



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.

Contents

Section	Page
Who we are	4
How we work together	5
What we are committing to deliver for 2018–2021	6
How we will deliver	10
What we need to know	11
Who scrutinises what we deliver	13
Signatories	14

Who we are

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

Public Health **England**

Public Health Expert Service provider

Surveillance

Section 7A public health expert adviser and quality assurance

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 co-operate 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
 on-going 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.

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 re-offending 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.

We will deliver our objectives by focusing on 10 key priorities

Priority no.	o. Objectives Targeted		geted	Our priorities are to:
1	0		<u> </u>	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.
2	0	0	•	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.
3	0	0	0	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.
4	•		•	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.

Objectives key

- 1. Health and Wellbeing
- 2. Reduce Re-offending
 - 3. Continuity of Care

We will deliver our objectives by focusing on 10 key priorities

Priority no.	. Objectives Targeted		geted	Our priorities are to:
5	0	0	<u> </u>	Improve the quality of data and intelligence collection and enable better data-sharing between partners. This includes improving the sharing of information before, during and after incarceration to support continuity of care, and will aid development of effective health outcome measures.
6	0	0	•	Input into the development of policy amongst the health and justice partners, and across government, to ensure that potential impacts on prisoners' health and social care needs are properly considered and that shared objectives (including commitment to fairness, diversity and equality of opportunity) are maintained.
7	0	0	•	Review and improve commissioning between health and justice partners (including a review of the healthcare arrangements in the five private sector prisons where MoJ contracts these services) and links with local authorities, probation services and health commissioning in the community, so that health and social care services are aligned for better and more consistent provision before, during and after custody.

Objectives key

- 1. Health and Wellbeing
- 2. Reduce Re-offending
- 3. Continuity of Care

We will deliver our objectives by focusing on 10 key priorities

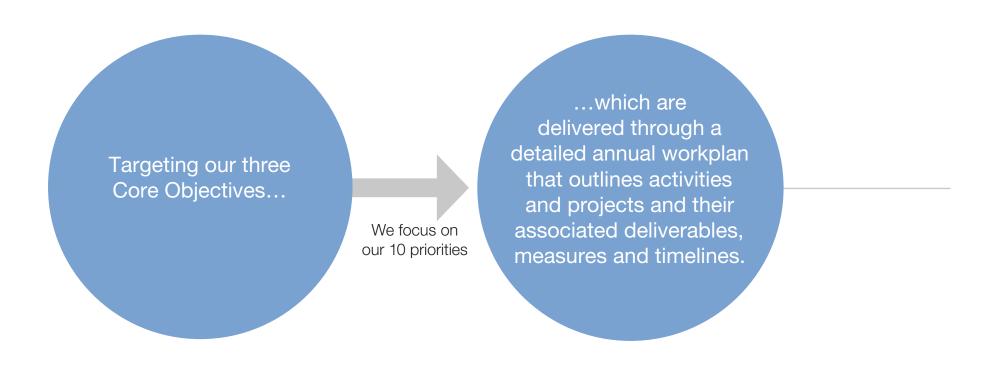
Priority no.	. Objectives Targeted		geted	Our priorities are to:
8				Develop and apply a whole prison approach to health and wellbeing that ensures that regime, activities and staffing facilitate an environment that promotes good health and wellbeing and reduces violence for all prisoners, including those with protected characteristics.
9	0			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.
10	0	<u> </u>	<u> </u>	Ensure that health services are aligned to support the shared delivery of current and future changes in prison estate design, infrastructure, function and operation.

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



What we need to know

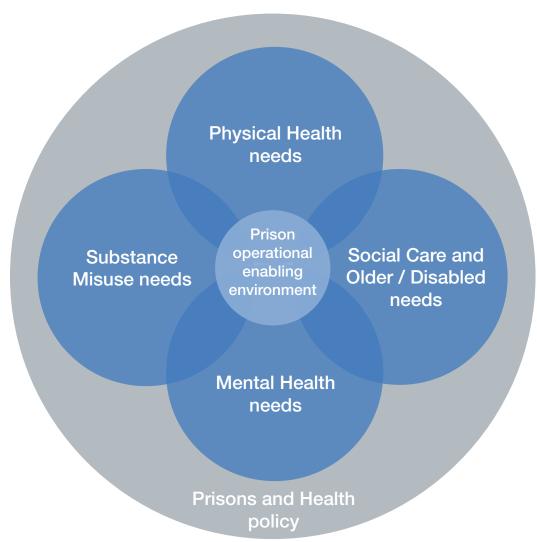
Understanding the complex interaction of factors that influence health and social care outcomes helps us to make better decisions

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.

Healthwatch

An independent consumer

champion for health and social care

across England, working to ensure

consumer views are represented

locally and nationally.

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.

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.

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.

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.

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.

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 gueries to enable the authority to discharge its scrutiny functions. Local authorities do not have powers to demand access to prisons.

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 has a duty to make a report to prevent other deaths. 'Regulation 28' reports are shared with relevant organisations to prevent future deaths.

Signatories

National Partnership Agreement for Prison Healthcare in England 2018-2021

Michael Spurr

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









