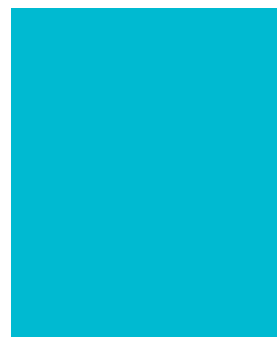
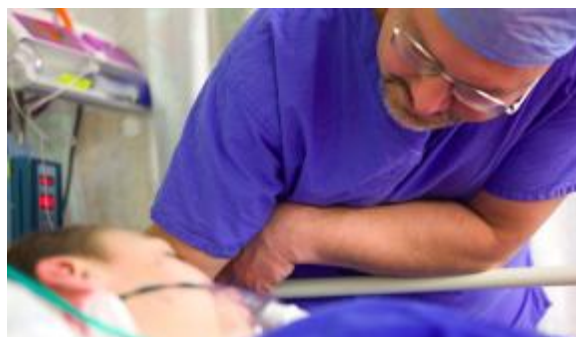


Health & Justice Information Service: Integrating Healthcare Through the Criminal Justice Pathway



Dr Jake Hard
Clinical Lead for HJIS
jake.hard@nhs.net



- In summary, I hope to outline the project's aims, which are
 - To build on the IT system that is in place
 - To expand the IT system to include all places of detention
 - To connect the systems to the community NHS
- That will help promote
 - Social inclusion
 - Safer care provision
 - Enhanced continuity of care

1st Generation v 2nd Generation

- The current IT system is the 1st Generation – Known as Offender Health IT
- This project is the 2nd Generation – Known as Health & Justice Information Service

What we have currently...

- First national clinical IT system to prisons, young offenders institutions and some immigration removal centres in England and (Wales)
- TPP SystemOne is in 133 institutions
- Centralised clinical system for prisoners' medical records
- Secure way of sharing prisoners' health records between prisons
- *Not spine enabled*

- Current contract for the national Offender Health IT service terminates in June 2016
- Health and Social Care Act 2012: Expansion of NHS responsibility to encompass *all places of detention* within England will require a subsequent expansion in the capability of any future health information service

HJIS is an NHS England project and is embedded within the Health & Justice strategy

- Aims to deliver IT integration between community and detention settings for the first time
- System to inform and support patient pathway integration
- System to provide improved outcome monitoring and commissioning
- These are outlined in the Outcome and Priorities

Outcomes

- Equivalence of care
- Tackle health inequalities to contribute to reduced re-offending
- Measurable improvements in healthcare delivery
- Continuity of care between secure and community settings
- Integration of health and social care in secure and detained settings

Priorities

- High quality care
- Reduce health inequalities
- Reduced re-offending
- Strengthening of patient voice to inform commissioning
- Development of National standards for Health & Justice commissioning
- Collaboration with CCG, PCC and H&W Boards
- Improved patient pathways
- Promotion of Liaison and Diversion
- Meet affordability challenges
- Development of information systems

- Strategic Outline Case will focus on the future information management needs for Health & Justice and assess the strategic delivery options
- In parallel the project is progressing to Outline and Full Business Case development with a view to introducing information services by July 2016

All places of detention are currently understood to mean:

Residential Detention (c. 150 sites):

- Prisons [England = 118] [Population of c. 85,000]
- Young Offender Institutions (YOI) [England = 5]
- Secure Training Centres (STC) [England = 4]
- Secure Children's Homes (SCH) [England = 16]
- Immigration Removal Centres (IRC) [England = 11] [Population c. 3,600]

Temporary Detention (c. 390 sites):

