



HM Government

Government Response to the Health and Social Care Committee's Inquiry into Prison Health

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Presented to Parliament
by the Secretary of State for Health and Social Care
by Command of Her Majesty

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1. Introduction

- 1.1 On 1 November 2018, the Health and Social Care Committee published its report on the effectiveness of prisons and prison healthcare services in meeting the physical, mental health and social care needs of prisoners.
- 1.2 The Government would like to thank the Committee for the time it has given to the significant topic of healthcare in prisons and the insightful conclusions of the report. The issues raised are of great importance and we remain committed to supporting the delivery of high-quality health services in prisons and achieving better health outcomes for prisoners.
- 1.3 This document sets out the Government's response to the recommendations of the report. It acknowledges where more can be done to better meet the needs of those in our care. It also sets out improvements that are currently underway to tackle key challenges our prisons are facing, and the commitment of the health and justice partnership to improving health provision in English prisons.

The Government's Approach to the Response

- 1.4 The Health and Social Care Committee's report itemised its conclusions and recommendations in 32 paragraphs in a separate section of the report (pp.43-47).
- 1.5 The Committee broke these conclusions and recommendations down into 4 sections entitled 'The state of health and care in English prisons', 'People detained in prison', 'People's journey through prison' and 'Breaking the cycle of disadvantage: a whole system approach'.
- 1.6 In terms of presenting a coherent response, it was felt that it was prudent to break some of these topics down into 12 more explicit sub-sections. We have referenced the paragraph of the Conclusions and Recommendations section of the report to which we are responding, for clarity.
- 1.7 Achieving effective health care in prison relies on a strong partnership between those organisations responsible both for health and for the environment in which prisoners are held. The five health and justice partners - Ministry of Justice (MoJ), Her Majesty's Prison and Probation Service (HMPPS), Public Health England (PHE), the Department of Health & Social Care (DHSC), and NHS England (NHSE) – signed the [National Partnership Agreement for Prison Healthcare in England](#), which was

published in April 2018. Throughout the document, reference to ‘health and justice partners’ refers to this partnership.

Wales

- 1.8 The Government’s response is focused on healthcare in English prisons, which reflects the focus of the Committee.
- 1.9 HMPPS is responsible for the management and operation of prisons in both England and Wales. While NHS England has statutory and financial responsibility for health care in prisons in England, healthcare in Wales is devolved to the Welsh Government, this includes in public sector prisons.
- 1.10 We work closely with the Welsh Government (and the NHS in Wales) to improve the consistency of health services, share best practice, identify priorities, align working between key justice, health and social care partners, and meet the needs of those moving between England and Wales.

2. The state of health and care in English prisons

- 2.1 This section provides a response to the Committee's recommendation around the baseline standard of prison healthcare. This states:

Governments, according to the World Health Organisation, have "a special duty of care for those in places of detention which should cover safety, basic needs and recognition of human rights, including the right to health." The Government is failing in this duty of care towards people detained in prisons in England. Too many prisoners remain in unsafe, unsanitary conditions that fall far short of the standards we should expect. The Government must urgently fulfil its special duty of care for prisoners. (Paragraph 1 of Conclusions and recommendations)

- 2.2 The Government recognises that there is a particular duty of care owed to prisoners by virtue of their detention. The UK is proud to be party to the key international statements setting out the basic standards that should apply to prisoners, including the UN Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules) and the European Prison Rules. Successive governments have aimed to ensure that prisons in England and Wales broadly comply with these sets of standards, and improving the physical and mental health of people in prison, offenders in the community, and those in the secure estate is a high priority for this Government.
- 2.3 In April 2018 the five health and justice partners signed the National Partnership Agreement for Prison Healthcare in England 2018-2021 which aims to 'ensure safe, legal, decent and effective care that improves health outcomes for prisoners, reduces health inequalities (particularly for those with protected characteristics), protects the public and reduces reoffending'. This is a significant milestone, setting out a joined-up, strategic approach which is essential given the often complex nature of offender health needs, and builds on the shared commitment to develop a health and justice pathway.
- 2.4 The publication of the accompanying workplan in December 2018 reinforced this commitment and details vital activity being undertaken by health and justice partners to deliver on priorities. Only via close collaboration will we be able to achieve the best outcomes for prisoners, and in turn, wider society.
- 2.5 Whilst the Government recognises that conditions in some prisons are falling short of expectations, it does not accept that prisoners are routinely held in

unsafe or unsanitary conditions. In addressing the well-publicised issues at HMP Liverpool last year, prison Governors and senior HMPPS managers have been reminded of their duties to take cells out of use where they are not fit for purpose. The Government's approach to alleviating overcrowding and delivering an improved standard of accommodation in our prisons is set out in greater detail in Section 8 - Prison Environment.

3. Equivalence of care

- 3.1 The Committee made a number of recommendations which focus on the quality of prison healthcare, in particular compared to that available in the community. These were set out in paragraphs two and three of the Conclusions and Recommendations Section:

We recommend that the National Prison Healthcare Board work with stakeholders over the next 12 months to agree a definition of “equivalent care” and indicators to measure the extent to which people detained in prison receive at least equivalent standards of care, and achieve equivalent health outcomes, as the population as a whole - in other words, to measure the health inequalities of people detained in prison. (Paragraph 2 of Conclusions and recommendations)

In the meantime, in all future iterations of its strategy and plans, including its national partnership agreement, the National Prison Healthcare Board should explicitly state its commitment to achieve equivalent standards and health outcomes for people detained in prisons, compared to the population as a whole -that is, to reduce health inequality. Its plans should include an explanation of how its action to improve access to healthcare and enable prisoners to lead healthy lives will reduce health inequality. (Paragraph 3 of Conclusions and recommendations)

- 3.2 The National Prison Healthcare Board is grateful for leadership provided by the Royal College of General Practitioners through their work to publish a working definition of equivalence of care in secure environments in the UK. The Board is also mindful of international standards on equivalence of health care in prisons including the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules)¹. Reflecting that defining equivalence of care is an important step towards the shared aspiration of improved health outcomes for people in prison, the Board will in the next period develop a relevant definition of equivalence of care, subject to agreement by all member agencies. The Board will consider the extent to which available indicators could help evidence the achievement of equivalence of care. As highlighted in the RGCP report, “it is important to note that ‘equivalence’ does not mean that care provision in secure environments should be ‘the same’ as that provided in the community.” This will be important to reflect in any considerations of standards and outcomes.
- 3.3 The National Partnership Agreement’s first objective is to improve the health and wellbeing of people in prison and reduce health inequalities. This is a

shared commitment recognising the significant multiple complex needs in the prison population on entering prison, often exacerbated by a lack of access to appropriate screening, immunisation, diagnostic and therapeutic options prior to incarceration. The National Partnership Agreement recognises prison as a health opportunity for many and the recently published workplan evidences how health and justice partners are working together to best reduce identified health inequalities.

