



HM Government



England

National Partnership Agreement for Health and Social Care for England:

Improving the quality of services for people in prison and those subject to statutory supervision by the probation service in the community

2022-2025

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Purpose of the agreement

This document sets out the partnership agreement between the Department of Health and Social Care (DHSC), Her Majesty's Prison and Probation Service (HMPPS), the Ministry of Justice (MoJ), NHS England (NHSE), and the United Kingdom Health Security Agency (UKHSA). **It sets out the basis of a shared understanding of, and commitment to, the way in which the partners will work together.**

A partnership agreement has been in place to support the commissioning and delivery of healthcare in English prisons since the introduction of the Health and Social Care Act (2012). This has not only driven improvements to the commissioning and delivery of health and social care in prisons, but has also enabled partners to jointly deliver an effective and truly collaborative response to the biggest event to impact public health in over 100 years – COVID-19 – with clear evidence that lives were saved and serious health outcomes were avoided for many.

This agreement covers a period during which the introduction of the Health and Care Bill (6 July 2021) confirmed the government's intentions to introduce statutory arrangements for Integrated Care Systems during 2022, in line with NHS recommendations.

The scope of the agreement set out in this document includes people in prison, and those on probation who fall under the commissioning and policy remit of the health and justice partners under this agreement (as set out in Slide 4). In this agreement they will be referred to as 'people in our care'.

This agreement covers health and social care services for adults in our care, as defined above, in prisons and probation in England only. Wales has their own agreement and the Youth Custody Estate agreement is currently being refreshed. NHSE also hold a separate partnership agreement with the Home Office and aligned partners for adults in immigration detention centres and short-term holding facilities in England. We continue to work with colleagues across Wales and Youth Custody, both independently and as partners, to improve consistency of health services and to meet the needs of those moving between services and geographical boundaries.

This National Partnership Agreement sets out:

- the defined roles of the six partners (pages 5 and 6)
- how we are working together to improve our data and evidence so that we can better understand the health needs of people in our care (pages 7 to 15)
- our core objectives and priorities for 2022-2025 (pages 16, 18 and 19)
- our commitment to working together and sharing accountability for delivery through our linked governance structures (pages 20 and 21)

Agreement partners

Our partnership helps us to collaborate and align our priorities to deliver against the objectives in this agreement. Key responsibilities in relation to the remit of this agreement include:



Responsible for promoting continuity of care and ensuring arm's length bodies deliver on plans and commitments. The Office for Health Improvement and Disparities (OHID) within DHSC is also tasked with identifying and addressing health inequalities and focusing on areas where health inequality is the highest.

For people in our care this means:

- delivering an overview of mental and physical health policy, including health improvement and disparities
- identifying needs, advising on evidence base, supporting innovation, and developing partnerships and good governance
- providing oversight and support to local authorities in delivery of Drug Strategy outcomes, such as facilitating engagement and ensuring a treatment place upon prison release



Responsible for courts, prisons, probation services and community justice.

For people in our care this means:

- setting and delivering world-class justice policy
- collaborating with health and justice partners to ensure people in prison and on probation receive the right support
- Working with Adult Offending Teams
- commissioning of Custody Service to support rehabilitation



HM Prison &
Probation Service



UK Health
Security
Agency

Responsible for carrying out sentences given by the courts, in custody and the community.

For people in our care this means:

- placements into, commissioning, and operational responsibility for the secure estate
- supporting people on probation to access and engage with health and social care services in the community

Commissioning body of the National Health Service in England. NHS England Health and Justice works across a national team and seven regional teams to commission healthcare services across the country in specific settings.

For people in our care this means:

- commissioning of health services in secure and detained settings, including substance misuse services
- commissioning of specific continuity of care services, pre and post custody including Liaison and Diversion services, custody suite healthcare, court-based services (mental health treatment requirements), RECONNECT and Enhanced RECONNECT

Responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents, and other health threats.