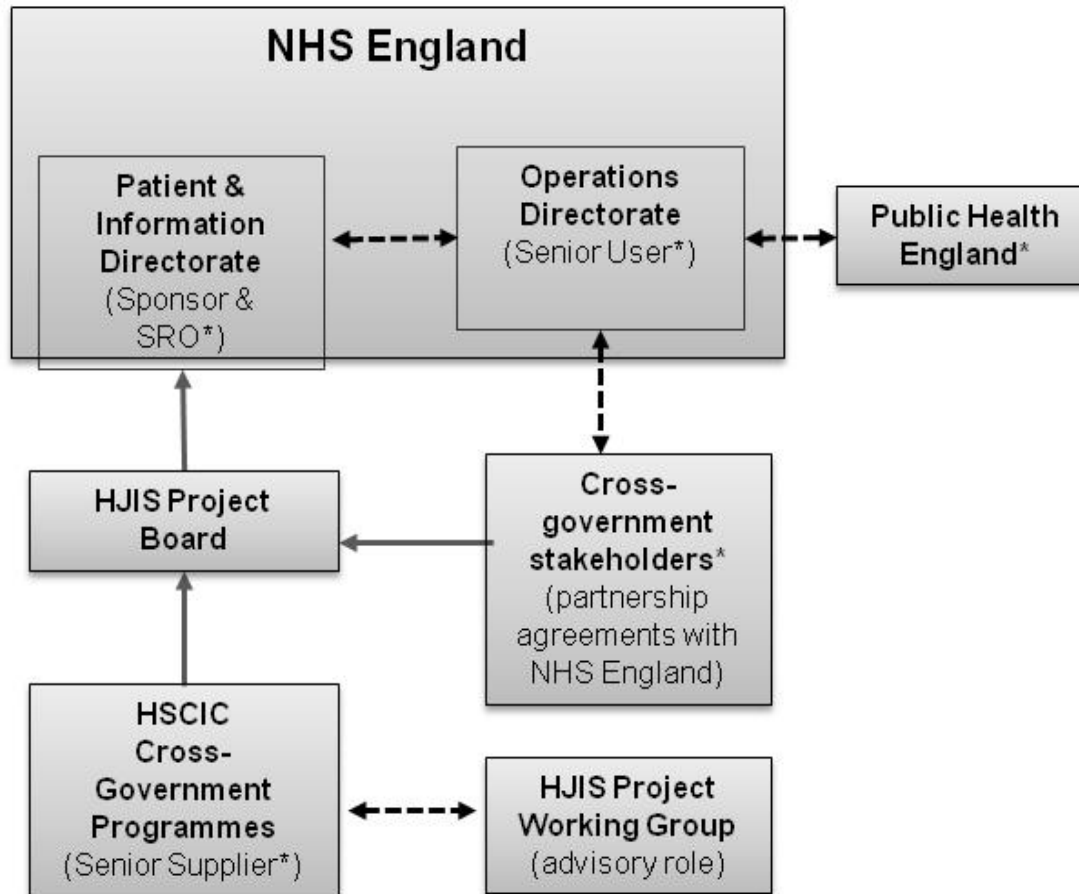
- Police Custody [40 police forces] [L&D]
- Courts
- Sexual Assault Referral Centres (SARC)* [England = 36]

*Within the scope of Health & Justice direct commissioning although not classed as a 'place of detention'

- The patient group often have complex medical needs; may have vulnerability issues and may have their own agendas
- This patient group is often socially excluded and this project will be drawing these patients more into 'inclusion' - a radical shift.
- The patient journey is tortuous: there are a number of environments, transitions of responsibility and risks to consider (legal, commercial and clinical)
- The core values and integrity pertaining of each of these environments needs to be maintained (security, forensic) whilst delivering 'equivalence' of care.
- The project aims to integrate with community systems to improve continuity and seamless care.
- There are known links between health and social inequalities and re-offending that also need addressing (housing, education, employment).

