National Partnership Agreement for Prison Healthcare in England
2018-2021
Purpose of this Document

This document sets out the partnership agreement between the Ministry of Justice, Her Majesty’s Prison and Probation Service, Public Health England, the Department of Health & Social Care, and NHS England. 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). The Prison Health Partnership (of NHS England, Public Health England and Her Majesty’s Prison and Probation Service) has, for five years, driven improvements to the commissioning and delivery of healthcare in prisons in England.

In the new agreement, set out in this document, the original tripartite partnership has been joined by the Ministry of Justice and the Department of Health and Social Care. This marks the establishment of an even stronger level of co-operation and cohesiveness between all of those who can impact on the policy, commissioning and delivery of health and social care services in both public and private sector prisons in England.

While the agreement covers health services in adult public and private sector prisons in England only, we continue to work with colleagues in Wales, both independently (although HMPPS is an executive agency of the Ministry of Justice), and as partners, to improve the consistency of health services and to meet the needs of those moving between England and Wales.

This National Partnership Agreement sets out:

- The defined roles of the five partners
- Our commitment to working together and sharing accountability for delivery through our linked governance structures
- Our core objectives and our priorities for 2018-21, and a link to the workplans that provide the details of the activities to deliver our priorities
- How we are working together to improve our data and evidence so that we can better understand the health needs of people in custody and the quality of health and social care services delivered to people in prisons.
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Who we are

Our partnership helps us to collaborate and align our priorities, although we are five organisations with specific roles.

- **Ministry of Justice**
  - Justice and prison reform policy
  - Oversight and sponsorship of HMPPS

- **Department of Health & Social Care**
  - Health Policy
  - Section 7A Commissioner for prison public health services

- **Public Health England**
  - Public Health Expert Service provider
  - Surveillance
  - Section 7A public health expert adviser and quality assurance

- **Her Majesty’s Prison and Probation Service**
  - Health Service Co-Commissioner
  - Prison service provider

- **NHS England**
  - Health Service Commissioner
  - Direct commissioner of Section 7A Public Health Services
How we work together
We are jointly committed to and accountable for delivering 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, reduces health inequalities (particularly for those with protected characteristics), protects the public and reduces 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 **National Prison Healthcare Board** has responsibility for the oversight and ongoing management of this agreement and delivery of our shared objectives. It oversees partnership risks and their mitigation, and enables dispute resolution. From 2018, each of the five members of the partnership will equally share responsibility for the function of the NPHB.

- Governance at establishment level is provided through the development and operation of **Local Delivery Boards** (LDBs), led by the Prison Governor/Director for Private Prisons and including providers of custody, healthcare, substance misuse and Local Authority leads for social care services. The work of LDBs should be underpinned by a Local Delivery Agreement to set out how partnership work is taken forward at a local level to support delivery.

- **Organisational governance structures** exist in each individual organisation, which 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.
What we are committing to deliver for 2018-2021

Our partnership is underpinned by three core, shared objectives

1. To improve the health and wellbeing of people in prison and reduce health inequalities.

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

3. To support access to and continuity of care through the prison estate, pre-custody and post-custody into the community.
What we are committing to deliver for 2018-2021
We will deliver our objectives by focusing on 10 key priorities

<table>
<thead>
<tr>
<th>Priority no.</th>
<th>Objectives Targeted</th>
<th>Our priorities are to:</th>
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<tbody>
<tr>
<td>1</td>
<td>✗</td>
<td>Continue to work collaboratively to improve practice to reduce incidents of self-harm and self-inflicted deaths in the adult secure estate, by strengthening multi-agency approaches to managing prisoners at serious risk of harm and further embedding shared learning.</td>
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<td>2</td>
<td>✗</td>
<td>Continue work at all levels to reduce the impact of substance misuse (including from the use of psychoactive substances), to address the risks of misuse and resultant harms, and to ensure the right help is available at the right time.</td>
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<tr>
<td>3</td>
<td>✗</td>
<td>Work together to improve the mental health and wellbeing of our population, securing timely and appropriate assessment, treatment and transfers of care, and to focus appropriately on the mental health needs of those with protected characteristics.</td>
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<tr>
<td>4</td>
<td>✗</td>
<td>Support the continuing improvements to health and social care outcomes for older people and those with serious illnesses (prevention, diagnosis, treatment and palliative care) and end of life care, through the implementation of evidence-based best practice according to the specific needs of the population and the individual.</td>
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</tbody>
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Objectives key

