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Prison Mental Health Spend in the East Midlands 2007 - 2009

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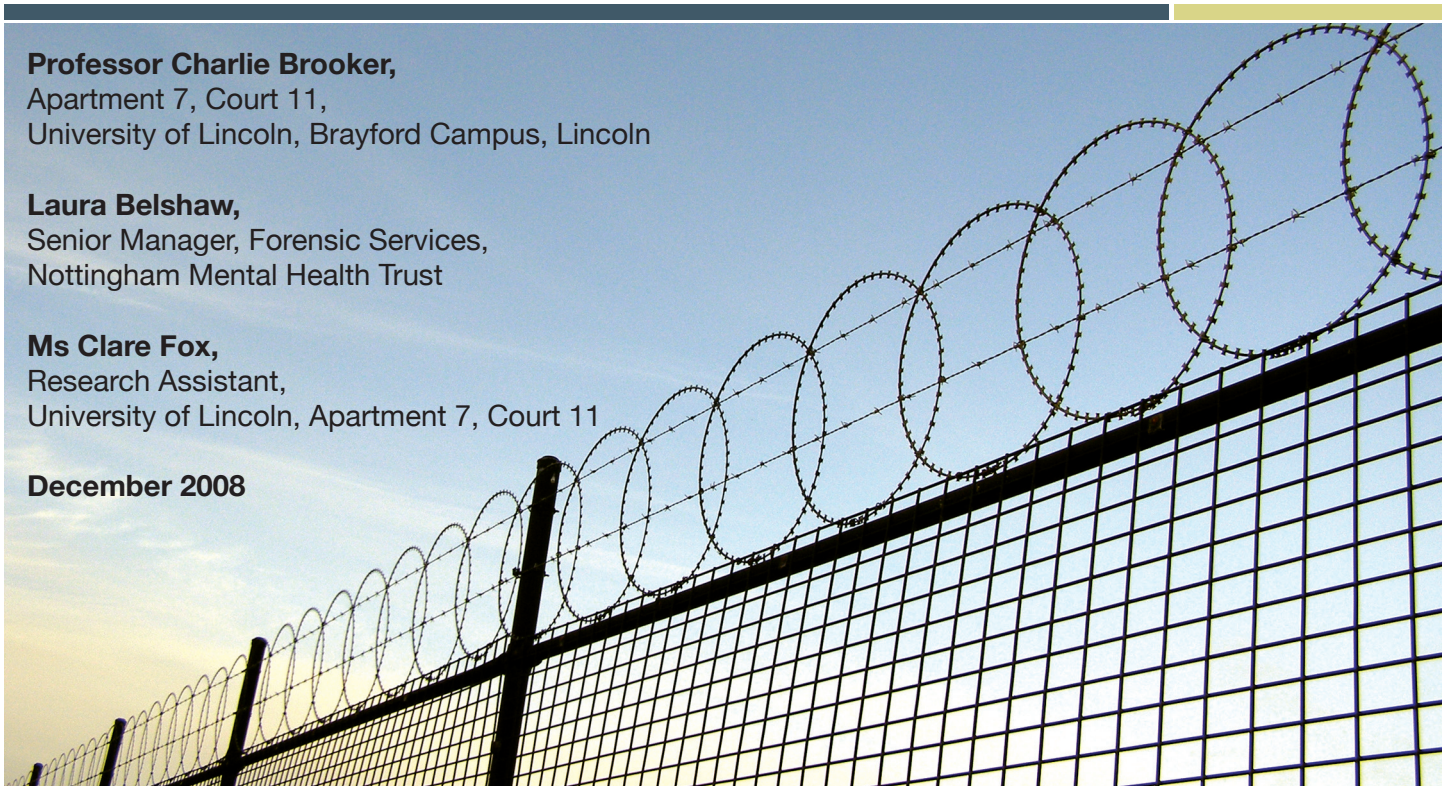

Executive Summary

Background

In June 2008 the Sainsbury Centre for Mental Health produced a report on prison mental health spend which showed that the East Midlands spent less on prison mental healthcare than other regions in England. This project was commissioned by East Midlands CSIP/East Midlands SHA to examine the historical, current and future patterns of prison mental health spending by PCTs from 2007/8 to 2009/10.

Method

A questionnaire was designed (see Appendix to the full report) and used as a basis for face-to-face interviews with all eight PCT commissioners. Each PCT lead was given sight of the pro-forma several weeks before the interview. In at least two of the PCTs prison mental health services were out to tender to finance data was considered commercially sensitive locally.

Analysis

Each PCT's spending patterns and the local factors associated with spend were written up as individual case studies. Other aspects of the quantitative analysis were undertaken comparing spend on prison mental health across all PCTs and comparing these data with national averages reported in *Short-changed.*

Findings

Eight PCTs in the East Midlands SHA commission mental health services in 17 prisons – the largest prison populations are in Leicester County (4 prisons), Northamptonshire (3 prisons) and Lincolnshire (3 prisons). These three PCTs account for 62% of the East Midlands prison population. Data on mental health spend points to much variation. Every PCT, apart from Bassetlaw and Nottingham County, either now exceeds national average prison mental health spend or with planned increases will approach the national average in the financial year 2009/10. In 2007, in total, the national average spent on mental health per prisoner in the East Midlands was £170, this figure is projected to rise to £253 per head 2009/10. In 2007, the East Midlands spend was 56% of the national average in 2009/10 it will be 83% (assuming no average national increase since 2007). This is a significant improvement with a number of PCTs leading the way as Figure 11 on page 25 of the full report shows. The clear outliers where little improvement has taken place are Bassetlaw and Nottinghamshire County.

Conclusion

PCT spend on prison mental health has significantly improved in the East Midlands but remains highly variable. Some PCTs have managed to add internal PCTs funds from those allocated centrally by making successful bids against funding, e.g. 'reduction of health inequalities' and 'access to psychological therapies'. Two PCTs commissioned external reviews which on both cases led to increased funding for mental health. Other offender mental health related investments are also planned. There is undoubtedly scope for examining existing commissioning arrangements and it might prove more effective for a fewer number of expert PCTs to commission on behalf of other smaller PCTs.

Acknowledgements

We are grateful to all the PCT commissioners who all participated and who gave freely of their time.

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Introduction

In June 2008 the Sainsbury Centre for Mental Health produced a report on prison mental health spend which showed that the East Midlands spent less on prison mental healthcare than other regions in England. Short-changed was based on data provided by the 2nd national In-reach survey which was undertaken in March, 2007.

The Aims of the Project

The aims of this report were, therefore, to investigate the following questions:

- Have there been any strategic changes to investment in prison mental healthcare since March 2007? If so, how much is the increase expressed as a % of the total prison healthcare budget?
- Are any such changes planned?
- How will increases in spending be funded?
- Are identified changes in prison mental healthcare part of a broader strategic change in approach to offender health by commissioners?
- In an ideal world how much more investment is required in prison mental health? What outcomes would such an investment have?

