NHS England

Standard Annex to Health and Justice Service Specifications

Adult Prison Estate

March 2018

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Contents

1 Context

This Standard Annex for Health and Justice Service Specifications contains essential and standard protocols that sit behind all the prison healthcare specifications commissioned by Health and Justice, and supports the delivery of a seamless and coordinated integrated care pathway across the adult prison estate.

Current NHS England developments should be considered within the context of the 'NHS Five Year Forward View'[1], Five Year Forward View for Mental Health (FYFVMH)[2] and the 'NHS England strategic direction for health services in the justice system 2016-2020'[3] ('Care not custody, Care in Custody, Care after custody'). These set the intention and direction for commissioning and provision.

The Health and Justice Service Specifications allow for significant localisation and flexibility in line with the establishment Health Needs Assessment, which should be regularly reviewed and provide the basis for service design, commissioning and delivery of an effective and integrated suite of interventions.

The Commissioners reserve the right to review the contents and detail of the service specifications on an annual basis to take into account any changes in national policy, funding and changes in the local population mental health needs.

2 Health Promotion

The Five Year Forward View for Mental Health (FYFVMH) recommends that the Ministry of Justice, Home Office, Department of Health, NHS England and PHE should work together to develop a complete health and justice pathway to deliver integrated health and justice interventions in the least restrictive setting, appropriate to the crime which has been committed.

In line with the FYFVMH Providers should:

- work in partnership with local stakeholders and voluntary organisations
- co-produce with clinicians, experts-by-experience and carers
- consider physical health needs
- plan for effective transitions between services, including into the community
- enable integration of services within the prison and in the community
- draw on the best evidence, quality standards and NICE guidelines
- make use of financial incentives to improve quality
- emphasise early intervention, choice and personalisation and recovery
- ensure services are provided with humanity, dignity and respect.
- ensure that Mental Health awareness training is cascaded to all staff (including prison)

[1] https://www.england.nhs.uk/ourwork/futurenhs/nhs-five-year-forward-view-web-version/5yfv-exec-sum/
[2] https://www.england.nhs.uk/wp-content/.../Mental-Health-Taskforce-FYFV-final.pdf
[3] https://www.england.nhs.uk/commissioning/health-just/#justice

To provide an adequate and suitably safe service, it is crucial to integrate reception screening, initial assessment, and the initiation of interventions at entry, and with systems for through care, aftercare, and risk management planning that support release and integration back in to the community. Exactly how these three elements are organised may vary but services need to plan for, and contribute when appropriate to, all these elements to ensure 'equivalent' and proper care. It is important that services do not focus unduly only on the initial period of need but on the opportunities and the risks that will face a patient with mental health issues across this whole pathway, including immediately after release.

3 Reducing harm and reducing deaths in custody

Any death within the prison system is a tragedy not just for the individual but their family, friends and those within the prison estate charged with looking after their safety, health and wellbeing. It is incumbent upon every person who comes into contact with people in prison – whether they see them as patients, prisoners or just people, to ensure that the contact between the individual and the system/service is meaningful, makes a difference and considers their individual needs. Any indication of self-harm, harm by others or suicidal ideation should be considered, assessed, discussed with colleagues/escalated and where appropriate an intervention put in place. Where incidents of harm – or death – occur, procedures should be in place to robustly carry out an establishment-level review of the incident, in addition to any external (e.g. Prison & Probation Ombudsman) review. The incidents must be reported in line with the Serious Incidents Framework and internal governance procedures.

Any service model should include provision for involvement in prison suicide prevention programmes including multi agency mental health training and the Assessment, Care in Custody & Treatment (ACCT) process to safeguard patients at risk and with an appropriate access to 7 day crisis management provision, including external (community-based) 24/7 out-of-hours mental health provision. Services should be evidence based, clinically and therapeutically led, trauma informed and appropriate for the population.

Any service model should prioritise interventions specifically aimed at reducing deaths in custody, reducing and preventing self-harm and ensuring that interventions are sufficient to prevent suicide. The Provider should be able to clearly articulate what these interventions are, and how effective they are in addressing and reducing incidents of harm or death.

The service provider will work in partnership with HMPPS to deliver safer custody plans for the establishment.

