Partnership Agreement between
Home Office Immigration Enforcement
NHS England
Public Health England

April 2015
Partnership Agreement

between

Home Office Immigration Enforcement
NHS England
Public Health England

Version number: 02

First published: October 2013

Updated: December 2014
Published April 2015


Classification: (OFFICIAL)

NHS England Publications Gateway Reference 01910
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1. Joint Statement

1.1 This is an annual update of the agreement first published in October 2013. It sets out the shared strategic intentions, joint corporate commitments and mutually agreed developmental priorities of NHS England and Home Office Immigration Enforcement.

1.2 Learning from lessons over the past year and recognising the important role Public Health England (PHE) plays in understanding and meeting the healthcare needs of this patient population, particularly in respect of the prevention and management of communicable diseases including disease surveillance, we are pleased to develop the partnership into a tripartite agreement to include PHE in working with the Home Office and NHS England to commission and deliver healthcare services in Immigration Removal Centres (IRCs) across England.

1.3 We recognise our respective statutory responsibilities and independence, but commit to collaborate and cooperate at all levels within our organisations to achieve joint delivery commitments and shared aims of ensuring safe and effective care. This approach will serve to improve the health and wellbeing of people during their stay in immigration detention, and support earlier diagnosis and treatment of illnesses which will protect the wider population and contribute towards our respective statutory responsibilities to reduce health inequalities.

1.4 Collaboration goes beyond the words written in this document: it must be embedded into the way in which we work together as a tripartite partnership, nationally, regionally and at the appropriate local level where NHS England health and justice area teams are responsible for commissioning health services within IRCs and other immigration detention settings.

2. Introduction

Home Office Immigration Enforcement

2.1 Immigration Enforcement is part of the Home Office. The main aim of Immigration Enforcement is the robust enforcement of the immigration laws. As
part of its responsibilities, Home Office Immigration Enforcement provides secure detention facilities for:

- People who have just arrived in the UK and who are subject to examination by an immigration officer to decide whether or not they can be granted entry to the UK;
- People who have entered the UK illegally (for example, in the back of a lorry or using false documents), who are waiting for a decision as to whether they will be granted leave to enter, and who are waiting for removal if leave to enter is refused. This category may include people who have applied for asylum;
- People who have overstayed their limited leave to remain, or who have breached conditions attached to their leave to remain, and who are waiting for a decision about whether they are to be removed from the UK, or pending their removal; and
- People against whom the Home Office is taking deportation action. Most people in this position will be foreign national offenders who have completed their criminal sentence.

2.2 Home Office Immigration Enforcement is responsible for:

- The provision of safe, decent and secure detention;
- The management of the IRC population and decisions on capacity; and
- The safety and security of all staff (including healthcare staff).

2.3 Home Office Immigration Enforcement operate short term holding facilities (STHFs), both residential and non-residential, IRCs and the pre-departure accommodation (PDA), which is used for some families whose departure from the UK is being enforced.

2.4 Detention and removal are essential elements of effective immigration controls. The statutory purpose of the detention facilities is to provide for the secure but humane accommodation of detained persons whilst case owners take action to process asylum cases or seek to remove from the UK. Immigration Enforcement
seeks to ensure the safe, secure and efficient running of the detention estate and escorting services, including removal.

3. **NHS England**

3.1 NHS England is a non-departmental public body which operates within the wider health and social care system. Its overarching role is to ensure that the NHS delivers continuous improvements in outcomes for patients within the resources available. NHS England will fulfil this role through its leadership of the reformed commissioning system. Working in partnership with clinical commissioning groups (CCGs) and a wide range of stakeholders, NHS England Health and Justice direct commissioning operations directorate is also responsible for the transfers of patients to secure hospitals, from secure and detained environments, under the Mental Health Act 1983 and for the commissioning of clinical reviews for Prison and Probation Ombudsmen (PPO), in addition to its responsibilities for funding primary and secondary healthcare services within the secure and detained estate.

