

## 12 month progress update – submitted May 2025

### Following a joint response to His Majesty’s Inspectorate of Prisons (HMIP) ‘The long wait: A thematic review of delays in the transfer of mentally unwell prisoners’

NHS England (NHSE) published [‘The transfer and remission of adult prisoners under the Mental Health Act 1983: good practice guidance’](#) (referred to as the ‘NHSE good practice guidance’ throughout this paper) in June 2021. The guidance sets out the process for transferring and remitting patients from prisons/immigration detention facilities in England to mental health, learning disability and/or autism inpatient services. The timeframes within which the assessment, transfer and remission of individuals should be completed are also set out.

The guidance seeks to promote good practice and support effective joint working between all agencies involved in transfer and remission processes, to ensure patients can access effective treatment in a timely and safe manner.

Since our joint response (Feb 2024), the Mental Health Bill was included in the King’s speech on 17 July 2024 and as of March 2025, the Bill’s passage through Parliament is ongoing.

The proposed reforms of primary relevance include:

- Introducing a new statutory 28-day time limit for transfers from prison and other places of detention to hospital to reduce unnecessary delays experienced by patients.
- Preventing courts from temporarily detaining people with severe mental illness in prison as a ‘place of safety’ whilst awaiting treatment or assessment under the Mental Health Act; and
- Ending the use of remand for own protection under the Bail Act 1976 where the court’s sole concern is the defendant’s mental health.

These reforms address a number of the concerns raised in the thematic review. Accordingly, NHSE is working closely with partner agencies including the Ministry of Justice (MoJ), His Majesty’s Prison and Probation Service (HMPPS) and the Department of Health and Social Care (DHSC), to support this legislative reform and implementation planning is underway.

As outlined previously, NHSE welcomes His Majesty’s Inspectorate of Prisons (HMIP) ‘The long wait: A thematic review of delays in the transfer of mentally unwell prisoners’ (referred to as ‘thematic review’ throughout this paper) as a contribution to identifying and addressing the ongoing causes of delays to both transfers and remissions.

In April 2024, we set out improvement activities and planned activities against each of the thematic review’s key concerns (included in middle column in the table below) Key updates on progress as of March 2025, are reflected in the right-most column of the table below:

Thematic review key concerns	NHSE/HMPPS Response	NHSE/HMPPS 12 Month Progress Update
<p><b>Thematic review key concern 1:</b> Only 15% of patients in our sample were transferred within the 28-day deadline and waiting times for a bed were too long. The average wait was 85 days from identification of need, with a range from three to 462 days.</p>	<p>The timeframes identified in the thematic review are not in line with those set out in the NHSE good practice guidance which establishes that the <i>“monitoring of transfer begins on the day that the initial referral is made to the appropriate clinical team by the prison mental health team”</i>. Nevertheless, NHSE recognises that the timeframe is being exceeded for too many people. NHSE has already completed work to:</p> <ul style="list-style-type: none"> <li>• Map out the complexity within the transfer process and identify the primary challenges and barriers within prisons, prison mental health teams, adult secure and PICU hospitals.</li> <li>• Establish four core workstreams to address the challenges and barriers identified: <ul style="list-style-type: none"> <li>a) <b>Improving data collection and monitoring:</b> a new clinical template has been developed, to record the referral, assessment and transfer process for prisoners and detainees, under sections 47 and 48 of Mental Health Act 1983, for use within SystmOne (the clinical IT system in prisons). We are working to use the information generated to derive data on the timeliness of transfers. We are also proactively working with health and justice commissioners to improve data quality and completeness of an existing manual collection.</li> </ul> </li> </ul>	<p><b>NHSE:</b> Progress has been made in the following areas, closely aligned to the core workstreams led by NHSE previously outlined:</p> <ul style="list-style-type: none"> <li>• <b>Data development:</b> Following the development of the previously referenced new clinical template, NHSE have successfully developed a new patient-level dataset recording completed transfer timeliness, from prisons or immigration removal centres, to mental health inpatient services for treatment under Part III of the Mental Health Act 1983. Development of this dataset, along with established regular analysis available to NHSE commissioners and leads, provides enhanced assurance, oversight and understanding.</li> <li>• <b>Enhanced insight:</b> NHSE Regional teams are leading work to identify local barriers to transfers and remissions and are developing action plans to address them.</li> <li>• NHSE are developing a QI approach to complement the aggregated data captured regionally, to identify the hidden blockages that occur throughout the process. Referrals will be followed for a six-month period (April-Sept 2025).</li> <li>• Current work in regions include: A Joint Regional Action Group in the SW has been stood up to monitor and coordinate transfers and remissions</li> </ul>