4. Diversion away from custody

- 4.1 For some individuals, prison isn't the right course – for them or for society. Where appropriate, diversion from custody is an important consideration and so the Government welcomes the Committee's support for activity such as NHS England's Liaison and Diversion services. Recommendations on this are set out below:

We are disappointed that nearly a decade on from the Bradley report in 2009, liaison and diversion services do not yet exist in nearly 20% of the country. In the response to this report, the National Prison Healthcare Board should set out the remaining areas where it needs to roll out these services, the reasons for the delay and how the roll-out of these services to the rest of the country will be achieved. (Paragraph 4 of Conclusions and recommendations)

- 4.2 NHS England's Liaison and Diversion (L&D) services place clinical staff at police stations and courts across England to provide vital assessments and referrals to treatment and support. Offenders may be diverted away from the criminal justice system altogether, away from charge, or to a community sentence with a treatment requirement. The roll out of the Liaison and Diversion Programme is overseen by the Liaison and Diversion Programme Board, rather than the National Prison Healthcare Board.
- 4.3 Liaison and Diversion services have been carefully designed and great effort has been made to ensure that national rollout is sustainable and well planned, with inbuilt time for important learning along the way. The Government recognises the disappointment expressed by the Committee about the delay in roll-out, and is committed to achieving successful final roll-out as soon as feasible.
- 4.4 In April 2018 Liaison & Diversion services covered 82% of the population as part of the planned programme of rollout. By April 2019 NHS England is on track for services to cover 92% of the population.
- 4.5 The final roll out of the programme has been predicated on the release of funds to NHS England as part of the last comprehensive spending review. Full funding of the England wide rollout is scheduled to be released by April 2021, but plans are in place for full geographical coverage in England to be achieved sooner - by March 2020 - because geographical roll out to all police stations and magistrates courts has been prioritised. Service

enhancements in crown courts and peer support will follow in 2020/21, maximising engagement with services across England as soon as possible.

- 4.6 As well as Liaison and Diversion services, the Committee referred to the decline in hospital orders in the following recommendation:

We are also disappointed by the decline in the use of hospital orders, despite liaison and diversion services identifying more people with vulnerabilities who may be more appropriately directed to other services besides prisons. The Board should set out the reasons for the decline in hospital orders, what action it is taking to reverse that decline, and by when that action will be completed. There must also be sufficient resourcing of community mental health services so that people are not sent to prison because of a lack of appropriate community mental health care. (Paragraph 5 of Conclusions and recommendations)

- 4.7 Sentencing decisions are a matter for our independent judiciary. A hospital order is a court order, generally made after conviction in the criminal courts, made under the Mental Health Act 1983 s37. The Crown Court can additionally impose a restriction order under s41. A hospital order can only be made for an offence which is punishable with imprisonment. The Court must be satisfied on the evidence of two doctors that the defendant is suffering from a mental disorder which makes it appropriate for the individual to be detained in hospital for medical treatment on the basis that medical treatment is available.
- 4.8 The Government welcomes the independent Sentencing Council's intention to develop an Overarching Principles: Mental Health Guideline. It is hoped this will provide new assistance to courts in this complex and important area. It is important that courts can have rapid access to mental health services as required.
- 4.9 This recommendation makes a link between the numbers of hospital orders, and the effectiveness of diversion from custody. However, hospital orders are not the only means of diverting people from custody. As set out above, hospital orders are applicable only to those with severe mental illness that meet the criteria for hospital detention under the Mental Health Act. This is a different population to those that would be suitable for community based mental health services.
- 4.10 The Government remains committed to key diversion initiatives, and the majority of diversions at court to community based mental health services are through Community Sentence Treatment Requirements (CSTRs). There

are currently 5 testbed sites designed to increase the use of CSTRs nationally, and early findings are that the numbers are increasing in response to the provision of appropriately tailored community services. In these testbed sites, justice and health services have joined up with offender management services to sign up to a new protocol that helps to divert relevant offenders away from frequently ineffective short-term custodial sentences and towards treatment that aims to tackle the root cause of their criminality. This allows services to intervene at the earliest opportunity to address mental health and substance misuse problems and prevent them from escalating.

- 4.11 Improving access to mental health services is one of the key areas addressed in the NHS Long-Term Plan, and the Budget 2018 specifically identified crisis care and community mental health as NHS funding priorities.

5. A whole prison approach

- 5.1 The Committee made a number of recommendations with regards to a whole system approach, recognising the need for close collaboration between health and justice partners:

The Board's intention to develop and implement a whole prison approach to health and well-being is the right one. We recommend this priority should be given much more prominence within its future plans. (Paragraph 23 of Conclusions and recommendations)

- 5.2 The Government welcomes the Committee's endorsement of the Partnership's commitment to a whole prison approach to improve health and wellbeing, as set out in the National Partnership Agreement and in the good practice case studies cited in the report.
- 5.3 Health and justice partners understand the close synergies between the factors linked to reducing the risks of re-offending and the determinants of good health and wellbeing. For example, the MoJ Education and Employment Strategy published in May 2018 recognises both the importance of activity in prisons to improve mental and physical health but also the importance of good health and wellbeing in securing and sustaining employment on release.²
- 5.4 The recently published work plan to underpin the National Partnership Agreement sets out further detail of how partners will give greater prominence to a whole prison approach, which we believe to be central to any work to deliver the National Partnership Agreement priorities.

In order to ensure that it is successful, much more work is needed to arrive at a shared understanding of what a whole prison approach looks like and how such an approach and best practice can be effectively implemented. The National Prison Healthcare Board, Her Majesty's Inspectorate of Prisons, the Care Quality Commission and National Institute for Health and Care Excellence should work with a group of national stakeholders over the next 12 months to define the core principles of a whole prison approach, together with guidance and resources to support Prison Governors and the appointed regional directors to develop more detailed plans for implementation at local level. (Paragraph 24 of Conclusions and recommendations)

- 5.5 Further to partner recognition of the importance of a whole prison approach to improving health and wellbeing (see response above), health and justice partners are already in the process of delivering the strategic commitment in the National Partnership Agreement as set out in the accompanying workplan.
- 5.6 The partnership is working with a wide range of stakeholders such as CQC and HMIP to help develop best practice guidance for the operational line. Health and justice partners are undertaking rapid reviews of the evidence base and reviewing how the link between a rehabilitation culture and a whole prison approach can be strengthened to improve health and wellbeing for different populations. Health and justice partners will publish new guidance for front line staff and embed this information in health service specifications by March 2021.

We recommend that the Government's programme of prison reform, and the way it talks about its plans for reform, should place greater emphasis on health, wellbeing, care and recovery. Improving the health, wellbeing, care and recovery of people detained in prison will help improve the safety of prisons and reduce reoffending. (Paragraph 22 of Conclusions and recommendations)

- 5.7 The Government accepts the recommendation that prison reform and plans for reform should place greater emphasis on health, wellbeing, care and recovery. As set out in the 2016 Prison Safety and Reform White Paper, for society to be safer, prisons must be more than criminal warehouses - they must be places of reform and rehabilitation. Health and justice partners recognise the need to include meeting health and well-being needs as a cornerstone to achieving reform and rehabilitation outcomes.
- 5.8 The Government's commitment to prisoner health, wellbeing, care and recovery is reflected in the National Partnership Agreement's three core, shared objectives:
- To improve the health and wellbeing of people in prison and reduce health inequalities.
 - To reduce re-offending and support rehabilitation by addressing health-related drivers of offending behaviour.
 - To support access to and continuity of care through the prison estate, pre-custody and post-custody into the community.