For people in our care this means:

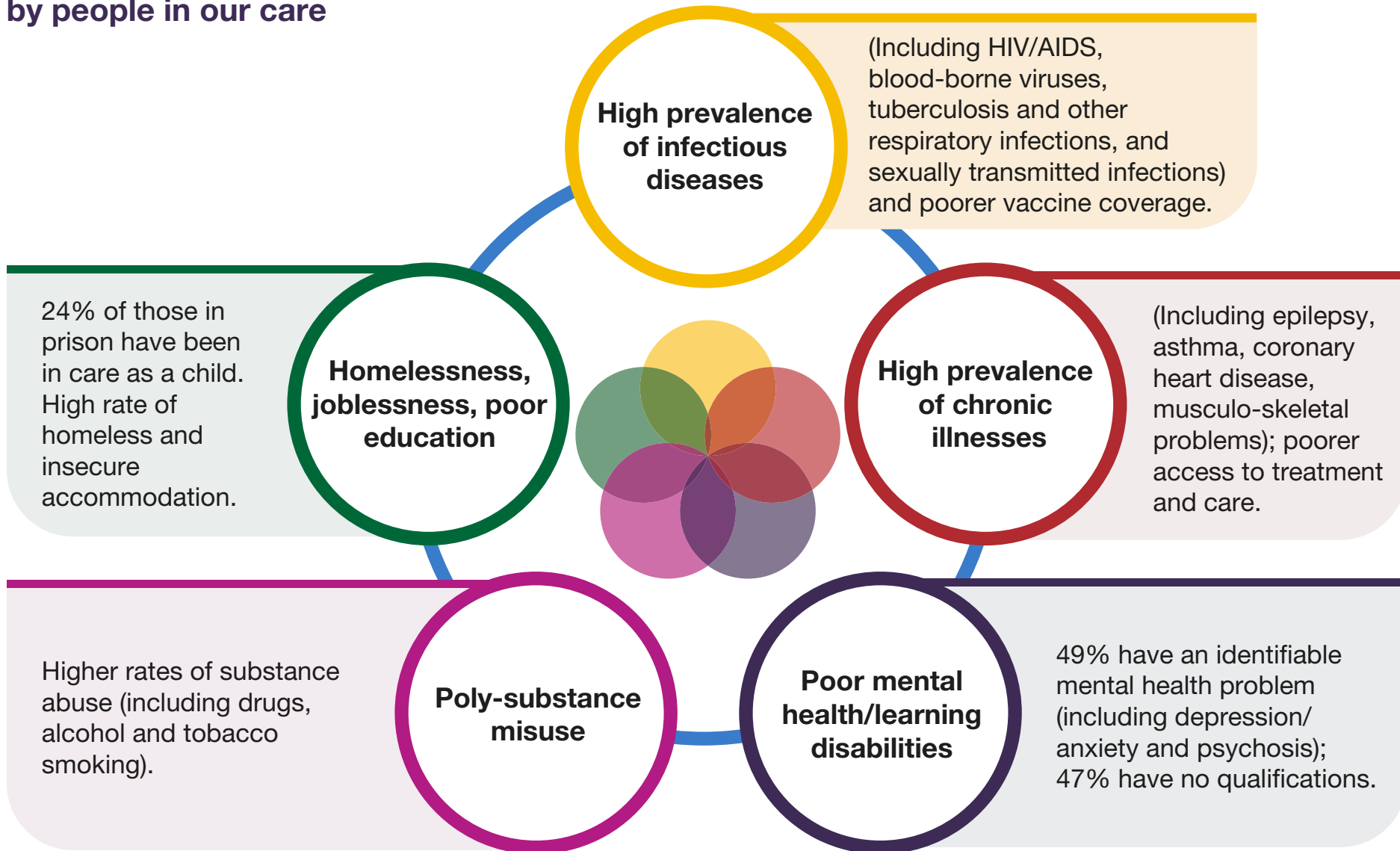
- receiving specialist public health advice on health security
- infectious disease surveillance and quality assurance of health protection services
- development and application of the evidence base to inform policy and practice in health security

Health inequalities experienced by people in our care

Health inequalities experienced by people in our care are well above the average experienced by the general population. They are some of the **most marginalised, vulnerable population groups** in any community. They are known to have **multiple complex health and social care needs, suffering from higher rates of infectious diseases, chronic illnesses, poor mental health, increased risk of premature mortality, poorer access to health services (in custody and in the community, as well as backgrounds of poverty, indebtedness, unemployment, substance misuse, poor education and homelessness**. The influence that the relationship between health and social care has on offending behaviour is complex, and in many cases, unmet health and social care needs prevent individuals from engaging effectively with probation services which ultimately holds back their rehabilitation. Therefore, to successfully reduce reoffending, we need to address this cohort's health and social care needs.

All people serving a custodial sentence come from communities, and almost all will return to their community, or another community, at the end of their sentence. At any one time, the proportion of offenders supervised by probation services outnumbers those serving a custodial sentence by around three to one, which highlights the importance of considering health needs for those people on probation alongside those people in prison.

