



HM Government



England

# National Partnership Agreement for Prison Healthcare in England

## Workplan

2018 - 2021

# National Partnership Agreement for Prison Healthcare in England Workplan

The National Partnership Agreement, published in April 2018, sets out how health and justice partners will work together to deliver the partnership's three core objectives, and the agreed ten key priority areas.

The 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, provides the basis of a shared understanding of, and commitment to, the way in which the partners work together.

This Workplan details the key activities, deliverables and timeframes, and associated measures for the ten priorities, set out in the National Partnership Agreement.

We reaffirm our commitment to work together to deliver our shared Workplan.



# Description of Headings:

<b>Priority:</b>	One of ten key priorities, through which we deliver our three core shared objectives, as set out in the National Partnership Agreement (NPA)
<b>Measure:</b>	The measure of success for each priority, against which progress will be reported
<b>Core Shared Objective:</b>	<ul style="list-style-type: none"><li> To improve the health and wellbeing of people in prison and reduce health inequalities.</li><li> To reduce reoffending and support rehabilitation by addressing health-related drivers of offending behaviour.</li><li> To support access to and continuity of care through the prison estate, pre-custody and post-custody into the community.</li></ul>
<b>Activity:</b>	The core activities and projects stemming from 10 priorities set out in the NPA
<b>Lead Partner:</b>	One or more Partners leading on the activity: <b>MoJ:</b> Ministry of Justice <b>HMPPS:</b> HM Prison and Probation Service <b>DHSC:</b> Department for Health and Social Care <b>PHE:</b> Public Health England <b>NHSE:</b> NHS England
<b>Deliverable/ Timeframe:</b>	The tangible output or outcome expected as a result of each project or area of activity, and the respective timeframe (all Quarters are based on the UK Financial Year from 1 <sup>st</sup> April to 31 <sup>st</sup> March)

# Priority 1

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.

Measure:  
Reduce incidents of self-harm and self-inflicted deaths in adult prisons.

Linked to the following core shared objectives:



Activity	Lead Partner	Deliverable and Timeframe
<b>Prison Support:</b>		
Support establishments to develop effective multi-agency plans for suicide prevention and self-harm reduction, as part of establishment level safety strategies.	HMPPS	Establishment-level safety strategies due: <b>FY18/19 Q2</b>  Local action plans to support safety strategies due: <b>FY18/19 Q3</b>  Promote national guidance including the NICE guidance, and nationally and locally published information/data: <b>Ongoing</b>
<b>Information and Data:</b>		
Improve information sharing to support prison staff identify and assess prisoner risk effectively, in particular in higher risk periods including early days and transitions.	Joint (including through the Prison Safety Board)	Proposal for HMPPS to improve flow, quality and use of risk information signed-off: <b>FY18/19 Q3</b>  Information sharing protocols between prison, healthcare and probation staff established: <b>FY19/20 Q1</b>
Support effective use of information and data estate wide and at establishment level.	Joint	Training rolled out to existing analysts: <b>FY19/20 Q1</b>
<b>Multi-Agency Working to Identify and Reduce Risk:</b>		
Improve multi-disciplinary team (MDT) working in the use of Assessment, Care in Custody & Teamwork (ACCT).	Joint	To align with the planned roll-out of the new V6 ACCT form: <b>FY19/20 Q3</b>  <b>Ongoing</b>