3.2 Our overarching organisational intentions are: to secure better outcomes, as defined by the NHS Outcomes Framework; to actively promote the rights and standards guaranteed by the NHS Constitution; and to secure financial control and value for money across the commissioning system.

3.3 NHS England is specifically responsible for providing high quality and timely healthcare to all detainees to meet their needs at the STHFs, the IRCs and the PDA.

3.4 The new system of commissioning for the NHS requires NHS England to provide national consistency in areas like quality, safety, access and value for money. From April 2013, in addition to the services PCTs previously commissioned in prisons (i.e. primary care, and mental health in-reach services), NHS England is also responsible for commissioning secondary care, dentistry, optician and public health services across the detained settings (including substance misuse services within an identified immigration removal centre) consumables and non-
fixed minor capital equipment and works with the Home Office on emergency and contingency planning.

3.5 Primary healthcare facilities are provided at residential STHFs, PDA and IRCs (used where the individual is detained for any period). All detainees are seen for a healthcare screening by a nurse within 2 hours of arrival at a residential STHF, IRC or the PDA to identify any issues of concern. In IRCs and PDA, all detainees are then offered an appointment with a GP within 24 hours. Detainees can then access health care facilities on demand, subject to a triage service similar to those found in GP surgeries in the community.

4. Public Health England

4.1 PHE is an Executive Agency of the Department of Health. PHE exists to protect and improve the nation’s health and wellbeing and reduce health inequalities. It does this through world class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services.

4.2 To specifically support the interface with both NHS England (in relation to both its specific functions under the Section 7A Agreement and wider public health functions) and Home Office Immigration Enforcement, PHE’s Health and Justice national team was created in the Health and Wellbeing Directorate, supported by Health and Justice Public Health Specialists in PHE Centres as part of a national Health & Justice Network. These Specialists provide local partners and stakeholders with an interface with PHE.

4.3 Support provided by the Health and Justice function in PHE includes disease surveillance (conducted by the Public Health Intelligence in Prisons & Secure Settings Service), production of evidence-based guidelines, response to incidents and outbreaks (in partnership with PHE Centre Health Protection Teams, who will lead the response at a local level) and advice to policy makers, commissioners and service providers on addressing public health issues, including substance misuse services. Specifically this includes:
- Developing the evidence-base to support commissioning and service provision through primary research, audit, collection and analysis of data, publication and dissemination of information, reports and research studies;

- Identifying emerging health threats to detainees and staff working in IRCs and providing advice on their management or mitigation;

- Producing evidence-based guidelines and advice on all aspects of public health in IRCs, including health protection, health promotion and healthcare public health;

- Developing resources and tools to enable commissioners and service providers to assess the quality of services and how well they meet the needs of the people who use them (including supporting the development of new information systems and Health and Justice Indicators of Performance (HJIPs));

- Leading the development of disease surveillance and alerting systems to detect outbreaks of infectious diseases in IRCs;

- Leading the management and control of outbreaks of infectious diseases;

- Supporting partner organisations in developing and delivering appropriate screening and immunisation programmes according to the needs of the population and consistent with PHE’s role in the wider community;

- Supporting emergency preparedness, resilience and response through the development of training and exercise resources as well as providing ‘structured debriefs’ for incidents to capture learning for the wider system;

- Supporting partners in conducting health needs assessments or other formal public health activities to assess the health and wellbeing of people in IRCs, including developing ‘toolkits’ and information resources which can be used by those undertaking work with IRCs;

- Working with partners to ensure continuity of care across the IRC detention estate and where individuals are released back to the community whether or not they have been given permission to stay in the UK;

- Supporting both Home Office Immigration Enforcement and NHS England in the performance of their statutory functions as appropriate; and

- Supporting collaborative working for health across the Devolved Administrations of the UK and with the Republic of Ireland through the Five Nations’ Health and Justice Collaboration, thus supporting the arm’s length support PHE and NHS England offer across the detained settings in Northern Ireland and Scotland.
4.4 While PHE has a key role in providing expert public health advice to Home Office Immigration Enforcement and NHS England which supports commissioning, it does not have any direct responsibility for commissioning or performance management of services, nationally or locally.