Health inequalities experienced by people in our care

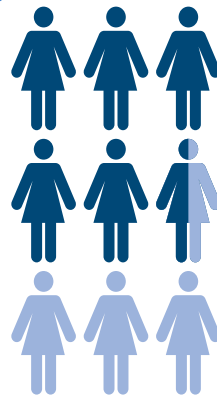


Mental health

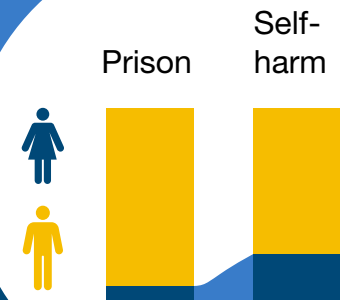
Prisoners suffer from multiple and complex mental health issues at higher rates than those observed in the general population.

5x

Women in prison are five times more likely to have mental health concerns than the general population.



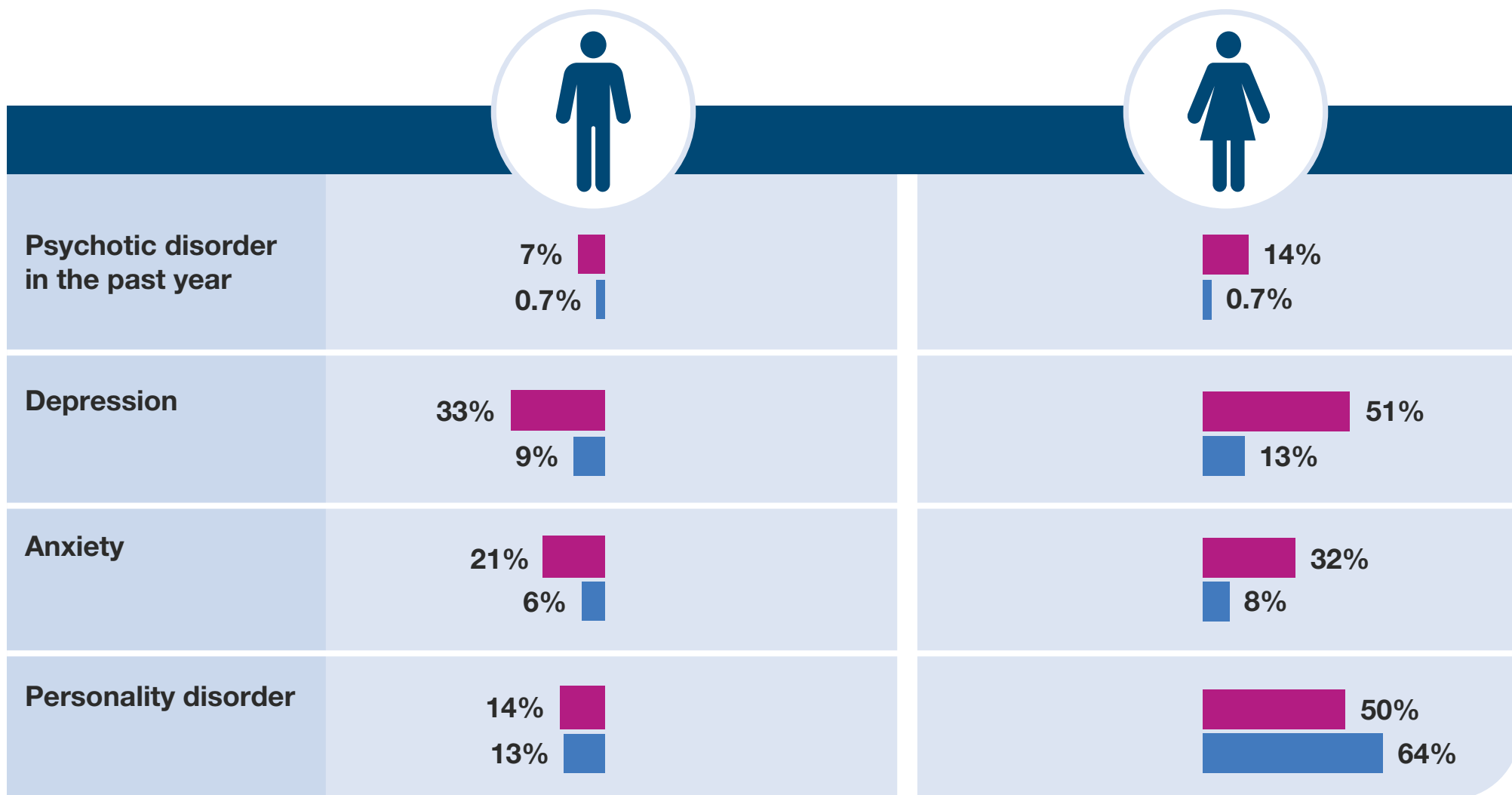
65% of women in prison suffer from depression, compared to 37% of men in prison.