# Priority 1 *(continued)*

Activity	Lead Partner	Deliverable and Timeframe
<p>Improve access to clinical and non-clinical care, through improving joint working between prison and healthcare staff, in particular in higher risk environments including reception and first night.</p>	<p>Joint</p>	<p>Identify and share models of MDT good practice: <b>Ongoing</b></p> <p>Identify desirable skills and competencies needed for prison and healthcare staff in early days environments to improve their understanding about their respective roles and responsibilities: <b>Ongoing</b></p> <p>Assess access to clinical and non-clinical care, as well as joint working: <b>Ongoing</b></p>
<p>Training:</p>		
<p>Improve skills and confidence of staff through training to reduce risks of suicide and self-harm, and provide appropriate support.</p>	<p>HMPPS</p>	<p>Oversee that delivery of effective training is carried out at establishment level, including MDT input when appropriate. This includes the roll out of suicide and self-harm, ACCT Case Manager and ACCT Assessor training: <b>Ongoing</b></p>
<p>Postvention Support:</p>		
<p>Improve access to support available to people in prisons following a self-inflicted death, including clusters of self-inflicted deaths.</p>	<p>HMPPS</p>	<p>Structured Professional Support for all Governing Governors (mandated for Governors in prisons where there has been a cluster of self-inflicted deaths and/or a homicide) goes live: <b>FY18/19 Q2</b></p> <p>HMPPS to grant funding for postvention project awarded to Samaritans: <b>FY18/19 Q2</b></p>

# Priority 1 *(continued)*

Activity	Lead Partner	Deliverable and Timeframe
Awareness Raising:		
Support communication activity for staff and prisoners, to raise awareness about suicide and self-harm, and support available.	Joint	<p><b>Through quarterly reporting into the NPHB:</b></p> <p>Develop joint Communication channels to reinforce messages of joint working: <b>Ongoing</b></p> <p>Ensure that communication on suicide and self-harm are regularly shared between partners: <b>Ongoing</b></p> <p>Support local suicide prevention awareness campaigns: <b>Ongoing</b></p>
Environmental Change		
Reduce 'access to means'.	HMPPS	<p>HMPPS grant funding for Design Against Crime Research Centre's anti-suicide furniture project: <b>FY18/19 Q2</b></p> <p>All new PETP prisons have improved ligature-resistant cells throughout. First two expected to open: <b>by 2021</b></p> <p>Enhance understanding of common methods of suicides: <b>Ongoing</b></p> <p>Identify issues related to safer cells and facilities which need addressing, including costs for review through appropriate governance: <b>Ongoing</b></p>
Wider Programme Support:		
Understand suicide and self-harm research needs, and identify opportunities to address these.	Joint	Update scheduled: <b>FY18/19 Q3</b>
Develop effective practice approaches to support prisons to address prolific self-harm building on current areas of good practice.	Joint	Update scheduled: <b>FY18/19 Q3</b>
Monitor effectiveness of prison safety programmes	Joint	<b>Ongoing</b>

# Priority 2

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.

Measure:

Restriction of supply and reduction in demand of substances, with a reduction in the impact of substance misuse through improved health outcomes.

Linked to the following core shared objectives:



Activity	Lead Partner	Deliverable and Timeframe
Tackling Drugs in Prison:		
Formation of a Drugs Taskforce to provide support across the estate to tackle drugs. Additional focus and support will be provided to 10 of the most challenging prisons.	HMPPS  MoJ	Prisons Drug Strategy issued: <b>FY18/19 Q4</b>  Drugs diagnostics visits for the 10 most challenging prisons complete: <b>FY17/18 Q4</b> ; Implementation: <b>FY18/19 Q4</b>  New NHS England substance misuse Service Specification published: <b>FY18/19 Q1</b>  Implementation review of new NHS England substance misuse Service Specification: <b>FY18/19 Q3</b>  NHS England developing a programme of work to scope substance misuse interventions that can effect a step change in health responses to psychoactive substances: <b>by 2020</b>