The National Offender Management Service (NOMS) is the strategic partner of NHS England for this project, with other partnering organisations being:

- Public Health England (PHE)
- The Youth Justice Board (YJB)
- The Home Office (HO) (including Immigration Law Enforcement - ILE)
- HM Courts and Tribunals Service (HMCTS)
- The Association of Chief Police Officers (ACPO)
- The Offender Health Collaborative (OHC)



*Stakeholders are represented on HJIS Project Board and Project Working Group

- Two pairs of Stakeholder events for the Temporary and Residential settings to look at requirements
- A number of discussions with various Clinical Leads in HSCIC:
 - N3, SCR, GP2GP, GPSoC
- Presentation and engagement with the IIGOP (Dame Fiona Caldicott)
- Presentation and engagement with the JGPITC (RCGP & BMA)
- Two site visits to Police Custody settings
- Further stakeholder meetings at HSCIC looking at the technical requirements

- Further meetings to discuss other aspects of the project with stakeholders as required eg CRG
- Further site visits as required
- “Change management” planning
- Consideration for the 5 year strategy

Activity	2013	2014	2015	2016	2017
SOC DEVELOPMENT, ASSURANCE & APPROVALS					
PHASE 1 – RESIDENTIAL ESTATE					
OBC/ICT Spend development					
OBC/ICT Spend assurance & approvals					
Procurement					
FBC/ICT Spend development					
FBC/ICT Spend assurance & approvals					
Service design, development & implementation					