Women account for **23%** of all prison self-harm incidents, despite only making up 5% of the whole prison population.



A substantial proportion of prisoners, particularly women, say they are affected by emotional wellbeing or mental health issues.



● Prison

● people supervised on Probation in the community

Health commissioning in the criminal justice system

This partnership agreement sets out a framework of aligned objectives and shared priorities to enable partners and stakeholders to work collaboratively to achieve our collective goals in health and social care. The complexity of, and interdependencies between, the health and justice systems should not be underestimated.

In prisons:

- healthcare services (including substance misuse services and secondary mental health services) are commissioned by NHSE to national specifications to make sure that prisoners receive the same standards of healthcare as the general population
- NHSE sets out 12 commitments in the Framework for Integration which outlines its ambitions for the next three years
- the systems approach to healthcare commissioning and delivery is underpinned by joint working principles and joint committee guidance
- under the Care Act 2014 and the Social Services and Well-Being Act (Wales) 2014, local authorities have a legal obligation to assess the need for, and provide, social care to adults in prison

Continuity of care

Partners work together to ensure continuity of care for prison leavers re-entering the community. This includes NHSE commissioning of RECONNECT and Enhanced RECONNECT.

In the community:

- for individuals subject to community sentences or on license or post-sentence supervision, healthcare is provided on the same terms as the general public
- Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. Following the passage of the Health and Care Act (2022), 42 ICSs were established across England on a statutory basis on 1 July 2022. Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) will operate as statutory parts of the ICS, with ICPs bringing together a broad alliance of local partners, Local Authorities and the ICB. The establishment of ICBs resulted in clinical commissioning groups (CCGs) being closed down
- as per the Care Act 2014 and Social Services Act 2014, local authorities also have a legal obligation to assess the need for, and provide, social care for those subject to community sentences or on license or post-sentence supervision, as they would for the general public
- although the Probation Service does not have a statutory responsibility to support the health and social care needs of individuals under their supervision in the community, it is committed to reducing health inequalities for people in our care, which is central to resettlement in the community and to overall rehabilitation

People in our care

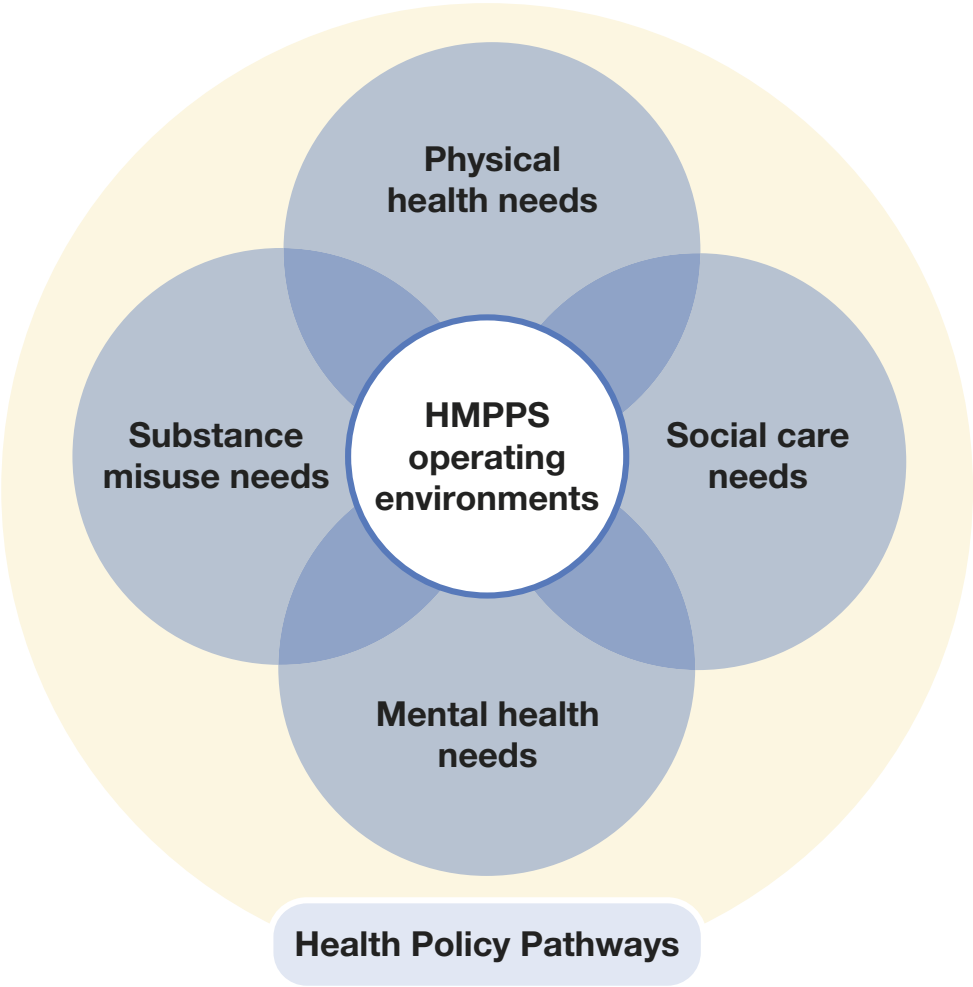
Understanding how factors interact and influence health outcomes helps us to make better decisions, further improving our confidence in health data and how we measure success.