5. Scope and Purpose

5.1 This Partnership Agreement applies to all areas of health services commissioned by NHS England in IRCs and other detention accommodation managed by Home Office Immigration Enforcement. It only applies in England. It outlines the basis of co-operation and collaboration between the organisations to ensure that the relationship is effective.

5.2 The Agreement provides a working document for staff in all three organisations and a reference for other organisations, covering how Home Office Immigration Enforcement, NHS England and PHE will:

- Work together;
- Share and use information;
- Enable issues to be referred to the other organisations in appropriate circumstances; and
- Further develop the commissioning of health care delivery through the involvement of NHS England’s Health and Justice Clinical Reference Group (CRG), which provides expert advice to support NHS England’s function as a commissioner of health services in secure and detention settings. This group meets quarterly. Additional to these quarterly meetings, subject specific expert panels and task and finish groups are held to support clinical governance.

5.3 NHS England’s legal responsibility for healthcare across the immigration detention estate in England was enacted by the Health and Social Care Act 2012. The transition of the full commissioning responsibilities to NHS England from the Home Office was completed from 1 September 2014 for 9 of the 10
IRCs in England, with the transfer of Campsfield as the tenth and last establishment to be completed in April 2015.

5.4 From April 2015 the healthcare commissioning of all the IRCs in England will be both the legal and financial responsibility of NHS England and this refreshed Partnership Agreement supports the tripartite relationship between the Home Office, NHS England and PHE to manage our shared responsibilities within this new legal framework.

6. Information Sharing

6.1 The three organisations will co-operate fully in relation to the disclosure and exchange of information, intelligence, evidence, policy formulation and documentation in accordance with relevant laws.

6.2 In the course of the work between the organisations, there may be times when information (such as guidance or standards etc.) will be shared on the basis that it is not to be disclosed either publicly or to other organisations, unless explicit consent is obtained and except as required or permitted by law. Each organisation will respect this. This information sharing protocol is subject to the duty of confidentiality owed by each organisation to those providing them with confidential information.

6.3 It is possible that one of the organisations will receive information, which may be relevant to the statutory responsibility of one of the other organisations. Given the overriding need to protect the interests of patients and the public, it is important that the three organisations have complete trust and confidence in each other and are willing to share relevant information subject to any legislative constraints.

6.4 The interests of the patient/public remain paramount and where issues relate to the fitness to practise of healthcare professionals, this information should be referred to the appropriate regulatory body for further investigation. Nothing in
this Agreement shall preclude Home Office Immigration Enforcement from taking relevant action as necessary to safeguard detainees and/or staff.

6.5 NHS England will ensure that all commissioned services are aware of the requirement to share appropriate information with Home Office Immigration Enforcement, and where appropriate PHE, so that they can carry out their statutory responsibilities in line with the Data Protection Act 1998.

7. **Communications Strategy**

7.1 Home Office Immigration Enforcement, NHS England and PHE and will maintain a joint communications strategy to support and underpin the shared principles and priorities in this Agreement.

7.2 Where there are media enquiries, correspondence or Parliamentary Questions in respect of health management in IRCs, these shall be handled appropriately through the respective organisational communications systems and shared between the organisations.

7.3 Any queries of this nature will go to the respective relevant central team and then allocated to the appropriate organisation. Irrespective of which organisation leads on providing a response of this nature, the other two partners shall be consulted prior to the final response being made.

7.4 As a general rule, it is anticipated that site specific and overall health care questions in relation to the commissioning and provision of health care would be for NHS England to respond to. Issues in respect of communicable disease and wider public health matters would sit with PHE, and the Home Office would be responsible for any issues in relation to decisions to detain both generally and case specific.