4 Reducing Reoffending

The potential for effective healthcare interventions – especially mental health interventions, treatment and recovery – to be a positive mediator of change in criminal behaviour is frequently underestimated. Assisting the individual to consider

their offending behaviour in the context of the changes they are seeking to achieve through treatment access, facilitating the continuation of behaviour change through effective care co-ordination, and improved continuity of care from secure settings to community services and from the establishment to other secure settings. It should be noted that this is a shared responsibility in line with the whole prison approach and requires collaboration between healthcare staff, prison staff and offenders, which would also consider support to access wider social interventions for example access to employment and training to improve the outcomes for offenders upon release.

5 Clinical Governance (Quality)

Clinical governance is an established system in the NHS and the independent healthcare sector to deliver and demonstrate that quality and safety of its services are of a high standard that is continually improving.

NHS England Health and Justice Commissioning is committed to improving the quality of clinical interventions through a systematic approach. The Service Provider, Service and individual clinicians have to take account of both formal and informal clinical governance structures.

The Service Provider and Service should abide by local and national arrangements for clinical governance. Managers of services will ensure quality through appropriate clinical governance arrangements and report to Commissioners on governance as required below:

a) The Service Provider must ensure attendance and contribution at quality boards/clinical governance meetings within the prison establishment.
b) The Service Provider must follow the Health and Justice Commissioning Serious and Untoward incidents processes, and the NHS SI framework, including controlled drug incident processes.
c) Consideration should be given to patient representatives attending and contributing to local and service level meetings and committees.

6 Vigilance and responsiveness

Multiple stakeholders including the health service provider, prison staff, security, and service users all need to be engaged in monitoring and responding to need. Prospective providers of services should be able to evidence how they continually monitor individual and establishment health needs.

A range of services to deal with emerging need should be clearly communicated to target populations and escalated in discussions with commissioners. This should be part of a range of approaches that include prevention activities, education and strategies to maintain the skill levels of staff.

7 Discreet provision and integrated systems

Whilst this treatment service is a standalone system the service must take account of the following principles:

- An ability to creatively meet the multiple needs that clients present with in a cohesive, patient-centred and holistic way including physical needs, reducing reoffending, managing trauma and loss and maintaining their emotional and mental wellbeing.
- The planning, coordination and delivery of care is patient-centred and should not unnecessarily result in multiple assessments, care plans and reviews that can be more effectively managed through a single, multi-faceted and multi-disciplinary process

As a principle, greater integration between healthcare services, the prison service, between prison establishments, and community health services can help to ensure that any person who has multiple health, care and social needs is seen holistically as a person, rather than a collection of disparate needs and conditions.

8 Entries and Exits

From the moment of entry, induction needs to inform service users of the treatment and support pathways available, and how to refer themselves or any other offender to services. Providers must also manage patient expectations around patient waiting times and have open lines of communications via patient engagement forums as well as face to face.

Where exits are from the criminal justice system, rather than from treatment itself (e.g. transfer from custody to community or secure hospital care) an extensive process of multidisciplinary planning should be instituted in good time to enable an effective and functional handover of the client for effective care continuity via community mental health services and criminal justice/supervision systems. This planning should be started as early as possible, and ideally should be regularly revisited as a part of care planning. Discharge planning should include crisis de-escalation and management plans.

Delivery models should be able to describe a full range of activities both pre- and post-release to ensure that an individual's safety and recovery is maintained, and that adequate resources are in place to ensure effective transfer/integration to community mental health services, and other forms of community assistance (e.g. Peer Support).

9 Information Sharing and Record Keeping

Clinicians are required to keep appropriate, comprehensive and contemporaneous Inmate Medical Records utilising the healthcare clinical IT system in line with information governance and data protection legislation. Clinicians are required to

share information where relevant and appropriate (in-line with information governance expectations) to ensure patient safeguarding.

The patient's consent to the sharing of clinical information outside the team is recorded. If this is not obtained the reasons for this must be recorded in the patient record. If information is going to be shared without patient consent then the reasons also need to be recorded. Data can only be shared against the patient's wishes if: there is a legal requirement (e.g. a Court Order or statutory requirement; or an overriding public interest (eg to protect another person from serious harm); or another legal reason. Patient consent is not required if it is proposed to share data in an anonymised form.

Protocols should be in place to enable effective sharing of information for safety, continuity of care and reducing reoffending. These protocols should cover information which needs to be shared both within the establishment, between HMPPS staff and Healthcare, for example, and outside of the establishment – such as with the release area Community Rehabilitation Company (CRC), community services and HMPPS community-based teams (e.g. Probation) and social care, where necessary.