- 5.9 These principles are integral to ongoing government programmes. The Drug Recovery Prison pilot (an NHS England/HMPPS/MoJ initiative with PHE support referred to in section 11.9) illustrates the efforts being made to balance security requirements with rehabilitation; the prison is undertaking a significant range of activity to minimise the supply of drugs into prison, alongside creating a positive environment where prisoners have access to the full range of health services that meet their individual needs. We have also developed the concept of Incentivised Substance Free Living, where prisoners who can demonstrate – through regular testing – that they are not misusing drugs can experience better living conditions. This will support prisoners to make good decisions and prevent them developing issues with substance misuse.
- 5.10 Likewise, the Female Offender Strategy represents a step-change in approach; addressing vulnerability from the outset. The strategy includes a section on improvements to custody for women, to address the often complex needs of this cohort and reduce reoffending. NHS England is investing in an all-female estate approach to perinatal care pathways for women to secure consistent and quality maternity care for women pre- and post-natally, ensuring the best outcomes for both mother and babies. It is also developing cross partner delivery of the new Gender Specific Standards to improve Health and Wellbeing for Women in Prison in England.
- 5.11 Across the estate a wide range of initiatives to improve the prison environment are underway. New prisons being built as part of the Prison Estate Transformation Programme (PETP) have been carefully designed with input from clinicians, commissioners and social care experts to ensure the right environment is created for treatment and care, taking account of the physical, mental health and social care needs of prisoners. As well as constructing new prisons HMPPS are reconfiguring the existing estate so that prisoners will be held in the right place at the right time in their journey through to release. This should support the delivery of targeted health interventions for individuals, at the most effective time.
- 5.12 As at July 2018, 18 environments in prison had been awarded Enabling Environment status by the Royal College of Psychiatrists. A further 50 environments are working towards the award, focusing on creating a positive and effective social environment, where healthy relationships are seen as the key to success.³
- 5.13 Three prisons (HMYOI Feltham, HMP Parc and HMP Wakefield) and one probation area (Lancashire NPS) have achieved Autism Accredited Status by the National Autistic Society. To achieve accredited status, organisations

must meet a minimum standard of provision for autistic individuals, as assessed by inspectors as part of a rolling review cycle. Work is underway to ensure that initiatives like these, whereby prisons seek to foster environments conducive to health, wellbeing, care and recovery, are taken up as far as possible across the estate.

We recommend that the Government's evaluation of the female offenders' strategy should assess the merits of applying similar approaches to other parts of the prison population. In particular, we recommend that the evaluation should comment specifically on the extent to which a similar approach could be introduced for those with complex needs who would otherwise be given short custodial sentences. (Paragraph 21 of Conclusions and recommendations)

5.14 MoJ and HMPPS are currently developing plans for monitoring and evaluating the progress of the Female Offender Strategy. They will consider whether a similar approach could be introduced for other groups of offenders in the future.

There must be strategic relationships locally in which leaders have shared ownership of making prisons safer and healthier, with better joined-up decision making, for example when commissioning services. In response to this report the National Prison Healthcare Board should set out its assessment of the effectiveness of co-commissioning and whether, and over what timeframe, this approach could be spread more widely. As part of its future work plans, we recommend the Board include a priority to strengthen the quality of local strategic relationships, beginning with increasing the engagement and joint working between key bodies. Prison Governors have a crucial role to play, particularly since they have a duty of care towards prisoners. However, they currently lack financial and other levers to drive improvement. In response to this report, we recommend that the National Prison Healthcare Board set out how it will foster shared ownership among local bodies, and how it will empower Governors to make their prisons safer and healthier. (Paragraph 26 of Conclusions and recommendations)

5.15 The Government welcomes the Committee's recommendation, and fully agrees that strong, strategic relationships at all levels across the health and justice space are essential to achieve our shared objectives. The National Partnership Agreement explicitly recognises this – reviewing and improving commissioning between health and justice partners is one of its ten priorities. This includes local authorities, probation services and community healthcare services.

- 5.16 Collaborative commissioning (formerly referred to as co-commissioning) processes means that close working relationships between prison Governors, health commissioners and clinical experts are actively encouraged. Together, health and justice partners jointly assess needs, planning, and the securing and monitoring of health services, aiming to ensure the best health outcomes are achieved for the prison population.
- 5.17 The NPA workplan evidences the strategic relationships involved in delivering against the priorities and sets out in more detail how health and justice partners will work together to embed collaborative commissioning and spread best practice. An excellent example of this is the HMPPS and NHS England Offender Personality Disorder (OPD) Pathway Programme, which is jointly designed, commissioned, funded and delivered between the NHS and HMPPS. Usually specialised NHS staff work alongside custodial and probation staff to provide psychologically informed services within prisons and probation, including specific treatment and support which, some evidence suggests, is as effective as in high secure hospitals for the given population.
- 5.18 Operational guidance for prison Governors is being developed, which will help foster the shared ownership the Committee highlights as essential. The guidance will draw on and promote current best practice to develop a consistent approach for the delivery of collaborative commissioning between all partners delivering health and social care services into the custodial estate. The National Prison Healthcare Board will also be commissioning a review into the future of healthcare provision and commissioning specifically within private prisons, to ensure consistency across the estate.
- 5.19 Health and justice partners have taken on board the Committee's recommendation that the workplan should also focus on strengthening the quality of local strategic relationships. The Governor Guidance will explain that these relationships need to be system wide and take a holistic approach; not just in terms of Governor to Health Commissioner relationships, but in bringing together all providers. This includes the Local Authority with prison staff as part of a local delivery board to ensure health and social care provision is meeting the needs of the prison population. This local governance will further support ongoing relationships throughout the year concerning the operation of the prison and the delivery of services.
- 5.20 The Government notes the Committee's concern relating to the financial levers available to Governors to drive improvement. As the Committee will be aware, NHS England has statutory responsibility to commission health services for prisons and the budget to do so. It is, however, through effective

collaborative commissioning that Governors will, with their unique understanding of the operational environment and the needs of their prison populations, be able to engage with and support health commissioners in making decisions that impact positively on the health outcomes of prisoners.

6. Identification of health needs in prison

- 6.1 This section addresses two recommendations put forward by the Committee about the quality of current health screening in prison:

Imprisonment represents an opportunity to identify, effectively diagnose and treat health and care needs, some of which may be drivers of behavioural problems, which may have gone unrecognised and/or unmet. We recommend that over the next 12 months the National Prison Healthcare Board, in collaboration with stakeholders, particularly those representative of health and care professions, develop a more comprehensive and robust approach to health screening in prisons, capable of testing for a broader range of health and care needs. Once a new approach is designed its implementation must be supported by a training programme for staff carrying out assessments. (Paragraph 6 of Conclusions and recommendations)

We recommend the approach to health screening is modified to enable prisons to get a much more comprehensive understanding of people within their prison who have a pre-existing substance misuse problem. The approach to screening should also enable prison healthcare providers to identify, and assist, those who develop such a problem during their sentence. (Paragraph 14 of Conclusions and recommendations)

- 6.2 Early and effective screening is essential to inform decision-making around healthcare. Priority 9 of the National Partnership Agreement explains our commitment to improve access to preventative, 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.
- 6.3 NHS England, through the National Prison Healthcare Board, undertakes to assess the need and requirements of developing a more robust approach to health screening. This will include looking at the wider implications of substance misuse in prisons.

- 6.4 This will be clinically led through the NHS England Health and Justice Clinical Reference Group and will be developed with engagement with all stakeholders, including those with lived experience.
- 6.5 Health and justice partners are working to establish the new Health and Justice Information Service (HJIS) to link prison healthcare systems to healthcare systems in the community. This will improve the link between prisons and community by introducing a system of sharing clinical records between community and prison on reception, and from prison back to the community on release.