8. **Joint Outcomes, Principles and Priorities**

8.1 The following joint outcomes, principles and priorities shall contribute to the agreed approach to joint working:
• Detainees should receive health care equivalent to that available to the general population in the community with access to services based on clinical need and in line with the Detention Centre Rules; and

• Health and wellbeing services in IRCs should seek to improve health and wellbeing (including parity of esteem between services which address mental and physical health), tackle health inequalities and wider determinants of health.

8.2 It is understood that the detained population is not a stable population. However, detainees should have urgent healthcare needs identified and managed appropriately wherever this is possible. Where there are other more complex and/or chronic health problems diagnosed, again where possible these should be responded to by an active management plan which takes account of care pathways and which recognises limitations of continuity of care in those who may be removed or deported from the UK.

8.3 Detainees should expect continuity of care between establishments, and with community services as permitted, if given leave to remain in the UK or otherwise released from detention. Those being deported who have been diagnosed and treated for HIV or TB infections should be clinically assessed and be in receipt of an appropriate supply of medication from the healthcare providers in their IRC to allow time for them to seek healthcare in their home country upon their return.

8.4 Home Office Immigration Enforcement and NHS England, supported by PHE, have a shared responsibility for the development of health and wellbeing services to detainees on the basis of a shared local assessment of need, patient involvement and evidence-based practice.

8.5 Home Office Immigration Enforcement, NHS England and healthcare providers have a shared responsibility for continuous service improvement supported, where appropriate, by Public Health England.
8.6 Home Office Immigration Enforcement, NHS England and PHE will jointly ensure best use of available resources in line with public value and pressures on public spending, including exploring joint funded solutions as appropriate.

8.7 Decisions by Home Office Immigration Enforcement, NHS England or PHE which may have a detrimental impact on the services commissioned by another party (for example, changes to establishment function or capacity or changes to availability of services) will be discussed at the earliest point possible, and whenever possible major changes will be co-designed.

8.8 Announcements and communications, in which the other parties to the agreement have an interest, will be consulted on in advance of issue, particularly where these have contractual, financial or reputational implications.

8.9 Home Office Immigration Enforcement, NHS England and PHE will jointly identify and agree the management of shared issues and risks at relevant levels between the organisations.

8.10 Home Office Immigration Enforcement and NHS England will engage with each other’s major procurement exercises by jointly developing and sharing health needs assessments and agreeing service outcomes in the spirit of co-commissioning and ensuring alignment between respective providers and their services.

8.11 Services will be assessed on the basis of performance, public value and quality. In addition to performance managing services using contract measures, NHS England will introduce and continue to develop the Health and Justice Indicators of Performance in order to promote shared understanding of service performance and quality alongside other existing process and assurance mechanisms.

8.12 Home Office Immigration Enforcement, NHS England and PHE will work together to manage outbreaks of infection and communicable disease control in IRCs recognising respective responsibilities for advice, response, planning and delivering interventions with detainees and staff working in a detention setting.
8.13 Home Office Immigration Enforcement, NHS England and PHE will support the development of partnerships at all levels within and between our respective organisations and commissioned providers of services (see ‘Governance’). We will enable this development through transparency of all relevant financial, performance and strategic planning information and documentation. Establishments and healthcare providers (with input from respective commissioners and managers) will be expected to work together to agree how best to deliver the commitments in this national agreement, including appropriate governance and setting this out through the local partnership board mechanisms.

8.14 Services will continue to be subject to independent inspection and challenge by the Care Quality Commission, HM Inspectorate of Prisons, Independent Monitoring Boards, Local Authorities, Coroners, Parliamentary and Health Service Ombudsman and the Prison and Probation Ombudsman. We will work together to facilitate and support complete transparency of the scrutiny of health services and collate and learn from best practice identified and implement recommendations where appropriate.

8.15 Home Office Immigration Enforcement, NHS England and PHE will work together to ensure that the health issues of detainees are appropriately reflected in the development and implementation of wider government policies and initiatives.