	<p>b) <b>Improving the referrals process:</b> a National Referrals Review was launched in October 2023, to review and standardise the varied referral processes and documentation used across England that can contribute to delays.</p> <p>c) <b>Ensuring clinical leadership throughout the clinical pathway from and to prison and mental health hospital:</b> NHSE established the 'Mental Health and Justice Strategic Advisory Group' in November 2023 to provide clinical leadership, advice, and oversight to areas of interface between the criminal justice system and mental health inpatient services (see 4 for further information).</p> <p>d) <b>Improving knowledge, skills and confidence across the multiple teams involved in the transfer and remissions processes:</b> NHSE has already delivered several bespoke training and awareness sessions for colleagues within HMPPS to improve their understanding of the transfers process, further sessions are planned across both criminal justice and health systems.</p> <ul style="list-style-type: none"> <li>▪ Drawing on the learning from the work outlined in this paper, and the thematic review, NHSE will refresh the good practice guidance in 2024-</li> </ul>	<p>with representatives from NHS England (including adult secure provider collaboratives and Psychiatric Intensive Care Unit (PICUs) and HMPPS. The group has already had a positive impact on transfer timeliness. A prison pathway pilot is currently underway in the NW implementing a collaborative solution to the increased pressure in the prison/health pathway. The team are working to support staff, service users and prisoners with the transfer referral/admission and remission processes.</p> <ul style="list-style-type: none"> <li>• <b>Referrals process:</b> The findings form part of the National Referrals review will now be part of the work to develop a new National Access Assessment Service Specification, development planned in 2025-26. Findings from the National Institute for Health and care Research (NIHR) funded Access Assessment research are shared through peer-reviewed publications (not through NHSE).</li> <li>• <b>Supporting legislative reform:</b> This will be aligned with the implementation plans for the MH Bill provisions and aligned to the timetable for their commencement. Reporting will be via relevant MH Bill implementation Board(s).</li> <li>• Refresh of NHSE <a href="#">good</a> practice guidance is planned in tandem with the commencement of relevant provisions. The aim of the refresh is to ensure it aligns with changes in legislation and</li> </ul>
--	--	---

	<p>25, and launch with a clear programme of implementation support activities.</p> <ul style="list-style-type: none"> <li>▪ In addition, a programme of webinars will be developed for delivery throughout 2024-25.</li> </ul>	<p>enhance the knowledge, skills and confidence for those involved in (and responsible for), the transfer and remission of prisoners and detainees.</p> <p>Revision of this guidance and re-publication will be coupled with a series of webinars for Adult Secure, Adult Mental Health and Health and Justice providers and commissioners.</p> <ul style="list-style-type: none"> <li>• <b>Ensuring clinical leadership throughout the clinical pathway from and to prison and mental health hospital:</b></li> </ul> <p>The Adult Mental Health and Justice Strategic Advisory Group will convene internal and external clinical, commissioning, operational and lived experience expertise to support an improved interface between mental health and justice programmes, primarily in relation to supporting the implementation of the following MH Bill provisions:</p> <ul style="list-style-type: none"> <li>• Statutory 28-day transfer time limit (including statutory notice)</li> <li>• Removal of prison as a place of safety</li> <li>• Ending the use of remand for own protection under the Bail Act (1976) where the Court's sole concern is the defendant's mental health</li> </ul> <p><b>HMPPS:</b> The Mental Health Bill was introduced to Parliament in November 2024 and sets out vital reforms to</p>
--	--	---