The Provider must ensure full, accurate and timely reporting of activity through SystmOne (or any successors thereof). They should record key clinical codes and flag any key vulnerabilities on the front page of a prisoners file.

All assets registered to the prison and NHS England will remain for the use of the successful provider, they will remain the property of NHS England/HMPPS.

The Service Provider must comply with any Prison Information Sharing Agreement and UK data protection legislation as well as PSO 9015; Information Assurance. The Service Provider must also comply with the Common Law duty of confidentiality and the Human Rights Act 1998.

Information collected and recorded by the Service Provider (or sub-contractors) in regard to service users who attend and/or engage with treatment will be made available anonymously to members of the Commissioners or other persons appointed by the Commissioners on request in line with Information Sharing Agreements.

The Commissioners (or its appointed persons) will make anonymous any data and information gained as a result of this access. Any information obtained is for the sole purpose of informing the continued development and improvement of the Commissioners commissioned services.

There must be representation from Mental Health Service Manager and/or service delivery manager at security committee meetings and a reciprocal arrangement with Medicine Management Meetings, where the sharing of information should be facilitated. Data can only be shared if there is a legal requirement (e.g. a Court Order or statutory requirement; or an overriding public interest (e.g. to protect another person from serious harm); or another legal reason.

The provider must provide each service user with a copy of the data use policy.

Attention should also be given to the Consensus Statement on Information Sharing and Suicide Prevention.[4]

10 Compassion

Compassion is an important concept in healthcare, and care should be delivered in a culturally competent manner, taking into account the values, culture, and health beliefs of the individual. Services should have a focus on working with people rather than doing 'to' them, and aim to develop a patient centred service which is responsive to people and their needs, rather than being process-driven. Competent compassion encapsulates the 'therapeutic relationship' that is one of the most important factors in successful treatment outcomes.

11 Duty of Candour

The Duty of Candour is a legal duty to inform and apologise to patients if there have been mistakes in their care that have led to significant harm

Duty of Candour aims to help patients receive accurate and truthful information from health providers.

The duty of candour helps to achieve a wholly transparent culture in health provision – being open when errors are made and harm caused.

If a reportable serious incident occurs or is suspected to have occurred the provider must:

- Provide the service user and any other relevant person all necessary support and information in relation to the incident.
- Report the incident in accordance with local policies.
- Verbally notify the relevant person that the incident has occurred as soon as is practicable, but within 10 days including:
    - An apology if appropriate
    - All the facts the provider knows about the case
    - Offer the option of an additional written notification
- Recorded in writing for audit purposes in accordance with the guidance.
- As soon as is practicable, but within 10 operational days, instigate and conduct a full investigation into the incident in accordance with National Patient Safety Agency (NPSA) incident investigation tools and guidance.
- As soon as is practicable, a step by step explanation of the events and circumstances which resulted in the incident should be given to the relevant person.
- Complete investigation within the relevant timescales identified for the serious incidents.

[4] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/271792/Consensus_statement_on_information_sharing.pdf

- Whistle blowing requirements

12 Prison Healthcare Services Coordination

Service users may present with other healthcare needs which require support from prison healthcare services. Often this will need a coordinated response between mental healthcare services and physical healthcare services. The Service Provider must:

- Contribute to the development of clear pathways with healthcare services to improve levels of joint working for those identified with other healthcare needs
- Contribute to the development and implementation of a joint working protocol with prison healthcare services
- Work flexibly to ensure that clients' interests are foremost, including GP prescribing primary care drug on an exceptional basis and clear shared care between GP and mental health prescribers when initiating, reviewing and monitoring mental health medicines. Local policies must be developed to support this and records kept of incidences when this has occurred.

13 Links with Community Services

The Service Provider must develop strong links and clear referral pathways to ensure continuity of care for service users being transferred between custodial settings to community and vice versa. This should include: local community Mental Health providers, Substance Misuse services, General Practitioners, Local Authorities, Liaison and Diversion services, voluntary organisations, community Learning Disability teams, and Community and Social Enterprise organisations that provide mental health and recovery support services.

The Service Provider must develop robust plans and mechanisms for continuity of care for clients on their release from custody to whichever region or local authority they are returning to. The plans should form part of an overarching recovery, treatment and/or care plan, which is discussed with the service user and community providers at the earliest opportunity.

