probation staff.
- A more co-ordinated, specialist, multi-agency response would enable better management of those with personality disorders who revolve around the criminal justice and healthcare systems.
- A review of the protocols between probation and mental health services should be undertaken to ensure services and treatment available can be utilised by offenders.
- The review of protocols for S135/136 of the Mental Health Act should ensure that hospitals are always used as a place of safety and that staff across the police, health and council are trained and aware of protocols.
- Consideration should be made as to how low level need can be met within the county.
- Options should be explored for ensuring a joined up approach to mental health and substance misuse treatment.

7 Substance Misuse

7.1 Identified Health Needs in the Offender Population

7.1.1 Offenders tend to have much higher rates of drug use than the general population. *Reducing Drug Use, Reducing Reoffending* identified that 10% of the UK household population has used drugs compared to 73% of new male prison entrants[14].

7.1.2 Substance misuse exist along side one or more mental disorders. Over 85% of prisoners reported smoking, hazardous drinking or drug dependence in the year before coming into prison.

7.1.3 Historically HMP Lewes has had more inmates test positive for drugs than any other prison in the country due to the population it serves. Both Brighton & Hove City and Hastings have large numbers of 'problematic drug users', including large numbers of injecting drug users. In 2001 it was estimated that there could be as many as 1,800 problem drug users in Brighton and Hove raising money from acquisitive crime. The 2004 HCNA of HMP Lewes found that 64% of the 120 inmate medical records reviewed noted alcohol use at hazardous levels, which is closely associated with offending behaviour.

7.1.4 Drug abuse has serious implications for physical health. The South East Regional Public Health Fact Sheet: Offender Health identifies that 24% of prisoners are injecting drug users, of whom 20% have Hepatitis B and 30% have Hepatitis C.

7.1.5 Many substance misusers have multiple needs. In 2002 the Co-Morbidity of Substance Misuse and Mental Illness Collaborative Study (COSMIC) reported that 74.5% of drug service users and 85.5% of alcohol service users also experienced mental health problems, and that approx. 38.5% of drug users with a psychiatric disorder were receiving no treatment for their mental health problem. Many substance misusers also suffer from multiple addictions, such as a drug addiction with secondary alcohol addiction which makes treatment more complex[15].

7.2 Policy & Good Practice

7.2.1 High levels of drug abuse has implications not only for the health of offenders, but also for substance-related crime. For drug users this is usually acquisitive offending to fund the habit, whereas with alcohol, offences invariably involve violence and disorder.

7.2.2 The DrugScope briefing Substance misuse, mental health and diversion from prison found that co-morbidity of mental health and substance misuse problems is normal in prison populations, but that provision for dual diagnosis within prisons is patchy, prison environments can exacerbate mental health problems and prison drug services struggle to cope with the level of need. Furthermore, existing provision to divert offenders out of prison does not deal effectively with people with co-occurring mental health and substance misuse problems. For instance, court diversion schemes for those with mental health issues may not also be equipped to address their substance abuse problems. Similarly, individuals with mental health issues may be considered unfit for community orders with a drug rehabilitation requirement, and appropriate support may not be

[14] Reducing Drug Use, Reducing Reoffending: Are programmes for problem drug-using offenders in the UK supported by the evidence? (UK Drug Policy Commission)
[15] Substance misuse, mental health and diversion from prison (DrugScope)

provided in the community for example support not being offered for mental health needs until after drug treatment has been completed.

7.2.3 Enforced detoxification in prison without adequate follow-up support increases the risk of relapse, overdose and death, particularly on release. Continuity of care is particularly important at this stage.

7.2.4 There are many programmes and initiatives available that provide support to offenders to help them reduce their drug use and consequently reduce rates of re-offending. This includes:

- Drug treatment and testing orders or drug rehabilitation or alcohol treatment requirements attached to community sentences.
- CARAT (Counselling, Assessment, Referral, Advice and Throughcare) teams who undertake assessments of need for drug services, provide one-to-one motivational support and group work for problem drug users, and undertake a case management role facilitating access to a wider range of services, both in custody and upon initial release.
- Drug court pilots which build on DTTOs and DRRs by providing continuity of sentence for the review process and use a problem-solving and inter-agency approach to help address the causes of offending.
- Prison provision such as detoxification for drug-dependent prisoners on reception and the Integrated Drug Treatment System
- Generally, there is more of a focus on drug abuse in these programmes than on alcohol misuse.

7.3 Current Services

7.3.1 A range of substance misuse services are provided within HMP Lewes, including the Prison Addressing Substances Related Offending (PASRO) service, which is a cognitive programme focusing on mainly poly-substance misuse. The prison has a detoxification wing and provides drug testing. The prison has also been identified as part of the 2008-9 roll out for the Integrated Drugs Treatment System (IDTS) which aims to expand the quantity and quality of drug treatment in HM Prisons. The CARAT service (Counselling, Assessment, Referral, Advice and Through-care) was established in 1999 as a universal drug treatment service in every prison establishment across England and Wales, and is provided in Lewes by CRI.

7.3.2 Alcohol focused programmes are to be provided soon, but in the meantime there is very little additional support within prison for people once they have completed an alcohol detoxification. Links with services in the community are poor, essentially because there is no dedicated service within the prison and very limited capacity to provide the liaison role in community services. Two nurses provide clinical treatment and Crime Reduction Initiatives (CRI), who are funded to provide support for illegal drug misusers, work with poly drug misusers, for whom alcohol is often a second drug of use. There is no formal support on release and no referral system to support services.

7.3.3 In the community East Sussex Safer Communities Team, which is a merger of the DAAT and Community Safety Teams, has responsibility for the commissioning and delivery of services around drugs and alcohol, domestic violence, hate crimes, and re-offending. The

strategies from all of these areas have been integrated into the Community safety strategy.

7.3.4 Services in the County include some rehab services, integrated drug treatment in prison, partnership with probation and funding for offenders at the point of leaving prison and at time of arrest. All provision is provided by CRI as follows:

- Needle exchange.
- Pharmacy needle exchange.
- Open access services in Lewes, Eastbourne and Hastings.
- Structured day programme.
- Counselling services in Eastbourne.
- Community Justice Intervention Teams in Eastbourne and Hastings.
  - Drug arrest referral scheme in custody suites and Magistrates Courts.
  - CARAT teams (HMP Lewes, Ford).

7.3.5 Drug services are making links with other health services such as treatment of Hepatitis B and C and links with other agencies such as police and probation are much easier because of government expectations and orders like DTTOs.

7.3.6 There are strong relationships between Sussex NHS Foundation Trust and CRI throughout. Additionally, the Eastbourne CJIT team have close links with CARATs in HMP Lewes to ensure a smooth pathway for offenders going in and coming out. CRI have just taken over the contract for work in Hastings, and work will be done to replicate the model there.