For those in prison, this means we must take account of:

- the physical environment, staffing levels and training, and regime
- prevalence of health needs both in prison and the wider population
- the services, facilities and structures that help us deliver healthcare
- how the population moves around the estate and into the community

For those in the community, even though they have the right to access local health and social care services, they often have problems finding help. Services set up in a traditional way may not be able to cater for the level of need. Consequently, people in our care face significant challenges addressing their vulnerabilities through mainstream services.

To support our understanding, we recognise the need for valid, reliable and timely data to describe the health needs of people in our care and the pivotal role of developing an evidence base to inform delivery. Improving health and wellbeing is as much about staff training and staff resources as delivering specific health services in certain settings. We therefore acknowledge that measures of success across the system require identification and reporting against. This will be carried out through refreshed governance which will be responsible for the performance management of achievements against the priorities.



Our core shared objectives

This agreement is underpinned by three shared objectives:



To improve health and wellbeing of people in our care and reduce health inequalities.



To reduce reoffending and support rehabilitation by addressing health-related drivers of offending behaviour.



To support access to, and continuity of, care through the prison estate, pre-custody and post-custody into the community.

The framework for our agreement

This partnership agreement sets out how we will work together to deliver our overall objectives, in support of key health and justice strategies, policies and plans. These key strategies will evolve over time and currently include:

- NHS Long Term Plan (2019) <https://www.longtermplan.nhs.uk/>
- Health and social care integration: joining up care for people, places and populations (2022) <https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>
- Reforming Mental Health Act White Paper (2021) [Reforming the Mental Health Act - GOV.UK](https://www.gov.uk/government/publications/reforming-the-mental-health-act)
- Prisons Strategy White Paper (2021) <https://www.gov.uk/government/publications/prisons-strategy-white-paper>
- Female Offender Strategy (2018) <https://www.gov.uk/government/publications/female-offender-strategy>
- From harm to hope: A 10-year drugs plan to cut crime and save lives (2021) <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>
- MoJ Ageing Population Strategy - due to be published Autumn 2022

What we are committing to deliver

We will deliver our objectives by focusing on **10 priorities**:

	Priority
1	Learn lessons to prevent death and self-inflicted harm, improving related practice by developing and strengthening multi-agency approaches to managing individuals at risk of causing serious harm to themselves.
2	Take a whole system approach to ensure people in our care have access to evidence-based substance misuse treatment and recovery services by ensuring their treatment meets identified needs with a full range of high-quality interventions, including abstinence-based approaches, available throughout their pathway of care pre and post custody.
3	Improve the health and wellbeing of people in our care, securing timely and appropriate assessment and treatment including an appropriate focus on the health and social care needs of those with protected characteristics.
4	Improve mental health outcomes for people in our care through the implementation of evidence-based standards and pathways according to the specific needs of the population and the individual.
5	Improve the quality of data and intelligence collection(s) and enable better data-sharing between partners to support the needs analysis of people in our care and support development of effective health outcome measures.

