



Commissioning Board

Public health functions to be exercised by the NHS Commissioning Board

Service specification No.29

Public health services for people in prison or other places of detention, including those held in the Young People's Secure Estate

November 2012

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Service specification No.29

This is a service specification within Part C of the agreement “Public health functions to be exercised by the NHS Commissioning Board” dated November 2012 (the “2013-14 agreement”).

The 2013-14 agreement is made between the Secretary of State for Health and the National Health Service Commissioning Board (“NHS CB”) under section 7A of the National Health Service Act 2006 (“the 2006 Act”) as amended by the Health and Social Care Act 2012.

This service specification is to be applied by the NHS CB in accordance with the 2013-14 agreement. An update to this service specification may take effect on an agreed date as a variation made in accordance with the 2013-14 agreement.

This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply.

The 2013-14 agreement including all service specifications within Part C is available at www.dh.gov.uk/publications

1. Purpose of specification

Aim

- 1.1. To deliver public health programmes to those in prison and other accommodation of a prescribed description, including those held in the Young People's Secure Estate, that reduce health inequalities, provide advice and expertise to facilitate healthy choices and support them to live healthy lives with continuity of care on return to the community.

Population needs

- 1.2. As of December 2011, the prison population stood at 86,172, an increase of 4% compared with 12 months previously. The relative size of the female prison population has remained stable during recent years, at just under 5% of the total. 1.7% of the current population are aged less than 18 years old; 9.3% are aged 18-21; 78% are aged 22- 49 years. Between 2010 and 2011, the number of prisoners aged 50 and over increased by almost 10%, more than twice the increase in the total population. Currently this age group form 10.2% of the population. Around three-quarters of all prisoners describe themselves of White ethnicity and 13% are Black or Black British. For a significant minority, ethnic group is either not stated or not recorded (2%), especially among foreign nationals (4%).
- 1.3. The Young People's Secure Estate (YPSE) includes Young Offender Institutions (YOIs), Secure Training Centres (STCs) and Secure Children's Homes (SCHs). YOIs are run as part of the National Offender Management Service (NOMS) (apart from one that is a private prison run under contract to the Youth Justice Board). The vast majority of children and young people in custody are held in YOIs, with STCs and SCHs used for children who are younger and deemed more vulnerable. The estate provides custodial placements for 10-17 year olds, although some 18 year olds remain if they are near the end of their sentence.
- 1.4. The overwhelming majority of children and young people in contact with the YJS remain in the community throughout that contact. In 2010/11 figures show that although there were an average of 2,040 10-17 year olds in the secure estate at any one time, that during the same period around four times as many children were remanded in and/or sentenced to custody, and 85,300 children and young people were supervised by Youth Offending Teams. In 2010/11, around 95 per cent of the young people (under 18) held in the secure estate were male, and 95 per cent were aged 15-17. Therefore, 5 per cent were female and 5 per cent were aged 10-14. Overall, the average length of time spent in custody is 78 days.

- 1.5. Responsibility for commissioning health services in the nine Secure Children's Homes in England with Youth Justice commissioned places transferred to the NHS in April 2012. Work has started on transferring responsibility for commissioning health services in three of four Secure Training Centres as a planned part of the Youth Justice Board project around the re-competition of services in Secure Training Centres. The seven Secure Children's Homes in England that provide welfare only placements may come into scope of this project by April 2013. In their final months, PCTs will work with local authorities at a local level to establish need and funding streams.
- 1.6. The average period spent in custody by those who have been remanded to custody, (26 per cent of those in custody) is 41 days. The most common sentence (55 per cent of those in custody) is a Detention and Training Order (DTO). This is a determinate custodial sentence of between 4 and 24 months. A young person spends the first half of the order in custody and the second half in the community 'released on licence'. The average length of time in custody for a DTO is 111 days. For children and young people on longer sentences (19 per cent of those in custody), including those serving an indeterminate sentence, it is 374 days.
- 1.7. About 160,000 children have a parent in prison each year, which is around two and a half times the number of children in care, and over six times the number of children subject to a Child Protection Plan. During their time at school, 7% of children experience their father's imprisonment and in 2006, more children were affected by the imprisonment of a parent than by divorce in the family.
- 1.8. People in prisons and other accommodation of a prescribed description, such as police stations, Immigration and Removal Centre (IRCs) and the Young People's Secure Estate reflect the wider society from which they come and therefore manifest some of the nation's greatest public health challenges, but more importantly, some of public health's opportunities. Most of those who enter prison or other accommodation of prescribed description spend most of their lives in the community, so any public health interventions and investments whilst in custody will have positive 'ripple' effects on their families and wider social contacts.
- 1.9. For example, a large proportion of the prison population have engaged in high-risk behaviour (unprotected sex, multiple partners and injecting drugs) the prevalence of Blood Borne Viruses (BBVs) and Sexually Transmitted Infections (STIs) is higher than in the general population; 15% have had or have an STI. In the prison population, 8% of males and 12% of females are Hepatitis B positive and 9% of males and 11% of females are Hepatitis C positive.¹ In addition, problematic drinking is generally far more common among offenders than the general population. More than one third of women and almost two-thirds of men entering prison have an alcohol problem.² 69 per cent of prisoners received into prison have used at least one drug during the year before custody.² At least 80 per cent of prisoners smoke.³ Thus by addressing these public health issues in custody through either health promotion, harm minimisation

programmes or treatment of infection an individual can become healthier and current and future partners have a reduced risk of acquiring BBVs or STIs.