7. Workforce

- 7.1 Three recommendations were made in relation to workforce, with a particular focus on the correlation between increased staffing levels and increased access to healthcare:

In response to this report, we request that the Government set out its future plans for the recruitment of prison officers, including a date by when it expects to have enough prison officers in post to ensure the overwhelming majority of prisoners can be unlocked for the recommended 10 hours per day. (Paragraph 9 of Conclusions and recommendations)

The Government in its response should set out how it intends to drastically reduce the number of missed appointments both in and outside prison across the prison estate to ensure that clinical need is always met. (Paragraph 12 of Conclusions and recommendations)

- 7.2 Retaining and recruiting engaged and motivated staff is critical to delivering improvements across the prison service. MoJ and HMPPS are investing £100m to provide additional Prison Officers to improve frontline safety, security and rehabilitation. They achieved their target to recruit 2,500 additional prison officers by the end of 2018 ahead of schedule. From October 2016 to September 2018, there was a net increase of 4,364 full time equivalent Prison Officers. HMPPS will continue recruitment work to fill the outstanding vacancies across the service.
- 7.3 Despite the recent investment to increase prison officer numbers, increases in violence, self-harm and the use of psychoactive substances in prisons have limited the ability to always run consistent regimes. However, increased staffing levels will continue to help support prisons to run fuller and more consistent regimes. This includes improvements to the enablement of service delivery such as internal and external healthcare appointments. Governors will also make use of regime management plans when staffing levels drop below the full agreed complement, to maximise regimes and to prioritise the enablement of services.
- 7.4 The 'Core Day' provides the framework for regime delivery, setting out the timings for day-to-day activities and movements. Until recently, prisons were expected to operate to a standardised core day, specific to prison type. Governors are now empowered to develop localised core days allowing

them to innovate regimes and develop bespoke arrangements for their prisons.

- 7.5 HMPPS is working to increase the amount of time that prisoners spend out of their cells, but we are not able to commit to a date by which prisoners will be unlocked for a specific amount of time. The facilitation of a prison regime is dependent on a large number of factors and each prison is different. A single target would not be helpful as it would not reflect the individual circumstances of the prison.

Workforce is fundamental to addressing the problems in prisons. We recommend that the National Prison Healthcare Board should develop a workforce plan to underpin a whole prison approach. The plan should set out how it will ensure there are sufficient and stable staffing levels and how it will fill key gaps in the skills and skill-mix of the prison workforce. (Paragraph 25 of Conclusions and recommendations)

Prison workforce

- 7.6 The Government agrees that the workforce is fundamental to addressing the issues in prisons, and that a whole prison approach cannot work without a sufficient, well-trained, and stable supply of prison officers whose own safety and health is valued.
- 7.7 In particular, HMPPS prison officer recruitment is allowing for the implementation of the Offender Management in Custody (OMiC) model which will see key workers allocated to all prisoners in the male closed estate. All residential prison officers will become key workers to a small caseload of around six prisoners and will have an average of 45 minutes per week, per prisoner, to undertake this duty. The focus of the role is to build positive relationships with prisoners by coaching, guiding and encouraging to help them settle, feel safe and be calm; engage in their rehabilitation; and progress through their sentence. This role will be key to achieving the rehabilitative and educational objectives needed to reduce reoffending and protect the public.
- 7.8 The Ministry of Justice has already brought together a centralised team with resourcing specialists to support HMPPS with all aspects of recruitment and selection from the market, including the marketing of jobs to attract people with particular skills. It has already fundamentally changed the approach to the recruitment and allocation of prison officers and will soon be applying the same methods to other grades. HMPPS is also developing more flexible

arrangements for staff employment that will seek to ensure that Governors have a wide range of options to maintain staffing levels.

- 7.9 MoJ and HMPPS are committed to ensuring that prison staff have the capabilities they need to support offenders' increasingly complex needs. An improved induction and support programme is being introduced for new staff which addresses the challenges of a modern prison environment. A review of the existing Prison Officer Entry Level Training programme (POELT) is underway and two pilots were launched in April 2018 which include a focus on combining classroom and experiential learning. These pilots ended in September 2018 and an updated POELT programme will be launched in September 2019.
- 7.10 The existing substance misuse and mental health training offer for all staff is currently being reviewed to ensure training on these areas is as robust and effective as possible. Options are also being explored around introducing new roles to increase the skills and skill-mix of the workforce to support offender needs, and create more career progression opportunities for prison staff.
- 7.11 HMPPS launched a review of leadership in August 2018 and proposals are currently being developed to address identified capability gaps, which include a need for better understanding of partnerships, contracts and commissioning. Interventions currently being developed include a new Governing Governors development programme to commence in September 2019 which will assist learners' transitions into senior level posts. The programme will include a focus on personal, team and organisational leadership.
- 7.12 The Workforce Reform Programme Board (WRPB) is responsible for overseeing the measures highlighted above. The WRPB includes officials from the Ministry of Justice and HMPPS and its purpose is to provide direction and oversight to the implementation of a programme of work aimed at achieving the HMPPS Workforce Reform Strategy. MoJ and HMPPS are keen to engage with the National Prison Healthcare Board as these measures are implemented, in order to ensure a whole prison approach to this work.
- 7.13 HMPPS would welcome the input of the National Prison Healthcare Board in relation to resourcing; training; and identification of the appropriate skills for staff. Healthcare staff would also be a key consideration within such a plan, which would require the support of those Healthcare Trusts supplying services to prisoners.

Healthcare workforce

- 7.14 NHS England is taking action through its Clinical Reference Group working with its partners to improve recruitment and retention rates. NHS England is working with Health Education England to consider how health and justice can be prioritised to ensure health care workers can be identified for multi-disciplinary prison healthcare teams and to support any developments which may increase the workforce pool.

8. Prison environment

- 8.1 In three recommendations the Committee highlighted important links between the wider prison environment and mental health:

In response to this report, the Government should set out what its plan is to ensure that all prisons are clean and sanitary all of the time and by when and how they expect to stop overcrowding. (Paragraph 8 of Conclusions and recommendations)

- 8.2 The Government recognises the need to drive standards in cleanliness, and this remains a key priority for HMPPS in 2018-19. Recently introduced changes to the leadership structure of HMPPS have increased oversight, support and accountability of prisons in this area by Prison Group Directors (PGDs), who are responsible for a smaller number of prisons, enabling tighter management grip. Following implementation of a formal decency assessment process during January 2019, PGDs will be responsible for reviewing and assuring the self-assessment of Governors in standards of cleanliness across all prison sites and in providing regular assessments of progress.
- 8.3 The Clean and Decent project was established earlier this year in recognition of the need to drive improvements in this important area across the prison estate. The project is currently working to develop minimum standards for cleanliness and decency, with products (for example cleaning schedules) in development to provide advice and support to prisons. Pilot work has been initiated to test this approach at HMP Wormwood Scrubs and HMP Bedford and a small project team are assessing their approach to improve cleanliness outcomes.
- 8.4 To underpin these improvements HMPPS is commencing national decency audits in 2019, following the delivery of several pilots this year. The audits have been developed using Good Industry Practice Guidelines and have been agreed with Governors. The results of the audit will contribute to a prison's overall performance score ensuring that delivery in this area remains a key point of focus. The audit will be conducted in a manner that can differentiate between poor fabric (largely outside of the control of the Governor) and poor cleanliness.
- 8.5 The introduction of Keywork into all closed prisons as part of the Offender Management in Custody Model (OMiC) by the end of March 2019 will assist

with standards of cleanliness and decency as prisoners receive closer personal support and encouragement to keep their accommodation clean.