The Methods

The data generated from the project was collected using a specially designed pro-forma (see Appendix 1, where possible face-to-face interviews were conducted with each PCT lead for prison mental health service commissioning. In the event, partly because of staff changes (for example, Northampton and Leicester City) and partly because of the difficulties in arranging appointments some interviews were conducted by phone. Each PCT lead was given sight of the questionnaire several weeks before the interview in order to seek out the information required.

Despite strenuous efforts to follow-up PCT contacts not all the required information could be collected. The most difficult area in which to collect information was on total PCT Prison Healthcare budget.

We needed this figure to calculate the proportion of total healthcare spent on mental health. In cases where it was not possible to obtain this data directly, the Department of Health (DH) direct allocation for prison health care-spend was used. This information for 2008/9 had previously been obtained for a separate project under the Freedom of Information Act. It is recognised that in using the DH figure as a proxy we might be underestimating total prison healthcare spend. In one case, for example, we were given a total prison health care spend figure that was only half the official DH allocation. Subsequently we have tried to indicate where this figure produces findings that warrant close examination.

It should also be noted that in at least two PCTs prison mental health services were currently the subject of an impending tendering exercise. This led to other difficulties around the commercial sensitivity of the finance data.

Please note that any data presented for Leicester City should be treated with caution as there is such a marked discrepancy between the amount declared locally as the total healthcare budget, i.e. £750,000 and the figures officially listed as the central allocation by the DH (£1,340,000).

The Findings

The findings are presented in two main ways. First each PCT is presented as a small case study. Second, the financial data is aggregated to give a picture for the entire SHA patch. At this stage, comparisons are then made with national data reported in 'Short-changed' (SCMH, 2008). In this manner, investment since the publication of Short-changed can be described.

The Individual PCT Case Studies

Case Study 1- Leicester County PCT

The Prison Population

Leicester County PCT commissions prison mental health services in four prisons as follows:

Glen Parva	(810 prisoners)	Young Offender Institution
Gartree	(542 prisoners)	Category B (lifers)
Ashwell	(650 prisoners)	Open
Stocken	(800 prisoners)	Closed

Overall, there has been an approximate 10% increase in this prison population over the past 12 months. There is a significant difference in mental health expenditure in the four prisons which reflects the historic allocations and the nature of the prison populations. The PCT has noted these changes, for example, mental health needs at Ashwell and Stocken have grown considerably in the past two years.

The Current Model of Mental Health Service Delivery and future developments

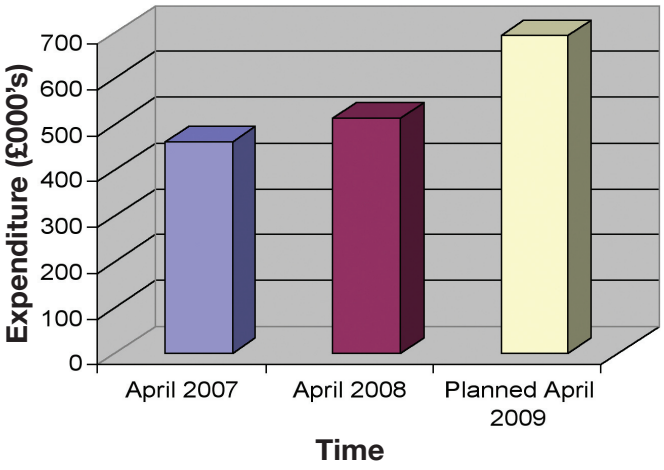
Until recently the model of prison mental health service has been a traditional one based largely on in-reach and a primary care mental health function. However, the Sainsbury Centre for Mental Health (SCMH) was invited to undertake a mental health needs assessment. They were asked to do a health needs assessment – with work on an alternative model being prepared by a project board led by the PCT. A large stakeholder event was held and subsequently a paper was considered by the Prison Partnership Board in September 2008. The new service model that has been agreed was a stepped model of care moving from Level One (promoting good mental health) through to Level Four (specialist and consultant intervention for severe problems). Another key element of the strategy proposes information sharing (one personal record) with all health staff using the same record.

Current and Planned Increases to Resources

Between 2007 and 2008 there was considerable uplift in the amount spent on prison mental health care, i.e. an increase from £461,000 to £511,000 or a total of 11%. In addition, the new plan outlined above will require a further increase in spending of £180,000 which has been agreed from PCT growth money. This further uplift of £180,000 will mean that overall between 2007 and 2009 there has been a total increase in spending on prison mental health of some 50%. A proportion of this funding will be to specifically increase access to psychological therapies for prisoners in the four prisons. In total this will mean that prison mental healthcare subsumes some 8% of the total prison healthcare budget (although this does not include primary mental health care staff). The total average mental health spend per prisoner in these four prisons will therefore increase from £164.50 per prisoner in 2007 to £247 per prisoner in 2009. This latter figure is far closer to the national figure of £306 per prisoner found in earlier research (SCMH, 2008). Indeed, without the 2% increase in the prison population that has been witnessed throughout 2008 the figure would be even higher.

Figure 1

Leicestershire County PCT Prison Mental Health Expenditure by Year



N.B. This data is for four prisons with total population of 2,810 prisoners

Developments in Prison Mental Health Commissioning: Equivalence?

The PCT were keen to point out that prison is one aspect of a spectrum of the criminal justice system where mental health needs are apparent across the pathway. For example, a new investment in alcohol services was being planned and an Alcohol Arrest referral scheme is being funded by the Home Office (for police cells). The PCT commissioner stated that 'Obtaining new money for offender healthcare with other competing priorities needs a clear focus on health inequalities'.

The commissioner interviewed was asked how much funding for prison mental health specifically was needed to achieve 'equivalence'. She stated that the health needs assessment indicated there was still unmet need, however, with the planned developments, strong progress had been made with 50% of this target funding already achieved.

Summary

Leicestershire County PCT commissions mental health at four prisons. The population in these prisons has grown and their needs for mental health services have also increased recently. The SCMH have been commissioned to undertake a needs assessment and this is supporting a review of service models and provision with a multi-agency project board. A tiered model will be introduced over the next six months and new significant funding has been identified to help with its introduction. Even though prison mental health spending will thus have increased by 50% in two years, the amount spent on mental health prisoner will still be below the national average identified in Short-changed (£247 compared to £306).

Case Study 2 - Leicester City PCT

The Prison Population

HMP Leicester is the only prison in the Leicester City PCT patch; it is a male local/remand prison which serves a population of approximately 350.

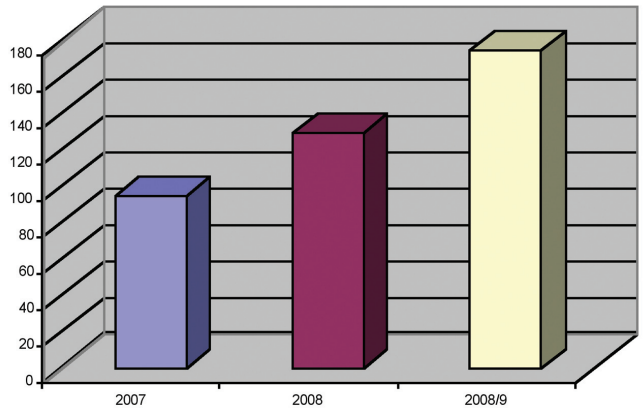
The Current Model of Mental Health Service Delivery and future developments

The current model for mental health care at HMP Leicester involves triage and screening by Primary Health Care up to what was described as 'Tier 2', however, specialist mental health input was then delivered at a very specialist level, i.e. Tier 5. The in-reach team providing this service was not based in the prison but in the Low Secure Unit so the commissioner described the model as lacking community mental health team input. This issue has been raised with the provider trust who is currently designing a new service model. The commissioner describes the current model as not providing effective service delivery.