The release plan must include contact details of their local mental health treatment provider in case of unexpected or early release. Links should we made with other appropriate services such as Community Rehabilitation Companies.

14 Partnership Working

The Service Provider must work in partnership with the full range of health or social care organisations in the community, where the patient originates and in the local authority area that the prison is located to support service users and/or their families to achieve the Service Outcomes.

Partnership working requires the Provider to work collaboratively with all departments throughout the establishment and should include their arrangements for partnership working with Security Departments, Safer Custody Teams, Offender Management Units etc.

The Service Provider should liaise and work collaboratively with all commissioned services working within the prison, including but not limited to:

- Primary Healthcare services
- Sexual Health In-Reach Services
- Integrated Clinical Assessment & Treatment Service (ICATS)
- Dental and Oral Health Services
- GP services
- Podiatry Services
- Occupational Therapy Services
- Substance Misuse Services
- Opticians
- Pharmacy Services
- Social care services (if agreed a role within the prison)
- Local adult social services
- Statutory Advocacy Provision (IMCA and Care Act)
- Any other Specialised Services

Representatives from the Service Provider must attend relevant establishment and /or partnership meetings to improve the effectiveness of the service and to facilitate the smooth running of the prison.

The Service Provider will be required to work in close collaboration with any persons appointed by the Commissioners to undertake an evaluation of the Service.

The Service Provider must ensure all health and social care professionals involved in the service user's care or associated care are kept fully informed of their progress.

15 Sub-contracting arrangements

Any sub-contracting arrangements made by the Service Provider must be agreed in advance, explicitly in writing by the Commissioners.

The Service Provider must ensure the effectiveness and efficiency of health service delivery in the prisons and will remain accountable as Prime Provider for all services whether provided directly or sub-contracted to other providers.

The Service Provider must ensure that any sub-contractors have the necessary registrations and licenses needed to provide regulated interventions.

Sub-contracting arrangements must have embedded termination clauses which allow the subcontract to be terminated with minimal delay.

16 Capacity or service delivery issues

The Service will be required to meet the staffing requirements (including the appropriate use of agency staff) and deliver to capacity. Recruitment and retention strategy should be developed and implemented for robust management of staffing.

The Service Provider will alert commissioners to any capacity or service delivery issues in a timely and appropriate way.

The Service Provider must inform the Commissioners of any urgent issues that arise and will work with the Commissioners to agree and implement solutions as necessary.

Note to Local Commissioners
Local additions will be required to suit the individual establishment

17 Serious Incident definition

NHS England has a Serious Incident (SI) Framework which sets out the definition of an SI. In brief, Serious Incidents requiring investigation are:

- Unexpected or avoidable death of one or more service users or staff or visitors
- Serious harm to one or more service users or staff, visitors or members of the public where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm.
- A scenario that prevents or threatens to prevent the Service Provider's ability to continue to deliver services, for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment, or IT failure
- Allegations of abuse
- Adverse media coverage or public concern about the organisation
- Serious incidents involving controlled drugs
- Breach of information security
- Breach of Prison service professional standards

18 Serious Incident Reporting

The Service Provider must comply with the requirements of the Commissioners and Prison Service for Serious Incident management using the relevant reporting mechanism. The provider should ensure they are applying learning from incidents; using Human Factors in Patient safety and patient safety is informed by a recognised framework for improving patient safety.

The Service Provider must attend the Commissioner's Serious Incident meetings as required. The outcome of Serious Incident investigations should inform agency

improvement programmes if they are highlighted and evidence of these improvements should be provided to the Commissioners and Prison establishment.

The Provider must comply with the arrangements for notification of deaths and other incidents in accordance with CQC regulations and guidance where applicable, and to any other regulatory or supervisory body, any office or agency of the Crown or any other appropriate regulatory or official body in connection with Serious Incidents, or in relation to the prevention of Serious Incidents in accordance with good practice and the law.

The parties must comply with their respective obligations in relation to deaths and other incidents under the NPSA reporting and learning from Serious Incident guidance and local standard operating models for reporting.

The NPSA investigation tools should be used, including but not exclusively the incident decision tree and root cause analysis.