- 8.6 In August MoJ and HMPPS announced a new project to tackle the most persistent and urgent problems facing 10 of the most challenging prisons. Of the £10 million invested, £3 million has been allocated to improve standards of decency and cleanliness. New medical rooms, furniture and toilet privacy screens are among the items being funded to raise the standards of basic living conditions.
- 8.7 The Government recognises the concerns raised in relation to crowding. The problem of crowding in prisons is a longstanding issue that will not be easily addressed.
- 8.8 Crowding is the result of population growth that has exceeded increases in certified normal accommodation. Since 1945, the size of the prison population has increased from around 15,000 to around 83,000, and during this period crowding has been used extensively to accommodate deficits between the number of new places built and sustained population growth. The challenges presented by a growing population are clear.
- 8.9 In these circumstances new capacity is required simply to keep pace with population increases, and while reductions in crowding are theoretically possible by building capacity faster than the population is growing, in practice this has never been achieved. While the population has fallen more recently, the prison population is still forecast to increase in the longer run. This is in part because sentence lengths have grown. The Government does not plan to introduce a target for the size of the prison population, but this recent stabilisation in the prison population presents an opportunity to begin to address the issue of crowding through a prison capacity-based strategy.
- 8.10 The approach to reducing prison crowding is to replace prisons that are operating over their certified normal accommodation levels with new accommodation that is safe, decent, and uncrowded. The first steps in this direction have already been taken with a commitment to build up to 10,000 prison places and the opening of 2,100 prison places at HMP/YOI Berwyn. This has enabled the closure of HMP Kennet and HMP/YOI Glen Parva, crowded establishments which were both operating well above their certified normal capacity. The impact of this change on overall crowding levels in a population of around 83,000 will be relatively modest, but as plans to transform the prison estate gather pace and more new prisons are delivered while existing crowded unsuitable capacity is closed, a steady reduction in crowding will be achievable.

The Government's approach to prison reform emphasises the importance of harnessing incentives. Incentives should encourage prisoners to lead healthy lives. In addition, incentives should not deny prisoners regular access to facilities and activities that enable them to maintain basic standards of health and wellbeing. This point should be made clear in guidance on how prisons and prison staff use incentives. People in prison should not in effect be sentenced to a reduction in life expectancy or worsening health. (Paragraph 10 of Conclusions and recommendations)

- 8.11 Prison Service Instruction (PSI) 30/2013 Incentives and Earned Privileges (IEP) requires all prisoners, irrespective of privilege level, to continue to receive the entitlements laid down in Prison/YOI Rules and other instructions in relation to medical care, physical education, visits, letters, telephone calls, provision of food and clothing, and any other minimum activity provided locally for all prisoners.
- 8.12 The Government is currently reviewing the IEP policy to better incentivise prisoners to abide by the rules and engage in their rehabilitation, including encouraging prisoners to engage in education, work and to address substance misuse problems. Under the new policy Governors will be given greater freedom, within a common framework, to design a local IEP scheme to meet the needs and challenges of their population, using the facilities available in their prison. As with the extant PSI, Governors will continue to provide the minimum entitlements to which prisoners are entitled, regardless of IEP level. Governors can choose to offer as an incentive additional access to gym facilities, prisoners' own clothing etc. above the minimum entitlement. This approach allows Governors to design effective local incentives schemes, whilst ensuring that prisoners are not denied basic standards of health and well-being based on their IEP status.

The Government must urgently ensure that all prisoners have access to a reasonable quantity and quality of food which supports health and wellbeing rather than adversely affecting it. Public Health England should carry out an assessment to determine whether the daily food budget of £2 per person can realistically deliver this objective and review the national food standards in prison, which should be consistently implemented across the prison estate. (Paragraph 11 of Conclusions and recommendations)

- 8.13 The Government fully supports the recommendation regarding meals for prisoners. HMPPS allocates food budgets to prisons on the basis of £2.02 per prisoner per day, which covers the daily prisoner food and beverage

requirements. Current policy (PSI 44/2010) expectations require prisons to provide meals that are wholesome, nutritious, well prepared and served, reasonably varied and sufficient in quantity. With increased responsibilities to Governors since April 2017 and devolved budgets to prisons, what is actually spent on food per prisoner per day and the breakdown per meals is ultimately a decision for each Governor and their catering team.

- 8.14 PHE agrees to carrying out an assessment to determine whether a daily food budget of £2 per person can realistically deliver reasonable quantity and quality of food which supports health and wellbeing. This will build on the evidence-based Standards to Improve Health and Wellbeing for Women in Prison in England published by PHE in 2018, and will be in line with National Institute for Health and Care Excellence (NICE) guideline NG7⁴ and PHE's 2017 guidelines for a healthy balanced diet.⁵

9. Transfers to secure mental health facilities

- 9.1 The following recommendation refers to the challenges of transferring prisoners to secure mental health facilities:

In response to this report, we recommend that the Board set out the level of reduction in waiting times for transfers to secure mental health facilities it plans to achieve in each of the remaining years of the partnership agreement (2018/19, 2019/20 and 2020/21). We also recommend that the Board set out its plans for expanding the number of secure hospital beds, including dates by which extra capacity will be operational and the contribution this extra capacity will make to reducing waiting times. (Paragraph 18 of Conclusions and recommendations)

- 9.2 We are determined to improve the process to ensure delays are reduced, and acknowledge that this is dependent on collaborative efforts between MoJ, HMPPS, DHSC and NHS England.
- 9.3 DHSC good practice guidance currently sets out a target of 14 days for completion of a secure transfer following an initial clinical assessment. NHS England will consult on an updated version of this guidance in due course, which will inform our joint approach. Following the publication of the latest annual audit of secure transfers by NHS England and HMPPS, NHS England is also completing a deep dive to provide a more qualitative analysis of the cause of delays and how these can be reduced.
- 9.4 In addition, the independent review of the Mental Health Act, published in December 2018, made recommendations in relation to patients in the criminal justice system, which require detailed consideration in the context of transfers from prison to hospital.
- 9.5 NHS England's view, supported by the Crisp Review, is that the solution to delays in transfers is not simply about increasing the numbers of beds, but about ensuring that the pathway works smoothly and effectively, with robust pathway management, effective management of capacity and a multi-disciplinary approach. This means those who require secure in-patient services have timely access to the right services, and those who are better served through enhanced specialist community forensic provision are guaranteed access to these services, enabling them to move from hospital to high quality community care, also in a timely way. This results in significantly better outcomes for patients and their families.

