

NHS England North Midlands

**Prison Health Needs Assessment
2017
Service Specification**

Prison Health Needs Assessment (HNA) 2017 Service Specifications

Service Specification No.	01
Service	Prison Health Needs Assessment
Commissioner Lead	NHS England North Midlands
Period	May – October 2017

1. Population Needs
<p>1.1 National context and evidence base</p> <p>In 2013 NHS England became responsible for directly commissioning a number of health services, including those for people in a range of custodial and secure settings.</p> <p>NHS England has commissioning responsibility for health care services including a described set of public health section 7a services which constitute: stop smoking services; substance misuse services; cancer and blood-borne virus screening services; and immunisation services. Our commissioning responsibility includes services in the following settings:</p> <p>Residential settings</p> <ul style="list-style-type: none"> • Prisons; • Young Offender Institutions; • Secure Children’s Homes (welfare and youth justice); • Secure Training Centre’s; • Immigration Removal Centre’s and Short-term Holding Facilities. <p>Non-residential settings</p> <ul style="list-style-type: none"> • Liaison and diversion services working with police custody suites, courts and Sexual Assault Referral Centre’s (SARCs). <p>The patient population within prisons experience a disproportionately higher burden of illness (including infectious diseases, long term conditions and mental health problems) and poorer access to treatment and prevention programmes and problems with substance misuse (drugs, alcohol and tobacco).</p> <ul style="list-style-type: none"> • 72% male and 70% female sentenced prisoners suffering from two or more mental health disorders. • 50% of adult prisoners present with levels of anxiety or depression compared to 15% amongst the general population. • 31% of children and young people in youth justice system have a diagnosed mental health condition. • Approximately 7% of the prison population has a learning disability, compared with 3% of the population. However, it is estimated that up to 30% of prisoners have a learning disability or learning difficulty. • 77% of sentenced men and 82% of sentenced women smoke. • 81% of those entering prison report they have taken drugs (40% report injecting within 28 days before custody).

- A high proportion of people in prison are dependent on over the counter medicines and there is a high level of alcohol use and dependency with 64% of young people in detention self-reporting they drank alcohol daily and 77% of adults reporting the use of illegal drugs or excessive alcohol use in the past 12 months¹.

Demographics

We continue to see a rise in the numbers of older prisoners. The number of prisoners who are over the age of 50 rose to 12,577 in March 2016². This brings its own unique set of challenges for this cohort of patients, as whilst (for example) older prisoners report lower levels of drug use, there is likely to be increased reliance on primary care, higher rates of long term conditions, social care needs and disability, and greater need for palliative care provision when compared to younger patients.

The following services are commissioned by NHS England across the secure and detained estates:

- GP services
- Dentistry services
- Nursing services
- Mental health services
- Learning disability services
- Integrated substances misuse services (clinical and psychological)
- Optometry
- Therapies
- Pharmacy and medicines management
- Public Health services e.g. screening and immunisation programmes, smoking cessation and health checks

1.2 Local context and evidence base

NHS England (North Midlands) has responsibility for commissioning services for prisoners located in 12 prisons in the West Midlands as described in appendix one.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

2.2 Local defined outcomes

- Equitable, timely and consistent standard and delivery of healthcare services
- Improvements in adult and young adult prisoner's physical and mental health

¹ Health and Justice Commissioning Intentions 2017-2018

² Health and Justice Commissioning Intentions 2017-2018

supported by seamless clinical and non-clinical pathways into appropriate services

- Improved physical and mental health outcomes

3. Scope

3.1 Aims and objectives

Specific aims:

- Identify the profile of prisoners and understand their health related needs
- Identify ways in which access to services can be improved and health inequalities can be reduced
- Identify opportunities for promoting health and wellbeing and contributing to improved health outcomes for the prisoners, their families and wider public health
- Identify the prevalence of disease, shifts in patterns of disease and the emergence of new diseases
- Provide a baseline of current services, identify gaps in provision and inform future commissioning of services
- Identify best practice and opportunities for development
- Identify options for developing and changing services for the better
- Identify possible future population changes and the potential impact on healthcare demand and services
- Identify any potential conflict between social care and clinical need

Specific objectives:

- Planning – to help decide what services are required and for how many people. Planning also helps to identify the effectiveness of services and benefits that will be expected and at what cost
- Intelligence – gathering information to obtain an overview and increased understanding of the existing healthcare services. Identifies the base line to work from. Enables a better understanding of the needs of prisoners that can be linked into needs analyses across the wider partnership/offender journey
- Equity – improving the spatial allocation of resources between and within different groups. Improving access to services, developing responsive services and reducing health inequalities (both between prisoner populations and with the community)
- Target efficiency – ensuring that resources are allocated appropriately i.e. Do those who need a service get it? Do those who get a service need it?
- Involvement of Stakeholders – stimulate involvement and ownership from service users and providers of the service