7.3.7 Sussex Partnership NHS Trust and CRI work county-wide, offering Tier 2 services such as advice and information and needle exchange, as well as tier 3 talking therapies and methadone prescription. Heroin is the primary presenting drug problem with a third of people presenting crack cocaine although this is usually 2nd or 3rd drug of choice. Locally, 60-80% of injecting drug users have Hepatitis C, which makes it important to bring services to areas where people are more likely to access them.

7.3.8 There are links with mental health services, but these could be stronger.

7.3.9 There has been a reduction in the volume of burglaries in East Sussex as a result of the number of people going into drug treatment. The challenge remains keeping people motivated in the long-term to stay in treatment and have planned discharge. This is the most effective way of ensuring long-term success.

7.3.10 The town centre service in Eastbourne and St Leonards for alcohol problems is run by Action for Change. There are smaller specialist clinics in primary care settings, accessed through in-patient treatment through the PCT. A mapping exercise of people in East Sussex showed approximately 100,000 people drink in such a way that it can cause them harm, and 10-15,000 of them are severe drinkers. Despite the high numbers of people

with alcohol problems in the county, budgets for commissioning specialist alcohol treatment services are much smaller than for the 2,000 problem drug users.

7.4 Feedback from Consultation

7.4.1 Stakeholders suggested that there is insufficient access to alcohol services in the county. Rehab and advice services were highlighted as a particular area - it was suggested that waiting times for rehab often mean that people do not take up the service when it is finally offered.

7.4.2 It was noted by some stakeholders that Counselling, Assessment, Referral, Advice and Throughcare team (CARATs) need to communicate more with Community Drug Teams.

7.4.3 Stakeholders suggested that there is more focus on drugs than on alcohol. There was some suggestion that the issues around alcohol are greater and are not currently being met.

7.5 Identified Areas for Improvement

- Resources should reflect local need to prevent alcohol related problems manifesting later in life.
- Replicating the Drug Arrest Referral scheme with an alcohol arrest referral scheme would enable people to get support and treatment more efficiently. As with the drug scheme, access could also be in the courts. This is already available to those under 19 years of age.
- Systems of communication with drug services in the community should be reviewed to consider how information about treatment is not lost when prisoners are released without warning.

8 Learning Disability & Learning Difficulties

8.1 Identified Health Needs in the Offender Population

8.1.1 Offenders with learning disabilities or learning difficulties often have trouble complying with community-based orders, often as a result of failure to understand the terms of the order or why the order had been imposed. This increases the likelihood of eventual custody. There appears to be a link between learning disability or low IQ levels and high rates of re-offending.

8.1.2 According to *Too little, too late*, Prison Reform Trust[16], 20 - 30% of prisoners are estimated to have a learning difficulty sufficient to impair their ability to cope with the criminal justice system. However, Positive Practice, Positive Outcomes identifies a much lower percentage of adults with learning disabilities in the Criminal Justice System (2% - 10%[17]). This illustrates the fact that the extent of the problem is unclear. There is currently no routine screening or assessment of offenders for learning difficulties or learning disabilities. Where screening or assessment does take place, different tools are used which yield differing results. Furthermore, individuals are often required to declare their learning disability, which they may not do, often because they are not aware of their condition, especially if it is not severe.

8.1.3 Of those people living in the community known to have learning disabilities, approximately 3% have previous convictions. However, people with more severe learning disabilities are actually less likely to come into contact with the Criminal Justice System, suggesting that offenders tend to have less severe learning disabilities or learning difficulties.

8.1.4 People with learning disabilities are at increased risk or experiencing certain health problems,

- Respiratory disease is the leading cause of death for people with learning disabilities (46% - 52%) and is much higher than for the general population (15% - 17%).
- Coronary Heart Disease is the second most common cause of death amongst people with learning disabilities. Almost half of all people with Down's syndrome are affected by congenital heart problems, a much higher rate than the general population
- People with learning disabilities are between 8.5 and 200 times more likely to have a visual impairment compared to the general population and around 40% are reported to have a hearing impairment, with people with Down's syndrome at particularly high risk of developing visual and hearing loss

8.1.5 The 'Valuing People' white paper estimates the number of people with a learning disability is likely to increase by 1% per annum over the next 15 years due to increased life expectancy and increasing numbers of children with complex needs surviving into adulthood[18].

[16] Too Little, Too Late: An Independent Review of Unmet Mental Health Need in Prison (Prison Reform Trust)
[17] Positive Practice, Positive Outcomes: a Handbook for Professionals in the Criminal Justice System Working with Offenders with Learning Disabilities (Care Services Improvement Partnership)
[18] Valuing People Now "from transition to transformation"

8.1.6 About 20 per cent of people with a learning disability have Down's syndrome. The life expectancy of people with Down's syndrome has, as with that of the rest of the population, improved significantly. Growing older is, however, associated with an increased risk of developing certain illnesses, in particular Alzheimer's disease. Incidence of dementia occurs some 30-40 years earlier in people with a learning disability than in the general population[19].

8.1.7 People with learning difficulties and disabilities are extremely vulnerable to bullying and exploitation, both in the community and prison.

8.2 Policy & Good Practice

8.2.1 People with learning disabilities are at risk of continued offending because of unidentified needs and consequent lack of support and services. They are unlikely to benefit from conventional programmes designed to address offending behaviour, and present numerous difficulties for the staff who work with them, especially when these staff are often untrained and unfamiliar with the challenges of working with this group of people.

8.2.2 Good practice highlights the use of speech and language therapists in prisons and young offender institutions which has led to reductions in violence and overall improvements in behaviour, as well as offending behaviour programmes adapted specifically for people with learning difficulties or learning disabilities. The recent *Valuing People Now* report points to examples of health screening programmes that identify learning disabilities, learning disability awareness training for prison staff and close working between PCTs and prisons[20].

8.3 Current Services

8.3.1 There is limited access to support services. High thresholds and eligibility criteria for adult social care services exclude many offenders.

8.4 Feedback from Consultation

8.4.1 Consultation with stakeholder and offenders highlighted the following issues:

- It was noted that the issue of learning disability needs to be addressed within HMP Lewes.
- There are unmet needs around people with learning disabilities being identified, picked up, signposted and referred.
- There is a need for improvements around learning disability placements in secure services, in particular local availability.

8.5 Identified Areas for Improvement

- Better methods are required to identify those individuals with learning disabilities and learning difficulties, both entering and already within the criminal justice system.