## Priority 2 (continued)

Activity	Lead Partner	Deliverable and Timeframe
Drug Recovery Prison (DRP) Pilot: To test a whole prison approach to tackle the supply of drugs into prison, create an environment where prisoners have access to the full range of health services that meet their needs and support on release to help custody to community transition.	HMPPS MoJ NHSE DHSC	Early learning from DRP implementation fed into Prisons Drug Strategy: <b>FY18/19 Q4</b> DRP Pilot complete: <b>by 2020</b> Final Process Evaluation report published: <b>by 2020</b> Impact Evaluation published: <b>by 2023</b> Economic Evaluation (to be considered following the findings from the Impact Evaluation): <b>by 2023</b>
Continuity of Care:		
Improve continuity of care between prison and community for those accessing drug treatment	PHE NHSE	Produce continuity of care tool kit for prison healthcare teams and community based substance misuse services: <b>FY18/19 Q2</b> Support commissioners and providers to review local continuity of care processes and pathways, and to support local improvements where needed/possible: <b>FY18/19 Q4</b>
Smoke-free Prisons:		
Smoke-free Prisons Programme	HMPPS NHSE	Fully implement Smoke-free Prisons Programme in all adult prisons in England, and improve support including nicotine replacement therapy, e-cigarettes/vapes and psychosocial support: <b>FY18/19 Q4</b>

# Priority 3

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.

Measure:

Improved mental health and wellbeing of prison population, through improved assessment, treatment and transfers of care.

Linked to the following core shared objectives:



Activity	Lead Partner	Deliverable and Timeframe
<b>Mental Health:</b>		
<p>Improve diagnosis and management of mental health needs in prison and support for continuity of care between settings including on transfer and release.</p>	<p>NHSE</p>	<p>Benchmarking data for 2017 published: <b>FY18/19 Q3</b></p> <p>NHS Benchmarking data of transfer and remissions: <b>FY18/19 Q4 (then Annually)</b></p> <p>Implementation of the new mental health service specification: <b>FY18/19 Q4</b></p> <p>Improve the use of data to track outcomes and measure progress: <b>FY18/19 Q4</b></p> <p>Deep dive of local mental health pathways: <b>FY18/19 Q4</b></p> <p>Refreshed Transfer and Remission guidance published: <b>FY19/20 Q1</b></p> <p>Pilot new pathways of care from mental health hospital to prison jointly with HMPPS: <b>FY19/20 Q3</b></p> <p>New models of delivery of mental health services tested within prisons: <b>FY19/20 Q1</b></p>

## Priority 3 *(continued)*

Activity	Lead Partner	Deliverable and Timeframe
Identify and provide opportunities for staff mental health awareness training.	HMPPS  MoJ	Review of HMPPS Introduction to Mental Health (provided during Prison Officer Entry-Level Training) and Enhanced Mental Health training (available to all officers): <b>FY18/19 Q3</b>  Following review, refresh and update training packages available: <b>FY19/20 Q1</b>

# Priority 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.

Measure:

Improved health and social care outcomes for older people and those with serious illnesses, through the correct implementation of evidence-based best practise.

Linked to the following core shared objectives:



Activity	Lead Partner	Deliverable and Timeframe
Health and Social Care Outcomes:		
Implementing “Dying Well in Custody Charter” (DWCC).	HMPPS  NHSE	<p>Communication and promotion of the DWCC on the Senior Leaders Bulletin and other communication channels: <b>FY18/19 Q4</b></p> <p>Develop and agree measures to demonstrate implementation of the DWCC across the prison estate (e.g. establishments to have undertaken an initial self-assessment): <b>FY19/20 Q2</b></p> <p>Establishments to have developed an improvement plan, signed off by Head of Healthcare and Governor: <b>FY20/21 Q4</b></p> <p>DWCC rolled-out: <b>FY20/21 Q4</b></p> <p>Evidence to support a demonstrable improvement in all aspects of palliative and end of life care (e.g. PPO reports, feedback, transfer in and out health screens/assessments): <b>by 2021</b></p> <p>Training activity: <b>Ongoing</b></p>