3.2 Service description

The purpose of the Health Needs Assessment is:

- To facilitate the understanding of the health needs within a prison population
- To identify gaps in good service provision
- To support commissioner to priorities resources
- To assist decision makers in the maintaining, planning and future improvement of services which address need, efficiency and effectiveness
- To identify the changing demographics of prisoners

The Health Needs Assessment must consider the full range of health needs including:

- Mental health, and well-being and mental illness, learning disability, personality disorder and dementia
- Substance misuse including New Psychoactive Substances (NPS)
- Chronic disease, long term conditions, pain management and sleep disorders
- Lifestyle factors e.g. diet, smoking, exercise, alcohol
- Dental and oral health
- Minor injuries (to include self-harm) and illnesses (to include special sick requests)
- Sexual health
- Blood born viruses (HIV, Hep B, Hep C)
- Communicable diseases
- Screening programmes including Health Checks, Diabetic Eye Screening, Bowel Cancer Screening, Abdominal Aortic Aneurysm (AAA) screening and Learning Disability
- Preventative medicine including vaccination programmes e.g. flu, MMR, x-ray machine (HMP Birmingham only)
- Secondary care needs including escorts and bed watch requirements for prisoners
- Optometry
- Palliative care
- Pharmacy
- Occupational Therapy

It is important to note however that clear consideration of, and reference to, any co-morbidities will be required, with a hierarchy of need.

Social care

Social Care is not an NHS commissioning responsibility and therefore outside of the remit of the NHS England commissioned Health Needs Assessments. The Provider is to be aware of any academic research or national/local reviews which have been undertaken by National Offender Management Services or Social Care Services within Local Authorities. The Provider will include a high level summary within this report highlighting any potential implications for healthcare.

Inpatient review

NHS England has recently conducted an Inpatient Review across the West and East Midlands and East of England regions. If and where appropriate the Provider will take in consideration the finding from the Inpatient Review.

National developments in health and justice

Recently there have been a number of Health and Justice publications published including the Prison Safety and Reform White Paper. The Provider should be aware of these publications and of any changes that could potentially impact on future need and healthcare delivery.

3.3 Population covered

The Health Needs Assessment will address the health needs of young and adult male prisoners in the following estates:

- HMP Birmingham
- HMP Stafford
- HMP Oakwood
- HMP YOI Brinsford

- HMP YOI Stoke Heath

3.4 Exclusion criteria

The following prisons/YOIs are excluded from the Health Needs Assessment:

- HM YOI Werrington
- HMP Dovegate
- HMP Hewell
- HMP Drake Hall
- HMP Long Lartin
- HMP YOI Swinfen Hall
- HMP Featherstone

3.5 Interdependence with other providers

Relationships to be established with the following:

Evidence base	To be sourced by Provider s
Descriptions of Prisons and healthcare facilities – to include prison category, capacity and churn	Information available from the: <ul style="list-style-type: none"> • Prison Operator • Heads of Healthcare
Profile of the prison population	Information available from Resettlement/ Offender Management Units
Prevalence of health needs	There is a clinical IT system in place across all prisons as well as evidence nationally on health needs. Data obtained from the prisons is to be compared to previous local prison Health Needs Assessment findings as well as national prison and community data sources. Areas of significant difference are to clearly identify. Data from across the West Midlands prisons should be considered in accordance prisoner population cohorts e.g. adult male sentenced and remand prisoners, children and young people in prison, women prisoners, older prisoners and sex offenders.
Future prison population projections	This will need to be sourced by the Provider from the National Offender Management Service (NOMS) and used to estimate 3-5 year health needs.
Activity data	Data will be available from: <ul style="list-style-type: none"> • Commissioners • Heads of Healthcare
Description of current healthcare services	Information will be available from the Commissioners and Heads of Healthcare and should include the latest national performance indicator ratings. The Provider will identify the range of services and interventions available including service capacity and workforce resources and will assess how care systems and the different service operate within these. Specific consideration should be given to how healthcare

	services support continuity of care for prisoners released or transferred.
Stakeholder feedback on healthcare services – to include prisoners, healthcare staff, prison staff, commissioners, Health watch and the Independent Monitoring Board (IMB).	<p>Each prison has a healthcare or prisoner forum which may provide a suitable mechanism to gain patient feedback. Prison Governors/Directors are to be approached in the first instance regarding access to prisoners and will agree with the Provider how, when and where access will be managed. The Provider will be expected to identify their preferred methodology for obtaining feedback from the other stakeholder groups. The purpose of stakeholder feedback will be to identify</p> <ul style="list-style-type: none"> • What is considered to be good about the healthcare services, • Any issues including perceived gaps • Stakeholders view on how services could be improved. <p>Consideration must be given to language barriers and difficulties in all prisoner engagement. Prisoner consent is to be sought before any engagement is undertaken and prisoners must be clearly advised of its purpose and assured that confidentiality will be maintained.</p>
Impact and effectiveness	<p>The Provider will identify which healthcare services and interventions represent good practice and have the greatest impact on health, both now and in the future. In particular this section of the Health Needs Assessment will be expected to provide a matrix and hierarchy of current health interventions; those which are most clinically and cost effective within prison settings; and those which will have additional premiums and benefits to the broader community.</p> <p>Specific reference is required to future unmet need and gaps in services.</p>
Recommendations and identification of priorities	To be identified by the Provider