Current and Planned Increases to Resources

The 07/08 spend on prison mental health was £95,000 with an additional £30,000 allocation for primary care mental health 2008/9. In addition two NHS substance misuse workers are employed. This means that in 2008/9 total investment in prison mental health in Leicester City will be £175,000 out of a total healthcare budget of £750,000 (or 23%).

Figure 2
Leicestershire City PCT Prison Mental Health Expenditure by Year



Developments in Prison Mental Health Commissioning: Equivalence?

The commissioner in Leicester City held the view that three community mental health nurses for a population of 350 prisoners was equivalent to mainstream mental health service provision.

Summary

Leicester City PCT provides mental health services to HMP Leicester which is a local/remand prison with an operational capacity of 350 prisoners. The model works well at the primary care level but currently the PCT feels that the current resources, although sufficient (and equivalent), are not providing a Tier3/4 service. A new model is under discussion with the local provider trust.

Case Study 3 - Lincolnshire County PCT

The Prison Population
Lincolnshire County PCT commissions prison mental health services in three prisons as follows:

HMP Lincoln	(700 prisoners)	Male Local
HMP Morton Hall Centre (semi-open)	(400 prisoners)	Specialist Foreign National
North Sea Camp	(306 prisoners)	Category D – Male Open

Overall, there has been an approximate 10% increase in this prison population over the past 12 months.

The Current Model of Mental Health Service Delivery and future developments

There has been a detailed review of mental health service provision in the Lincolnshire area, which was reported on in January 2008. This review was jointly commissioned by Lincolnshire PCT and East Midlands CSIP Office. It was undertaken by Professor Brooker at the University of Lincoln. The descriptions of the current model of mental health service delivery (below) are in the process of re-design and one consequence of this is that the current provider of mental health in-reach services has been put on notice. A new integrated mental health service for the three prisons will be put out to tender early in 2009.

The existing model of service delivery at HMP Lincoln has been a traditional one. Screening for mental health problems is undertaken at reception by primary care nurses, they then triage those that screen positive then prisoners who are assessed to need a specialist mental health service are referred on to the in-reach team. In late 2007 the in-reach resource was very small with funding for 2.5 whole time equivalent nursing staff and some psychiatry sessions. There are also two substance misuse nursing posts. The mental health service at Morton Hall was also small and consisted of one substance misuse worker and one community mental health nurse. At North Sea Camp staffing resources consisted of two prison nurses seconded to work in generic mental health and one substance misuse workers. The prison nurses had little formal contact with mental health professionals.

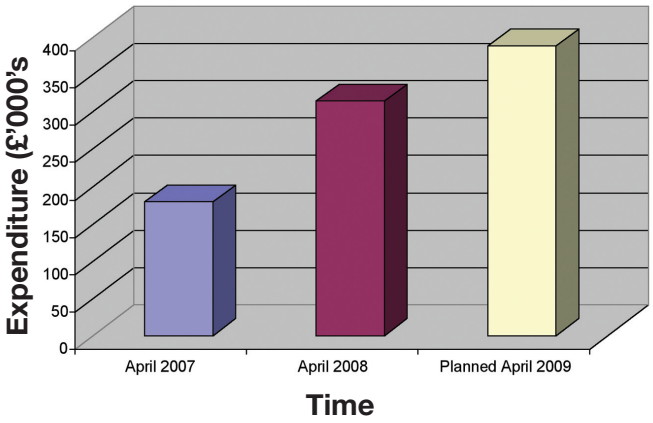
The commissioned review put forward a plan for a county-wide integrated prison mental health service. The implications for this at HMP Lincoln are that a new mental health service will be created consisting of 8 staff. New resources have been found to fund these additional posts and existing posts (within primary care) have been moved sideways to the mental health team. Two existing substance misuse posts, although line-managed through the Mental Health Trust Drug and Alcohol services, will work much closer together with the new mental health service. The review recommended that the existing resources for in-reach at Morton Hall were used differently. They will now be allocated to substance misuse and low intensity psychological therapies.

However, additional psychiatry sessions will be commissioned by the PCT as part of the tendering exercise. Finally, the mental health service at North Sea Camp was assessed to be rudimentary. The new integrated mental health service for the county will examine ways in which the seconded prison nurses can be aligned to mainstream mental health service provision in the other two prisons.

Current and Planned Increases to Resources

The three main prisons have all increased their mental health care resources during the period 2007-2009. The change is most marked at HMP Lincoln, where following the commissioned review, it has been agreed to uplift resources from £140,000 in 2007, to £205,000 in 2008, finally spending is planned to be £279,000 in the year 2008/9. These funds have come from both existing primary care resources and new money from the PCT's uplift investment programme. A new resource for Morton Hall was identified during 2008/9 for substance misuse to add to the existing in-reach worker and psychiatry sessions. Finally, at North Sea Camp, a new resource has been found for substance misuse. Overall this will mean that prison mental health spend in Lincolnshire will have increased twofold since 2007 with the average amount spent on prisoner mental health rising from £127 in 2007 to £276 in 2008/9. This, as with Leicestershire, is much closer to the national average of £306 per prisoner established in 'Short-changed'. The increases in overall mental health spend are given in Figure 2 below.

Figure 3
Lincolnshire County PCT Prison Mental Health Expenditure by Year



Developments in Prison Mental Health Commissioning: Equivalence?

As in other PCTs, the Lincolnshire PCT was keen to point out that prison mental health is but one of the areas represented across the criminal justice pathway where mental health services need development. Lincolnshire will be ensuring for example, that community-based offenders obtain access to psychological therapies. There is another bid to provide learning disability expertise to the community forensic team. Dual diagnosis across the criminal justice pathway will be a further priority with an audit taking place of adherence to the forthcoming national dual diagnosis protocols. A prison-specific initiative for personality disorder is also planned.

The data on expenditure presented here show that investment in prison mental health has more than doubled in the last two years in this sense Lincolnshire has made marked progress towards the call in Short-changed for a trebling of investment in prison mental health.

Summary

Lincolnshire PCT commissions mental health services in three prisons. Professor Brooker was commissioned to review these services and reported in January 2008. The main consequence of this was the Mental Health Trust (LPFT) was given notice that these services would be put out to tender early in 2009. Meanwhile the PCT has identified all the extra funding required to implement a new model service thereby more than doubling investment in just a two-year period.

Case Study 4 - Derbyshire PCT

The Prison Population
Derbyshire County PCT commissions the Mental Health care in two prisons.

- HMP Foston Hall has a Certified Normal Accommodation (CNA) of 283 spread over seven wings that serve a variety of functions. It can accommodate 187 convicted prisoners, 80 remand prisoners and 16 juvenile prisoners.
- HMP Sudbury has an operational capacity of 581 as of 11th August 2008 and is a category D sentenced prison.