- 1. Health and Wellbeing
- 2. Reduce Re-Offending
- 3. Continuity of Care
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## What we are committing to deliver for 2018-2021

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<td>8</td>
<td>○</td>
<td>Develop and apply a whole prison approach to health and wellbeing that ensures that regime, activities and staffing facilitate an environment that promotes good health and wellbeing and reduces violence for all prisoners, including those with protected characteristics.</td>
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<tr>
<td>9</td>
<td>○</td>
<td>Improve access to preventive, diagnostic and screening programmes for non-communicable diseases (NCDs), and improve the proactive detection, surveillance and management of infectious diseases in prisons and our joint capability to detect and respond to outbreaks and incidents.</td>
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<tr>
<td>10</td>
<td>○</td>
<td>Ensure that health services are aligned to support the shared delivery of current and future changes in prison estate design, infrastructure, function and operation.</td>
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**Objectives key**

- 1. Health and Wellbeing
- 2. Reduce Re-Offending
- 3. Continuity of Care
How we will deliver

We will work together to deliver activities and projects through our agreed workplan

Targeting our three Core Objectives…

We focus on our 10 priorities

...which are delivered through a detailed annual workplan that outlines activities and projects and their associated deliverables, measures and timelines.

Detailed workplan for 2018-19

Forward Look 2019-20

Forward Look 2020-21
What we need to know

Understanding the complex interaction of factors that influence health and social care outcomes helps us to make better decisions.

**People in prisons have complex needs.**

We are committed to understanding the factors that impact on health and social care outcomes for people in prison. This includes understanding specific needs and the needs of vulnerable cohorts, such as those with severe mental illness, those at risk of harm, substance misusers, women and older and/or disabled individuals.

We must also take account of:

- The physical environment, staffing levels and regime;
- Prevalence of disease, both in prison and the wider population;
- Service access for those with particular needs, especially those with protected characteristics;
- The structure of the population and how it moves around the estate, including how demographics are changing and how we are responding to changes to meet needs, particularly for those with protected characteristics;
- The services, facilities and structures that help us deliver healthcare.
What we need to know

Improving our confidence in health data and how we measure success

The Partnership recognises:

- the need for **valid, reliable, timely and sensitive data** to describe health needs among people in prison, the effectiveness of health service providers and health outcomes, how well services meet identified needs, including the needs of diverse groups, and the impact of policy decisions on health and social care provision for all people in prisons, particularly those with protected characteristics.

- improving overall health and wellbeing may be as much about changes to regime, custodial staffing levels, food, accommodation, access to exercise, training, employment etc. as delivering specific health services. There is an inter-dependency of health and custodial services.

- the requirement for a **better understanding of cost and effectiveness** across health and justice can **improve performance**.

- that measures of success will have to be described and reported against. This will be done through the new reporting module for the revised health IT system (from April 2019) and the developing prison health dashboard. National performance management of achievements against the priorities will be achieved through the quarterly National Prison Healthcare Board from April 2018.

The Health and Justice Data, Intelligence and Evidence Group (DIEG) was established to provide strategic leadership and oversight to cross-organisational work on information, intelligence and evidence needs to support improvements in understanding the health needs and the quality of health services delivered to people in prisons.
Who scrutinises what we deliver

Effective delivery of our objectives will be observed by existing scrutiny bodies.

- **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.

- **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.

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

- **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.

- **Healthwatch**: An independent consumer champion for health and social care across England, working to ensure consumer views are represented locally and nationally.

- **Local Authorities**: 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.

- **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.

- **Internal Organisational Governance**: Partner organisations have in place internal (local / regional / national) governance which oversees each partner’s specific areas of responsibility.

- **Coroners**: Investigate deaths which occur in custody or otherwise in state detention and have a duty to make a report to prevent other deaths. ‘Regulation 28’ reports are shared with relevant organisations to prevent future deaths.
Signatories


Justin Russell
Director General
Prisons, Offender and Youth Justice

Michael Spurr
Chief Executive Officer

Jonathan Marron
Director General

Duncan Selbie
Chief Executive Officer

Kate Davies
Director Armed Forces and their Families, Health and Justice and SARCs

Ministry of Justice
HM Prison & Probation Service
Department of Health & Social Care
Public Health England

NHS England