Priority	
6	Develop a gender-specific, trauma informed health approach to working with the specific issues that women in our care face by being trauma-responsive; empowering and enabling women to address the causes of their reoffending.
7	Review and improve the collaboration between health and justice partners so that health services are aligned for better and more consistent provision for people in our care through their sentence.
8	Develop and apply a whole system approach to physical health and emotional wellbeing that ensures that activities, staffing and training promote good health for people in our care including those with protected characteristics.
9	Improve individual and collective health outcomes by promoting and increasing access to preventative, diagnostic and screening programmes for infectious and non-communicable diseases for people in our care, as well as enhancing capability to manage outbreaks of infectious disease (including COVID-19 recovery).
10	We will work so that health services are aligned to support the projected increase of people entering the criminal justice system in coming years through shared delivery of changes in prison estate and probation design, infrastructure, function and operation.

How we will deliver

We will deliver our shared priorities with an agreed workplan and agreed outputs.



We are jointly committed to and accountable for delivering our shared objectives.

We recognise our respective statutory responsibilities and independence, but we must work together to ensure safe, legal, decent and effective care that improves health outcomes for prisoners, and reduce health inequalities for justice-involved individuals, particularly for those with protected characteristics, in order to protect the public and reduce reoffending. We commit to collaborate and cooperate at all levels within our organisations to achieve our shared priorities and deliver our joint workplan.

Appropriate governance structures support delivery of what we are jointly committing to:

- the cross-government **Health and Justice Strategic Partnership Board**, which considers the cross-organisational aims of health and social care, developing and delivering a forward-looking strategic vision aligned across health and justice partners. This is a strategic problem solving, and decision-making space with a view to commission work, allocate resources and unblock systemic issues across organisations involved in health and justice
- the **Health, Social Care and Justice Operational Delivery Board**, which is designed to implement the National Partnership Agreement by mapping, co-ordinating, and driving progress on identified priority workstreams on a national level across prisons and probation

- local operational delivery, which will be determined on a regional basis. Accordingly, governance at **regional and local** level will include some variations. All will include prisons, probation, providers of healthcare, substance misuse and local authority leads for social care services for consistency which will be tailored at a local level to support delivery
- **organisational governance structures**, which exist in each individual organisation and will be used to ensure decisions that impact on organisational spending and delivery are signed off appropriately. Each member is responsible for ensuring decisions are signed off and information is disseminated through the proper channels



Who scrutinises what we do?

Effective delivery of our objectives will be observed by stakeholders including:

Care Quality Commission

An independent regulator of all health and social care services in England, CQC ensures that services meet national standards of safety and care. It inspects prison healthcare and social care services.

Coroner

Investigates deaths which occur in custody or otherwise in state detention and has a duty to make a report to prevent other deaths. 'Regulation 28' reports are shared with relevant organisations to prevent future deaths.

Healthwatch

An independent statutory body established to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

HM Inspector of Prisons

HMIP, an independent inspectorate, reports on conditions for and treatment of those in prison, young offender institutions and immigration removal centres.

HM Inspector of Probation

HMIP inspect youth offending and probation services against evidence-based standards, designed to drive improvement.

Independent Monitoring Board

Every prison has an IMB. Voluntary members are appointed by MoJ to monitor day-to-day life in their local prison and ensure that proper standards of care and decency are maintained.

Internal Organisational Governance

Partner organisations have in place internal (local/ regional/national) governance which oversees each partner's specific areas of responsibility.

Local Authority

Local Authorities are responsible for adult social care in prisons and can require relevant NHS bodies and health service providers to respond to queries to enable the authority to discharge its scrutiny functions. Local authorities do not have powers to demand access to prisons.



National Audit Office and Treasury

The National Audit Office scrutinises public spending for Parliament and is independent of government. The NAO and Treasury scrutinise and hold the Partnership to account for spending on Prison healthcare, publishing public reports on their findings.

Ombudsman

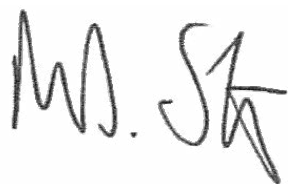
The Prison and Probation Ombudsman is appointed by the Secretary of State for Justice and investigates complaints from prisoners and those subject to probation supervision. The PPO is also responsible for investigating all deaths in prison custody and producing Fatal Incident Reports.

Parliament

We are accountable to Parliament, who scrutinise our work through Select Committees and other functions.

Signatories

National Partnership Agreement 2022-2025



Matthew Style

Director General



Amy Rees

Second Permanent
Secretary



Jerome Glass

Director General



John Stewart

National Director
Specialised Commissioning
NHSE



**Dame Jennifer Harries
DBE**

Chief Executive
Officer



Kate Davies, CBE

Director of Health &
Justice, Armed Forces and
Sexual Assault Services
Commissioning