PHASE 2 – TEMPORARY ESTATE					
Discovery/Feasibility/Alpha Works (Self Build)					
OBC/ICT Spend development					
OBC/ICT Spend assurance & approvals					
Procurement					
FBC/ICT Spend development					
FBC/ICT Spend assurance & approvals					
Service design, development & implementation					
PHASE 3– PARTNER INTEGRATION					
OBC/ICT Spend development					
OBC/ICT Spend assurance & approvals					
Procurement					
FBC/ICT Spend development					
FBC/ICT Spend assurance & approvals					
Service design, development & implementation					

Health & Justice (Operations directorate)

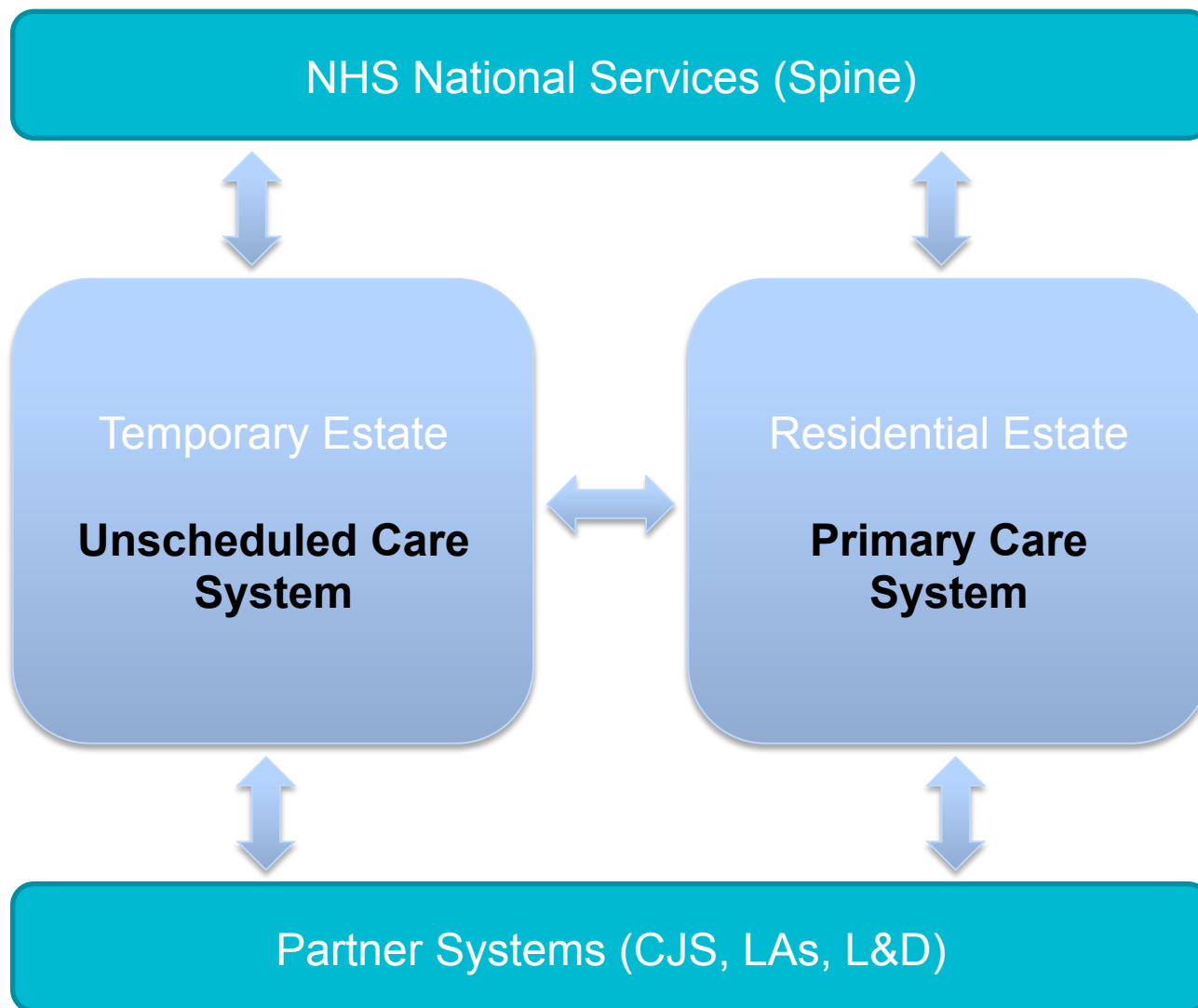
- **Equity of access** - Provide equity of access to NHS health care services for detainees, appropriate to their needs and in line with standards set for the rest of the population.
- **Integrated care pathway** - Support a coordinated and integrated health and social care pathway system that transitions detainees into and out of places of detention in England.
- **Improved health outcomes** - Improve health outcomes for detainees (particularly mental health, substance misuse and learning disabilities), which will contribute to reductions in first time offending and rates of re-offending.
- **Business Intelligence** - Develop an effective intelligence function that enables assessment of health need, supports health service evaluation (including the measurement of quality and performance), that is responsive to changing or evolving need.