[19] http://www.alzheimers.org.uk
[20] Valuing People Now (Department of Health)

- Specialist advice and support is required for a large number of offenders to ensure better identification of need and signposting to support, advocacy and healthcare services.

- Work should be done to raise awareness amongst staff in HMP Lewes, and with those working with offenders in the community, around the health and communication difficulties that affect people with learning disabilities.

9 Women Offenders

9.1 Identified Health Needs in the Offender Population

9.1.1 In 2007 the *Corston Report* reviewed the treatment of women in the Criminal Justice System, and identified health issues that are specific to women, including mental illness and low self-esteem, eating disorders and substance misuse[21].

9.1.2 This is supported by Ministry of Justice statistics published in January 2009. The report shows that women make up 6% of the prison population and that just over 10% of sentenced women received a community sentence compared to 15% of sentenced men[22].

9.1.3 Whilst numbers of women offenders are small, consideration should be given to the findings and recommendations of the Corston Report review of women with particular vulnerabilities in the Criminal Justice System[23].

9.1.4 The Department of Public Health, University of Oxford**,** undertook research into the health of women prisoners[24]. The study found that the health status of these women was much poorer than the general population. For instance, before coming into prison:

- 85% smoked cigarettes.
- 42% drank alcohol in excess of the recommended amount.
- 75% used illegal drugs in the 6 months prior to imprisonment.
- 27% had been paid for sex.
- Only 13% met the Government recommendations on diet and exercise.
- Women were also less likely to be registered with a GP and more likely to make use of hospital services than the general population.

9.1.5 Whilst the needs of many offenders can be complex, this is particularly so for women many of whom have experienced abuse and violence. More than half of women in prison say that they have had experience of domestic abuse, and a third suggest that they have experienced sexual abuse[25].

9.1.6 The group Women in Prison[26] suggest that women in prison do not receive adequate care for gynaecological conditions and their special needs during menstruation, pregnancy and menopause. They also suggest that the counselling needs of incarcerated mothers with children on the outside are not met.

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[21] The Corston Report: a review of women with particular vulnerabilities in the criminal justice system (Home Office)
[22] Statistics on Women and the Criminal Justice System (Ministry of Justice)

[23] http://www.homeoffice.gov.uk/documents/corston-report/

[24] The Health of Women in prison: study findings, Department of Public Health, University of Oxford, 2006
[25] Women In Prison - http://www.womeninprison.org.uk/userfiles/file/Women%20Prisoners%20-%20Facts%20and%20Figures.doc
[26] Pat Carlen 2005 - http://www.womeninprison.org.uk/userfiles/file/WIP%20Early%20Years%20Pat%20Carlen.doc

9.1.7 Data from Sussex Probation shows that emotional well-being, financial management and drug misuse were the top three criminogenic needs for female offenders when compared to male offenders[27].

9.2 Policy & Good Practice

9.2.1 In order for women's health needs to be fully addressed a co-ordinated cross-government response to the complex and multiple needs of women is required. Corston called for "a distinct, radically different, visibly-led, strategic, proportionate, holistic, women-centred integrated approach".

9.2.2 Diversion of vulnerable women who are not serious or dangerous offenders from custody is deemed preferable. The use of community orders should be increased for women.

9.2.3 Women are largely marginalised in a criminal justice system designed for men, and prison is not effective at reducing re-offending rates for women.

9.3 Current Services

9.3.1 There is provision in the community for women through the third sector, but very little in the way of specific provision for women offenders. Whereas there are medium and low secure forensic facilities in the County, the local prison for women is HMP Bronzefield in Ashford in Surrey.

9.4 Feedback from Consultation

9.4.1 Stakeholders suggested that there are a relatively small number of people on probation, but that they have range of complex issues.

9.5 Identified areas for improvement

- The Corston report makes recommendations for implementation of 'wrap around' services to meet the specific needs of vulnerable women offenders. These should be considered for future provision in the county.

[27] Data from Sussex Probation Service, April 2009

10 Older People

10.1 Identified Health Needs in the Offender Population

10.1.1 Although little is known about the treatment needs of older prisoners, and to what extent they are being met, there are growing numbers of older prisoners - almost all of them men (*Unmet treatment needs of older prisoners: a primary care survey*)[28]. There are now 6,000 older prisoners in England and Wales, and this number is forecast to continue increasing over the coming decades due to the ageing population, trends in sentencing, and improvements in methods of crime detection leading to the successful prosecution of a greater number of serious offences, particularly sexual crimes.

10.1.2 The major impact conditions for older people are

- Cancers
- Coronary Heart Disease (CHD)
- COPD
- Dementia
- Diabetes, Falls
- Heart Failure
- Stroke

10.1.3 High rates of smoking, poor diet and poor environmental factors are just some of the factors that increase the risk of these diseases. National research suggests that the lifestyle of many offenders will increase the possibility of prevalence of these conditions among that population in the future.

10.1.4 Problems associated with aging are more profound amongst offenders as a result of unhealthy lives, characterised by high levels of deprivation and poverty. As a result, in prison people are classified as 'older' at age 50. The comprehensive needs assessment undertaken in HMP Lewes in 2008 identified just over 9% of prisoners were aged over 50 years, whilst only 1% was aged over 65 years. This compares to nearly 20% of the population of East Sussex who are over 65 years[29].

10.2 Policy & Good Practice

10.2.1 Problems that have a disproportionately negative impact on older offenders include a lack of inpatient and specialist hospital care for prisoners, poor training of prison medical staff, increasing overcrowding of prisons and the lack of secure psychiatric beds.

10.2.2 It is well established that health, social and welfare needs increase with age, wherever people may be living. Therefore older offenders require appropriate and decent care both within the prison system and following release back into the community (*A pathway to care for older offenders*)[30]. The assessment process must be sensitive to the needs of

[28] Unmet treatment needs of older prisoners: a primary care survey
[29] HMP Lewes' Healthcare Needs Assessment 2008
[30] A pathway to care for older offenders

older groups - from referral through to care in the prison setting, with appropriate regimes and activities, timely preparation for release and ongoing support into the community. This can only by achieved through strong partnership working between all sections of the criminal justice system including health, social care and welfare providers.

10.2.3 Much less is known about the health needs of older offenders in the community. Many of the issues identified through Age Concern's work with the Prison Reform Trust are specific to prisoners, for example building design, equipment and prison routines not being suited to older prisoners with health or mobility issues, and it would be easier to overcome these issues in a more flexible community setting. However, many specific health issues experienced by older prisoners may also apply to older offenders in the community, such as long standing illnesses or disabilities, mental disorder and depression[31].