The commissioner interviewed advised that the budget is not split between the two prisons although the financial resource for HMP Foston Hall exceeds that of HMP Sudbury due to the level of presenting mental health need.

The Current Model of Mental Health Service Delivery

Both prisons operate utilizing the same pathway of care. This includes an initial health screening at the reception of the prison. If a mental health difficulty is identified a further triage assessment is undertaken by the Primary Care Team. At this point the prisoner is diverted to either the Primary Care or the Mental Health Specialist In-Reach Team.

The Primary Care Team run regular booked clinics to provide self help information and they also devise care plans to support the prisoner. For example, this might include referring the prisoner to the CBT, counselor, psychologist, prison GP or to make a referral to the Prison In-reach Team. This team comprises a psychiatrist, psychology or CPN input. This model is reported to be effective in delivering a mental health service to the population.

Current and Planned Increases to Resources

The current model of care 08/09, is commissioned at £319,000. There is an additional investment of £60,000 for 09/10 (budget) to include a band 6 CPN (triage role) and one consultant session a month at HMP Sudbury and a further additional investment of £68,195 within the juvenile estate at HMP Foston Hall. This equates to an additional investment of £128,190 for 09/10.

The commissioner identified planned strategic changes for 08/09 to include employing a counsellor at each prison and to install TPP, a form of electronic health care records. The projected spend for this is not known. The projected spend for 09/10 is therefore £447,195 (awaiting confirmation). This includes the juvenile estate.

Developments in Prison Mental Health Commissioning: Equivalence?

The commissioner was asked what the investment would look like to ensure that the prison mental health care departments were to provide a service equivalent to that in the community. It was deemed that the service provided was equivalent.

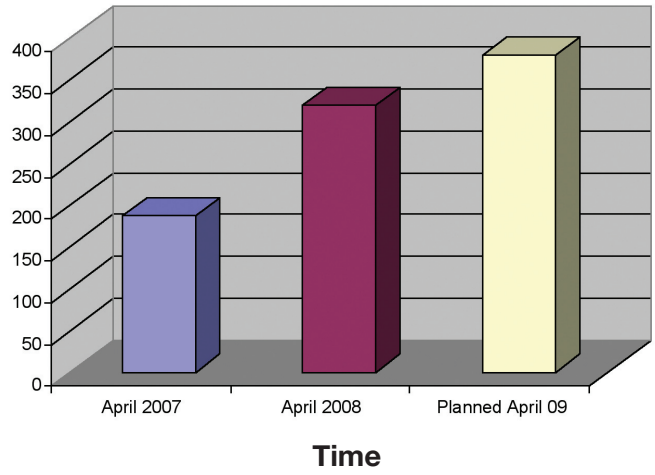
Important to note however were the concerns about DH funding. More specifically, that the yearly allocated funds from the DH are non recurrent and hence require chasing on a yearly basis. This complicates the ability to effectively budget and allocate resources. Positively however, offender health commissioning is deemed a priority for this locality.

Summary

Derbyshire County Primary Care Trust has consistently invested in offender health and more specifically, significantly developed mental health services within the prison estates dating back to 20006/07. This equates to an additional 40% investment.

The offender commissioner for Derbyshire was very positive about the mental health services with the prisons and confident that they are working effectively. Future plans which are being prioritized by the commissioner also includes the training of mental health awareness within the prison estate to the prison personnel staff.

Figure 4
Derbyshire County PCT Prison Mental Health Expenditure by Year



N.B. This data is for two prisons with total population of 864 prisoners

Case Study 5 - Nottingham City PCT

The Prison Population
Nottingham City Primary Care Trust commissions the Mental Health Services at one prison, HMP Nottingham[1]. HMP Nottingham has an operational capacity of 550 and serves as a remand and local prison.

HMP Nottingham is currently undergoing building work and is due to expand by 1100 by 2012.

[1]Lowdham Grange is a private prison that receives its healthcare allocation directly from the DH. it is accepted, however, that this sum does not cover the costs of mental health care. A separate arrangement has therefore been made whereby Nottingham City PCT allocates HMP Lowdham Grange a further £110,000 for mental health. A health needs assessment is underway to see if this commissioned service meets needs.

The Current Model of Mental Health Service Delivery

The screening for mental health at reception is undertaken by trained nurses working for the Primary Care Trust who are both general, mental health and learning disability trained. The National prison screening tool is used (the Gruben screen). Primary care RMN nurses run assessment clinics daily. A pathway exists with explicit criteria for primary care, secondary care and acute admission mental health referrals. All referrals from reception for primary mental health care as well as from wing staff and self referrals are booked in directly to the RMN clinics without any further scrutiny. Those under the care of mental health services in the community and with significant psychiatric contact are directly sent to in-reach service. The criteria for allocation to primary or secondary care is based on the following classification with cluster 1 being dealt with by primary care and clusters 2, 3, and 4 being allocated to in-reach service. When it is not clear if the referral is for primary mental health care or for in-reach services then it is triaged at a weekly joint meeting between in-reach and primary mental health care managers. There is an enhanced care wing which is for those with physical and mental disorders that require higher level of supervision. It has 24 hour staffing by nursing staff.

Cluster one: Prisoners with poor coping skills and emotional instability with minor psychiatric morbidity such as anxiety and minor depressive disorders. A significant number of these present with self-harm.

Cluster two: Those with moderate to severe non psychotic psychiatric morbidity including moderate and severe anxiety and depressive as well as personality disorders. This includes those who need complex psychological therapies.

Cluster three: Those presenting with major mental illness including brief psychotic episodes irrespective of aetiology.

Cluster four: Disorders such as learning disability, Asperger's syndrome, Dementias, Adult ADHD, other organic conditions.

Current and Planned Increases to Resources

The current funding for the health care department is £2,370,000 and out of this, the allocated funding for mental health care is £251,630. This is spent on a multi-disciplinary team with both a psychiatrist and a psychologist.

The service has received additional funding this financial year of £110,912 to improve the provision to those with a personality disorder, this equates to an additional 79%. The service for those with a Personality Disorder is based on a tiered provision:

Tier 1: A combination of a social problem solving group programme and supportive psychotherapy.

Tier 2: Individual psychology treatment for those who remain unresponsive to tier 1 intervention or who additionally need such individual treatment.

Tier 3: Those who have not responded to the above by virtue of the complexity and severity of their personality disorder or are not likely to respond are to be referred to NHS Personality Disorder Units or to prison therapeutic units such as Grendon, DSPD Units etc.