## Priority 4 (continued)

Activity	Lead Partner	Deliverable and Timeframe
<p>Implement Operating model for the delivery of Social Care within Custody in partnership with Local Authorities and other stakeholders, with assurance of the safe and decent delivery of Local authority provider services.</p>	<p>HMPPS</p>	<p>Embedded Communications Strategy to include all partners agreed: <b>FY18/19 Q4</b></p> <p>Implementing a local process for the delivery of social care services across the prison estate: <b>FY19/20 Q1</b></p> <p>Support for governors: <b>Ongoing</b></p> <p>Build robust governance arrangements with all stakeholders: <b>Ongoing</b></p> <p>Embedded safeguarding process: <b>Ongoing</b></p>
<p>Access to services which prevent, diagnose, and treat serious illness equivalent to the community to achieve parity with community</p> <p>Improvements in understanding of the health and social care needs of older people and other defined vulnerable populations in prisons.</p>	<p>NHSE</p> <p>PHE</p>	<p>Health &amp; Social Care needs assessments commissioned in prisons with older populations informed by PHE toolkit: <b>FY19/20 Q1</b></p> <p>Dedicated reviews commissioned for Transgender people: <b>FY19/20 Q3</b></p> <p>Action plans developed to respond to findings: <b>by 2020</b></p> <p>Delivery of action plan for Gypsy Roma and Traveller Communities in the Criminal Justice system: <b>by 2021</b></p>

# Priority 5

**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.

Measure:

Increased continuity of care and improved health outcomes through better data-sharing between partners, and an improved quality of data and intelligence collected.

Linked to the following core shared objectives:



Activity	Lead Partner	Deliverable and Timeframe
<b>Data, Evidence &amp; Intelligence Group:</b>		
Support improvements in understanding the health needs and quality of health services delivered to people in prisons through the delivery of the associated work programme of the cross-organisational Data, Evidence & Intelligence Group.	PHE	Development of a Prison Healthcare Dashboard describing patient needs in prison and how they are being met across the prison estate with 'beta test' in small group of prisons: <b>FY18/19 Q4</b>
Chair meetings of the cross-organisational Data, Evidence & Intelligence Group.	PHE	<b>Ongoing</b>
<b>Health and Justice Information System (HJIS):</b>		
Establish the new HJIS to link prison healthcare systems to health systems in the community to support continuity of care.	NHSE	Linking existing records to the NHS Spine: <b>FY19/20 Q4</b> Full GMS patient registration and GP2GP data transfer available: <b>FY20/21 Q4</b> Full rollout of functionality: <b>by 2021</b>

# Priority 6

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.

## Measure:

National Prison Healthcare Board (NPHB) continues to meet its objectives and delivers against the Workplan; new policy reflects the big picture and developments across Government

Linked to the following core shared objectives:



Activity	Lead Partner	Deliverable and Timeframe
<b>Develop Infrastructure for National Prison Healthcare Board (NPHB):</b>		
Review and develop the Terms of Reference for the NPHB, and review membership, to support delivery of the shared objectives set out in the NPA (2018 – 2021).	Secretariat	Revised Terms of Reference finalised: <b>FY19/20 Q1</b> Review by the NPHB of whether the Board is meeting its objectives: <b>Ongoing</b>
Five Partners to consider options for a NPHB secretariat/PMO function.	Joint	Board to consider and agree on preferred option for secretariat: <b>FY19/20 Q2</b> Establishment of secretariat with defined roles and responsibilities: <b>FY19/20 Q3</b> Delivery of secretariat/PMO function role: <b>FY19/20 Q3 (and thereafter)</b>
<b>Joint Strategic Policy Work:</b>		
Policy advisors regularly and collaboratively communicate, using their knowledge of Partnership objectives and priorities, to influence wider policy and strategy across Whitehall	DHSC MoJ	Policy advisors at Ministry of Justice and Department for Health and Social Care will meet regularly: <b>Ongoing</b> Policy advisors will engage purposefully with other policy advisors to ensure NPHB objectives are taken into account as necessary: <b>Ongoing</b> NPHB partners continue to have sight of new and emerging policy, and developments across Whitehall: <b>Ongoing</b>