10.2.4 This an area of growing concern as there are far more older people in prison who are serving long sentences, and are likely to be released back into the community on licence at some point. The Department of Health has developed a tool kit for working with older prisoners with the aim of informing and assisting the delivery of individually planned care for older prisoners whilst in prison, followed by successful resettlement back into the community, and providing the necessary support to sustain an optimum quality of life and reduce re-offending[32].

10.2.5 Older offenders in the community, as with other adult social care services, would have to request an assessment to see if they qualify for services. The provision of equipment and adaptations, as well as emotional support, is not necessarily considered by prison or community staff, yet everyone is entitled to an assessment of need by adult social care services.

10.3 Current Services

10.3.1 There are currently no services within East Sussex aimed directly at meeting the needs of older offenders.

10.4 Feedback from Consultation

10.4.1 Those consulted did not provide feedback in relation to older offenders

10.5 Identified Areas for Improvement

- The Department of Health tool kit for older prisoners should be implemented locally to ensure effective assessment and planning both in the prison and the community. This will require the co-operation of adult social care, probation and prison staff.
- More offenders should be supported to access adult social care assessments to meet their needs where appropriate.

[31] http://www.acoop.org.uk/pages/home/index.php and http://www.prisonreformtrust.org.uk/subsection.asp?id=592
[32] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079928

11 Black and Minority Ethnic Groups (BME)

11.1 Identified Health Needs in the Offender Population

11.1.1 In 2006 approximately 4.7% of the 506,300 residents of East Sussex[33] were from a BME group compared to 16% of the population in HMP Lewes.

11.1.2 BME groups have specific health needs. For instance, BME groups are more likely to live in areas of social deprivation, which means they are more likely to live in poverty which can lead to issues such as poor mental health, discrimination and social exclusion. Evidence also suggests a significantly elevated risk of severe mental illness among African and African-Caribbean communities in England (for social, not biological reasons),

11.1.3 The proportion of BME groups in East Sussex is also expected to grow. Ethnicity can be an important factor for planning, for instance certain BME groups are more likely to suffer from particular conditions for example:

- A higher prevalence of heart disease in some ethnic groups, for example Pakistani men and Indian women.
- Increased levels of heart attacks in Pakistani men and women.
- Higher rates of stroke amongst black Caribbean and Irish men and Bangladeshi and Pakistani women.
- Higher levels of Diabetes in black Caribbean and many Asian populations.
- People of African and Afro-Caribbean heritage may have higher incidence of Glaucoma.

11.1.4 In addition some conditions are specific to certain populations, such as sickle cell disease in the black African population and thalassaemia in people of black African, Indian, and Pakistani, Roma, Middle Eastern or Eastern Mediterranean ancestry.

11.2 Policy & Good Practice

11.2.1 Black and minority ethnic groups are over-represented amongst the offender population and make up a growing proportion of the prison population (*Prison population projections 2008*)[34]. However, nationally PCTs need to do more to ensure equal access to healthcare and identify the needs of BME groups more effectively. For instance, less than half of PCTs follow the National Institute for Mental Health in England's BME Strategy (*Commissioning healthcare in prisons*)[35] and courts tend to under-refer BME patients to court diversion schemes (*BME Court Diversion Project*)[36].

11.2.2 The CSIP 'Count Me In' census in the South East in 2008 looked at mental health inreach services. They found that despite the fact there were proportionately more people from BME communities in the prison population than in the community, and they tend to have

[33] http://www.eastsussexinfigures.org.uk/webview/
[34] Prison Population Projections 2008–2015 (Ministry of Justice Statistics bulletin)
[35] Commissioning healthcare in prisons: The results of joint work between the Healthcare Commission and Her Majesty's Inspectorate of Prisons in 2007/08
[36] The role of the CDW in the BME Court Diversion Project and project brief

higher levels of mental health problems, fewer were seen by prison mental health services[37].

11.3 Current Services

11.3.1 There are no specific services for offenders from BME communities.

11.4 Feedback from Consultation

11.4.1 There was no specific feedback during consultation on the issue of BME offenders.

11.5 Identified Areas for Improvement

- Further research and consultation with people from BME communities should be undertaken to understand need and identify potential developments to make service more culturally and religiously appropriate.

[37] http://www.southeast.csip.org.uk/our-work/health-and-social-care-in-criminal-justice/hsccj-programme/equalities.html?keywords=count%20me%20in

12 Young Offenders

12.1 Identified Health Needs in the Offender Population

12.1.1 Young offenders often suffer from similar health problems as their adult counterparts, and are a particularly vulnerable group. Their needs span a range of physical, emotional and mental health areas as well as substance misuse problems.

12.1.2 The key health problems for young offenders are substance use and mental health issues. In their assessments of young people the Youth Offending Team measure the impact of physical health, emotional and mental health and substance use (including alcohol and tobacco use) in relation to the risk of re-offending.

12.1.3 In February 2009:

- 39% of the YOT's caseload had a substance abuse problem severe enough to warrant a more detailed assessment, such as referral to the under 19s substance misuse service.
- 32% had a mental health problem that required a specialist assessment, such as the YOT practitioner to complete a mental health screening questionnaire for adolescents. By the time they leave the YOT service these scores are generally slightly lower[38].

12.1.4 The Mental Health Foundation study, *The Mental Health of Young Offenders*, found that young offenders are three times more likely to have a mental health problem than other young people, and that many suffer from psychiatric disorders, anxiety and depression[39]. For the report *Mapping Mental Health Interventions in the Juvenile Secure Estate*, most children were deemed by staff to have some form of mental health problem, ranging from mild to severe[40]. The full range of mental health problems were reported, with the most prevalent being:

- Anxiety
- Self-harm
- Depression
- Conduct disorder
- Post-traumatic stress disorder
- Needs arising from bullying
- Substance misuse
- Psychotic disorders

12.1.5 Reference was also made to the damaging and distressing previous life experiences of many of the young people, experiences which had both contributed to their offending

[38] Data received from Youth Offending Team, Feb 2009
[39] The Mental Health of Young Offenders. Bright Futures: Working with Vulnerable Young People (Mental Health Foundation)
[40] Mapping Mental Health Interventions in the Juvenile Secure Estate (Department of Health)

behaviour and their mental health problems, as well as mental health needs that had arisen as a direct consequence of being in prison. Effectiveness of treatment relies on sufficient intensity and length of intervention, which can be an issue for those on short sentences or in the community.

12.1.6 *Actions speak louder* found that around a quarter of the young people on crime-prevention schemes, community orders or custodial sentences had some form of disability[41]. Of those, half had a learning disability, a fifth had a physical disability and the remainder had a disability linked to their mental health or emotional state.