9. Priorities

9.1 Home Office Immigration Enforcement, NHS England and PHE will address the following priorities during 2014-16:

**Priority 1**

9.2 Ensure the development of a consistent and recognised approach to mental health assessment and appropriate treatment for detainees, as described in the IRC service specifications, is supported by the health providers and the establishment regime.
9.3 There are significant levels of mental health presentations across the detained estate as identified in the national Health Needs Assessment overview published November 2014 and it is essential that there is a timely and appropriate assessment and treatment of individuals who present with mental health needs. There needs to be a consistent approach across the estate to support the uptake of treatment for this patient population with an acceptance and understanding between the detained estate and health providers to ensure the best outcomes for these individuals without compromising the requirements of the detention process.

9.4 In support of this priority during 2015/16 we will:

- Develop an agreed mechanism to ensure that where a mental health need is identified, either through health care providers or from the security and other staff in the IRC, that the appropriate clinical decisions are made to support the case workers decisions regarding the outcomes for the individual;

- Ensure that we work together to implement the recommendations of the Health Needs Assessment in particular in relation to mental health provision.

- Ensure that there are appropriate processes in place to support effective and timely transfer into secure hospitals where required across the detained estate; and

- Support a tripartite approach to developing a training programme for identification of trauma and torture and ensure that this programme is embedded across the detained estate and the providers of healthcare.

Priority 2

9.5 Improve the pro-active detection, surveillance and management of infectious diseases in IRCs and improve capability to detect and respond to outbreaks and incidents; and to acknowledge and address the pathway challenges that this patient cohort is presented with in respect of where they might access on-going treatment, particularly in respect of Hepatitis C treatment and the active identification and management of active and latent TB within this population.
(See HIV approach to treatment regimens where individuals are returned to countries where pathways are not accessible).¹

9.6 The greater prevalence of infectious disease, especially blood-borne viruses (BBVs) and tuberculosis (TB), amongst detainees and the ability to deliver active case finding programmes among traditionally under-served populations passing through the IRC estate provides an opportunity to make significant improvements to both the health of detainees, their family and social networks, as well as public health gains for the wider population- the community dividend. By working together the three organisations can build on good partnership working during 2013-14 to make a step change in the way we detect and manage infectious disease in IRCs. The partners aim to improve services offered to this patient population through better disease surveillance, prevention and control, and emergency planning, resilience and response (EPRR), including detection and management of outbreaks. This will strengthen the visibility of our tri-partite commitment and governance to oversee delivery.

9.7 In support of this priority during 2015/16 we will:

- Continue to improve the detection of TB at or near reception and improve treatment for those who are infected (including provision of Directly Observed Therapy (DOT) and treatment completion in detention, in the community and following removal or deportation through the appropriate provision of medication on removal);

- Continue to strive for an ‘opt out’ policy for testing for BBVs and development of care pathways for those found to be infected, notwithstanding the particular challenges as described above in respect of treatment pathways for some of this patient population.

- Strengthen the tri-partite commitment to resilience against infectious diseases, including the development and testing of outbreak plans and improvement of disease surveillance including notification of infections and outbreaks to Health Protection Teams within PHE Centres.

Priority 3

¹ Treatment of HIV-1 positive adults with antiretroviral therapy 2012 (updated November 2013) British HIV Association ( BHIVA) .
9.8 Strengthen multi-agency approaches to managing detainees at serious risk of harm and further embed shared learning to continuously improve practice by supporting multi-disciplinary meetings and ensuring good representation from relevant parties to ensure maximum contribution to the Assessment Care Detention Teamwork (ACDT), lessons learned from Serious Untoward Incidents and Deaths in Detention.

9.9 It is critical to the betterment of patient outcomes that there are clear processes agreed for connecting the agencies working across the detained environment. This approach ensures that patient care in both the detained setting and in their healthcare delivery is consistent and symbiotic. It is also essential in delivering care to detainees that the providers have a clear and shared understanding of each other’s responsibilities.