- 1.10. Both adults² and children and young people⁴ in secure settings therefore have significant co-morbidity which may include mental health problems, and or a learning disability, alcohol, drug and physical problems and have typically led chaotic lives prior to incarceration, characterised by little formal contact with NHS services. Children and young people in contact with the Youth Justice System (YJS) have more – and more severe – unmet health and well-being needs than other children of their age. They have often missed early attention to health needs. They frequently face a range of other, often entrenched, difficulties, including school exclusion, fragmented family relationships, bereavement, unstable living conditions, and poor or harmful parenting that may be linked to parental poverty, substance misuse and mental health problems. The overwhelming majority of children and young people in contact with the YJS remain in the community throughout that contact, but a small number are remanded or sentenced to custody. The health and well-being needs of children and young people in custody tend to be particularly severe.
- 1.11. Primary care services are the major health services that individuals access in detention. Such services provide a prime opportunity to deliver therapeutic and prevention services. Additionally relevant generic public health prison staff work alongside other prison and community staff to assist with their provision.
- 1.12. In 2007, the Department of Health (DH) and NOMS developed a set of Prison Health Performance Indicators (PHPIs) to guide prisons and the former Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs) in judging their own performance in delivering healthcare services to prisoners. The indicators are rated as green, amber and red. These were further developed in 2009 to become broader indicators of the quality of healthcare in prisons, as well as the performance of other contributing health and prison services - Prison Health Performance & Quality Indicators (PHPQIs).⁵ The existing “green” standards are used in this paper as examples of current standards and where appropriate relevant Public Health Outcome Framework indicators are used.
- 1.13. It has always been the intention to move towards gathering evidence to support the indicators using electronic information systems within prison health care units. Such systems are now operational in most prisons and health care units can interrogate these systems to provide evidence to validate the indicators.
- 1.14. It will be essential to integrate the commissioning of the public health programmes with the commissioning of wider health services, in particular primary and secondary care, for those in custody setting to provide access to comprehensive health services and continuity of care into the community
- 1.15. This specification is to assist the effective commissioning of public health services for people in prison or other places of detention, including those held in the Young

People's Secure Estate and therefore applies both to adults and children and young people. When commissioning each component of such public health services consideration should be given to the age –sex breakdown of detained population, their specific health needs, current health related behaviours and the desired public health outcome of the intervention in the specific age groups for men, women and children and young people.

2. Services

2.1 Health Promotion

Background

The NHS Commissioning Board (NHS CB), in partnership with NOMS, will have a responsibility to ensure that prisoners have access to health services that are broadly equivalent to those the public receives from the comprehensive health service. This responsibility will extend between 2013 and 2015 to include police custody suites, Immigration and removal centres, and Secure Training centres (STCs) and Secure Children Homes (SCHs). All places of detention must provide health education, patient education, prevention and other health promotion interventions within that general context.

Primary health services in prison and other accommodation of a prescribed description should work alongside other custodial staff and include programmes that specifically address:

- Mental Health Promotion and Well being,
- Smoking cessation/reduction;
- Healthy eating and nutrition, to include BMI assessment
- Healthy lifestyles, including relationships
- Sexual health and parenting
- Personal health and sexual relationship education for young people aged 10-17 years.
- Prevention of the transmission of blood borne viruses to include the provision of disinfecting tablets for sterilisation
- The training of people in prison and other accommodation of a prescribed description as peer educators- health trainers
- Access to a range of physical exercise programmes appropriate to age and needs.
- Rebuilding of fragmented family and peer relationships

PHPQI Green Standard 2012-13

- Health promotion is a key area within the Prison Health Delivery Plan, and is overseen by an action group, with appropriate stakeholder membership from the prison SMT and local health community, including prisoner representatives
- Within the local delivery plan there is a health promotion strategy which specifically addresses activity within all the following areas: (a) Mental Health Promotion and Well being, (b) Smoking Cessation / Reduction, (c) Healthy eating and nutrition, (d) Healthy lifestyles including sexual health and relationships, (e) Drugs and alcohol (f) Exercise, including access to a cardiac rehabilitation programme where required (g) rebuilding of fragmented family and peer relationships

Public Health Outcomes Framework

- 2.13: Proportion of physically active and inactive adults
- 2.14: Smoking prevalence – adult (over 18s)

2.2 Smoking management

Background

Approximately 80% of all prisoners smoke³ compared with 24% of the general population. The prevalence is even higher amongst those who are dependant on drugs and or alcohol and or who have mental illness. Quitter rates for prisoners and staff are consistent with those of the community, with some individual prisons out-performing local community settings.