12.1.7 In 2006 a health assessment of young women in YOIs found that:

- 81% of respondents smoked (on average starting at age 12)
- 86% drank alcohol before entering the secure estate
- 61% exceeded the recommended weekly units for women[42]
- Most (82%) had used illegal drugs in the previous six months, with 72% of drug users using at least two substances
- 26% reported three or more sexual partners in the last year
- Only 15% had always used condoms
- 23% had been diagnosed with a sexually transmitted infection
- 10% had been paid for sex
- Self harm and mental health problems were common place and yet services for these young women were limited

12.2 Policy & Good Practice

12.2.1 *Actions speak louder* concluded that assessment of the health needs of young offenders was often inadequate. Children and young people are a vulnerable group who require a consistent and appropriate level of healthcare. Substance abuse and adolescent mental health problems, alongside other issues such as educational underachievement and young parenthood are key factors that need to be addressed in order to reduce the risk of youth offending.

12.2.2 A Health Needs Assessment for Young Women in Young Offender Institutions interviewed professionals who felt there was a need for more comprehensive, holistic assessments of health, undertaken with minimum delay and less bureaucracy. It highlights the extreme vulnerability of this group, who suffer the consequences of multiple forms of abuse, neglect and social exclusion, and of whom over 40% are previously looked-after, and 90% have left school before the age of 17[43].

12.2.3 A multi agency approach is necessary to address the health needs of young offenders. The risk of becoming an offender starts early in life, and issues such as learning

[41] Actions Speak Louder: A second review of healthcare in the community for young people who offend
[42] A Health Needs Assessment for Young Women in Young Offender Institutions (YJB)
[43] http://www.yjb.gov.uk/publications/Resources/Downloads/YJB_FH_A5_12pp.pdf

difficulties, behaviour disorders, abuse, chaotic family lives, school exclusion and anti-social behaviour can lead to offending. These young people become the offenders with personality disorders, depression and anxiety and substance misuse problems and then have higher risks of suicide, poor mental health and drug and alcohol abuse.

12.2.4 For example, in 2004 of the young people in custody:

- 40% - 49% had been in local authority care
- 31% had mental health problems
- 45% had used more than one type of drug
- 45% were dependent on a substance
- 40% of girls and 25% of boys had suffered violence at home
- 33% of girls and 5% of boys had experienced sexual abuse[44]

12.2.5 The NACRO Youth Crime Briefing of 2008 looks at the links between physical health and offending for young people[45]. It states that whilst poor physical health is not mentioned specifically as a risk factor in its own right, it can have an adverse impact on educational and school experiences, self-presentation, peer group interactions and self-esteem. It defines physical health as relating to fitness, cleanliness and proper diet, which all contribute to the well being of the body. Furthermore, access to healthcare including GP and dentistry for both registration and immunisation is a contributory factor, as is the environmental impact of pollution, state of housing, high levels of smoking, deprivation and poverty, the impact of substance misuse and particularly intravenous drug use, and increasing risks of hepatitis.

12.3 Current Services

YOT

12.3.1 There is one Youth Offending Team in East Sussex which is organised into three service teams, one covering Eastbourne, Lewes and Wealden, another covering Hastings and Rother and a separate countywide Prevention Team.

12.3.2 Made up of staff recruited from the Police, Probation, Children's Services, Health and the voluntary sector, the YOT works mainly with children and young people aged 10-17 who have offended and received a final warning from the police or who have been sentenced by the court to a community or custodial penalty.

12.3.3 The YOT aims to prevent offending by children and young people aged between 10 and 17 through its youth crime prevention programmes that target young people at risk of offending.

12.3.4 The YOT assesses every young person who is referred to the team identifying:

- The specific problems that contribute to the young person's offending

[44] Regional public health group fact sheet: offender health (http://www.sepho.org.uk/viewResource.aspx?id=11539)
[45] Youth Crime briefing: Young people, physical health and offending (Nacro)

- The risk that they pose to others
- A suitable programme to address the needs of the young person to try and prevent further offending (the YOT cannot fast track young people to services but can facilitate the process)

12.3.5 The YOT have access to a nurse who is available across the County 2 days per week. In 2007/08 the YOT worked with 700 young offenders, around 250 at any one time. Consequently, she is not able to see everyone but does provide an essential service to both the practitioners and young offenders. If a young person is not seen by the nurse the YOT practitioner can discuss issues, get advice and decide on an appropriate course of action. Estimates are that in the period February 2008 – February 2009 the YOT nurse saw 61 young people referred from the Hastings team and a further 40 from Eastbourne. The time frame in which to see her is limited as many young people do not like early starts and others are at school and can only be seen towards the end of the day.

12.3.6 The Nurse has the advantage of providing access to primary care, which is an issue for young people who are not registered with a GP. She is also able to navigate the healthcare system for young people, providing support throughout the pathway to any services they require.

12.3.7 The 2007 Joint Inspection of Youth Offending Teams report on the East Sussex YOT was extremely positive about many areas of its work. It did recommend that health needs are appropriately assessed, referrals to specialist workers are consistently made, and reinforced the need for the health of children and young people who are at risk of offending to be promoted by the work of the YOT and its partners.[46]

12.3.8 Nevertheless, it revealed a sound understanding of the health needs of the different communities across the area and high level multi-agency work. Specific strengths of the YOT were identified as:

- Co-location of multi-agency staff to facilitate effective identification, assessment and referral of children and young people with physical and mental health needs
- Good quality work to promote the health of children and young people at risk of offending
- Recognition of the needs of dual heritage children and economic migrants
- Recognition of the impact of domestic violence on the health of children and young people
- Coherent strategies for health-related issues emerging from the Children and Young People's Strategic Partnership for teenage pregnancy, sexual health, substance misuse and CAMHS

12.3.9 The overall quality of the work to promote the health of children and young people at risk of offending was deemed sufficient in almost three-quarters of the cases inspected

[46] http://inspectorates.homeoffice.gov.uk/hmiprobation/inspect_reports/yot-inspections.html/East_Sussex_YOT.pdf?view=Binary).

12.3.10 In terms of health, the main area for improvement was the lack of consistency and access to health services across the county where funding had been variable due to different policies, initiatives and priorities.

Mentoring Services

12.3.11 The Rainer East Sussex Mentoring Service provides one-to-one mentoring for young people between the ages of 10 and 17, who are identified as being offenders, are at risk of offending or have displayed nuisance or anti-social behaviour.

12.3.12 Young people are matched with mentors with whom they work for an average period of six months. Mentors help provide motivation and an independent person with whom the young person can discuss a range of issues including health related issues.

Mental Health Services

12.3.13 The Child and Adolescent Mental Health Service (CAMHS) is a multi-disciplinary service which provides assessment, advice and interventions for children and young people (up to the age of 18 with mental health difficulties and their families. There are four CAMHS teams across East Sussex, based in Lewes, Hailsham, Uckfield and St Leonards.