4. Applicable Service Standards

- IG and confidentiality Policies and Procedures.
- Disclosure and Baring Services (DBS).
- National Health Needs Assessment Template (appendix two)

HNA Provider Requirements

The Provider will be expected to:

- Have a proven track record in delivering similar large scale projects to a deadline
- Commence work with the West Midlands Health Needs Assessment Project Group on implementation of the Health Needs Assessment as soon as the contract is awarded
- Follow evidence based practice in undertaking the project
- Ensure when prisoners, healthcare prison staff and the IMB are consulted, it is with their full consent
- Utilise staff who have Disclosure and Barring Service clearance
- Ensure staff engaged in completing this project has appropriate education and skills
- Comply with all necessary prison security arrangements
- Ensure confidentiality and information governance requirements are adhered to at all times
- Declare any or potential conflict of interests
- Provide regular reports outlining progress and findings to date to the lead Commissioner
- It is an expectation that the successful provider will be represented on the project board and attend meeting to give regular updates on progress
- Deliver the project within the agreed budget
- Completed Health Needs Assessment sent to Commissioners by the 25 September for sign off by Project Board on the 29 September
- Present the findings of the Health Needs Assessment to Commissioners and Providers on Friday 6 October

Timescale

A preliminary outline of the timetable is given below. The Provider should submit a clear timetable for completion of the project. This timetable will be refined after contract award following discussions with Prison Governors/Directors and Heads of Healthcare in order to ensure the project plan enables stakeholders to organise their own resources and workloads in support of the Health Needs Assessment.

Action	Start Date
Contract awarded	Friday 19 May 2017
Meeting with preferred bidder	Wednesday 24 May 2017
Completed Health Needs Assessment sent to Commissioners for sign off	Thursday 25 September 2017
Sign off by Project Board	Monday 29 September 2017
HNAs presented to Commissioners and providers including HOH and Commissioning Managers	Friday 6 October 2017

The Provider must ensure adequate time is built into their timetable to discuss, agree and execute access to prisoners for obtaining feedback.

Cost and payment terms

Providers are requested to advise NHS England North Midlands of their full costs and payment terms for undertaking the Health Needs Assessment to the specification set out in

this document. Up to 50% of the project costs will be paid at the start of the project to support implementation. The final 50% will be paid only on the completion of the project. Should the Health Needs Assessment fail to fully meet the requirements of the service specification or deadlines (unless totally due to factors outside of the Providers control) the Commissioner reserves the right to withhold up a maximum of 10% of the total contract value.

Application and evaluation

Providers should take note of the Evaluation Criteria and scoring methodology contained in Appendix two to ensure that their application clearly describes:

- The Providers background and relevant experience
- Who will undertake the Health Needs Assessment, along with their qualifications and experience
- The Providers understanding of prisoners healthcare needs
- The Providers understanding of prison healthcare
- How the Provider will complete the Health Needs Assessment with clear reference to:
 - the aims and objectives of the specification
 - the information required and its availability
 - the sample size to use for patients records
- The methodologies to be adopted for gaining stakeholder feedback
- How confidentiality and information governance will be supported and maintained
- Project timetable
- Projects costs – bidders must provide itemised costs showing how costs have been calculated

References

The bidder must submit details of two referees who will be contacted prior to the contract being awarded.

Submitting applications

Applications must be received no later than 12 noon Monday 24 April 2017.

Ten copies of your application should be sent to:

**Sue Daykin
Business Manager
NHS England
Anglesey House, Towers Business Park
Wheelwright Road
Rugeley
Staffordshire WS15 1UZ**

The envelope must be clearly marked:

Prison Health Needs Assessment Tender

Appendix One

Prisons in the West Midlands

- HMP Birmingham is a local category B prison for adult men. Its operational capacity is 1,450. The population comprises of both remand and convicted prisoners. Since October 2011 the prison has been operated by G4S Care and Justice Services. Health services are delivered by Birmingham and Solihull Mental Health Foundation Trust, Birmingham Community Healthcare Trust and South Staffordshire and Shropshire Mental Health Foundation Trust. The prison has an inpatient unit with 30 beds and an in house x-ray machine for TB screening.
- HMP YOI Brinsford is a local YOI prison which re rolled in July 2016 to take adult category C prisoners. The population comprises of both remand and convicted prisoners. It operational capacity is 577. Healthcare services are provided by Care UK with mental health and substance misuse services provided for by South Staffordshire and Shropshire Foundation Trust and dental services provided by a private contractor. The prison has an inpatient unit with 11 beds.
- HMP Drake Hall is a closed female estate with a capacity of 340. Health services are provided by Care UK with mental health and substance misuse services provided for by South Staffordshire and Shropshire Foundation Trust and dental services provided by a Time for Teeth.
- HMP Featherstone is a category C training and resettlement prison for adult men. Its operational capacity is 703. Healthcare services are provided by Care UK with mental health and substance misuse services provided for by South Staffordshire and Shropshire Foundation Trust and dental services provided by a private contractor.
- HMP Hewell is category B local prison which includes Hewell Grange, a resettlement unit which holds category D prisoners. Its operational capacity is 1104 and 204 retrospectively. Healthcare services are provided by Care UK with mental health and substance misuse services provided for by South Staffordshire and Shropshire Foundation Trust and dental services provided by a Time for Teeth. The prison has an inpatient unit with 20 beds.
- HMP Long Lartin is categories A/B prison for sentenced and remand prisoners. Its operational capacity is 622. Healthcare is provided by Care UK with mental health and substance misuse services provided for by South Staffordshire and Shropshire Foundation Trust and dental services provided by a Time for Teeth. The prison has an inpatient unit with 8 beds.
- HMP Oakwood is a category C training prison. The prison opened in 2012 and is operated by G4S Care and Justice Services. Healthcare is provided by Care UK with mental health and substance misuse services provided for by South Staffordshire and Shropshire Foundation Trust and dental services provided by a Time for Teeth. It has a decommissioned 20 bed inpatient unit. Its operational capacity is 2,106.
- HMP Stafford is a category C male sex offender treatment centre. Its operational capacity is 741. Healthcare is provided by Care UK with mental health and substance misuse services provided for by South Staffordshire and Shropshire Foundation Trust and dental services provided by a Time for Teeth.

- HMP YOI Stoke Heath is a closed category C male adult and young adult site with a small category D unit. Stoke Heath is a training prison and takes prisoners from the North West and Wales. Healthcare is provided by Shropshire Community Healthcare Trust with mental health and substance misuse service delivered by South Staffordshire and Shropshire Foundation Trust. Its operational capacity is 766. It has a decommissioned 8 bed inpatient unit.
- HMP YOI Swinfen Hall is a category C male adult and young adult training prison. Its operational capacity is 654. Healthcare is provided by Care UK with mental health and substance misuse services provided for by South Staffordshire and Shropshire Foundation Trust and dental services provided by a Time for Teeth.
- HMYOI Werrington is a category YOI for juvenile males aged 15-18. Its operational capacity is 162. Healthcare is provided by Care UK with mental health and substance misuse services provided for by South Staffordshire and Shropshire Foundation Trust and dental services provided by a Time for Teeth.
- HMP Dovegate is a category B male prison. Its operational capacity is 1060. Healthcare is provided by Care UK with mental health and substance misuse services provided for by South Staffordshire and Shropshire Foundation Trust and dental services provided by a Time for Teeth.

Appendix Two



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Appendix Three

Evaluation and Scoring

Applications will be evaluated and scored accordingly.

Scoring methodology

0	The Provider is unable to fulfil the requirement or no response is received
3	The Provider is only able to partly fulfil the requirement
5	The Provider is able to fulfil the requirement
7	The Provider exceeds fulfilment of the requirement
10	The Provider excels in the fulfilment of the requirement

Quality – weighted at 60% of total score	
The Provider has demonstrated that:	
Aims and objectives	All the aims and objectives contained within the specification will be met
	A comprehensive and suitable methodology will be used to collect and analyse the information required
	A comprehensive and suitable methodology will be used to collect stakeholder and service user feedback
Capability	Experience of undertaking a similar piece of work, delivered to timescale
	An understanding of prisoner health needs and healthcare
	The availability of experienced and suitably qualified staff
	An understanding of confidentiality and information governance policies and procedures
	The delivery of the Health Needs Assessment within the project plan timescale
Cost – weighted at 40% of total score	
Cost	Offers are anticipated in the region of Costs will be evaluated by the bid with the lowest score scoring 100 and all other bidder prices being expressed as an inverse proportion e.g. <i>Example below for illustration purposes only</i> Bid A – costs £30,000 = scores 100 Bid B – costs £40,000 = scores 75 Bid C – costs £50,000 = scores 60 Bid D – costs £60,000 = scores 50