9.10 In support of this priority during 2014/16 the partners will:

- Develop local partnership boards to oversee each site or cluster of sites, the membership of which will reflect representation of the agencies delivering services across the detained estate;

- Ensure there is a robust mechanism in place to support the shared review and revision of current Detention Service Orders where health factors are prevalent; and

- Strengthen the commitment to the delivery of the ACDT across the detained settings and, if appropriate, to review and revise the ACDT process in relation to the national health specifications for IRCs.

**Priority 4**

9.11 Align NHS England and Home Office Immigration Enforcement commissioning systems and strategies to ensure quality services which support health and Home Office outcomes.

9.12 Continue to work together to ensure that our respective commissioning systems and strategies are aligned to deliver our shared outcomes and acknowledge where conflicts may arise. We will work together to support the delivery of the
core IRC service specifications and continue to support the development of an information sharing protocol and shared governance approach. We have a collective understanding that the decision to detain/maintain detention is always made by Home Office but healthcare has a key role in providing advice, where appropriate, to help inform this decision making.

9.13 In support of this priority during 2014-15 we will:

- Support the delivery of the core IRC NHS England service specifications for Health and Justice Services with the contract providers aligned to the IRC estate Health Needs Assessment;

- Align our information governance and Information Sharing Agreements to drive transparency and continuous improvement of services;

- Support the introduction, delivery and subsequent refresh of the Health and Justice Indicators of Performance to support the performance monitoring and management of healthcare delivery across the detained estate; and

- Continue to work with NHS England to support the roll out of a new generation clinical IT system across detained settings as required by 2016 to improve integration across establishments and with community based health settings.

10. Governance

10.1 This agreement sets out the basis of shared understanding both for the way in which Home Office Immigration Enforcement, NHS England and PHE will work together and also for the work which we carry out unilaterally on a day-to-day basis in support of the commissioning of health services in IRCs. It is essential, therefore, that it remains a living document and has appropriate governance to support this at different levels within our commissioning and delivery systems.
11. National Governance

11.1 The National Assurance Group (NAG) has responsibility for the oversight and ongoing management of this agreement. It will also monitor delivery against the priorities set out above. In addition it will:

- Resolve disputes;
- Oversee and ensure that any agreed inspection recommendations in respect of healthcare are being implemented as reported through our local governance structures; and
- Created in 2013, the NAG, chaired by NHS England, manages delivery of shared priorities (as set out in this Agreement), management of system wide partnership risks and their mitigation, and acts as the final stage of dispute resolution (see below).

11.2 Home Office Immigration Enforcement, NHS England and PHE are committed to ensuring that there is excellent communication between the organisations. The NAG meets quarterly, feeding information up through organisations as required and manages information flow. Where issues require escalation or where dispute resolution is a factor, extra-ordinary assurance meetings can be called in between the quarterly timetable.

11.3 The purpose of these meetings is to discuss areas of mutual interest and/or concern and, where necessary, will also debate areas of potential divergence. It also reviews working practices and, where appropriate, this Agreement.

12. Local Agreement

12.1 Local Partnership Groups offer governance to this agenda and will monitor performance against agreed key performance indicators. The meetings are currently scheduled monthly in the first instance and thereafter, if appropriate, will move to quarterly meetings. NHS England at Area Team level should have a regular regime of local partnership boards which act as performance management meetings with locality based IRC establishment health leads, Home Office Immigration Enforcement and PHE representatives. These provide
13. Complaints

Making a Complaint

13.1 Concerns originating from detainees, their families or carers for healthcare services received in IRCs in England should be dealt with as a complaint.

13.2 Complaints which relate to both clinical and non-clinical healthcare matters can be raised via the Home Office complaint system in place at the IRCs or via the standard NHS England complaints procedure, details of which are available at www.england.nhs.uk/contact-us/complaint. This includes information about how to appeal via the independent Parliamentary and Health Service Ombudsman (PHSO). Complaints which relate to NHS funded care between 2003 and 2013 and pre-date NHS England should also use this procedure. This procedure does not include those functions which NHS England is not responsible for commissioning, specifically 111 services, out of hours and ambulance services.