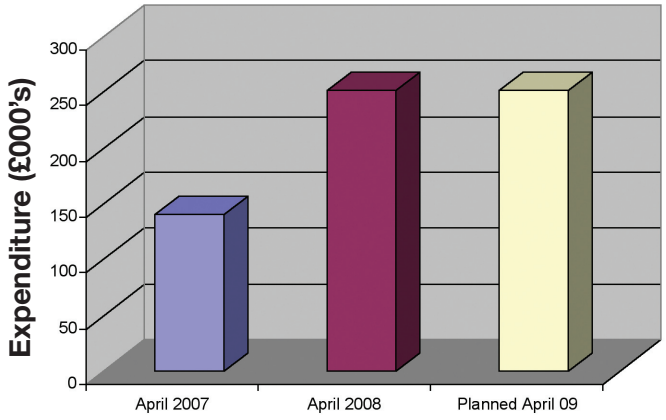
Additional bids are currently in for the following: There is a current bid for two Band 6 posts to improve access to psychological therapies in the primary mental health care. There is a current bid for an outreach post (whole time Band 6).

Summary

HMP Nottingham has a well delineated multidisciplinary mental health model of care which includes joint working between the PCT and Secondary Care Service. This is evidenced by joint allocation meetings and regular team manager meetings between the services.

The secondary care team has recently been successful in obtaining additional funding, to set up and deliver a specialist service for prisoners with diagnosed personality disorder disorders. This service provides a Stop and Think Program with individual additional follow up. This additional finance for this is approximately £110,912.

Figure 5
Nottingham City PCT Prison Mental Health Expenditure by Year



N.B. This data is for one prison with a total population of 550 prisoners

Case Study 6 - Nottingham County PCT

Prison Population
Nottinghamshire County Teaching Primary Care Trust commissions the mental health care at one prison, HMP Whatton.

- HMP Whatton is a Category C prison which holds adult male sex offenders.
- The current capacity is 841.

The Current Model of Mental Health Service Delivery

The current model is that of a stepped care approach. Prisoners are screened at the prison reception and either sign posted to the Primary Care Mental Health Nurse or the Secondary Mental Health Nurse. The Primary Care Mental Health Nurse is currently contracted into 0.6 of a post and likewise for the Secondary Care Mental Health Nurse. The latter is contracted through Nottinghamshire Community Forensic Directorate. This model of care is commissioned at £51,175. It was identified that the model of care is not effective in delivering a service required to meet the mental health needs of the prison population.

Planned Increases to Resources and Service Delivery

The current 0.6 Mental Health Nurse post within the PCT is due to increase to full time in 08/09. This will increase expenditure by 16,288 and take the overall mental health spend to £67,463, including administrative support. This is a potential increase in funding of 32%. There were no identified plans to increase the expenditure within the secondary care service at this time.

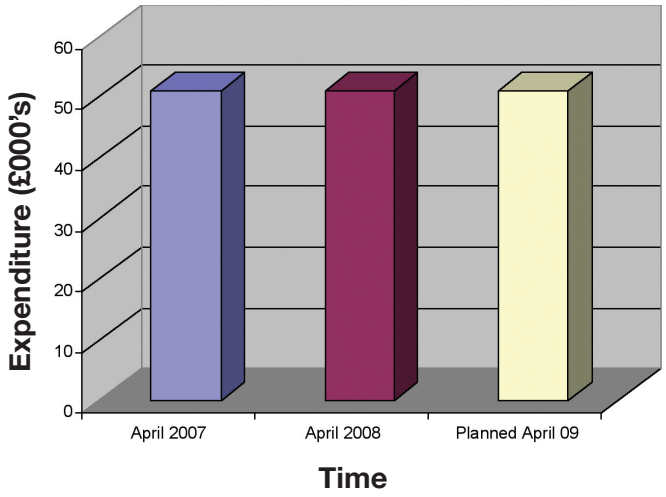
An area of service delivery that has not yet been fully agreed is commissioning General Psychiatry into the stepped care approach. It is proposed that the Mental Health need of the prison population is that of General Psychiatry rather than Forensic Psychiatry. No evidence was given, although it was estimated that this would also reduce expenditure to commission this service from the adult sector. Forensic Psychiatry would be purchased when required. Such plans have not been costed.

Summary

The investment by Nottinghamshire County Teaching Primary Care Trust will have increased by 32% by 2008/09 with this being evidenced by the increase in Primary Care Mental Health nurse input if this proposed change is successful.

The commissioner identified that the barriers to increasing the expenditure for mental health relates to the competing health care needs of the population within HMP Whatton, for example the prison has a substantial aging population. It was acknowledged that increasing access to psychological therapies is a wider strategic plan for the prison estate although this was not evidenced within a business plan.

Figure 6
Nottinghamshire County PCT Prison Mental Health Expenditure by Year



N.B. This data is for one prison with a total population of 841 prisoners

Case Study 7 - Bassetlaw PCT

Prison Population
Bassetlaw Primary Care Trust currently commissions the mental health care at one prison, HMP Ranby.

- HMP Ranby is a category C adult training prison with a prison population of 1098.

The Current Model of Mental Health Service Delivery

At present, when prisoners arrive at the reception of HMP Ranby, a general screening exercise is undertaken. It was identified that this tool requires strengthening. If a mental health need is identified, the prisoner is either referred to the GP or Mental Health In-Reach Team. If a difficulty is identified when the prisoner is on main location, a referral is made to the Health Care Department who then assess whether a referral to the in reach team is required. The staffs within the Health Care Department are currently employed by the Prison Service and hence, have dual roles as prison officers also. The Mental Health In-Reach Team are contracted by the Primary Care Trust from Nottinghamshire Community Forensic Directorate. There is no designated Primary Care Service for mental health at present.

Current and Planned Increases to Resources

This current model of care incurs a cost of £90,503. This is an additional investment from 06/07 of one band 6 CPN at £40,719. This is an additional investment of 82%.

The current model of mental health care has been identified to not be adequately meeting the needs of the prison population and hence, the Health Care Department is currently out to tender.

The successful tender has not as yet been appointed and therefore the new model of health care and mental health provision has not been clarified or agreed. The commissioner did however identify that the model is expected to be more flexible in order to meet the needs of the prison population efficiently. More specifically, it is expected that the prison will have designated health care professionals that run planned clinics and have a variety of skills and whom are separate from the prison regime.

With regards to the Mental Health service provision, it is anticipated that the need will be identified through formal health needs assessments, when the Primary Care Service has been established. It was therefore not practical or possible for the commissioner to give a projected estimated spend for year 08/09 or to identify the required expenditure for equivalent care to that in the community, whilst such changes are in progression.

Developments in Prison Mental Health Commissioning: Equivalence?

The commissioner interviewed was not in a position to estimate the expected expenditure to reach equivalence or any future projected spends on mental health care due to the service reconfiguration and current tender.

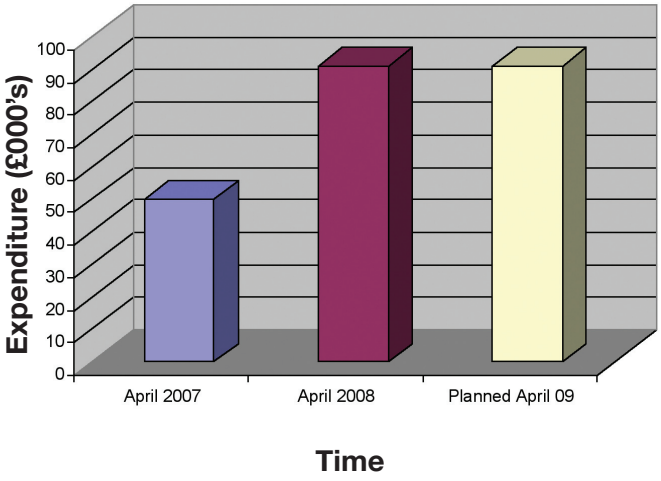
Summary

HMP Ranby is currently out to tender and hence, a current understanding of the mental health need within the estate is not clear. It is expected that a health needs assessment will occur when the successful tender has been appointed. How the service is likely to be shaped is not known and therefore the commissioner interviewed was not in a position to estimate an ideal budget for effective mental health care at this time. It was acknowledged that further investment is highly likely although again, a figure could not be given until the new service has been identified through the appointment of the successful tender.