		<p>support people with severe mental illness in the criminal justice system, including introducing a 28-day statutory time limit for transfers. This reform aims to improve accountability for agencies involved in the transfer process and support ongoing non-legislative work to reduce delays to timely transfers. We are committed to commencing the reform 18-24 months post Royal Assent.</p>
<p><b>Thematic review key concern 2:</b> Despite a service within local courts to divert patients with acute mental health issues to community services, we continued to find people being placed in prison for their own protection, who were arriving in prison very unwell. Prison was being used as an alternative to a hospital bed even when the need for an admission was evident before imprisonment.</p>	<p>The Draft Mental Health Bill was not progressed in the fourth parliamentary session, but health and justice partners remain committed to preventing remands for 'own protection' on mental health grounds and the use of prison as a place of safety.</p> <p>In partnership with HM Courts &amp; Tribunals Service and NHSE, the Ministry of Justice (MoJ) is piloting a regional Health and Justice Hub in the North East. Through the Hub, we are aiming to improve how local health and justice services work together to better support defendants with severe mental health needs, smoothing the pathway into the right treatment and support. The Hub is working to:</p> <ul style="list-style-type: none"> <li>• Provide active oversight of defendants, liaising with defence, prosecution, liaison and diversion services and NHS partners to smooth access to care, identify blockers and prevent delays.</li> <li>• Commission psychiatric reports for the court, improving the quality and consistency of reports and upskilling report writers on</li> </ul>	<p><b>NHSE:</b></p> <p>The proposed amendment to the Bail Act 1976 outlined in the Mental Health Bill, to prevent the remand of an adult defendant for their own protection where the sole concern is their mental health, is directly relevant to this key concern. As outlined above, NHSE is committed to working with partners to support legislative reform and the required implementation planning for these provisions.</p> <p>There is 95% coverage of primary MHTR services across criminal courts in England. NHSE have three secondary MHTR pilots in place to coordinate care and treatment pathways for our most complex patients. The purpose of these pilots is to improve information sharing and coordination across MHTR services, secondary health care provision, probation and court. The pilot is currently under evaluation by the University of Manchester.</p> <p>Identifying and addressing barriers to the use of s.35 and s.36 of the MHA was scoped as part of the draft</p>

	<p>requirements to ensure courts have the information they need.</p> <ul style="list-style-type: none"> <li>• Collect relevant data about a defendant's journey through the system, improving forecasting ability for demand for beds and treatment.</li> </ul> <p>The Hub will run through 2024, with a process evaluation to identify replicable good practice.</p> <p>In addition, the nationwide expansion of the HMPPS Bail Information Service will help to ensure judges have the necessary information to make a timely and informed decision on bailing a vulnerable individual with confidence. The Chancellor recently announced new funding to allow for additional resources to be recruited which will enable the provision of a service for all courts across England and Wales, as well as all reception prisons, including Privately Managed Prisons and the Women's Estate. Bail Information Officers will strengthen links between courts and both bail accommodation services and Liaison and Diversion services and build effective bail packages. This will support more offenders with mental health needs to access support in the community, avoiding unnecessary remands into custody.</p> <p>NHSE has also been contributing towards work that will support a reduction in inappropriate remands to custody on mental health grounds and will continue to work with partners to:</p>	<p>Mental Health Bill, but changes to s.35 and s.36 will be taken forward as part of the Law Commission's recommended reforms on unfitness to plead.</p> <p>Scoping work regarding integration across Liaison and Diversion services, Specialist Community Forensic Teams (SCFT), and Community Mental Health Teams (CMHT) will commence upon the conclusion / evaluation of the North East Hub pilot.</p> <p><b>HMPPS:</b></p> <p>To support the implementation of the reforms to end the use of prison as a place of safety and remands 'for own protection' a cross-agency workplan is being developed to ensure the proposed reforms can be enacted safely and effectively. This includes the following workstreams.</p> <p>In partnership with HM Courts &amp; Tribunals Service and NHSE, the Ministry of Justice (MoJ) is piloting a regional Health and Justice Hub in the North East. Through the Hub, we are aiming to improve how local health and justice services work together to better support defendants with severe mental health needs, smoothing the pathway into the right treatment and support. Originally funded to March 2025, partners have been successful in securing funds that will enable the Hub to continue until March 2026. The Hub is working to:</p> <ul style="list-style-type: none"> <li>• Provide active oversight of defendants, liaising with defence, prosecution, liaison and</li> </ul>
--	---	---