Digital Primary Care (Patient & Information directorate)

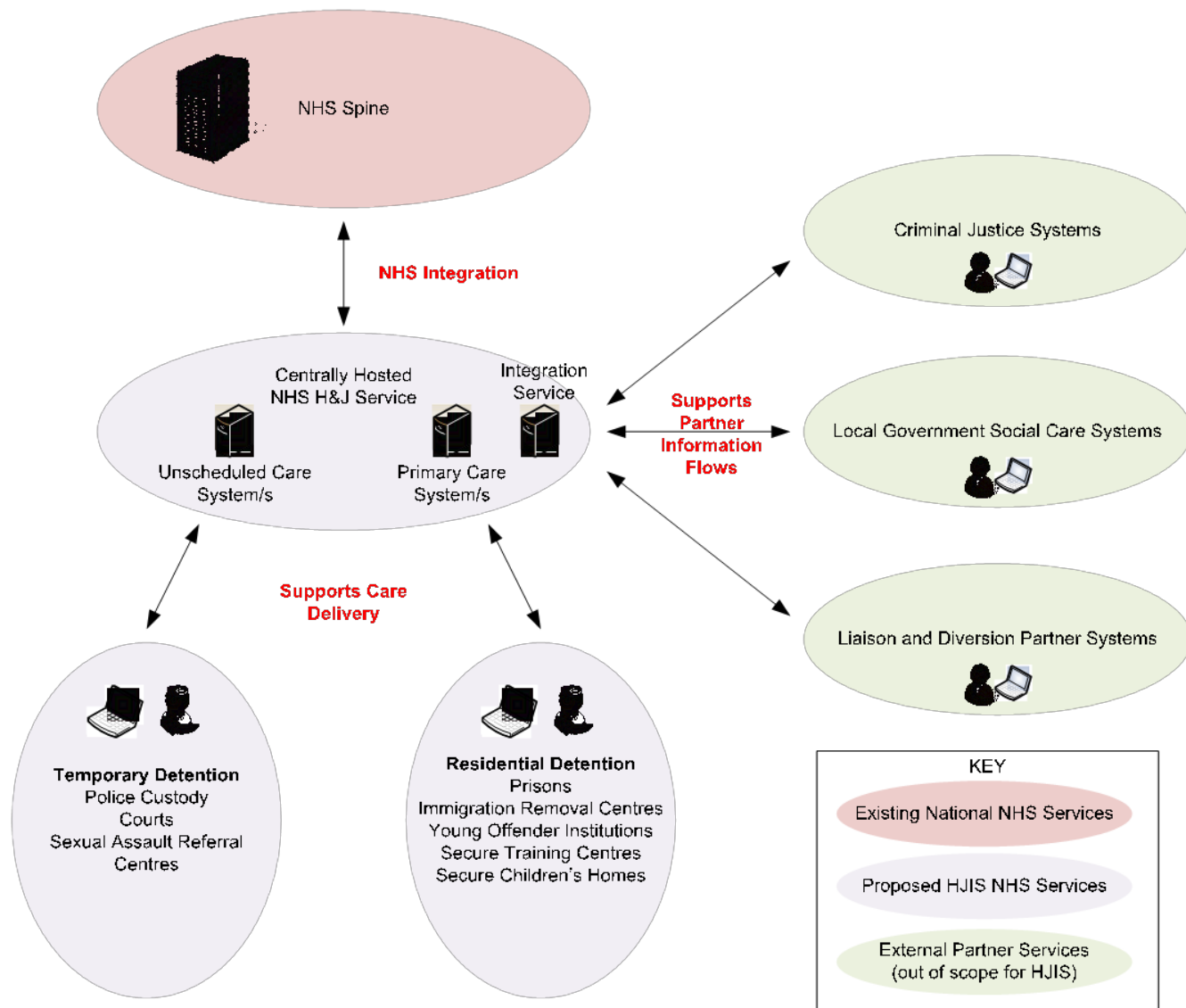
- **Electronic records** - Enable secure linking of electronic health and care records wherever they are held across primary care and community services, so there is as complete a record as possible of the care someone receives;
- **Information sharing** - Information will follow individuals, with their consent, to any part of the NHS or social care system;
- **Electronic processes** - general practices will be expected to make available electronic booking and cancelling of appointments, ordering of repeat prescriptions and secure communication with the practice.

- **Primary Information** - Enable the effective provision of all NHS initiated health service activity for the Health & Justice patient population in England by July 2016.
- **Secondary information** - Enable the effective reporting; commissioning, auditing and performance management of all NHS initiated health service activity for the Health & Justice patient population in England by July 2016.
- **Patient pathway** - Enable a coordinated and integrated health and social care pathway system that supports the legal, commercial and clinical transitions of patients into and out of places of detention in England by July 2016.
- **Partnership working** - Enable the legitimate sharing of patient information, both clinical and administrative, between the NHS, local authorities and the justice organisations by July 2016.