The commissioner identified that the current model of mental health care is not effective and that the new model is expected to be more flexible with designated health care personnel rather than being employed from the prison service.

The mental health in reach team did however received additional funding of one band 6 CPN in 2006/07 to support the service in meeting the mental health needs of the prison estate.

Figure 7
Bassetlaw PCT Prison Mental Health Expenditure by Year



N.B. This data is for one prison with a total population of 1098 prisoners

Case Study 8 - Northampton PCT

It should be noted that Northampton PCT was one of the patches where some difficulty was experienced in obtaining data. This was due to a series of unfortunate events where a planned meeting had to be postponed. In addition, the commissioner was very new in post and then unfortunately had a period of sickness leave.

The Prison Population
Northampton PCT commissions mental health services in three prisons as follows:

- HMP Wellingborough (646 prisoners) Category C and Lifers
- HMP and YOI Onley (640 prisoners) Category C
- HMP Rye Hill* (660 prisoners) Category B (sentenced to 4 yrs plus)

*Rye Hill is a privately run prison and the PCT provides only the mental health service.

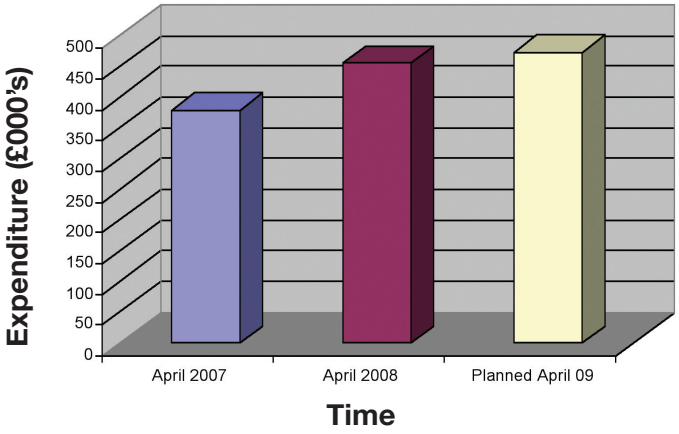
The Current Model of Mental Health Service Delivery and future developments

No information was available on this topic. However, new updated health needs assessments (HNAs) are currently being undertaken at HMP and YOI Onley with an additional HNA planned for HMP Wellingborough imminently.

Current and Planned Increases to Resources
The resource allocation to mental health at the three prisons in Northampton has been steadily increasing over the past two years. In 2007/8, the mental health allocation was £378,225 and this figure is projected to rise in 2009/10 to £471,600 (see Figure 8 below). However, during this period an additional wing for 70 prisoners will open at HMP and YOI Onley thus there will be an increased need for mental health services.

The amount invested per prisoner in Northampton is worthy of comment. Firstly, as a PCT, Northampton invest 14% of their total prison healthcare budget on mental health this is the highest proportion of any PCT within the SHA and 5% above the average figure of 9%. The amount invested per prisoner for mental health has increased by 15% between 2007/8 to 2008/9 from £197.61 to £233.30. The average % increase in funding per prisoner by PCTs is 16% so this figure of 15% is just about average for the SHA but, overall, the figure still below the national average of £306 established in 'Short-changed'.

Figure 8
Northampton PCT Prison Mental Health Expenditure by Year



N.B. This data is for three prisons with a total population of 1946 prisoners

The Aggregated Data for the East Midlands

The East Midlands Prison Population

Table 1 below shows that across the SHA there are total of 16 prisons where the 8 PCTs commission mental health services. The 9,859 currently held in these prisons represents 12% of the total prison population in England which in November 2008 stands at 83,139. The current figure of 83,139 represents a 2% increase in the population from November 2007 exactly 12 month ago (NOMs, 2008).

Clearly, the prison population continues to grow and throughout this exercise commissioners have stressed that further increases in planned accommodation are under active discussion, especially for young offenders (a good example is Glen Parva in Leicester). In order to keep pace with the increase in prison populations PCTs would have been expected to have invested an additional 2% in funding before making any in-roads at all in the development of new service models.

Changes in sentencing policy, for example the introduction of indeterminate public protection sentences (IPPs) have also impacted on prison mental health. Prisons in the East Midlands, as at June 2007, accommodate 12% (n=60) of the total population of prisoners serving IPPs, a group that has recently been shown to have disproportionately high needs for mental health service provision (SCMH, 2008).

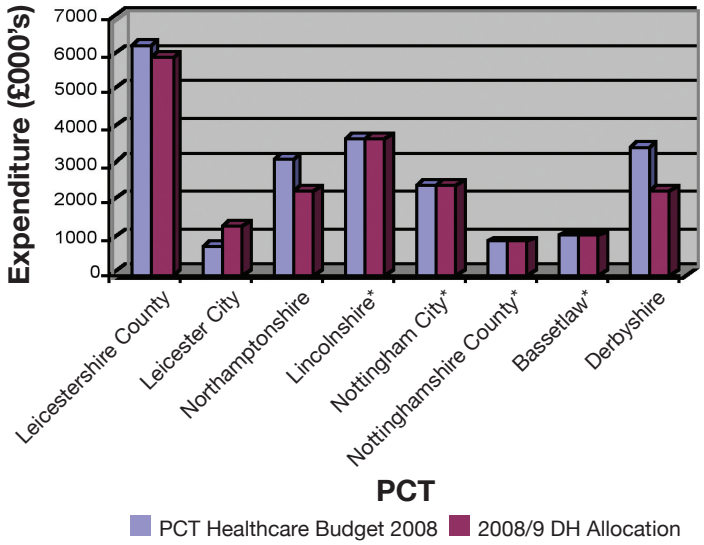
Table 1
Mental health services commissioned by PCTs in the East Midlands SHA

PCT	Establishments	No of Prisons Prisons	Prison Pop PCT figures
Leicestershire County	Ashwell, Gartree, Glen Parva, Stocken	4	2,802
Leicester City	Leicester	1	352
Northamptonshire	Onley, Rye Hill, Wellingborough	3	1,946
Lincolnshire	Lincoln, North Sea Camp, Morton Hall	3	1,406
Nottingham City	Nottingham	1	550
Nottinghamshire County	Whatton	1	841
Bassetlaw	Ranby	1	1,098
Derbyshire	Foston Hall, Sudbury	2	864
Total		**16**	**9,859**

Comparison of Total Prison Healthcare Budget by PCT and DH Allocation

Figure 9 below compares the total prison healthcare budget declared by the PCT with the amount centrally allocated by the DH. In four cases, note that the information in local PCTs was not forthcoming. In three PCTs, significant spending occurred in addition to the central funding allocated by the DH; Leicestershire County, Northamptonshire and Derbyshire. In one PCT the amount declared by the PCT was half that centrally allocated.