	<ul style="list-style-type: none"> <li>• Identify and address the barriers to the use of Section 35 and Section 36 of the Mental Health Act (remanding to hospital).</li> <li>• Increase the use of primary and secondary care Mental Health Treatment Requirements (MHTR), as an alternative to custody. Improving health and social care outcomes will support the reduction of further reoffending.</li> <li>• Work towards a more integrated and seamless approach across Liaison and Diversion services, Specialist Community Forensic Teams (SCFT), and Community Mental Health Teams (CMHT).</li> </ul>	<p>diversion services and NHS partners to smooth access to care, identify blockers and prevent delays.</p> <ul style="list-style-type: none"> <li>• Streamline the process of commissioning psychiatric reports for the court, improving the quality and consistency of reports to ensure courts have the full and relevant information they need.</li> <li>• Collect relevant data about a defendant's journey through the system, improving forecasting ability for demand for beds and treatment.</li> </ul> <p>In addition, the implementation of the HMPPS Bail Information Service (BIS) in courts and reception prisons across England and Wales will help to ensure that the courts have the necessary information to make a timely and fully informed decision on bailing a vulnerable individual with confidence. The service will strengthen links between courts and both bail accommodation services and Liaison &amp; Diversion services to build effective bail packages which will support more individuals with mental health needs to access support in the community, as opposed to sending them to custody.</p>
<p><b>Thematic review key concern 3:</b> There were delays for just under half of the patients waiting for a referral once a need had been identified. In some prisons</p>	<p>The NHSE good practice guidance sets out that a referral for an access assessment should be made as soon as it is identified that a patient's mental health needs cannot be treated in prison.</p>	<p><b>NHSE:</b> As outlined above, given forthcoming legislative reform, refresh of NHSE good practice guidance is planned in tandem with the commencement of relevant provisions, to ensure knowledge, skills and</p>

<p>there were considerable delays for patients waiting for an initial referral.</p>	<p>The activities described above to refresh the good practice guidance and improve the knowledge, skills and confidence of teams responsible for the various aspects of the transfer process, e.g., making a referral, will lead to a reduction in the time people wait for an initial referral to be made. As outlined above, the National Referrals Review aims to standardise the varied referral processes and documentation used across England that can contribute to delays. Clarity regarding referrals processes and information required will reduce the time to refer.</p>	<p>confidence across the multiple teams and organisations involved in the transfer and remissions processes are enhanced as effectively as possible. The refreshed guidance will be launched with a clear programme of implementation support activities.</p> <p>Aligned timing will, for instance, enable refreshed guidance to consider the issuing of proposed statutory referral notices. NHSE is committed to supporting refreshed guidance with associated implementation activities to embed knowledge and learning.</p>
<p><b>Thematic review key concern 4:</b> There was little oversight or accountability for the long waiting times for assessment and transfers, of the responsible commissioned health providers. Data describing access and waiting times for beds were not publicly available. There were no comprehensive national data on the number of patients awaiting transfer under the Mental Health Act and their waiting times.</p>	<p>Responsibility for the transfer process is held across multiple organisations and teams including prison mental health services, HMPPS, adult secure services or PICU providers, and the Mental Health Casework Section (MHCS).</p> <p>Health and justice partners are determined to ensure these transfers take place in a timely manner and are working to improve oversight and monitor delivery of the 28-day time limit set out in NHSE’s good practice guidance.</p> <p>NHSE has developed a new clinical template for use within SystemOne (the clinical IT system in prisons) to record the referral, assessment and transfer process of prisoners and detainees under sections 47 and 48 of Mental Health Act 1983.</p>	<p><b>NHSE</b> have recently developed a new patient-level dataset recording completed transfer timeliness, from prison or immigration removal centre to mental health inpatient services for treatment under Part III of the Mental Health Act (1983). A new clinical template enabling derivation of this data, was launched in all establishments in England in March 2024, following successful piloting.</p> <p>Several indicators have been developed, aligned to NHSE good practice guidance timeliness standards (and the statutory time limit set out in the Mental Health Bill).</p> <p>Development of this dataset, along with established regular analysis available to NHSE commissioners and leads, provides enhanced assurance, oversight and understanding at both a regional and national level.</p>

	<ul style="list-style-type: none"> <li>○ Implementation of the template will promote clinical best practice, ensure accurate and consistent recording within the clinical IT system and provide more robust assurance around mental health transfer timeliness across the secure estate.</li> <li>○ The template has been piloted in 25 prisons across England and will be rolled out to all prisons before the end of 2023-24.</li> </ul> <p>In November 2023, NHSE established the 'Mental Health and Justice Strategic Advisory Group' to the <u>Adult Secure Clinical Reference Group (AS CRG)</u> and the <u>Health and Justice Clinical Reference Group (H&amp;J CRG)</u>. This group provides clinical advice and leadership on areas of interface between the criminal justice system and services in mental health and has responsibility for the programme of continuous improvement across the transfer and remission processes.</p> <ul style="list-style-type: none"> <li>○ This group will bring together key operational partners with responsibility for the various aspects of the transfer process.</li> <li>○ This group will monitor data and intelligence relating to the transfer process and determine the actions required to support continuous improvements.</li> </ul>	<p>Initial scoping work has been completed to ensure clinical leadership throughout the clinical pathway from and to prison and Mental Health hospital. The Mental Health and Justice Strategic Advisory Group has now launched and met in April 2025 and is working on the next steps of the Terms of Reference and membership.</p>
<p><b>Thematic review key concern 5:</b> An urgent referral as a result of a patient's rapid deterioration</p>	<p>NHSE recognises more needs to be done to ensure urgent referrals are actioned at pace to ensure that,</p>	<p><b>NHSE:</b></p>

