



Agreement between:

Her Majesty's Inspectorate of Prisons and NHS England

June 2013

Introduction

1. Her Majesty's Inspectorate of Prisons

1.1 Her Majesty's Inspectorate of Prisons (HMIP) is an independent inspectorate whose Chief Inspector is a Crown appointment. The Chief Inspector's powers derive from section 5A of the Prisons Act 1952 (as amended). The Chief Inspector reports directly to the relevant Secretaries of State and to Parliament on the treatment of and conditions for prisoners in England and Wales and immigration detainees in the United Kingdom. HMIP also inspects court custody, police custody and customs custody facilities with Her Majesty's Inspectorate of Constabulary (HMIC), and secure training centres with Ofsted. By invitation, HMIP inspects some military detention facilities as well as prisons in Northern Ireland and in other jurisdictions with links to the UK such as the Isle of Man. HMIP is the coordinating body for the UK's National Preventive Mechanism, a group of 18 organisations which monitor places of detention in England, Wales, Scotland and Northern Ireland under the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment.

2. NHS England

- 2.1 NHS England is a non-departmental public body which operates within the wider health and social care system. Its overarching role is to ensure that the NHS delivers continuous improvements in outcomes for patients within the resources available. The NHS England will fulfil this role through its leadership of the reformed commissioning system. Working in partnership with clinical commissioning groups (CCGs) and a wide range of stakeholders, it will secure better outcomes, as defined by the NHS Outcomes Framework; it will actively promote the rights and standards guaranteed by the NHS Constitution; and will secure financial control and value for money across the commissioning system.
- 2.2 The new system of commissioning for the NHS requires NHS England to provide national consistency in areas like quality, safety, access and value for money. In addition to the services PCTs previously commissioned in prisons (i.e. primary care, escort and bedwatch and mental health in-reach services) from April 2013, the NHS England is responsible for commissioning secondary care, dentistry, optician and public health services including substance misuse services in prisons. NHS England is responsible for funding healthcare services, escort and bedwatches, consumables and non-fixed minor capital equipment.
- 2.3 By 2015 NHS England will also have responsibility of the commissioning of health services in all other parts of the criminal justice system

3. Scope and Purpose

- 3.1 This Framework Agreement has been agreed between HMIP and NHS England. It applies to all areas of criminal justice health commissioned by NHS England. It only applies in England although HMIP inspects in England, Wales and other jurisdictions by invitation. It outlines the basis of co-operation and collaboration between the organisations, designed to ensure that the relationship is effective.
- 3.2 The framework provides a working document for staff in our organisations and a reference for other organisations, covering how we will:
 - Work together
 - · Use information; and
 - Enable issues to be referred to the other organisations in appropriate circumstances
- 3.3 Collaboration must go beyond the words written in this document: it must be embedded into the way in which we work. This may mean working in different ways to enable us to improving outcomes and the quality of provided services.

4. Information Sharing

- 4.1 The two organisations will co-operate fully in relation to the disclosure and exchange of information, intelligence, evidence, policy formulation and documentation in accordance with relevant legislation and case law.
- 4.2 In the course of the work between the organisations, there may be times when information (such as guidance or standards etc) will be shared on the basis that it is not to be disclosed either publicly or to other organisations, unless explicit consent is obtained and except as required or permitted by law. Each organisation will respect this. This joint protocol is subject to the duty of confidentiality owed by each organisation to those providing them with confidential information.
- 4.3 It is possible that one of the organisations will receive information, which may be relevant to the statutory responsibility of one of the other organisations. Given the overriding need to protect the interests of patients and the public, it is important that the two organisations have complete trust and confidence in each other and are willing to share relevant information subject to any legislative constraints.
- 4.4 The interests of the patient/public remain paramount and where issues relate to the fitness to practise of healthcare professionals, this information should be referred to the appropriate regulatory body for further investigation. Nothing in this framework seeks to preclude HMIP from taking relevant action as necessary to safeguard prisoners/detainees and/or staff.

4.5 NHS England will ensure that all commissioned services are aware of the requirement to share information with HMIP so that they can carry out their statutory responsibilities in line with the Data Protection Act [2007]

5. Communications

- 5.1 HMIP and NHS England are committed to ensuring that there is excellent communication between the organisations. Formal meetings will be held at least once a year (or as otherwise agreed) between HMIP Chief Inspector and the Head of Offender Health, Military health & Public Health to discuss areas of mutual interest and/or concern and to review working practices and, where appropriate, this framework.
- **5.2** Representatives from the National support team for Offender Health will hold quarterly meetings with the Head of Health Inspection [HMIP] to discuss issues as they emerge and to resolve any specific issues.
- 5.3 NHS England will ensure that the HMIP Head of Health Inspection meets the local offender health leads formally at least twice a year, either individually or as a group.

6. Review

This MoU will be regularly reviewed at intervals of no greater than one year.

5/6/13

Signed: (V)

HM Chief Inspector of Prisons

Signed:

Head of Offender Health, Military Health & Public Health

APPENDIX A

List of Key Personnel Contacts

НМІР	Name	Telephone No. (020 7035 + Ext)
Chief Inspector	Nick Hardwick	2100
Deputy Chief Inspector	Martin Lomas	2105
Head of Healthcare Inspection	Elizabeth Tysoe	2138
Deputy Head of Healthcare Inspection	Paul Tarbuck	2139
NHS England	Name	
Head of Public health, Offender Health and Military Health	Kate Davies	01623 673132
Head of Offender Health	Christine Kelly	01623 673132
Offender Health Commissioning Support Manager	Angie Whitfield	0113 8250917