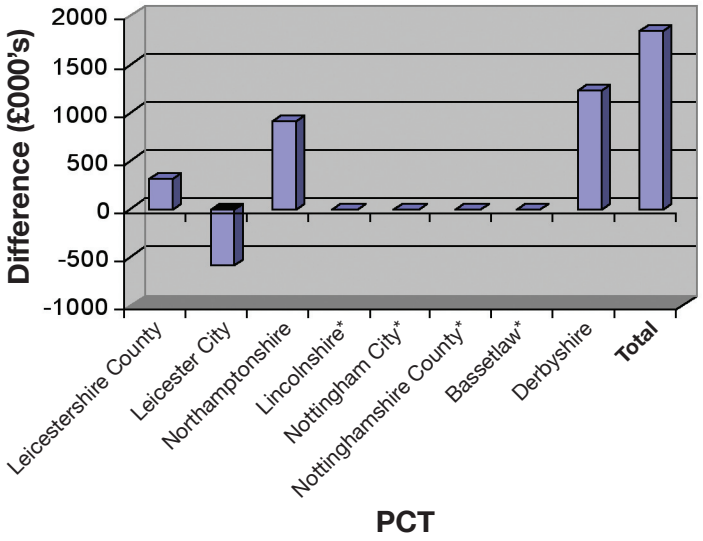
Figure 9
Total Prison Healthcare Budget by PCT and DH Allocation



*08/09 DH Healthcare Allocation figures have been used in place of PCT Healthcare budget 08 figures for these PCT's

These differences are highlighted in Figure 10.

Figure 10
Differences in PCT Total Healthcare Spend: Local PCT declaration and DH allocation



*08/09 DH Healthcare Allocation figures have been used in place of PCT Healthcare budget 08 figures for these PCT's

Changes in Mental Health Spend per Prisoner

In the vast majority of PCTs spending on prison mental health has substantially increased since 'Short-changed' was published although there are two clear outliers, Nottinghamshire County and Bassetlaw PCTs. There are three PCTs where high growth in spending on prison mental health is worthy of comment: Derbyshire; Leicester City and Nottingham City. One way in which spending on mental health has been improved is to integrate primary care mental health spends with secondary specialist services. PCTs with much smaller prison healthcare budgets such as Nottingham County and Bassetlaw obviously have much less room for manoeuvre in this context. One caveat though overall is that we are only examining this issue within one SHA. The rate of growth within the East Midlands looks impressive but, of course, we are unable to compare increases in investment within this SHA with other SHAs in the country.

Figure 11
Mental Health Spend per Prisoner by PCT

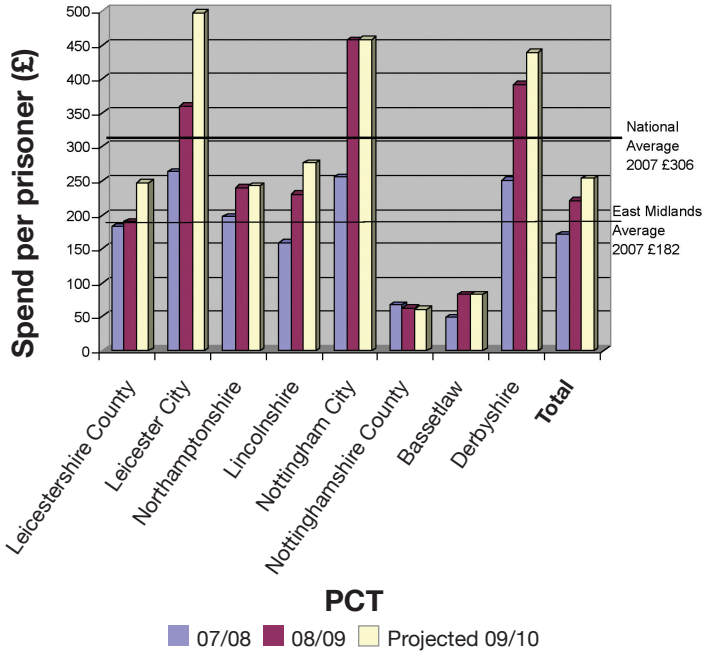
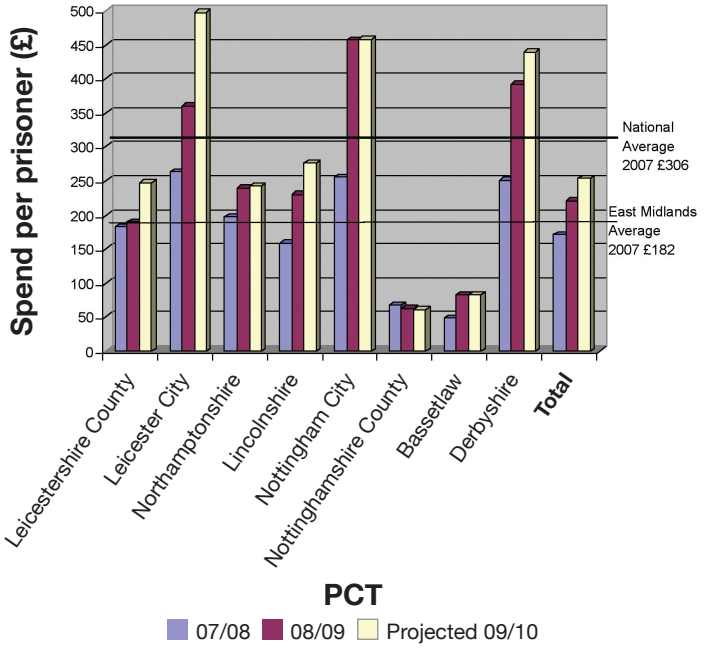


Figure 12
Percentage of PCT Prison Healthcare Budget Spent on Mental Health



Changes in Proportion of Total Healthcare Budget Spent on Mental Health

Some words of caution are necessary before commenting on Figure 12 below. First, we're uncertain about the figures for Leicester City as there is a big discrepancy between the declared figures for total prison healthcare spend and the DH allocation. In four other PCTs we could not obtain information about the local prison healthcare budget so we have used the DH allocation figures. Thus Leicester City's data will be a large over-estimate, the four starred PCTs, could be underestimates. Nonetheless, the picture is an optimistic one, with six PCTs above, or close to, the national average (11%) for the overall proportion of budget spent on mental health.

Discussion

Have there been any strategic changes to investment in prison mental healthcare since March 2007? If so, how much is the increase expressed as a % of the total prison healthcare budget?