- 9.6 NHS England is therefore taking a whole pathway approach to improve the mental health of offenders and to reduce the waiting times for transfers to mental health beds. This pathway approach begins when offenders are initially in contact with the criminal justice system; NHS England are currently rolling out Liaison and Diversion services across England to divert as many offenders into appropriate support rather than into custody.
- 9.7 NHS England is working to deliver better outcomes for patients who require adult secure services. This means ensuring that in-patient services are situated in the correct geographical location, delivering the right type of service in a timely way. This work is being undertaken for adult mental health medium and low secure care as part of a national service review.
- 9.8 These services must be integrated with local pathways, and for some this is community mental health services and for others this will be prison. The reconfiguration of beds sits alongside other new developments, including the piloting of new specialist forensic community models and collaborative commissioning approaches with much more emphasis on local ownership.
- 9.9 This is in turn leading to reductions in length of stay and better throughput, which enables the whole system to work more effectively, and increases capacity overall. This is of course in line with policy direction in terms of the Five Year Forward View, and Building the Right Support for the LD and ASD population. There are no plans or agreements with commissioners to increase the numbers of beds in the secure sector.
- 9.10 On the MoJ/HMPPS side, the Mental Health Casework Section (MHCS) in HMPPS has an internal target to produce a transfer warrant within 24 hours of receipt of all necessary information. In the vast majority of cases (95%), transfer warrants are issued within 24 hours of MHCS receiving the request and all necessary accompanying information.
- 9.11 MHCS has proactively introduced a range of measures to ensure that it holds partners to account in cases where they receive some, but not all, paperwork for a transfer. Early indications suggest that these are having a positive effect on reducing the average start to finish timescales at this stage of the process.
- 9.12 The National Prison Healthcare Board will keep prison transfers under review, as detailed in the workplan in relation to Priority 3.

10. Suicide and self-harm in prison

- 10.1 Every death in custody is a tragedy and the Government is committed to doing all it can to prevent prisoners taking their own lives:

There are well known risks relating to suicide and self-harm for people in prison. While rates of self-inflicted deaths in prisons have fallen since reaching a peak in 2016, there is no room for complacency as incidences of self-harm remain at a record high. We expect to see a concerted effort from Government to reduce suicide and self-harm in prison, supported by ambitious targets and a clear and credible plan for achieving them. The newly identified role of a minister with responsibility for suicide prevention is welcome, but we expect the Government within its response to report on how this role will extend to suicides and self-harm within prisons and on release. (Paragraph 16 of Conclusions and recommendations)

- 10.2 The Prime Minister appointed Jackie Doyle-Price MP as the UK's first Minister for Suicide Prevention in October 2018, which demonstrates the Government's commitment to reducing suicide. The Suicide Prevention Minister is working across national and local government to drive implementation of the National Suicide Prevention Strategy, which includes implementing its key areas for action and working to reduce suicides and self-harm in people in contact with the criminal justice system.
- 10.3 The Suicide Prevention Minister will also chair the National Suicide Prevention Strategy Advisory Group which advises government on suicide prevention and will oversee implementation of the first cross-Government Suicide Prevention Workplan which sets out priorities up to 2020, which we expect to publish early in the new year. The Workplan will set out clear priorities and timescales for reducing suicides and self-harm in prisons.
- 10.4 The Government established a National Suicide Prevention Strategy Delivery Group, comprising policy leads across government, including the MoJ, HMPPS, NHSE and PHE, which is responsible for developing, updating and implementing the Workplan. The workplan includes a number of high-level actions to reduce suicide and self-harm in prisons, derived from the detailed workplan that supports the National Partnership Agreement and the recently published NICE guidance. This includes: ensuring that all prison establishments have local multi-agency action plans for suicide prevention and self-harm reduction, which are linked to local authority plans; a number of specific measures to improve the identification and case management of prisoners at risk; continuing the roll out of improved training for prison staff;

and developing supportive environments which, for example, reduce access to means.

- 10.5 We believe that these, together with other measures in the prison safety programme, constitute a clear and credible plan for reducing the number of self-inflicted deaths and incidents of self-harm in prisons.

The National Prison Healthcare Board's agreement states that between 2018–21 it plans to "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." Like the reference to substance misuse described above, this is too vague. The Board should set clear reduction targets and measures of success for this period, including improving access to psychological therapies, especially for those with mild to moderate mental health needs. (Paragraph 17 of Conclusions and recommendations)

- 10.6 As set out above, the workplan that supports the National Partnership Agreement includes the need to ensure that all prison establishments have local multi-agency action plans for suicide prevention and self-harm reduction, linked to local authority plans, and a number of specific measures to improve the identification and case management of prisoners at risk, as well as continuing the roll out of improved training for prison staff. Partners believe that these, together with other measures in the prison safety programme, constitute a clear and credible plan for reducing the number of self-inflicted deaths and incidents of self-harm in prisons.

- 10.7 The Ministerial Council on Deaths in Custody continues to work on reducing self-inflicted deaths and self-harm in all custodial settings. The Ministry of Justice, Home Office and Department of Health & Social Care are working with the Council to implement a comprehensive workplan to reduce deaths in custody following the review by Dame Elish Angiolini. The workplan for 2019/20 is currently in development and will see further action taken across all custodial settings to reduce deaths and learn lesson when they do occur.

We recommend that the Government undertake a thorough investigation of deaths during post-release supervision in the community, including the reasons for the rise in the death rate that has been described. We further recommend that the Government clarify where responsibility for oversight of such deaths should lie and set out a plan to reduce this death rate. (Paragraph 20 of Conclusions and recommendations)

- 10.8 People under supervision in the community (other than, to an extent, those in Approved Premises) are not in the care of HMPPS in the way they are when in custody. As a result, the level of responsibility and accountability of the National Probation Service for the health and well-being of this population is substantially different from that of the Prison Service in relation to deaths in custody.
- 10.9 The latest published figures available show that the number of deaths of offenders who died under post release supervision decreased by 8% compared to the same period in the previous year, from 401 in 2016/17 to 367 in 2017/18.⁶
- 10.10 The National Suicide Prevention Strategy identifies people in contact with the criminal justice system as a high-risk group and we recognise that the time following release from prison can be a particularly high-risk period for suicide and for deaths from other causes. Therefore, guidance to local authorities to support them in developing their local strategies and action plans identifies this population as high risk and flags that they will require specific support.
- 10.11 Probation providers are required to conduct an internal review following each death, and to share learning from these reviews. During 2019-20 HMPPS will build on this by conducting a national review of deaths under post-release supervision with the aim of identifying what further actions may be appropriate to prevent such deaths.
- 10.12 HMPPS will work with partners to ensure that all those with responsibilities for the wellbeing of offenders are engaged in this review, and that the resulting actions are owned by the relevant organisations, as well as added to the cross-government Suicide Prevention Workplan where relevant.

11. Psychoactive substances and drugs in prison

- 11.1 The Committee made two recommendations in relation to psychoactive substances and drugs in prison:

We agree with the Independent Advisory Panel on Deaths in Custody that drug-related deaths in prison should be clearly recorded. We recommend that in the Government's official response to this report the Ministry of Justice set out the steps it intends to take to ensure that happens. (Paragraph 13 of Conclusions and recommendations)

- 11.2 The Government publishes statistics on deaths in custody quarterly, and updated detailed tables annually. Although we monitor drug-related deaths, historically we have not used this category in published statistics: deaths known to be drug-related but not believed to be self-inflicted overdoses are included within the "other/ non-natural" category.
- 11.3 However, this category also includes accidental deaths and the small proportion of deaths in which, even after all investigations have been concluded, the cause remains unknown. Data about methods used in self-inflicted deaths in prisons is collected, and the number of self-inflicted deaths from overdoses remains low. The number of deaths in the "other / non-natural" category is also low, but in recent quarters there has been an increasing number of deaths in the "awaiting further information" category, and in the vast majority of these cases there is at least a suggestion that drugs may have been involved.
- 11.4 In light of this, HMPPS is working with the Office for National Statistics to devise and implement a recording system that allows the identification of drug-related deaths in prisons. HMPPS aim to publish the first statistics using this category in April 2019. In order to ensure continuity of published statistics HMPPS will maintain their existing classification system, but will also publish a separate table showing the total number of drug-related deaths and how these have been classified within the existing categories. As this work is taken forward the possibility of publishing further detail will be considered, such as information about the types of drugs involved.