13.3 Detainee complaints which do not directly relate to clinical or non-clinical healthcare services for which the NHS is responsible should be raised through the normal Home Office complaints procedure. This includes complaints regarding removal centre providers. The complaints procedure includes information about the appeals process for complaints including via the Prisons and Probation Ombudsman.

13.4 Where a complaint involves both healthcare and non-healthcare elements, the healthcare elements of the complaint can be raised via the Home Office complaint system in place at the IRCs or through the NHS England complaints procedure, which recognises that the complaint should be registered with the providers of the service in the first instance, and the non-healthcare issues through the Home Office procedure. The two areas of investigation will run
parallel to one another managed through the relevant organisational complaints procedure and the findings reported back to the complainant as required by each procedure. The two investigating organisations will only share their findings during the investigation where one area of delivery impacts on the other and would have had a material effect on the complaint outcome.

14. Dispute Resolution

14.1 Concerns which relate to operational or resourcing disagreements between commissioners or providers of healthcare services or removal centre services in NHS England and Home Office Immigration Enforcement, including performance and contract management issues, should be dealt with as a dispute if they cannot be resolved locally and led by local health commissioners in the first instance using escalation processes only if local resolution is not agreed. Dispute processes should not be used to deal with individual concerns by detainees or their representatives who should be dealt with under complaints procedures (see above).

14.2 Where a dispute emerges between providers of healthcare services in an IRC and the management of the wider establishment, these should always be raised in the first instance and at the earliest opportunity directly with the other party. Issues should ideally be put in writing and discussed as part of Local Partnership Board arrangements and any resolutions similarly recorded in writing.

14.3 Where a dispute between a provider of healthcare commissioned by NHS England in IRCs and an establishment cannot be resolved satisfactorily at the Local Partnership Board level, this should be raised in writing with the NHS England Health and Justice central team and Home Office Immigration Enforcement Head of Detention Operations. This would be resolved through the NAG process. The NAG’s decisions will be recorded in writing and will be considered final.

15. Independent Scrutiny and Inspection
15.1 Healthcare services delivered in IRCs are subject to a range of independent scrutiny and inspection, the high level function and responsibilities for which are set out below.

15.2 The Care Quality Commission (CQC) is the independent regulator of all health and social care services in England. Its role is to ensure that services meet national standards of safety and care. This remit includes the inspection of IRC healthcare services which are required to register with the commission. CQC has a memorandum of understanding with HM Inspectorate of Prisons (HMIP) to ensure that checks are not duplicated. This includes a mapping of all of CQC’s regulations to HMIP’s expectations and inspection methodology. The role and independence of CQC remains unchanged by this agreement.

15.3 HMIP is an independent inspectorate, which reports on conditions for and treatment of those in prison, young offender institutions and immigration removal centres. The memorandum of understanding with the CQC also ensures alignment of inspection and regulation expectations. Where HMIP have inspected healthcare and found satisfactory performance, CQC will not normally undertake further checks. HMIP may also undertake thematic inspections which relate to health functions. These may be undertaken individually or in conjunction with CQC and others as part of a Joint Thematic. The independence and role of the inspectorate remains unchanged by this agreement.