## Priority 6 (continued)

Activity	Lead Partner	Deliverable and Timeframe
Policy advisors input constructively and collaboratively into the Health and Justice Partnership Board (HJPB) as appropriate, including feeding into the Five Year Forward View Integrated Health and Justice Pathway	DHSC MoJ	Coordinated cross-government approach to shared priorities established: <b>Feed into quarterly HJPB meetings</b> Cross-government initiatives developed: <b>Feed into quarterly HJPB meetings</b>
Prison health policy leads from Department for Health and Social Care and Ministry of Justice will update NPHB on emerging policy developments	DHSC MoJ	Policy Officials will ensure the NPHB is engaged appropriately with the Government response to the Health Select Committee Report: <b>FY18/19 Q3</b> Policy officials will ensure the NPHB is appropriately engaged in the progress of the Mental Health Act Review: <b>FY18/19 Q4</b> Policy officials from Ministry of Justice will update NPHB on discussions with NAO on recommendations: <b>FY19/20 Q4</b> Assessment of the impacts of issues upon partnership priorities, and discussed with NPHB, with papers presented to NPHB to keep the Board informed: <b>As required (quarterly NPHB)</b>
NPHB Consideration of New Policy:		
NPHB, when necessary, assess the impact of new and emerging policy developments on objectives of the Partnership and upon the priority deliverables set out in the NPA.	Joint	Discussions on Mental Health Act Review once published: <b>FY18/19 Q4</b> Emerging policy developments will be placed on NPHB agenda as they come up: <b>As necessary</b>
Barriers or risks to delivery are escalated to senior officials and/or Ministers where appropriate	Joint	Barriers to implementing specific recommendations of HSC report escalated with Ministers: <b>FY18/19 Q3</b> Escalation, with steers provided in response: <b>As required</b>

## Priority 6 (continued)

Activity	Lead Partner	Deliverable and Timeframe
Ministerial and Departmental Engagement:		
Prisons health policy leads in Ministry of Justice and Department for Health and Social Care will ensure effective Ministerial engagement, including:  Quarterly bi-lateral meetings between Junior Ministers  Appropriate engagement at Secretary of State level	DHSC  MoJ	Bi-lateral meetings: <b>Quarterly</b>  Policy officials will engage with Private Office to ensure engagement at Secretary of State level as required: <b>As necessary</b>
Partners will engage with the Reducing Re-Offending Board (RRB) as appropriate	Joint	Regular updates provided to the RRB: <b>Ongoing (quarterly RRB)</b>

# Priority 7

**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.

Measure:

Improved commissioning of health services between health and justice partners, delivering better health and social care services and deliver improved health outcomes.

Linked to the following core shared objectives:



Activity	Lead Partner	Deliverable and Timeframe
<b>Review Commissioning between health and justice Partners:</b>		
Partners agree policy statement on collaborative commissioning.	MoJ DHSC	Paper on collaborative commissioning policy statement presented to the National Prison Healthcare Board (NPHB): <b>FY18/19 Q3</b>  Actions agreed at the NPHB acted upon to finalise the collaborative commissioning policy statement: <b>FY18/19 Q4</b>
NPHB will commission a review into the future of healthcare provision and commissioning within private prisons.	HMPPS MoJ	Terms of references agreed, and project timelines identified ad agreed between parties: <b>FY19/20 Q2</b>
<b>Better Support Continuity of Care:</b>		
Investigate means to improve continuity of care between prison and community.	HMPPS MoJ NHSE	Ministry of Justice and Department for Health and Social Care policy leads explore continuity of care options with probation and other health and justice policy colleagues: <b>FY18/19 Q4</b>  NHS England to explore options on appropriate continuity of care model for mental health: <b>FY19/20 Q1</b>

