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**Independent Review of Projects within West Midlands Prisons**

**Service Specification**

**Background / Context**

NHS England and NHS Improvement has commissioning responsibility for health care within the Secure Estate (including CYP) and in response to this commissions several services to meet patient need and to be available within the prison setting including:

* GP services
* Dentistry services
* Nursing services
* Mental health services
* Learning disability (neurodiverse) 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, infectious diseases, sexual health, health promotion and health checks

In addition to this, pathways are established to ensure access to secondary care community including specialist services such as dementia and palliative care.

Nationally, we know the prison population continues to see a rise in the complexity of health needs, driven largely by the health inequalities experienced, the wider determinants of heath and the increasing numbers of older prisoner.

For example, we know that:

* Premature mortality rate for prisoners is 50% higher than the rest of the population
* People in and out of the criminal justice system are four times more likely to be smokers
* 15% of prisoners had been homeless immediately prior to custody, compared to a lifetime experience of homelessness of 3.5% in the wider population
* 42% of men and women in prison and 17.3% on probation suffered from depression, compared to just over 10% of the rest of the population

(<https://www.gov.uk/government/news/new-advice-on-reducing-health-inequalities-in-the-criminal-justice-system>)

* It is broadly recognised that many prisoners have the biological characteristics of those who are 10 years older than them

(<https://www.parliament.uk/globalassets/documents/commons-committees/Justice/Older-prisoners.pdf>)

During the past two years, NHS England and NHS Improvement (West Midlands) Health and Justice Commissioners have been piloting two schemes within two prisons in the region, both exploring ways to deliver care differently within secure and detained settings.

Regional Bed Resource Management

Within the West Midlands prisons, there are a number of prisons who have dedicated cells (“beds”) for patients who require twenty-four-hour healthcare (previously referred to as ‘inpatients units’). In 2021, NHS England and NHS Improvement (West Midlands) Health and Justice Commissioners implemented a Regional Bed Resource process, bringing together those sites with these beds to form a multi-disciplinary referral pathway, via which patients identified as requiring twenty four hour healthcare could be referred, reviewed and a bed allocated where required.

As the Specialist Care Unit at HMP Stafford opened, the beds within this unit also became part of Regional Resource

1. HMP Stafford Specialist Care Unit

It is broadly recognised that many prisoners have the biological characteristics, and physical health conditions on par with those who are 10 years older.

We also know that the number of prisoners who are over the age of 50 rose to 12,577 in March 2018 (15% of the whole population). 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 impact of this has been notable across the West Midlands prisons estate with an increasing number of patients needs exceeding what is currently commissioned and what can be safely managed within the current level of healthcare service provision and available cell accommodation. This is in conjunction with several recommendations made to NHS England and NHS Improvement and Her Majesty’s Prison and Probation Service (HMPPS) from The Prison and Probation Ombudsman (PPO) relating to the need for 24-hour healthcare provision and suitable accommodation to be sought for those with the highest levels of need.

In 2021 NHS England and NHS Improvement and its commissioned healthcare provider, in partnership with HMPPS, commenced a 2-year project to deliver a Specialist Care Unit at HMP Stafford. The aim is to test out a short-term clinical assessment, reablement and recovery approach to all those who are referred to the dedicated unit.

The service will comprise of two elements, a bed-based service, and an outreach service. A summary of the key function of each is below:

The 8 bedded unit (6 Short Term Assessment, 2 Longer Stay beds) accepts referrals from across the West Midlands. A summary of the bed-based and out-reach functions is below:

|  |  |  |
| --- | --- | --- |
|  | **Outreach Service** | **Bed Based Service** |
| Very severely frail *\** | √ | √ |
| Living with severe frailty \* | √ | √ |
| Frail elderly\* who requires additional support following procedure, i.e. requiring remobilisation | √ | √ |
| Severe Dementia  Requiring assessment | √ | √ |
| Cognitive Impairment  Requiring assessment | √ | √ |
| Palliative Care  *Palliative care is not in itself a reason for referral – advice however may be required* | √ | √ |
| Step down care from hospital  Assessment and reablement |  | √ |
| Assessment and reablement | √ | √ |
| Short term Intervention/care  *e.g. IV therapy, Delirium linked to UTI* |  | √ |
| Adult Safeguarding advice | √ |  |

The service works in a person-centred and multi-disciplinary context in the management of all patients referred to the service, recognising that this is the most successful way of achieving positive outcomes for patients. Further details are included in the service specification (Appendix 1)

1. HMP Hewell Alternative Model of Care (including Targeted Care Pathway)

In response to a number of concerns regarding the environment within the HMP Hewell 24/7 healthcare (inpatient) unit NHS England and NHS Improvement, its commissioned service provider and HMPPS agreed to temporarily close the unit and in its place pilot an Alternative Model of Care to support patients who would have previously met the ‘Inpatient’ admission criteria.