Research carried out for the Youth Justice Board among children and young people in the secure estate (age 12 to 18) found that their rates of smoking, drinking and use of illegal drugs before entering custody were substantially higher than among young people who do not offend. Over 83 per cent were regular smokers; over 60 per cent drank alcohol daily or weekly, with 66 per cent reporting binge drinking once a week; over 25 per cent considered their drinking to have been out of control before entering custody; and over 80 per cent had used an illegal drug once a month.

Service Function

To provide access to smoking management services to address the high burden of smoking in this population.

Public Health Outcomes Framework 2012-13

- 2.14: Smoking prevalence – adult (over 18s)
- 2.3: Smoking status at time of delivery

2.3 Suicide and self harm prevention

Background

Almost 200 people die in custody each year. Many of these deaths are due to natural causes but a great many are because of apparent suicide attempts and other non-natural causes. Although the suicide rate among teenagers in the community is falling nationally it is recognised that the risk of suicide among children and young people is much higher if they are in contact with the youth justice system (and are separated from their family), and have mental health or substance misuse problems and/or have experienced abuse or neglect.

Research analysis of serious case reviews into the death or serious injury of children has found consistently that adolescents make up almost a quarter of cases each year, with the majority dying because of suicide, often linked to a background of abuse and neglect. Deaths of children and young people in custody are very rare, but two have taken their lives so far in 2012 and 1 in 2011.

Rates of self-harm have increased in the UK; the rate is much higher among adolescents, young adults and women. They are particularly high for adolescents with mental health problems such as anxiety and depression. Self-harm is more common among young women than young men. Studies have noted that young men may engage in different forms of self-harm that might be easier to conceal. (NCSS, 2011) Self-harm in children and young people YJB data shows that in 2010/11 there were 1,424 incidents of self-harm in the secure estate, with a higher proportion relating to young women.

Service Function

Health services in prison and other places of prescribed detention to work alongside other staff to reduce episodes of self-inflicted death and episodes of self-harm and improve their health and well-being as a whole.

PHPQI Green Standard 2012-13

- Evidence of collaborative working between the safer custody leads and the health care lead.

Public health functions to be exercised by the NHS Commissioning Board

- Explicit reference to the prevention of suicide strategy and effective management of self-harm within the prison and other places of prescribed detention health delivery plan.
- Evidence of managed information sharing between custodial staff and health care unit.
- Health staff in prison and other places of prescribed detention will work in conjunction with other staff to support the prevention of suicide and self and will follow Assessment, Care in Custody, and Teamwork (ACCT) guidelines

Public Health Outcomes Framework

- 4.10: The number of people dying prematurely from suicide
- The number and rate of people dying prematurely from suicide in prison and other places of prescribed detention

2.4 Screening programmes & Health Check programme

Background

Offenders are drawn from a population with significantly raised risk of developing a range of chronic conditions for which national screening programmes are currently available. As the prison population ages, the prevalence of these conditions rises. Social exclusion and disadvantage is common in the offender population and access to health care and screening services while living in the community tends to be poor. Prison, and other detained settings, therefore provides a valuable opportunity to offer screening to a population with significant unmet need.

Children and young people in the secure estate may have missed developmental checks and childhood immunisations.

The commissioning of screening programmes is specified separately in the Section 7A agreement.

Service Function

All eligible people in prison and other prison and other places of prescribed detention should have access to all cancer and non-cancer screening programmes for which they are eligible.

Cancer screening programmes:

- Breast cancer: screening every three years for women aged 50 to 70; those over 70 are encouraged to make their own appointments.
- Cervical cancer: screening every three years for women aged 25 to 50 and ever five years for those aged 50 to 64.
- Bowel cancer: screening every two years for all men and women aged 60 to 69; in some areas the programme is being expanded to include people up to the aged of 75 years.

Non-cancer screening programmes:

- Diabetic eye screening: screening offered to all people aged 12 and over with diabetes.
- Abdominal aortic aneurysm (AAA): screening offered to all men in their 65th year.
- All detainees aged between 40 and 74 should be reviewed and offered routine tests to assess their risk of heart disease, stroke, kidney disease and type 2 diabetes, as part of the NHS Health Check programme.
- Children and young people should receive developmental checks and immunisations, as appropriate.

Public Health Outcomes Framework

- 2.20: Cancer screening coverage
- 2.21: Access to non cancer screening programmes
- 2.22: Take up of the NHS Health Check programme by those eligible

2.5 Substance Misuse services

All commissioned services will be fully integrated, recovery-orientated and outcome-focused treatment services in line with the vision set out in the National Drug Strategy (2010)⁶, the Government's Alcohol Strategy (2012)⁷ and the Patel Report (2010).⁸

For the Young People's Secure Estate, the emphasis should be on preventing any escalation of drug/alcohol related risk, and delivering substance specific interventions to avoid progression to adult dependency.

Background

Approximately 60,000 individuals are received into a secure environment each year with a diagnosable drug or alcohol dependence (NOMS 2008; Dept Health 2007).