There have clearly been major improvements to investment in prison mental health care since March 2007 across the East Midlands. These changes are more marked in some PCTs compared to others. Overall, in the East Midlands SHA, spending on mental health per prisoner has increased from £170.35 per prisoner in 2007/8 to a projected spend of £253.44 per prisoner in 2009/10. This represents an overall increase of nearly 49%. However, on a more sober note, whilst this is an excellent improvement, it still falls quite a long way short of the average spend per prisoner across the country in 2007, i.e. £306. Three of the PCTs in the patch, based on projections for 09/10, exceed this average figure: Derbyshire [£438.66]; and Nottingham City [£457.51]; Lincolnshire is fast approaching the national average at £275.96. Two PCTs with just one prison each Bassetlaw and Nottingham County fall a very long way short [£82.43 and £60.85 respectively].

Another indicator flagged up in the original 'Short-changed' report was the proportions of total health-care spend in prisons represented by mental health services provision. The report showed that in 2007 this figure across England was 11% but comparatively low in the East Midlands at just 8%. The data collected here clearly show that this figure in the East Midlands has substantially improved and is projected to be 11.5% in the next financial year. As above, however, there is marked individual variation with one excellent performer: Northamptonshire PCT [14.9%]. The two PCTs spending the lowest proportion were Nottingham County [5.6%] and Bassetlaw [8.5%].

Are any such changes planned?

The figures for projected mental health spend in 2009/2010, which are given in Figure 11, show that almost every PCT in the East Midlands SHA is planning on increased investment in prison mental health spend.

Table 2
Increases in the Central DH Allocation for Prison Healthcare 2007/8 to 2008/9 line up?

	2007/8 DH Allocation	2007/8 DH Allocation	% increase
Leicestershire County	5,565,000	5,930,000	6.2%
Leicester City	1,311,000	1,341,000	2.2%
Northamptonshire	2,213,000	2,264,000	2.3%
Lincolnshire	2,985,000	3,709,000	19.5%
Nottingham City	2,370,000	2,423,000	2.2%
Nottinghamshire County	783,000	907,000	13.7%
Bassetlaw	951,000	1,063,000	10.5%
Derbyshire	2,220,000	2,270,000	2.2%
Total	**18,398,000**	**19,907,000**	**7.6%**

How will increases in spending be funded?

The increases in funding come from a diverse range of sources including:

1. Increases in the Central DH prison healthcare allocation which grew by 8% between 2007/8 to 2008/9 see Table 2 below. However, such increases do not explain planned increases in investment in **mental health** per se nor new investment from 2009/2010.
2. Increases in expenditure also come from 'own-account' PCT monies (uplift) against which there has been competitive internal bidding. However, PCTs can bid for other mainstream policy-related funds and two mentioned as examples were 'Reducing health inequalities' and 'Increasing access to Psychological Therapies'
3. In two PCTs, external independent reviews were commissioned, and in both cases this led to new investment in prison mental health.

4. *One tactic employed successfully was to align, more formally, existing prison primary care mental health resources thus creating 'an integrated mental health team' across tiers.*

5. *Finally, sound clinical leadership within a provider organisation, and the production of a coherent well-articulated plan for a new service led to additional investment, for example, the Personality Disorder service at HMP Nottingham.*

Are identified changes in prison mental healthcare part of a broader strategic change in approach to offender health by commissioners?

In a number of interviews PCT commissioners were keen to point out that this was the case. Examples given included the formal adoption of an alcohol treatment pathway in a Probation Service and, indeed, in one PCT the design of an offender health-care strategy across the whole pathway.

In an ideal world how much more investment is required in prison mental health? What outcomes would such an investment have?

The Sainsbury Centre for Mental Health report calculated that investment in prison mental health needed to treble to obtain equivalence with mainstream community-based mental health services. Commissioners were asked how far they felt that they had travelled down this road. Two commissioners believed that equivalence had already been achieved (clearly in both cases this was not substantiated by their data). One commissioner felt that the new investment meant that they had got half-way towards this notion, another that the DH allocations were not recurrent which meant that planning was problematic.

Conclusion

The East Midlands as a whole had made considerable progress over the last year or so in increasing investment in prison mental health services. In a number of PCTs these improvements are part and parcel of improving mental health services to offenders across the pathway not just in prison. It is impossible to judge how the East Midlands has been performing nationally in this regard when there are no other SHA comparators.

The number of commissioners in some counties, indeed across the SHA, is maybe worthy of examination. It seems ineffective, for example, to have three commissioners for prison mental health in Bassetlaw and Nottingham each with one prison. The North East SHA has given one commissioner delegated authority to commission on behalf of a number of PCTs. This model is perhaps worth exploring.

References

Brooker, C., Duggan,S., Fox,C., Mills,A and Parsonage,M (2008) Short-changed: spending on prison mental health care, SainsburyCentre for Mental Health

Department of Health (2008) Distribution of Prison Healthcare Expenditure 08-09: Information obtained under Freedom of Information Request No: DE277194 (2)

APPENDIX 1

An examination of current spending on prison mental health care within the East Midlands and future plans

Commissioned by East Midlands CSIP and East Midlands SHA

UNIVERSITY OF LINCOLN

Care Services Improvement Partnership CSIP

Context

The report 'Short Changed' was published in March 2007 by the Sainsbury Centre for Mental Health. The report demonstrated that the prisons within the East Midlands spent less on prison mental health care than the other regions. For example, London and the North East, Yorkshire and Humber, the NHS spends more than twice per prisoner than it does in the East Midlands. The difference in expenditure is not likely to be explained by the different levels of need or cost.

This report has been commissioned by CSIP East Midlands and the SHA seeks to explore financial expenditure on prison mental healthcare within the Region. The time period of interest is from April 1st 2007 up to the present day but also any future plans for changes to prison mental health spend. The report is keen to identify any barriers to the allocation of money specifically for mental health care.

The questions below will be used as guide to the interviews that we are currently planning.

Questions

What prisons are within your locality and what are the categories?

What is the staffing profile per prison and the associated cost?

Are there any proposed changes to the staffing levels in the near future?

What is the current model of mental health service delivery per prison?

Is this model of service delivery effective at meeting the needs of the prison population

If not, have any changes been proposed?

If yes, are these achievable financially?

What is the prison healthcare budget for the locality?

How much of this is designated to mental health care?

What is the financial breakdown for mental healthcare per prison?

If there is a significant difference on expenditure per prison, why is the case?

How much was being spent on April 1st 2007?

How much more since then has been allocated?

How much more will be spent over next year or two?

How will any increase in spending on mental health be funded?

What has changed to allow this expenditure? Has there been an increase in financial allocation?

Is current financial investment based on an up to date mental health needs assessment? If so can we have a copy of the needs assessment?

If not, how has mental health need been identified?

How are outcomes measured and presented back to you?

Have there been any strategic changes to investment since March 2007?

If so, what has changed? How is this evidenced financially?

Are there any planned strategic changes for 2008/2009?

If so what are these?

Are they evident within the business plan?

Are any identified changes in prison mental healthcare part of a broader strategic change in approach to offender health by commissioners?

What would you envisage the expenditure would need to be to ensure 'equivalence' i.e. access to the same quality of mental health services as the general population

Is this achievable?
What outcomes would such an investment have?

What are the barriers to increasing the expenditure on prison mental health?

How are these barriers being addressed?

What would you envisage health care departments to look like in an ideal world?