Within this model of care, there are pathways for physical and mental health care with dedicated staff supporting patients as required. The pilot provides individuals with high acuity enhanced support as clinical need dictates, for on average a period of up to 6 weeks (dependent upon need). This is undertaken outside of a traditional prison healthcare inpatient setting.

Further details for the new model are included in Appendix 2.

**Independent Review Requirements**

NHS England and NHS Improvement (Midlands) wishes to commission an independent review of the services and pathways being piloted at HMP Hewell and HMP Stafford against the expectations set out within the service specifications (as described above and included in appendices).

The aim of the review to is reach an evidence-based conclusion regarding whether

1. The pilot/s have been a success (based on their initial objectives/expectations, both clinical and non-clinical)
2. Do they represent value for money?
3. For the TCP project – does this represent a suitable alternative to inpatient units that could be replicated in HMPs Birmingham, Dovegate and Brinsford?

By reviewing service data and undertaking patient, staff and stakeholder engagement activities, the review is required to determine:

1. Have patient outcomes (clinical and non-clinical) been met?
2. How effective have the pilot services been?
3. Stakeholder perspectives of the pilots. This is to include
   * other healthcare providers across the West Midlands
   * HMPPS
   * Patients
4. Do healthcare and prison staff across the West Midlands prisons feel confident in recognising, engaging, and supporting a prisoner who may require these services?
   * Where there are gaps or obstacles what is required and what is the most suitable delivery model (e.g. in-house provision, community in reach or external referral) by establishment?
5. How has the Regional Resource Bed Management process positively and/or negatively impacted referrals to the SCU?
6. Is information shared between health, social care, and criminal justice partners? Are information sharing processes embedded?
7. At HMP Stafford, Oxehealth is being used to assist with monitoring patients, are there any evidential success / benefits of this noted?
8. At HMP Hewell, are there any barriers / enablement issues stopping the service delivering effectively and managing Complex Primary Care on normal location?

For each of the points above the review is required to identify:

* Areas of good practice
* Gaps and / or obstacles
* Risks
* Possible remedial options

The review is required to provide a clear conclusion regarding effectiveness, value for money, replicability, and recommendations to help inform future commissioning decisions.

**Methodology**

1. A mixed methodology is anticipated as being required, ranging from desk top literature reviews, data collection and analysis (clinical and non-clinical), to staff (health and custodial) and prisoner focus groups and surveys and site visits.
2. It is required that West Midlands prison healthcare providers and Prison Governors/Directors identified as stakeholders are included in the project, potentially via questionnaires or on-line surveys.
3. To understand the full pathway, an agreed number of case studies are required to be undertaken. NHS England and NHS Improvement (Midlands) will facilitate engagement and access to providers across the pathway (health and criminal justice). These could focus on prisoners who reach the threshold for support from these projects, to understand their journey, if/ how they have been engaged and supported by the services up to that point.
4. The review must include people with Lived Experience as an active partner in this review. This will include, undertaking of the information gathering element of the project and in testing out recommendations being made in the main report.
5. Experience.

The organisation and individuals undertaking the project must have:

* 1. An understanding of prison healthcare services, policy, and good practice
  2. Experience of undertaking clinical service reviews
  3. Up to date DBS checks
  4. Appropriate safeguarding training and will always comply with Safeguarding requirements.

**Final Report Requirements**

To facilitate discussions with NHS England and NHS Improvement National Health & Justice Team to support evidencing proof of concept, a report for each of the services noted above is required and is to have clearly stipulated and evidenced:

* Generic findings and SMART recommendations, e.g. those common across all/ several sites
* Specific findings and SMART recommendations where these have been identified
* Specific findings and SMART recommendations for those with one or more protected characteristics.

**Contracting**

The NHS Standard Contract (short form) will be used to commission this service and raise a Purchase Order

[NHS England » Shorter-form NHS Standard Contract 2021/22 (Particulars, Service Conditions, General Conditions)](https://www.england.nhs.uk/nhs-standard-contract/21-22/shorter-form-nhs-standard-contract-2021-22-particulars-service-conditions-general-conditions/)

**Timescales and Cost**

Providers are asked to provide an outline timetable to complete this review along with the costs, as part of the bid (see bid template). Work is to commence from 1 July 2022 with final reports due beginning of December 2022

Costs will be broken into ¼ and paid at the beginning, at two agreed review mid points and upon receipt of the agreed final report.

**Appendix 1 – HMP Stafford SCU Service Specification**



**Appendix 2 – HMP Hewell Alternative Model of Care Proposal**

 