Services will represent a specialist drug and alcohol provision for the therapeutic management and treatment of problematic and dependent use of either or both substances. The services will integrate with primary health care and secondary mental health care, for the delivery of treatment and the co-ordinated management of health and mental health problems (DH & MoJ 2009) associated with or exacerbated by alcohol or drug use. Within the bounds of all relevant legislation and Caldicott principles, services will work closely with the National Offender Management Service, Youth Justice Board and other agencies to provide service users with high-quality care. The Young People's Secure Estate comprises three distinct establishments; all are to deliver substance misuse services

Aims and objectives

The aims of the service are:

- Identification of problematic drug and alcohol use at reception
- Timely medical management of withdrawal
- Comprehensive drug and alcohol assessment
- Provision of specific advice and information
- Treatment of drug and alcohol dependency that addresses identified need
- Prevention of suicide among drug or alcohol-dependent individuals newly received into a secure environment
- Prevention of fatal overdose following release
- Continuity of care between secure environments and community
- Evaluation of Drug Recovery Wings – Ministry of Justice led pilots designed to help prisoners serving short sentences shorter than 12 months who need intensive support during the early stages of their recovery. The pilots are taking place in ten prisons – Manchester, Holme House, High Down, Bristol, Brixton, Chelmsford, New Hall, Askham Grange, Styal and Brinsford.

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- Joint planning and alignment with primary care and mental health services
- Individualised key working to provide care and recovery planning, assessment and review

Within the Young People's Secure Estate, there is a specific emphasis on the delivery of both substance-specific early interventions and more structured treatment interventions to address identified need and to prevent any escalation of drug/alcohol risk, and a commitment to improving continuity of care to support young people at the point of transition.

In addressing these aims all services should be:

- based on assessed need
- outcome focused
- recovery orientated
- delivering evidence based interventions
- in line with national good practice and quality standards
- able to demonstrate value for money (including full participation in national research and full reporting to the National Drug Treatment Monitoring System)

Reporting Requirements

- To measure treatment and its outcome, full minimum data reporting is required to National Drug Treatment Monitoring System (NDTMS)
- In the YPSE, local areas to agree mechanisms to report substance specific activity that is below the threshold for NDTMS reporting
- All commissioned services will seek informed consent from service users for selected treatment information to be made for audit by the European Social Fund (ESF), as a co-financing organisation.

Applicable substance misuse service standards

Clinical priorities

In line with the current evidence base, all clinical treatment should be accompanied by psychosocial services, including life skills work, mutual aid and couples and families work (Patel 2010; NICE 2007c).

Drug treatment in secure settings has to manage the following clinical risks:

- suicide and self-harm following reception related to uncontained drug withdrawal
- Post-release fatal overdose, due to loss of opioid tolerance
- Possibility of simultaneous access to illicit medication, both prescribed and non prescribed

It is important that services in settings that receive adults or young people direct from the courts provide timely access to assessment, first night prescribing and stabilisation, monitored 24 hours a day by a registered nurse (Dept Health 2006; Dept Health 2009). Services in all adult prisons should provide access to re-induction in accordance with section 7.3.4.3 of the 2007 UK Clinical Guidelines

Psychosocial Interventions

Psychosocial interventions for young people should be consistent with the current and emerging evidence base (NTA 2009).

For adults, these should be consistent with evidenced-based practice identified in the Patel Report (2010) and the National Institute for Health & Clinical Excellence psychosocial interventions Clinical guideline 51 (NICE 2007c). Further detail is set out in the following section Continuity of treatment and recovery support

Continuity of treatment and recovery support

The continuity of treatment and recovery support is central to good treatment outcomes. As part of the reception/initial assessment process, substance misuse teams are expected, with the service user's informed consent, to:

- proactively contact community based treatment services or the substance misuse team from the transferring establishment and take account of existing assessment and care plan information
- contribute towards an end-to-end approach to case management across secure environments and community

Planning for release should be an integral part of the case management process and substance misuse teams are expected to:

- work with community based treatment provider on the continuation of structured treatment well in advance of the release date

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- ensure that contingency arrangements are in place for individuals to access treatment in the event of unplanned or short notice release
- refer all who have engaged in prison-based treatment to recovery support in the community particularly mutual aid, enhanced life skills and access to sober living communities
- ensure that case management is in place either via Criminal Justice Integrated Teams, Youth Offending Teams or under local Integrated Offender Management arrangements, and via Offender Managers for adults serving sentences of over 12 months.

Single point of contact

Substance misuse services are expected to provide a single point of contact [SPOC] for the communication, with informed consent, of patient information required to secure continuation of treatment and support. The SPOC provision must include a functional e-mailbox to which all members of the treatment team have daily access. Each prison has an established Functional Mailbox that should be used for this purpose.