15. The National Prison Healthcare Board's Partnership Agreement states that it will "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." This statement of intent is very vague. In its place we recommend the National Prison Healthcare Board commit to reducing substance misuse in prison, as well as its impact, and set clear and ambitious targets for:

(a) reducing the supply of, and demand for, illicit drugs in prisons; and

(b) improving the recovery, and associated health outcomes, of people in prison with a substance misuse problem. (Paragraph 15 of Conclusions and recommendations)

11.5 The Government agrees with the Committee that restricting supply and reducing demand for drugs, and building recovery from substance misuse is vital to ensure safe and productive prisons and to reduce reoffending. MoJ and HMPPS already set clear and ambitious targets through our drug testing regimes. Targets to reduce positive drug tests are set specifically for each establishment, tailored to our understanding of their population and their needs. These are continually reviewed to ensure that they are accurate and comprehensive indicators of substance misuse and in September 2016, HMPPS became the first prison service in the world to introduce innovative mandatory drug tests for psychoactive substances.

11.6 We are committed to reducing substance misuse in prison and to meet this challenge, MoJ and HMPPS have formed a Drugs Taskforce, working with law enforcement and health partners across government. The Taskforce has developed a National Prisons Drug Strategy, underpinned by advice and guidance that will support the whole of the estate. This strategy, which will be published shortly, supports each prison to select the most appropriate responses to the supply and use of drugs, and sets out key aims, including reducing positive random mandatory drugs tests and increasing access to treatment in custody.

11.7 HMPPS and MoJ also continually monitor the impact of activities and ensure that effective approaches are shared across the estate. This includes learning from the 10 Prisons Project, where the Taskforce is working with 10 of the most challenging prisons to achieve tangible results. £6 million is being invested across the ten prisons in additional staff, drug dogs, body scanners and an Incentivised Substance Free Living area – as well as a detailed 'drugs diagnostic' to understand the issues in each establishment, followed by bespoke measures to address their specific security needs.

- 11.8 The priority description in the National Prison Healthcare Board's Partnership Agreement, quoted by the Committee, is designed to be an overarching statement. Beneath each priority lies a detailed workplan. This NPA workplan, published in December 2018, explains key health and justice related activities to reduce the impact of substance misuse in prisons, including the issues that the Committee raises in its recommendation. NHS England are also working to identify new high-impact interventions to reduce demand and build recovery which will be implemented from 2019, aiming to facilitate a 'step change' in the prisons experiencing the greatest challenges from substance misuse. It is important to ensure a flexible and tailored response to the developing understanding of the problem so it would not be appropriate to have set targets for the delivery of interventions.
- 11.9 To address substance misuse, NHS England and NHS Wales have commissioned services which are designed to enable local delivery tailored to the specific challenges experienced by individual establishments. In 2018, NHS England published new national service specifications for both substance misuse and mental health services in prisons. Services are currently implementing the new specifications, which are outcome-focused and provide for more integrated care, with a whole prison, recovery focus. The joint MoJ and DHSC Drug Recovery Prison pilot at HMP Holme House, which aims to restrict the supply of drugs and create an environment where prisoners have access to a range of health services to build recovery, will also enable lessons to be learned and good practice to be shared.
- 11.10 NHS England is also working to improve continuity of care in line with its Strategic Direction for Health in the Justice System 2016-2021, Care not Custody, Care in Custody, Care after Custody. As part of this strategy, NHS England is working with partners to increase support for offenders leaving prison to better safeguard health gains made whilst offenders are in custody, thereby improving outcomes for all those with ongoing health needs. Public Health England produced a continuity of care toolkit in August 2018 to support prison healthcare teams and community-based substance misuse services to improve engagement in treatment after release. HMPPS are working closely with PHE to implement this toolkit across the regions.

12. Social care provision in prison

12.1 The Committee made one recommendation in relation to social care:

We recommend a target should be introduced for all of the 50 local authority areas with prisons to have a memorandum of understanding on the provision of social care in place with each prison in their area in the next year. (Paragraph 19 of Conclusions and recommendations)

12.2 Age is a significant factor driving demand for social care. The population of prisoners that are 50 or above years old has increased significantly in the last 16 years to 2018, from approximately 4,800 prisoners in 2002 (7% of the prison population) to 13,616 offenders in June 2018 (16% of the prison population). Latest published projections from August 2018 show that while the number of 50-59 year old offenders is projected to remain broadly flat at current levels (as at June 2018), the over 60 and over 70 years population is projected to grow as a proportion of the prison population by June 2022 - the over 60 year-old population from 5,009 to 5,600 and the over 70 year-old population from 1,681 to 2,000.

12.3 The requirement for Memoranda of Understanding (MoUs) between prisons and their Local Authority partners in England and Wales is mandated within current HMPPS policy; however, neither HMPPS nor DHSC are able to mandate Local Authorities to sign these agreements. Regular assurance will be undertaken by prison groups to ensure these are in place and up-to-date. Assurance checks include evidencing that Local Authorities are members of all Prison Health and Social Care Partnership Board meetings in all prisons. This has already been achieved in Wales.

12.4 We will refresh our baseline position on agreement of MoUs early in 2019 and following that HMPPS, DHSC and the Welsh Government will continue to support those partnerships to overcome barriers to delivering their responsibilities. HMPPS and DHSC will continue to work closely with the Association of Directors of Adult Social Services (ADASS) and an ADASS representative is a member of the National Prison Healthcare Board.

13. Scrutiny and Oversight

- 13.1 The report makes a number of conclusions and recommendations relating to the inspection of prisons by HMIP and CQC, which we have addressed collectively in this section.
- 13.2 The role of HM Inspectorate of Prisons is to provide independent scrutiny of the conditions and treatment of prisoners and all inspections are carried out jointly with CQC. CQC have a remit to monitor, inspect and regulate all health and social care services, including the providers of health and social care in prisons.
- 13.3 The Government is clear that the majority of the conclusions and recommendations on scrutiny fall under the remit of HMIP and CQC.

In its next annual report, we recommend that Her Majesty's Inspectorate of Prisons comment specifically on the quality of health screenings, including the extent to which prisons are conducting a second health screening within 7 days. (Paragraph 7 of Conclusions and recommendations)

We recommend that HMIP's inspection reports, which CQC contribute to, should provide a clear rating about the extent to which prisons enable prisoners to live healthy lives. A rating should include not only the quality of health and social care provision in prison, but the extent to which all aspects of prison life enable prisoners to enjoy their fundamental right to health. A rating for each prison will support the implementation of a whole prison approach to health and care. We recommend, as part of the implementation of a whole prison approach, that CQC and HMIP work with stakeholders to develop a rating system. (Paragraph 30 of Conclusions and recommendations)

We recommend CQC should assess the range of services provided in prisons, including mental health, physical health (older people, adolescents), substance misuse, dentistry as well as the prison environment, against their five criteria (safe, effective, caring, responsive and well-led). (Paragraph 31 of Conclusions and recommendations)

Where a health and social care provider delivers services in prisons, the Care Quality Commission's rating system should convey, as it does for other health and care services, the quality of care delivered to prisoners against each of CQC's five key questions, namely whether the service is safe, effective, caring, responsive and well-led. We recommend where a provider delivers services in prisons that these services are classified as a core service under CQC's rating scheme. (Paragraph 32 of Conclusions and recommendations)