12.3.14 The service aims to promote the emotional, behavioural, social and psychological health of children, young people, their families or carers; and to diagnose and treat mental disorders and work therapeutically with young people experiencing mental health difficulties. CAMHS works towards creating a context in which professionals support families in understanding their difficulties and discovering solutions to them. Where solutions cannot be found the service supports and assists the development of more effective management. CAMHS run a consultation line for those working with young people who would like advice on mental health.

12.3.15 In 2007 the Ofsted Inspection report on CAMHS in East Sussex was extremely positive, with improved services and outcomes, a reduction in waiting times and a reduction in the number of children being admitted to adult inpatient wards. Additionally, the local family 'intensive support' service, which works with children with disabilities and challenging behaviour, was commended.

12.3.16 Whilst CAMHS is not exclusively for young offenders, having half time psychologists seconded to the YOTs can improve accessibility to services. Additionally, CAMHS second workers into the U19 substance misuse team. The Consultant Psychiatrist for CAMHS happens to be same psychiatrist that works with the U19 service, and this helps with the establishment of more robust links between CAMHS and the substance misuse team.

12.3.17 The East Sussex CAMHS needs assessment update for 2009[47] showed that 84 young people were referred by the YOT to CAMHS in 2007/08. The clinical psychologists provide a psychological assessment and intervention for young people on court orders and their families. They also provide consultation and training to YOT practitioners on the mental health and emotional well-being of young offenders.

12.3.18 It has also been helpful in the 'Complex Case Planning Process'. This is for 13-17 year olds who present to multiple services and where single plan process does not address

[47] Assessment of the needs of children and adolescents in East Sussex for mental health services, L. Lodge et al, March 2009

needs. In 07/08, 18 people qualified and it ensures joint agency planning at a managerial level to ensure allocation and gate keeping of resources.

12.3.19 In addition to CAMHS providing statutory mental health services, there are a range of other services across East Sussex which are open to everyone, to support young people with mental health and well-being. For example, Open Door is a confidential counselling service in Eastbourne for young people aged 13-25 years. Run by Impact, they offer weekly drop-in facilities for access to support, information and advice, sexual health clinics and services and specialist support for young people around education, employment and training. This is run in partnership with Sussex Connections. Whilst young offenders, or those at risk of offending, are able to access these organisations, they are not specialist services for offenders.

Substance Misuse Services

12.3.20 East Sussex Safer Communities Partnership brings community safety and substance misuse services together. The substance misuse services are run by Crime Reduction Initiatives (CRI) whilst The Safer Communities Team provides a range of services for young offenders or those at risk of offending in East Sussex[48].

12.3.21 The under 19s substance misuse service is a specialist team providing one to one support to young people who have concerns about alcohol or drug use. Whilst initially seen by a substance misuse worker, if appropriate, young people can be referred onto a range of other multi-disciplinary staff in the team. This includes psychiatry, psychology and a GP. Young people can access the service directly or through their school or youth centre. Provision is available throughout the county, covering rural areas as well as town centres.

12.3.22 Information from staff in the council suggests that there are now nearly 300 new referrals every year from schools, YOT and Looked After Children services. This is the highest number of young people in treatment across the country. Workers are located in schools and vulnerable children's services such as the YOT, care leavers and the New Horizons Pupil Referral Unit in Hastings.

12.3.23 Action For Change are commissioned to provide specialist support for young people with alcohol problems across the County. Offices in Hastings and Eastbourne offer a variety of services for young people focussing on 16–19 years olds. They work with young people with a range of problems offering support and advice to meet their needs and stop or reduce their substance use so it does not negatively affect their lives. Additionally, they offer support to young people to get them back into training, education or employment.

12.3.24 In May 2009 a new Alcohol Arrest Referral Scheme for under 19s will be piloted in Eastbourne and Hastings police stations. This is a Home Office funded scheme, aiming to offer interventions and advice and support to young people as they come into police custody. Similar to the existing Drug Arrest referral scheme, this will initially be piloted for 12 months.

Family Support Service

12.3.25 The Family Intensive Support Services (FISS) is for families with Learning disabilities, mental health problems and substance misuse issues. The services provide support to children who live in East Sussex and are at risk or vulnerable because of their parents.

[48] http://www.safeineastsussex.org.uk/hr.htm

The service has had good outcomes over 2 years, resulting in more stability and fewer children being taken into care.

Domestic Violence Services

12.3.26 The Safer Communities Partnership provides services for people who are victims of domestic violence. 'The Hideout' offers help and support for young people living with domestic violence. Access through a web address[49] takes children and young people to a Women's Aid website and signposts children to sources of support.

12.3.27 CRI also provide a domestic abuse service offering a therapeutic service to children living with domestic abuse. Additionally, there is a domestic violence worker available in Hailsham Children's Centre.

Sexual Health Services

12.3.28 East Sussex has Sexual Health Local Action Groups for people under 25 years. They have links with the YOT and discuss strategy, implementation, pathways and barriers. It is a forum for Young Offenders to contribute which recently started in February 2009.

12.3.29 The Teenage Pregnancy Reintegration Officer provides specialist information and advice for schools, parents and young people when a pupil becomes pregnant or has a child. Help is available in gaining access to support within the community, such as childcare facilities, parent support programmes and skills training.

12.3.30 Sexual Health Clinics in the county can be accessed through GPs, other worker or self referrals on an appointment basis. Services may include:

- Emergency contraception
- Testing and treatment for sexually transmitted infections such as chlamydia, and other infections such as thrush (candida)
- HIV testing and counselling

Accommodation Support Service

12.3.31 CRI also run a youth accommodation support service which offers support to prevent homelessness as well assist once such homelessness has occurred. They have also employed a new Young Men's Health Worker to work with people around sexual health, diet, and mental health.

Local Strategies

12.3.32 There are a number of actions identified by the Local Authority that should yield benefits for young offenders in the community. Some of these are outlined below.