## Priority 7 (continued)

Activity	Lead Partner	Deliverable and Timeframe
Improve links between prison and community healthcare data	NHSE	Linked prison and community healthcare data sets, leading to better continuity of care: <b>FY19/20 Q4</b>  Current expectations for HJIS being delivered: <b>by 2021</b>
Work with the Association of Directors of Adult Social Services (ADASS) to ensure that Local Authorities have appropriate representation on Local Delivery Boards.	HMPPS MoJ	<b>Ongoing</b>
Support to Collaborate Effectively:		
Develop Governor Guidance on collaborative commissioning, with a clear policy statement of what this means in the health & justice space.	HMPPS MoJ	Finalised Governor Guidance to be presented to NPHB: <b>FY19/20 Q1</b>  Roll-out plan for Governor Guidance developed and implemented: <b>FY19/20 Q1</b>
Review and publish replacement Prison Service Instruction (PSI - governor responsibilities)	HMPPS MoJ	Formal consultation process complete: <b>FY19/20 Q1</b>  Replacement PSI published: <b>FY19/20 Q1</b>
Promoting effective collaborative working throughout the prison.	HMPPS NHSE MoJ DHSC	Good collaborative work will be disseminated following Autism Accreditation Event: <b>FY18/19 Q3</b>  Identify good practise and ways of disseminating this: <b>Ongoing</b>

# Priority 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.

Measure:

Improved health and wellbeing for prisoners, with a reduction in violence.

Linked to the following core shared objectives:



Activity	Lead Partner	Deliverable and Timeframe
<b>Rehabilitative Culture:</b>		
<p>To define the principles of a whole prison approach to health and wellbeing and provide guidance to support delivery of health and wellbeing outcomes to all partner's services in prisons</p>	<p>HMPPS PHE NHSE</p>	<p>Undertake a rapid review of the evidence of how all prison regime services (including health and social care services) can support health and wellbeing outcomes for people in prison: <b>FY19/20 Q1</b></p> <p>Ensure all new healthcare specifications reflect and support the principles of a whole prison approach to health &amp; wellbeing outcomes: <b>FY19/20 Q4</b></p> <p>Review the programme of HMPPS work on rehabilitative culture to identify contributions health and wellbeing outcomes and define further activities which can be driven forward by this programme: <b>FY19/20 Q1</b></p> <p>Engage partners and stakeholders in collaborative work to define the principles of a whole prison approach to health and wellbeing outcomes, and that these principles include differential approaches to address inequalities for those with protected characteristics as defined by the Equality Act 2010: <b>FY19/20 Q4</b></p> <p>Commission and publish guidance on a whole prison approach to improving the health &amp; wellbeing of prisoners and staff which contributes to the rehabilitative culture, recovery and safety in prisons: <b>by 2021</b></p>

## Priority 8 *(continued)*

Activity	Lead Partner	Deliverable and Timeframe
Service Specifications:		
<p>Development, integration and implementation of revised Service Specifications</p> <p>Two-year work programme through 2018-20 to revise all remaining service specifications, including Primary Care, Optometry, Podiatry and Dentistry.</p>	<p>NHSE</p>	<p>Implementing the revised Mental Health and Substance Misuse service specifications to fit in with existing commissioning cycles: <b>FY19/20 Q1</b></p> <p>Service specifications, including Primary Care, Optometry, Podiatry and Dentistry, revised: <b>FY19/20 Q4</b></p>

# Priority 9

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.

## Measure:

Improved health and wellbeing for prisoners, with a reduction in violence.

Linked to the following core shared objectives:



Activity	Lead Partner	Deliverable and Timeframe
<b>Infections in the Prison Estate:</b>		
Work in partnership to improve access to testing and treatment for blood-borne virus (BBV) infection in all adult prison settings in England.	PHE NHSE	NHS England lead on supporting case finding of people with Hepatitis C within the prison estate, and supporting access to specialist treatment and peer support structures to achieve elimination: <b>by 2025</b>  <b>Ongoing</b>
Work in partnership to improve active case finding and treatment of latent TB infection (LTBI) in foreign national prisons and/or prisons with a large number of foreign national prisoners.	PHE NHSE	LTBI Pilot in Foreign National Prisons: <b>FY19/20 Q4</b>
Work in partnership to improve prevention of outbreaks and infection control in prisons.	PHE NHSE	<b>Ongoing (business as usual)</b>
<b>Physical Health Check in Prison Programme:</b>		
Improve delivery of and uptake of the Physical Health Check in Prison Programme (excluding reception and resettlement prisons).	NHSE	Review and implement a Physical Health Checks in Prison Programme implementation plan informed by issues identified in the gap analysis, contextualising the establishment environment and sharing good practice from high performing prisons: <b>FY19/20 Q1</b>  Analyse results from the 2018 Physical Health Check in Prison Programme Gap Analysis: <b>Ongoing</b>