<p>in mental or physical health did not guarantee prompt transfer, despite guidelines requiring a more rapid response.</p>	<p>where appropriate and safe to do so, prisoners are rapidly transferred to hospital.</p> <p>A deep-dive will be carried out in 2024-25 through the National Referrals Review to identify and address the causes of delays to these urgent referrals, and further clarity provided via the refreshed national service specifications and refreshed NHSE good practice guidance.</p>	<p>This work has been superseded and will form part of the work to develop a new National Access Assessment Service Specification, development planned in 2025-26. Findings from the NHIR-funded Access Assessment research are shared through peer-reviewed publications (not through NHSE).</p>
<p><b>Thematic review key concern 6:</b> The outcomes for and experience of patients were not central to the transfer process. Patients did not receive an independent assessment which was accepted by all commissioned services, meaning that the process often included multiple unnecessary assessments. There was a lack of safeguarding and independent advocacy for patients awaiting transfer.</p>	<p>In 2021-22, the National Institute for Health Research Policy (NIHR) commissioned a multi-year research project into access assessments (AA) for admission to adult low and medium secure services. The research findings will be published shortly, providing significant evidence about:</p> <ul style="list-style-type: none"> <li>• The use of structured professional judgement approaches in the process of admission assessments</li> <li>• The AA practices across these specialised services</li> <li>• The experiences of the AA process from the perspective of a) professionals who make referrals, b) professions who conduct AA and, c) patients who have experienced the process.</li> </ul> <p>The research findings will be used to inform the National Referrals Review and will support the development of further action by the Mental Health &amp; Justice Strategic Advisory Group throughout 2024-25. This is likely to include – but not limited to -</p>	<p><b>NHSE:</b></p> <p>This work has been superseded and will now be part of the work to develop a new National Access Assessment Service Specification as outlined above in the response to thematic review key concern 5.</p>

	consideration of a ‘trusted assessor’ approach that will minimise the number of assessments undertaken.	
<p><b>Thematic review key concern 7:</b> Prisoners and staff were coming to harm during the time it took to transfer patients. Patients’ conditions deteriorated, staff suffered assaults and the effect of supporting prisoners with a level of need for which they had not been trained. There was no national reporting on incidents involving this vulnerable group and staff did not always have the appropriate training in recognising specific safeguarding issues associated with patients awaiting assessment or transfer under the Mental Health Act.</p>	<p>HMPPS are committed to making prisons a safe place to work and providing prison officers with the right support, training and tools to empower them to do their jobs. HMPPS provide post-incident care teams, occupational health support and counselling for members of staff who are assaulted while doing their jobs. In addition, NHS providers report locally for healthcare related incidents, including assaults on staff, through HMPPS processes.</p> <p>HMPPS also provide training to all new prison officers which includes modules on violence reduction and suicide and self-harm prevention.</p> <p>The introduction to mental health training is also provided to prison staff as part of the safety skills modules. To support all staff working in prisons, NHSE developed an <u><a href="#">e-learning safeguarding training programme</a></u> for those in operational roles. The programme focuses on adult safeguarding and the roles and responsibilities of everyone working in these settings in England. It is targeted at and was developed for a multi-agency audience, to enable better collaboration between teams and create a culture of safety by embedding and improving understanding of safeguarding. The programme supports any mandatory training staff are required to undertake.</p>	<p><b>HMPPS:</b> HMPPS provide a post-incident care structure involving peer to peer teams which adapt a trauma informed support response for colleagues through TRiM-trauma risk management and Care teams. Occupational health support and counselling is also provided where required for members of staff who are assaulted while doing their jobs.</p> <p>HMPPS will continue to provide training to all new prison officers which includes modules on mental health, violence reduction and suicide and self-harm prevention.</p> <p>For prisoners assessed as at risk of suicide and self-harm, HMPPS will continue to provide individualised support through our ACCT (Assessment, Care in Custody and Teamwork) case management process. The same can be applied for those prisoners who are assessed as at risk of committing harm to others. This is through the Challenge Support Intervention Plans. These offer an individualised approach in supporting those prone to violence.</p> <p>HMPPS have published the <u><a href="#">Adult Health, Care and Wellbeing Core Capabilities Framework</a></u> which is available to staff in the Prison and Probation Service working with individuals who have health, care and</p>