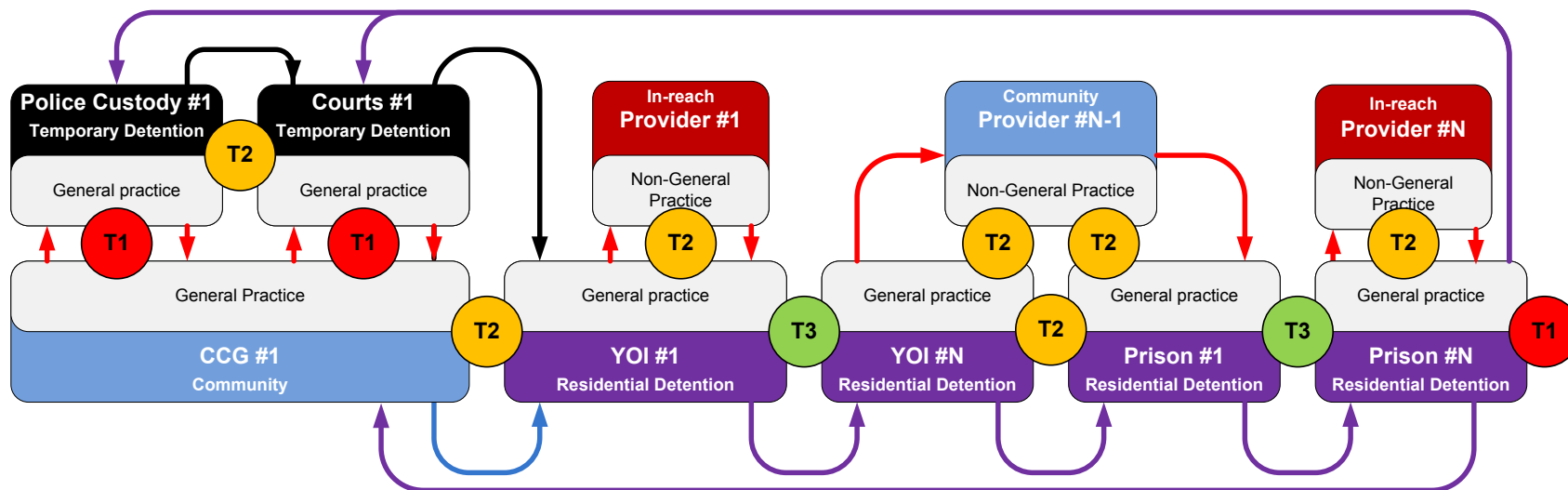
Preferred Service Option



Connectivity



Information Flows



Transitions

The movement of a patient into, within and out of the justice system will necessitate the transfer of:

- The **legal** responsibility for the patient:
 - The responsibility for the safety of the patient
 - The responsibility for the safety of those in contact with the patient
- The **commercial** responsibility for the patient:
 - The responsibility for the funding of care
 - The responsibility for the outcomes of care
 - The responsibility for the administration of the patient
- The **clinical** responsibility for the patient:
 - The responsibility for the overall wellbeing of the patient
 - The responsibility for the continuity of care to the patient



T1 Transition of legal, commercial and clinical responsibility

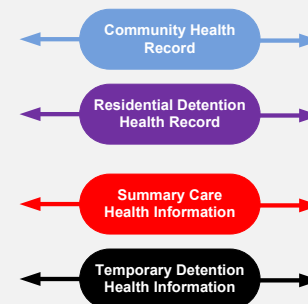


T2 Transition of legal and clinical responsibility only



T3 Transition clinical responsibility only

Information



Phase 1: Residential Estate

- A national Primary Care IT system building on existing system functionality
- Bespoke functionality for Residential care settings
- Integration with Spine Services
- 3 procurements (core system, integration layer, non core services e.g. mobile medication administration)
- Data extract to support NHS England secondary information reporting (e.g. commissioning)

Phase 2: Temporary Estate

- An Unscheduled Care system (national or local system approach to be confirmed)
- Bespoke functionality to Temporary care settings
- Integration with Spine Services
- Integration between Residential and Temporary systems through common integration layer

Phase 3: Partner Integration

- Integration between HJIS system and CJS, Social Care and L&D through middleware or platform (scope to be confirmed)

In summary the key benefits include:

- Potential for cost savings by eradicating dual payments to community GPs whilst a patient is in residential detention through an improved ability to track patients in and out of detention.
- Productivity gains by reducing inefficient processes through more effective capture maintenance and sharing of clinical and administrative patient information.
- Development of national standards and improvements to quality of care provided

In summary the key benefits include:

- Improvements to the decision making capability of healthcare professionals working within Health and Justice Settings.
- Improves the decision making capability of healthcare professionals within the wider NHS and social care through the legitimate sharing of patient information, both clinical and administrative.
- Improves the ability of the NHS, criminal justice and local government to performance manage, both strategically and operationally, through access to integrated management information across Health & Justice.

- This is a really exciting project:
 - That builds on the IT system that is in place
 - That expands the IT system to include all places of detention
 - That connects these systems to the community NHS
- That will help promote
 - Social inclusion
 - Safer care provision
 - Enhanced continuity of care
- Any questions?