12.3.33 The Children and Young People's Plan (CYYP) 2008-11[50] contains a number of intentions, one of which is a reduction in the perception of anti-social behaviour and reduced numbers of young people receiving final warnings, reprimands or convictions. It

[49] www.thehideout.org.uk
[50] https://czone.eastsussex.gov.uk/partnershipsinitiatives/cypp/Documents/CYPP%202008%202011%20Final%20PROOFED%20STYLED%20for%20021v2.pdf)

also contains a series of objectives for improving the health and well-being of children and young people in East Sussex,

12.3.34 The CYYP identifies that while crime levels generally are down over the last three years, there has been a 60% rise in youth crime. Mental health issues are widely seen as a factor in a range of problems from poor attainment to involvement in crime and bullying. Additionally, there is a need to find new ways of getting across accurate information to young people about alcohol as well as drugs misuse [51]

12.3.35 The East Sussex Youth Crime Prevention Strategy[52] identified the following priorities:

- Complete a detailed mapping (including resource mapping) of local services which tackle the known risk and protective factors associated with youth crime and anti-social behaviour.
- Investigate ways to reduce the level of alcohol consumed by young people based on evidence of local need (Young People's Need Assessment and Child Health Needs Assessment) and national guidance evolving from the national consultation on the Youth Alcohol Action Plan.
- Build on work to identify actions to reduce levels of substance misuse by young people through the Young Person's Drug Treatment Plans.

12.3.36 The East Sussex Youth Development Service Youth Work strategy for 2007-10 states that promoting healthy life styles and access to relevant health services will underpin all support provided through positive youth work interventions with young people. Through work with partner agencies a range of health services and information will be available in 'young people friendly' community based locations, from screening to specialist advice and support.

12.3.37 Provision will focus on ensuring a wide geographical spread of sexual health services, easy access to support around substance misuse and emotional health and wellbeing. Early identification will ensure local support and referral to specialist services where appropriate.[53]

12.4 Feedback from Consultation

12.4.1 Generally the young people who responded to the questionnaire felt that their health was good although there was some evidence of engagement in behaviour that is detrimental to health. Just over half of respondents suggested that they smoked and two thirds drink alcohol, with half of those who do drink reporting problem drinking. This was reflected in the observation by professional stakeholders that many young offenders present at Accident and Emergency as a result of alcohol poisoning and binge drinking.

12.4.2 All 11 respondents were registered with a GP and only one of those questioned suggested that they had experienced difficulties in accessing health services. It should be noted that this questionnaire was distributed via service providers and therefore the cohort was by default engaged in some sort of services. Professionals cited that in their experience access to GPs is poor amongst young offenders and that young offenders do not always seek help for their health problems. It was suggested that there is a need for

[51] www.safeineastsussex.org.uk/uploads/strategies/childrenandyoungpeoplessummary.pdf
[52] www.safeineastsussex.org.uk/uploads/strategies/summary2.doc
[53] czone.eastsussex.gov.uk/partnershipsinitiatives/strategies/Documents/50%20Youth%20Work%20Strategy.pdf

targeted responses to young offender's health needs rather than reliance on services that young people are required to proactively seek.

12.4.3 Professionals identified a large number of issues that might affect the health of young offenders including:

- Substance misuse - Three questionnaire respondents reported that they took drugs with a fourth suggesting that they had previously used drugs
- Relationship problems e.g. lack of parental support - Four of the respondents have contact with Children's Social Care services
- Mental Health problems - 4 of the respondents had been seen formally by a mental health service, with 3 out of the 4 being those who currently or previous used drugs. 3 of the 4 mental health service users had been diagnosed with ADHD
- Speech and Language difficulties
- Pregnancy and teenage parenthood
- Diet and lack of exercise

12.4.4 It was suggested that young people need help to navigate their way around the various parts of the health system, YOT nurses were cited as professionals who are well placed to do this. The potential impact of the YOT nurse was viewed positively by professional stakeholders, both in terms of the service delivered directly to young people, and by virtue of being able to give advice to other professionals.

12.4.5 Young people have sometimes reported bad experiences of generic services which then make them reluctant to attempt to engage again.

12.4.6 It was noted that there are at times practical problems that deter young people from engaging with health services, for example, not being able to afford transport to appointments or the cost of the services themselves (e.g. dentistry). In relation to dentistry emergency treatment is only provided in the evening and hence those young people on curfews are unable to attend.

12.5 Identified Areas for Improvement

- Increase the nurse time available through the YOT to ensure that a greater proportion of YOT cases can be seen
- Replication of the YOT nurse model should be considered for adult offenders and as a resource to advise probation staff
- Improved consistency of service should be secured in line with the Joint Inspection recommendations

13 Housing

13.1 Identified Health Needs in the Offender Population

13.1.1 Housing is acknowledged as a critical issue for offenders. This is both in terms of the risk of reoffending and risk to health. In December 2008, a report looking into the housing needs of ex-offenders in East Sussex[54] found significant unmet housing needs. The needs assessment revealed that every year:

- Around 52 offenders under 18 are placed in bed and breakfast accommodation (usually without housing related support) or in accommodation that places them at risk of harm or social exclusion
- More than 200 Probation supervised clients (including prolific offenders) have nowhere to live and have to 'sofa surf' or sleep rough
- 90-125 people with an East Sussex connection are released from prison to no or unsuitable accommodation, most of whom are not Probation clients

13.1.2 Staff report difficulties in registering homeless people with GPs and this currently being audited by Patient Services. People are asked to supply a utility bill and photo ID, which homeless people do not always have. Additionally, they are told to contact 3 surgeries on their own before the PCT will help. There have been examples of surgeries agreeing to take someone on but when they arrive and provide an address that is known to be a homeless hostel, they refuse them or only agree to register them temporarily.

13.1.3 For young people there is a concern about the use of inappropriate B&B accommodation; that it is of poor standard, is too far from a young person's support network and that they are extremely vulnerable to pressures from others living in the accommodation, who may for example, be drug dealers/users or paedophiles. Additionally, when in temporary accommodation it is very hard to register with a GP and health needs generally go unaddressed, compounded by poverty and poor diet. Young people tend not to go to A&E due to waiting times and many self-medicate (for both physical and emotional pain) with drugs and/or alcohol.

13.1.4 Many offenders in the community are single men who do not score well on Local Authority homelessness assessments, in spite of mental health and substance misuse problems.

13.2 Policy & Good Practice

13.2.1 According to research, a range of accommodation and support is needed from 24 hour supported accommodation through to general needs housing with floating support.

13.3 Current Services

13.3.1 Eastbourne Borough Council offers support to 16 and 17 year olds to assess their housing situation and where possible prevent homelessness. They will find alternative accommodation when necessary.

[54] Housing Barriers and Solutions For Ex-Offenders in East Sussex, J. Luby 2008

13.3.2 There is a YMCA and Foyer in Eastbourne offering accommodation for young people age 16–30, and CRi provide a Youth Accommodation Support Service. This offers housing related information, advice, guidance and support to young people aged 13-25 who find themselves homeless or threatened with homelessness, and those who need advice about their housing options. This service is available to young people across East Sussex. This service, which is part funded by Eastbourne Borough Council, links to other specialist advice services by signposting and referring young people to other agencies according to their needs. In addition, the project targets those with multiple or more complex needs such as those with learning difficulties or disabilities, those diagnosed with Autistic Spectrum Disorders and/or those with mental health and/or substance use issues.