Key service outcomes

Recognising that periods of custody for substance-dependent offenders can be relatively short, and the time of release is often the most testing episode, the principal outcome is as follows:

- The proportion of individuals in secure environments that engage in structured drug and alcohol treatment interventions who at the point of departure from that establishment either:
- Successfully completed a treatment intervention in custody and did not represent to treatment (either in custody or the community) within 6 months of release; or
- Successfully engaged in community based drug and alcohol treatment interventions following release; or
- Where they were transferred to another prison/YPSE, successfully engaged in structured drug and alcohol treatment interventions at the receiving establishment.

Public Health Outcomes Framework

- 2.15: Successful completion of drug treatment
- 2.16: people entering prison with substance dependence issues who are previously not known to community treatment

- 2.18: Alcohol-related admissions to hospital

2.6 Communicable Disease Control

The impact of a communicable disease on the population of an prison or other places of prescribed detention, including the staff, is significant, not just encompassing the healthcare management of the disease but also affecting the operational integrity. Prevention of outbreaks is a key priority for prisons, other places of detention and their healthcare staff necessitating effective liaison between it and the local health protection staff.

PHPQI Green Standard 2012-13

- The Prison has a comprehensive written policy on communicable disease control, including an outbreak plan, pandemic flu plan and immunisation policy, developed in partnership with the local Public Health England Centre and signed off by the Prison Governing Governor
- The Prison has an Infection Control Link Nurse who has specific responsibility and training in infection control. The prison link nurse attends meetings with the local Public Health England Centre at least six monthly.
- All prisoners are offered vaccinations appropriate to their age and need

2.7 Vaccination/Immunisation

Background

People in prison and other secure settings are a diverse population and differ by age, sex, ethnicity, country of origin and their experiences of health and disease. Primary prevention is an important public health principle and immunisation against infectious diseases is a cornerstone of good preventive practice. Many British-born people miss out on routine childhood immunisations and other required vaccines.

Specific generic issues addressed and community standards applied should include:

- MMR,
- Meningitis C,

- Hepatitis B (see specific indicator),
- BCG,
- Pneumococcal vaccination and seasonal influenza vaccine.
- Children and young peoples secure settings should address the need for HPV vaccine.
- All childhood vaccines

The commissioning of immunisation programmes is specified separately in the Section 7A agreement.

PHPQI Green Standard 2012-13

- All adults, children, and young people in secure settings offered vaccinations appropriate to their age and need,
- Risk assessment of adults and children and young people in secure settings to determine their vaccine needs undertaken by competent nurse practitioners and/or doctors.
- 80% or more uptake of hepatitis B vaccine by all new eligible and consenting adults and children and young people in secure settings received into the establishment in the three months prior to the reference date.

Public Health Outcomes Framework

- 3.3: Population vaccination coverage

2.8 Sexual Health

Addressing the sexual health of prisoners and children and young people in secure settings supports the strategy for the prevention of the spread of communicable diseases in prison, offering harm minimisation information and treatment.

There is a clear link between sexual ill health, poverty and social exclusion, as is the unequal impact of HIV on gay men and certain ethnic minorities. Genital chlamydia trachomatis is the commonest sexually transmitted infection (STI) in England. The national sexual health and HIV strategy published by DH in 2001 states that some groups need targeted sexual health

information and HIV/STI prevention because they are at higher risk, are particularly vulnerable or have particular access requirements; within this group, they identified prisoners

PHPQI Green Standard 2012-13

All people in prison and other places of prescribed detention to

- be aware of means of accessing condoms in prisons
- have access to the social and life skills modules on sex and relationship education (SRE) or similar
- have access to a genitourinary medicine (GUM) service (either provided externally or in house)
- have access to a chlamydia screening programme
- have access to barrier protection and lubricants.
- girls to have access to Human Papillomavirus (HPV) vaccine

Public Health Outcomes Framework

- 3.4: People presenting with HIV at a late stage of infection
- 3.2: Chlamydia diagnoses (15-24 year olds)

2.9 Management of TB

Those at increased risk of tuberculosis among the UK-born include the homeless, those with prison experience and/or those misusing drugs and/or alcohol. In London, these patients have a high prevalence of disease 788/354/208 per 100,000 population in those who are homeless, problem drug users, and prisoners respectively, in a 2003 cohort study, and are often infectious, drug resistant, poorly adherent and lost to follow-up. The traditional symptomatic screening, night sweats, cough and weight loss are often unhelpful in this population because these symptoms are common amongst drug misusers.

Department of Health has funded an initiative to introduce routine TB screening of all new receptions and transfers into prison within 48 hours of their arrival. Five London prisons (HMPs Belmarsh, Brixton, Pentonville, Wandsworth and Wormwood Scrubs) and three Regional prisons (HMPs Birmingham, Manchester and Holme House, Teesside) now have static digital X-ray machines

PHPQI Green Standard 2012-13

- Access to a comprehensive TB screening, diagnostic and treatment service and continuity of care on return to the community
- Those prisons with static X-ray machines are using them according to evidence-based protocols and are maximising the uptake of routine screening.