## Priority 9 *(continued)*

Activity	Lead Partner	Deliverable and Timeframe
Screening Programmes:		
High quality delivery of all cancer and non-cancer screening programmes, adapted to the prison environment.	NHSE	<p>Conduct gap analysis into screening programmes, and analyse results: <b>by 2020</b></p> <p>Develop and implement an implementation plan, informed by the results of the gap analysis, contextualising the establishment environment and sharing good practice from high performing prisons: <b>by 2022</b></p>

# Priority 10

Ensure that health services are aligned to support the shared delivery of current and future **changes in prison estate** design, infrastructure, function and operation.

Measure:

Healthcare services in prisons support, and inform the shared delivery of current and future changes to the prison estate infrastructure, function; the design of the prison reflects healthcare needs, and continues to deliver improved health outcomes

Linked to the following core shared objectives:



Activity	Lead Partner	Deliverable and Timeframe
HMPPS Public Sector Prisons (Estates): Facilities Management:		
Continue close work between health partners to ensure maintenance issues are reported and acted on efficiently.	HMPPS	<p>Increased efficiency in maintenance of estate through strategic coordination with MOJ Estates: <b>by 2020</b></p> <p>For NHS England to align health specifications to the prison reconfiguration agenda: <b>by 2020</b></p> <p>Continue to develop close working relationships with health partners, including NHS, Public Health England and on site providers through more collaborative commissioning at all levels: <b>by 2020</b></p> <p>Meeting with Governor and Site Representatives: <b>by 2020</b></p> <p>Compliance with CQC findings following consideration of findings: <b>by 2020</b></p>

# Priority 10 *(continued)*

Activity	Lead Partner	Deliverable and Timeframe
Prison Estate Transformation Programme (PETP):		
Improve joint working and information sharing by ensuring the correct communication and governance structures are in place for each arm of the PETP programme.	HMPPS	Health and social care partners attend relevant PETP meetings; PETP field attend the NPHB: <b>by 2021</b>
PETP - Reconfiguration:		
Ensure that all commissioned services are appropriately informed by plans and decisions made concerning reconfiguration of the adult male estate.	Joint	<p>Partners are engaged in individual establishment reconfiguration projects through Reconfiguration Working Group (RCWG) and chair the specific Health and Social Care sub group to align services with reconfiguration: <b>by 2021</b></p> <p>Establishment health services align to cohort strategy and establishment population: <b>by 2021</b></p> <p>NHS England finance is managed to enable health service reconfiguration: <b>by 2021</b></p> <p>Prison plans reflect engagement with and from local commissioners and providers and agreement that services are ready for reconfiguration and adoption of relevant Model for Operational Delivery: <b>by 2021</b></p> <p>Regular joint communications are developed and routinely shared with relevant partners in line with the Reconfiguration Communication Plan: <b>by 2021</b></p> <p>PETP, through the NPHB, engage with health partners and advise on population projections, time-line on need for new capacity and potential closures in the future: <b>Ongoing</b></p>

## Priority 10 *(continued)*

Activity	Lead Partner	Deliverable and Timeframe
PETP - New Build Design:		
Ensure that all commissioned services are appropriately informed by plans and decisions made concerning new prison builds.	HMPPS	Partners are engaged in the development of the design and operating model of the new prisons and the commissioning of services in them once they are built: <b>by 2021</b>
Ensure services and pathways of care are maintained/supported.	Joint	Individual Health pathways developed to align with National Allocation Protocol: <b>by 2021</b>  Healthcare sub-group supports the identification of activity and processes required to support NAP: <b>by 2021</b>  Reduction in all but essential Medical Holds: <b>by 2021</b>