	<p>For prisoners assessed as at risk of suicide and self-harm, HMPPS provide individualised support through our case management process. This approach places a strong emphasis on identifying individual risks, triggers and protective factors and having effective care plans in place to record, address and mitigate risks. This includes prisoners who have a mental health need or are awaiting transfer. Assessments are multidisciplinary and involve contributions from healthcare staff and other relevant stakeholders (for example, substance misuse and mental health teams) as appropriate.</p> <p>HMPPS are committed to improving information sharing between agencies and promoting better joint working to improve outcomes for individuals with mental health needs and will therefore explore HMIP's data recommendation in longer term with health and justice partners.</p>	<p>wellbeing needs. The Framework identifies and describes the skills, knowledge, and behaviours for staff who work with individuals in custody and on probation. It covers areas such as how to understand, recognise and refer health, care and wellbeing needs; person-centred approaches to collaboration; managing those with identified needs; and working in partnership with healthcare professionals and other support providers. It also covers skills for different levels of the workforce, with specific capabilities specified for those in leadership roles. The Framework can also be used to review and strengthen existing training provision, identify gaps, and opportunities to develop new training.</p> <p>The Information Sharing Advisory Group (ISAG) is co-chaired by HMPPS and NHSE with representation from the Prison and Probation Ombudsman's (PPO) office, the Independent Advisory Panel (Deaths in Custody), MOJ Data Protection Team, Prison Safety, Probation Regional representation, thematic subject matter experts as required and lived experience. The group acts as a central point where general and routine sharing of any health related (special category) information can be raised and discussed and provide guidance and advice.</p>
<p><b>Thematic review key concern 8:</b> Very unwell patients were still being released back into the community while waiting for an access assessment for</p>	<p>NHSE recognises the significant difficulties highlighted in the report around patients on short sentences and on remand, who arrive in custody requiring treatment under the Mental Health Act.</p>	<p><b>NHSE:</b></p> <p>To ensure clinical leadership throughout the clinical pathway from and to prison and MH hospital we are establishing a Mental Health &amp; Justice Strategic</p>

<p>admission under the Mental Health Act. This meant that they were being detained by the community mental health team at the gate on release.</p>	<p>It is noted in the report that prison mental health staff go to great lengths to ensure that patients are not released without treatment.</p> <p>The Mental Health and Justice Strategic Advisory Group will carry out a deep-dive into the practice of assessments and detention under the civil sections of the Mental Health Act immediately following release. This will identify opportunities for earlier assessments or expedited urgent assessments prior to release from prison.</p>	<p>Advisory Group, initial scoping work has been completed, development of Terms of Reference in progress including membership across relevant delivery partners. Anticipated launch, April 2025.</p> <p>Additionally, NHS England is in the process of reviewing and refreshing the Prison Mental Healthcare service specification. The aim of this review is to ensure that high-quality mental health care is provided to patients in prison, that the specification is current and fit for purpose, taking account of changing patient needs and developments in Health &amp; Justice and the wider NHS.</p>
--	--	--

In addition to the priorities set out above, as outlined in our joint response in April 2024, NHSE has embarked on additional areas of work. This work is intended to lead to the systemic changes that are needed to deliver the sustainable change required for those individuals in contact with the criminal justice system who need care and treatment for mental ill health and disorders. Recent developments are outlined below.

**NHS England are in the process of reviewing and refreshing the Prison Mental Healthcare service specification.** The aim of this review is to ensure that high-quality mental health care is provided to patients in prison, that the specification is current and fit for purpose, taking account of changing patient needs and developments in Health & Justice and the wider NHS.

**Establish the appropriate service models for people with mental disorders who cannot be treated in prison:** The establishment of appropriate service models for people with mental disorders who cannot be treated in prison is currently paused as progress of this workstream is dependent on the outcome of the Spending Review.

**Workforce:** NHS is facing unprecedented workforce challenges. Work is being led by NHSE Workforce, Training and Education, see NHSE Long Term Workforce Plan (<https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/>) for details.