Public Health Outcomes Framework

- 3.5: Treatment completion for tuberculosis

2.10 Hepatitis

Transmission of HIV and hepatitis C infection through injecting drug use remains higher than in the late 1990s. Overall, around two-fifths of injecting drug users' are now infected with hepatitis C and about one in 73 with HIV.

PHPQI Outcome 2012-3

Access to a Hepatitis C service to include as a minimum:

- Criteria for offering testing and a care pathway with either clear criteria for referral to specialist treatment, to the local specialist, or referred prior to release to the relevant local specialist for follow up in the community.
- Access to information on harm minimisation, provided through both healthcare and education programmes
- All those at risk are offered confidential screening for Hepatitis C: the numbers of tests performed should be recorded
- Those who screen positive for infection to either be referred to the local specialist, or referred prior to release for follow up in the community by the local specialist.

Public Health Outcomes Framework

- 4.6. Mortality from liver disease
- 4.8. Mortality for communicable diseases

2.11 User Involvement

The views of service users, their parents/carers (including prison staff) and others should be sought and taken into account in designing, planning, delivering and improving health care services prison and other places of prescribed detention. Formal procedures should be in place to ensure involvement and such involvement is documented accordingly.

PHPQI Green Standard 2012-13

User's opinions are sought using:

- Formal forums where service users may provide feedback (i.e. patient forums, service user groups, questionnaires for parents etc)
- Health needs assessment includes the views of service users
- Formal patient feedback evaluation forms administered following a complaint.
- Evidence of a risk assessment and planning in relation to an individual's complaint and its resolution.
- Information about how to make a complaint, comment, compliment or express a concern about the services to be freely available throughout the establishment.
- Information should be accessible and available in a range of languages that reflect the population in the prison.
- A formal recording of advocacy service access in the complaint documentation.

Annex A - Evidence and guidance

Specific evidence and guidance to be considered generally when commissioning service for children and young people in the secure estate

- PSI 08/2012 The care and management of young people
- Healthy Child Programme 5-19
- National Minimum Standards for Children's Homes (2011), Children's Homes Regulations (2011)
- National Standards for Youth Justice Services 2009 Developing the Secure Estate for Children and Young People: plans until 2015 (2012) MoJ/YJB.
- PSI 08/2012 The care and management of young people
- Department of Health (2008) When to Share information: Best practice guidance for everyone working in the youth justice system
- National Standards for Youth Justice Services 2009
- Safeguarding Children: the third joint chief inspectors report on arrangements to safeguard children. (2008) www.safeguardingchildren.org.uk
- Healthy Children, Safer Communities. HM Government 2009

Prison Health Performance and Quality Indicators guidance

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097118

1 Health Promotion

Existing standards and outcomes

- NICE Guidance Prevention of sexually transmitted infections and under 18 conceptions (PH3)
- NICE Guidance Promoting physical activity for children and young people (PH17)

- Four commonly used methods to increase physical activity (PH2)
- Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children (CG43)

Sources of existing advice

- PSO 3200- Health Promotion,
- PSO 3801 Health & Safety Policy Statement,
- PSI 19/2007
- Health Promoting Prisons: A Shared Approach PSI 24/2002
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006230
- Choosing Health (DH 2004)
- National Service Framework for Children, Young People and Maternity Services DH (2004) NHS Health trainers Initiative (DH 2009)
<http://www.dh.gov.uk/en/Publichealth/healthinequalities/HealthTrainersusefullinks/index.htm>
- Physical activity and the environment (PH8) NICE guidance
- PSO 4250-physical education
- PSO 4275-Time in the open air
- Promoting physical activity for children and young people (PH17) NICE guidance

2 Smoking

Sources of existing advice

- NICE guideline PH1 Brief interventions and referral for smoking cessation
- Acquitted: Best practice guidance for developing smoking cessation services in prisons (DH 2003)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005383
- Stop Smoking support in HM Prisons: the impact of nicotine replacement therapy - executive summary and best practice checklist, by Susan Macaskill and Paul

Hayton (2006)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4134515

- NICE Guidelines relevant to managing identified risk:
- Brief interventions and referral for smoking cessation (PH1)
- Smoking cessation services (PH10) NICE
- Preventing the uptake of smoking by children and young people (PH14) NICE

3 Suicide and self harm prevention

Sources of existing advice for adults

- Mental Health Promotion in Prisons (WHO 1998)
<http://www.euro.who.int/document/E64328.pdf>
- Nice Guidelines on Self Harm (NICE 2004)
- National Suicide Prevention Strategy for England Annual Report on Progress 2008
<http://www.nmhdu.org.uk/silo/files/national-suicide-prevention-strategy-for-england-annual-report-on-progress-2008.pdf>
- PSO 2700-Suicide prevention & self-harm management
- NICE guidance on depression in adults (update) (NICE 2009)
- The ACCT Approach
- Forum for Preventing Deaths in Custody
<http://www.preventingcustodydeaths.org.uk/>
- Consultation on preventing suicide in England 2011. HM Government/DH
<http://www.nmhdu.org.uk/silo/files/national-suicide-prevention-strategy-for-england-annual-report-on-progress-2008.pdf>
- Understanding serious case reviews and their Impact: a biennial analysis of serious case reviews 2005-07