- 13.4 Whilst the Government would not wish to interfere with the independence of either HMIP or CQC in how they structure or carry out their inspections, we recognise the importance of the issues raised by the Committee. Early screening, for example, is essential to inform decision-making around healthcare but also wider risk assessments, which is why all men and women entering prison custody are assessed by both custodial services and healthcare services. The Government is already committed to improving the screening process, and NHS England is rolling out new healthcare screening templates, which match current NICE guidance, for first night reception screening and for the full healthcare screen that is required within one week of reception into prison.
- 13.5 Within the CQC's current framework they already look for evidence that prisoners' immediate health and social care needs are recognised on reception and responded to promptly and effectively.
- 13.6 CQC also already considers the range of services provided in prisons, including mental health, social care, substance misuse and dentistry as part of their inspection of health care providers. Although these are not included in the narrative set out in the joint HMIP/CQC inspection reports, CQC does look at the services against their five criteria (safe, effective, caring, responsive and well-led).
- 13.7 Health and justice partners agree that an extended healthcare element to prison inspections would be welcome. There is scope to enhance current reporting so that it provides a more distinct picture of the quality of health provision, which the Government understands CQC would welcome. Potentially, this could help improve service provision and facilitate holding Governors and health commissioners to account for effective collaboration.
- 13.8 The Government is keen to engage with both CQC and HMIP on these issues, but is clear that the decision on how to proceed on these recommendations sits with the independent inspectorates.

- 13.9 The Government will also work with HMIP and CQC to address two further recommendations of the Committee in relation to inspections which relate more directly to health and justice partners' departmental responsibilities:

We recommend the Secretary of State for Health use Section 48 of the Health and Social Care Act 2008 to instruct the CQC to conduct a special review of the commissioning of health and social care in a number of prisons and report next year. (Paragraph 27 of Conclusions and recommendations)

To help drive equivalent standards and health outcomes, we recommend greater prominence should be given to CQC's judgements in HMIP reports and that legal powers of entry into prisons should be granted to CQC inspectors. (Paragraph 29 of Conclusions and recommendations)

- 13.10 The Government has been exploring the potential for a special review with CQC in the context of wider work on inspections of health care services in prisons, and in relation to other recommendations made by the committee.
- 13.11 With regard to CQC access to prisons, at present HMIP has powers of entry to inspect a prison and can delegate its functions (to the extent considered necessary) to another public authority in the Prison Act 1952. Despite CQC being a public authority, CQC indicated during their hearing that they have concerns about entry, particularly when they visit a prison without HMIP and for the purposes of unannounced visits.
- 13.12 The Government acknowledges this issue and is keen to discuss possible solutions with both CQC and HMIP. Appropriate legislative and/or non-legislative options will be considered to enable CQC prompt, unannounced access at individual prison sites, subject to security considerations.

13.13 Finally, the Committee raised a number of points around how the Government responds to HMIP reports:

The voice of Her Majesty's Inspectorate of Prisons must be listened to and acted on. It is unacceptable that so many recommendations are not acted upon and that standards frequently decline between inspections. There must be greater accountability for these failures and in responding to this report the Government should set out who is accountable. We recommend that the Government should commission an independent evaluation of the new measures it has introduced to ensure the inspectorate's recommendations are acted on. This evaluation should inform a dialogue with the sector, including user charities, professional bodies and academics, about what further proportionate regulatory measures and enforcement powers are needed to drive up standards. (Paragraph 28 of Conclusions and recommendations)

13.14 The Government agrees that the voice of HMIP must be listened to and acted on and welcomes the invaluable role of independent scrutiny that HMIP provides. However, the Government does not agree that an independent evaluation of the measures would be valuable at this stage as robust measures have been taken to strengthen the impact of recommendations in HMIP reports, some of which are in early stages of development. As these measures are designed to have a collective impact, sufficient time must be allowed for them to embed prior to any consideration of whether an independent evaluation would be valuable.

13.15 The measures that have been introduced include:

13.16 Extra capacity for HMIP to follow up inspections. As the committee have noted, additional funding has been provided to HMIP to support a new process to follow-up on inspections. MoJ is working with HMIP on developing the methodology for the new process with two pilots taking place to test these. The result of these pilots will in part provide an evaluation of how this is working and they will test process changes and help to inform decisions for 2019-20 and beyond.

13.17 The appointment of Prison Group Directors to strengthen assurance of implementation of recommendations. The Prisons Directorate began the transition to a new structure in April 2017 with the introduction of prison groups. This transition was completed in April 2018 with 17 prison groups in place. Each prison group is headed by a Prison Group Director (PGD), a new senior leadership role critical to operational stability and delivery of prisons in England and Wales. The move to the new structures are aimed at

enhancing management grip, enabling greater support for Governors, and improving change management capacity at a time of great demand. This includes:

- Performance management and assurance (holding to account)
- Support and enablement (a facilitative role)
- Proactive intervention to support improvement as necessary (being directive only by exception)
- Co-ordination of common approaches and strategic developments across the group of prisons where this makes business sense/adds value.

- 13.18 A new Scrutiny and Intelligence unit (SIU) has also been created within the Operational Assurance Systems Group (OSAG), HMPPS' internal Assurance group. The SIU has been set up to improve the timeliness and quality of responses to reports from a range of independent scrutiny bodies, including HMIP and the IMBs. Governors have responsibility to follow through and monitor progress against the published action plan that responds to the HMIP recommendations; progress is reviewed with the Prison Group Director (or HMPPS contract manager for private prisons), holding local management to account. The SIU will, as part of OSAG, monitor and report on the progress of each establishment against their HMIP recommendations.
- 13.19 There is an HMPPS model of assurance which has three lines of defence: line management, internal assurance/audit function and external scrutiny (HMIP/NAO). Where there are specific operational or reputational risks, the internal assurance unit will undertake additional activity to provide the operational line with an independent assessment on areas of concern or progress against implementation of HMIP recommendations. Results from these assessments and audits will also form part of the prison performance framework in the future, a system used to formally hold Governors to account on delivery.
- 13.20 Establishing an Urgent Notification process so the Chief Inspector of Prisons can alert the Justice Secretary, publicly and immediately, where there are urgent concerns about a prison. Where concerns are raised by HMIP through an Urgent Notification, by the NAO or a Select Committee, the Government is committed to respond in a similarly transparent and public fashion.

13.21 Establishment of a new process of accountability where senior officials in HMPPS and MOJ meet quarterly with HMCIP to review progress on implementing recommendations.

14. Conclusion

- 14.1 The Committee's report provides a timely update on the many challenges facing health and justice partners in delivering health and social care in the prison context.
- 14.2 Given the scale and nature of the challenges, it is clear that it is only through truly joined-up, collaborative working across government that we will be able to drive the improvements we can and must deliver to ensure the best health outcomes possible for prisoners.
- 14.3 The benefits of achieving this goal are equally clear – healthcare services in the prison estate have a window of opportunity to positively impact the long-term health and care outcomes of prisoners, including previously unrecognised and unmet needs of this vulnerable population, which in turn can yield wider and vital positive benefits in terms of reintegration into society and reduced reoffending.
- 14.4 The Government would therefore like to thank the Committee once more for their work in developing their report, and reiterate our commitment to taking forward the actions outlined in this document to support the delivery of high-quality health services in prisons.

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