15.4 The Prisons and Probation Ombudsman (PPO) is appointed by the Secretary of State for Justice and investigates complaints from detainees in IRCs as well as prisoners and those subject to probation supervision. The PPO is also responsible for investigating all deaths in custody and detention and producing Fatal Incident Reports. The PPO publishes Learning Lessons Bulletins which draw together lessons for improving practice based on investigations. The Ombudsman is independent of the National Offender Management Service, Home Office Immigration Enforcement and the NHS. The role and independence of the PPO remains unchanged by this agreement.
15.5 Coroner (Regulation 28) - under the Coroners and Justice Act 2009 a coroner must conduct an investigation into deaths which occur in custody or otherwise in state detention. This may include the coroner holding an inquest. The Act changed the previous power under rule 43 of the 1984 Coroners Rules to make it a duty to make a report to prevent other deaths. Regulation 28 of the Coroners (Investigation) Regulations 2013 provides that a report must be sent to the Chief Coroner, and any other relevant parties the coroner judges appropriate, in order to prevent future deaths. Parties written to by the senior coroner have a duty to give a written response. As NHS England has full commissioning responsibility for healthcare in the IRCs, such Regulation 28 reports should be sent to both NHS England and Home Office Immigration Enforcement and both organisations have individual and coordinated systems for responding in a timely manner and to ensure that learning is captured and disseminated to all relevant staff. The role and independence of the Coroner in undertaking these duties remains unchanged by this agreement.

15.6 Every IRC has an Independent Monitoring Board (IMB). IMB members are independent and unpaid individuals, appointed by the Home Office to monitor day-to-day life in the IRC to which they have been appointed and ensure that proper standards of care and decency are maintained. This remit includes healthcare provision. The role and accountability of IMBs remain unchanged by this agreement.

15.7 HealthWatch is an independent consumer champion for health and social care across England established by the Health and Social Care Act 2012 which entered into force on 1 April 2013. The network is made up of the nationally-focused HealthWatch England leading 152 community-focused local HealthWatch. Together they form the HealthWatch network, working closely to ensure consumers’ views are represented both locally and nationally. At present HealthWatch does not perform a role in relation to IRCs although the partnership will consider how it might contribute to the scrutiny of service provision in IRCs.

15.8 New recommendations made by any of the bodies described above for healthcare provision going forwards will be the responsibility of NHS England
(where appropriate with Home Office input). Historic recommendations where the Home Office had owned the issue and have agreed activity will be the responsibility of the Home Office, and NHS England where healthcare matters are concerned. The historic healthcare recommendations will be considered jointly going forwards.

15.9

16. Review

16.1 This Partnership Agreement will be regularly reviewed at intervals of no greater than 2 years.

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<thead>
<tr>
<th>Barbara Hakin</th>
<th>Mandie Campbell</th>
<th>Duncan Selbie</th>
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<tbody>
<tr>
<td>National Director</td>
<td>Director General</td>
<td>Chief Executive</td>
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<td>Commissioning Operations</td>
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## Appendix A

### List of Key Personnel Contacts

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<th>Organisation</th>
<th>Role</th>
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<tr>
<td><strong>Home Office Immigration Enforcement</strong></td>
<td>Director, Detention Services</td>
<td>Clare Checksfield,</td>
<td>020 8603 8098</td>
</tr>
<tr>
<td></td>
<td>Head of Detention Operations</td>
<td>Karen Abdel-Hady</td>
<td>07766 133755</td>
</tr>
<tr>
<td></td>
<td>Deputy Director Commercial</td>
<td>Victor Haywood</td>
<td>020 8603 8167</td>
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<tr>
<td><strong>NHS England</strong></td>
<td>National Director - Commissioning</td>
<td>Ros Roughton</td>
<td>0113 824 8449</td>
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<tr>
<td></td>
<td>Head of Public Health, Health and Justice and Armed forces and their Families</td>
<td>Kate Davies</td>
<td>01623 673132</td>
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<tr>
<td></td>
<td>Assistant Head of Health and Justice</td>
<td>Christine Kelly</td>
<td>01623 673132</td>
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<tr>
<td></td>
<td>Health and Justice Commissioning Support Manager</td>
<td>Angie Whitfield</td>
<td>0113 8250917</td>
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<tr>
<td><strong>PHE</strong></td>
<td>National Director Health &amp; Justice</td>
<td>Dr Eamonn O’Moore</td>
<td>0207 654 8067</td>
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<tr>
<td></td>
<td>Director of Health and Wellbeing</td>
<td>Prof Kevin Fenton</td>
<td>0207 654 8022</td>
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