Specific guidance for Children and Young People in secure settings

- PSO 4950

- Department of Health (2008) When to Share information: Best practice guidance for everyone working in the youth justice system
- HM Government (2005) Statutory Guidance on Making Arrangements to Safeguard and Promote the Welfare of Children under section 11 of the Children Act 2004
- HM Government (2006) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children
- YJB National Standards (2004) - Standard 10 (10.8, 10.13, 10.20, 10.21, 10.27, 10.49, 10.52)
- Safeguarding Children: the third joint chief inspectors report on arrangements to safeguard children. (2008) www.safeguardingchildren.org.uk
- Asset – Risk of Serious Harm – guidance (YJB 2006)
- Asset – Young Offender Assessment profile (YJB 2006)
- HM Government (2010) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children
- Asset – Young Offender Assessment profile (YJB 2006)
- PSI 08/2012 The care and management of young people
- National Minimum Standards for Children’s Homes (2011), Children’s Homes Regulations (2011)
- National Standards for Youth Justice Services 2009
- Promoting physical activity for children and young people (PH17) NICE guidance
- National Minimum Standards for Children’s Homes (2011), Children’s Homes Regulations (2011)
- Smoking cessation services (PH10) NICE
- Preventing the uptake of smoking by children and young people (PH14) NICE
- Developing the Secure Estate for Children and Young People in England and Wales: plans until 2015 (2012) YJB/MoJ
- Department of Health (2008) When to Share information: Best practice guidance for everyone working in the youth justice system
- Safeguarding Children: the third joint chief inspectors report on arrangements to safeguard children. (2008) www.safeguardingchildren.org.uk

- www.immunisation.nhs.uk. and www.dh.gov.uk/greenbook
- Healthy Child Programme: from 5-19 years old (DH, 2009).
- Interventions to reduce substance misuse among vulnerable young people (PH 4) NICE.

4 Screening programmes & Health Check programme

Existing standards and outcomes

Public Health Outcomes Framework indicators:

- 2.19 Cancer diagnosed at stage 1 and 2
- 2.20 Cancer screening coverage
- 2.21 Access to non-cancer screening programmes
- 4.3.1 Mortality from causes considered preventable
- 4.5 Mortality from cancer
- 4.12 Preventable sight loss

- DH Best Practice Guidelines (includes a list of relevant QOF indicators) - http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalassets/dh_098410.pdf
- Hypertension: clinical management of primary hypertension in adults (CG127)
- Identifying and supporting people most at risk of dying prematurely (PH15)
- Cardiovascular disease - statins (TA94)
- Early identification and management of chronic kidney disease in adults in primary and secondary care (CG73)
- Cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease (CG67)
- Type 2 diabetes: the management of type 2 diabetes (CG66 and CG87)

Public Health Outcomes Framework indicators:

- 2.22 Take up of the NHS Health Check programme – by those eligible
- 4.3 Mortality from causes considered preventable
- 4.4 Mortality from cardiovascular diseases (including heart disease and stroke)

- NICE Quality Standards:
- Diabetes in adults: complications
- People with diabetes receive an annual assessment for the risk and presence of the complications of diabetes, and these are managed appropriately.
- Definition of complications includes retinopathy and cardiovascular disease.
- National Screening Committee Standards and Key Performance Indicators:
- Diabetic eye screening - <http://diabeticeye.screening.nhs.uk/quality>
- AAA - <http://aaa.screening.nhs.uk/quality>

Breast cancer

- <http://www.cancerscreening.nhs.uk/breastscreen/publications/nhsbsp60v2.pdf>
- <http://www.cancerscreening.nhs.uk/breastscreen/publications/nhsbsp59.pdf>

Immunisations

- www.immunisation.nhs.uk
- www.dh.gov.uk/greenbook
- Healthy Child Programme: from 5-19 years old (DH, 2009).

5 Substance misuse services

- Drug Strategy 2010. Reducing Demand, Restricting Supply, Building Recovery: Supporting people to live a drug free life. <http://www.homeoffice.gov.uk/drugs/drug-strategy-2010/>

- The Government's Alcohol Strategy 2012.
<http://www.homeoffice.gov.uk/publications/alcohol-drugs/alcohol/alcohol-strategy>
- The Patel Report: Reducing drug-related crime and rehabilitating offenders. 2010.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_119851