19 Safeguarding and PREVENT

The Care Act (2014) sets out a clear legal framework for how the system should protect adults at risk of abuse or neglect. The Service Provider must comply with the requirements of The Care Act (2014) and associated regulations and guidance provided by the Independent Safeguarding Authority (ISA) and the local Safeguarding Board Guidelines. The Service Provider has a duty to ensure that referrals are made to the Disclosure and Barring Service (DBS) whenever necessary, in line with DBS guidance.

The Provider must ensure they have up to date organisational safeguarding policies and procedures for children and adults and robust governance arrangements in are in place for safeguarding in line with the Local Authority and the prison's safeguarding policies and procedures. They must have strong links with local Safeguarding Boards and any safeguarding issue must be managed through these policies and brought to the attention of the Local Authority Designated Officer (LADO).

Safeguarding policies and procedures must give clear guidance on how to recognise and refer safeguarding concerns both within the prison and when necessary outside of these structures. All policies and procedures should be consistent with and make reference to safeguarding legislation, including in relation to mental capacity and consent, national policy/guidance and local multiagency safeguarding processes.

All organisations providing health funded services are required, through the national contract, to adhere to the requirements of the PREVENT strategy. This includes the training of all relevant front line staff in the responsibilities of PREVENT as well as introducing and embedding processes to identify and protect those who may be at risk of radicalisation as well as escalating concerns regarding potential terrorist events to the Police. If a PREVENT referral is received, all health organisations are required to provide information on the individual named in the alert as well as information on family members. This information will then be considered against the

information provided by other agencies to determine if there is a potential concern that should be addressed.

20 Family, Friends and Carers

The Service Provider will work in partnership with local carer's agencies to ensure family, friends and carers access the range of support available. The service will include a family liaison role which will enhance community services to enable prisoners to maintain, develop and build upon family relationships.

Note to Local Commissioners
Local additions will be required to suit the individual establishment

21 Lived Experience

NHS England is committed to strengthening the voice and involvement of those with lived experience. This is and should be reflected through planning, commissioning and delivery of services, and through the integral use of peer systems in supporting specialist delivery (with appropriate support, training and reward for those peers engaged in the delivery of interventions).

The Service Provider must ensure appropriate and effective service user involvement in line with the Commissioners HMP Service User Involvement (SUIT) Strategy and principles of Duty to Involve. The Service Provider must comply fully with Section 242 of the NHS Act (2006) and Section 11 of the Health & Social Care Act (2012).

Where appropriate service user involvement representatives are expected to be supported to attend key forums that contribute towards the planning, delivery and evaluation of service provision and the Commissioner's Service User Focus Groups meetings held quarterly in each establishment, as well as service user and carer consultation events.

22 Service User feedback and complaints

The Service Provider will seek the views of service users, their families and carers to help ensure that services are effective and responsive to the changing patterns of need.

The Service Provider will seek and review levels of service user satisfaction with the overall aim of service and quality development assurance; this will be demonstrated through performance management reviews at which the Provider will inform and evidence to the commissioners any changes made to the provision as a direct result of Service User involvement.

23 Workforce Development

The provider must be able to demonstrate how it intends to deliver a workforce that is competent and continually involved in professional development. Training needs to reflect that the workforce is multidisciplinary and to consider the training needs of the wider prison environment. It should include training to enhance recognition of trauma and its effects, as well as more routine developmental aspects.

This development should address the need for:

- Greater integration and take account of new care models
- Recruitment and retention
- Systems leadership and management
- Workforce planning , learning and development
- Improving staff mental health awareness, wellbeing and resilience
- Quality and safety of patients
- Equality and diversity training
- SystmOne training

This development should enable:

- A workforce that is capable and confident in providing physical and mental healthcare, as well as supporting wellbeing across the whole prison population
- A service committed to improving health outcomes
- Services crafted so that they are equipped to address mental and physical health conditions at the same time

Staff should receive training consistent with their role and in line with their professional body.

Regard must be given to the Health and Justice Competency Framework.

Annual skills audit should take place to ensure the correct staffing requirements and enable the development of a balanced workforce that meets the needs of the population.

Services may wish to consider ensuring the additional skills and knowledge-base required to meet the needs of people with learning disabilities by employing a learning disability nurse or dual-qualified mental health and learning disability nurse. Prisons where such nurses are in post have reported a significant impact upon things such as reducing challenging behaviour and improvements in general awareness for all staff.