13.3.3 The PCT Homeless Health Team in Eastbourne supports both young people and adults. The team of two nurses and two health visitors work with:

- Street homeless
- People in temporary accommodation including B&B
- People in multiple occupations.

13.3.4 They run nurse-led clinics in three locations in Eastbourne at the Salvation Army, the Lynwood Hotel and the OASIS outreach day centre for homelessness. Whilst services are not exclusively for offenders, there will be a number who fall into that category. The service provides health assessments and clinical interventions including:

- Health assessment, treatment and screening
- Information, help and support on health-related matters
- Sexual health advice, pregnancy testing and condom distribution
- Needle exchange
- GP registration and assistance with accessing services
- Monthly foot care service
- Health visiting for single parents and families with young children
- Drop-in children's sessions
- Antenatal support for pregnant women

13.3.5 Additionally, a GP service is available on a Thursday evening for prescribing and seeing non-registered offenders. There is also a nurse available on other days for prescribing.

13.3.6 The Homeless Health Team have strong links with Eastbourne District Council and work is on-going with the local District General Hospital to improve discharge planning of homeless people, especially those with complex health needs. At the moment discharge is poor and the pathway of referral from A&E to the Homeless Health Team needs improving.

13.3.7 Provision in Hastings is provided by the St John Ambulance service. The service operates from two centres in Hastings and St. Leonards, working in partnership with existing

service providers, the Seaview Project and the supported housing project managed by the national charity Carr-Gomm.

13.3.8 The nurse-led team of volunteers, including a podiatrist, deliver primary health care, podiatary and educational services to the homeless or those at risk of becoming homeless.

13.3.9 The aim is to improve the health of homeless people in Hastings by providing emergency first aid and healthcare drop in centres. The project includes an advocacy service to ensure homeless people are aware of, and can access, primary health care. St John's will also provide signposting to refer to relevant agencies dealing with services such as housing and drug and alcohol misuse.

13.3.10 Hastings Borough Council Housing team accept referrals from agencies or people self referring. People can make a housing application and if their needs require there will be a referral to either private sector, supported or social housing.

13.3.11 Liaison happens with a lot of agencies and there is a joint protocol with the mental health team, who provide a fortnightly slot of Mental Health assessments.

13.3.12 The Salvation Army works with street drinkers and homeless people and will complete referral forms to send to the PCT to get people registered. GPs also attend and there is a dangerous patient's surgery with security guards present twice per week. However, many people rely on what ever support is on offer and this results in on-going homelessness and sofa surfing.

13.3.13 The Prevention of Accommodation loss project (POAL) is based in HMP Lewes and aimed at people sentenced to under 12 months or on remand. Staff work with prisoners to try and sustain their accommodation for the duration of their stay, or if the person is homeless to undertake a needs assessment and refer as appropriate. This is for men from across East Sussex.

13.3.14 Those on longer sentences, come out on licence to the probation service, will have statutory input and support to access accommodation.

13.4 Feedback from Consultation

13.4.1 Throughout discussions with a range of stakeholders housing was a central issue in relation to the health of offenders.

13.4.2 Staff in one of the YOTs raised an issue around East Sussex children's services not wanting to accommodate children over 14 years old, despite their homeless status, yet finding suitable accommodation is very hard. East Sussex County Council has commissioned Action for Children to run an Approved Lodgings Scheme for young people aged 16+ who are leaving care or homeless.

13.5 Identified Areas for Improvement

- More suitable temporary and supported accommodation should be investigated to ensure the safety and protection of young people.
- Whilst GPs are available in some outreach facilities, there is a need for more access for homeless people to prevent further deterioration of health. This is for street homeless and those who 'sofa surf'.

- Arrangements for the accommodation of young people should be developed through agreed policies between children's services, housing and the YOT.

- Policy around the GP registration of those who are homeless should be reviewed to improve access for offenders.

14 Cross Cutting Issues

14.1.1 There are a number of cross cutting issues that apply across each of the major areas outlined above and are captured below. These issues have been identified consistently in the desk research undertaken, in the questionnaires and the discussions undertaken to secure the views of offenders and professional stakeholders.

14.2 Flexibility of Services

14.2.1 Many offenders both adults and young people lead chaotic lifestyles and therefore being offered an appointment weeks in advance often results in non attendance. Examples have been cited of occasions where there is no follow up of people who fail to attend appointments and meeting.

14.3 Effective Partnership Working

14.3.1 Offenders often find themselves in the position of being in contact, or needing to be in contact with a number of different services delivered by a number of different organisations in different locations. Partnership working between these services varies across services and across the county. There is some suggestion that people are "pushed around the system".

14.3.2 Several probation officers identified the probation office as a prime location for the deliver of outreach services as many offenders are required to attend as part of their orders.

14.3.3 Poor flow of information both between prison and the community and between community organisations and providers was highlighted as a significant barrier to effective, continuous support services and/or medication.

14.4 Literacy

14.4.1 Literacy problems and limitations are prevalent amongst the offending population. Access to public health and health promotion information is in the case of many offenders limited by poor levels of literacy and difficulties in understanding the information presented to them. Similarly information provided as part of service provision may not be accessible.

14.4.2 Lack of knowledge often leads to offenders not being in a position to push themselves forward to receive services.

14.5 Deprivation

14.5.1 Many of the conditions and problems associated with both adult and young offenders are linked to their experiences of living in deprivation. These include social exclusion, financial issues, homelessness and lack of education as well as prevalence of engagement in behaviours that are detrimental to physical and mental health.

14.5.2 It is possible that the current economic conditions may contribute to reduced living conditions, working arrangement and potentially increased dependence on criminal activity of the offending population.

14.6 Sentences of Less than 12 months

14.6.1 Those who have been sentenced to a period of less than twelve months do not get probation supervision and therefore may be released without adequate support despite

the fact that they may be re-offenders who are repeated sentenced. A PPO strategic management group has identified this as a major issue.

14.7 Identified areas for improvement

- Where possible “drop in” style services should be considered, both in the development of new services and in the review and redesign of existing services
- Opportunities for joint working at a strategic level and joint commissioning should be sort
- Co-location of different outreach services (potentially linked to probation offices) should be considered as a method for increasing attendance and improving linkages between services
- Consideration should be given to developing health promotion and service information in such as way as it is accessible, including the potential use of non written media
- Advocacy services to assist people with accessing and navigating their way through services would be desirable
- Work to meet the health needs of offenders should be linked to work undertaken within the county in relation to deprivation and addressing inequalities.
- The gap that has been identified in relation to offenders who are sentenced to less than 12 months should be addressed.