Sources of existing advice

- Dept Health (2006) Clinical management of drug dependence in the adult prison setting
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063064
- Dept Health (2007) Drug misuse and dependence: UK guidelines on clinical management
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_104819
- Dept Health (2009) Guidance for the pharmacological management of substance misuse among young people in secure environments
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_106433
- Department of Health & Ministry of Justice (2009) A guide for the management of dual diagnosis in prisons
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097695
- National Treatment Agency & Youth Justice Board (2012), Substance misuse interventions within the Young People's Secure Estate: Guiding Principles
<http://www.nta.nhs.uk/uploads/secureestateguidelinesv1.2.pdf>
- The Patel report (2010): Reducing drug-related crime and rehabilitating offenders
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_119851
- National Institute for Health & Clinical Excellence (2007a), Methadone & Buprenorphine Technology Appraisal <http://www.nice.org.uk/TA114>
- National Institute for Health & Clinical Excellence (2007b), Naltrexone Technology Appraisal <http://www.nice.org.uk/TA115>
- National Institute for Health & Clinical Excellence (2007c), Drug misuse: psychosocial interventions Clinical guidelines, CG51 <http://www.nice.org.uk/CG51>

- The Patel outcome framework for adult drug treatment in prisons
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_119851
- National Institute for Health & Clinical Excellence (2010) Alcohol-use disorders - preventing harmful drinking (PH24) NICE guidelines
<http://publications.nice.org.uk/alcohol-use-disorders-preventing-harmful-drinking-ph24>
- National Institute for Health & Clinical Excellence (2011) Alcohol dependence and harmful alcohol use <http://guidance.nice.org.uk/CG/Wave17/1>
- AUDIT (Alcohol Use Disorders Identification Test)
<http://www.library.nhs.uk/mentalHealth/ViewResource.aspx?resID=279989>
- Dept Health (2009) Local Routes: Guidance for developing alcohol treatment pathways
- HM Government (2012) The Government's Alcohol Strategy, Home Office London
- HM Government (2010) Drug Strategy 2010: Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life
<http://www.homeoffice.gov.uk/drugs/drug-strategy-2010/>
- National Institute for Health & Clinical Excellence (2010) Alcohol-use disorders: Diagnosis and clinical management of alcohol-related physical complications NICE clinical guideline 100
- Dept Health (2009) Signs for Improvement: Commissioning interventions to reduce alcohol-related harm

Future guidance

- The prisons alcohol interventions pathways and outcome framework (to be published in November 2012)

For Children & Young People:

- YJB & NTA (2012) Substance misuse interventions within the young people: Guiding Principles
- National Specification for Substance Misuse (YJB 2009)
<http://www.yjb.gov.uk/publications/Scripts/prodView.asp?idproduct=443&eP>

- National Treatment Agency for Substance Misuse (2009) Young people's specialist substance misuse treatment: exploring the evidence
http://www.nta.nhs.uk/uploads/yp_exploring_the_evidence_0109.pdf
- YJB (2008) KEEP: (Key Elements of Effective Practice) Substance Misuse
- DCSF (2008) Youth Alcohol Action Plan

Future guidance

- The Royal College of Psychiatrists and the College Centre for Quality Improvement, Practice standards for working with young people with substance misuse problems

6. Communicable Disease Control

Sources of existing advice

- HPA Guidance on prison outbreaks
<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1203582652988/>
- Reports and Publications – Prison Infection Prevention Team :
<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/ReferenceLibrary/1203582654228>
- Pandemic Influenza (HPA 2007)
<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1191942171181>
- Infection control guidelines for community settings (HPA 2007)
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947417368
- Major Outbreak plan – Example (Essex HPU 2005)
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947412384
- Department of Health. Immunisation against Infectious Diseases. 2006: The Green Book.
- Afza M et al. Schedule for vaccination of prisoners and young offenders.
http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1209023458513
- British HIV Association (BHIVA), 2006. Immunisation guidelines for HIV-infected adults. www.bhiva.org/

- Health Protection Agency. Use of combined hepatitis A and B vaccines in injecting drug users and prisoners.
http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1221722411163
- Offender Health, Health Protection Agency. Feb 2008. Guidance on Chickenpox & Shingles Infection Control in Prisons, Places of Detention & Immigration Removal Centres. http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1204186195209
- Pneumococcal Vaccination : (HPA 2007)
<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1203008863939>
- Clinical diagnosis and management of tuberculosis, and measures for its prevention and control : (NICE 2006) <http://www.nice.org.uk/CG033>

7 Vaccination/Immunisation

Sources of existing advice

- Department of Health. Immunisation against Infectious Diseases. 2006: The Green Book.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917
- Hepatitis B - General Information (HPA 2007)
http://www.hpa.org.uk/infections/topics_az/hepatitis_b/gen_info.htm
- Infection Inside: The prison Infection diseases quarterly:
<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1203582653471>
- Reports and Publications – Prison Infection Prevention Team :
<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/ReferenceLibrary/1203582654228>
- Shooting Up - Infections among injecting drug users in the United Kingdom 2008, An update: October 2009 (HPA)
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1254510657318
- Prison Infection Control Guidelines (Essex HPU 2007)
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947346624
- Hepatitis B - General Information (HPA 2007)

8 Sexual Health

Sources of existing advice

- The national strategy for sexual health and HIV: (DH 2001)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003133
- Choosing Health: Making healthy choices easier (DH 2004)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550
- Competencies for providing more specialised sexually transmitted infection services within primary care - Assessment Toolkit (DH 2006)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139358
- Effective Sexual Health Promotion Toolkit (DH 2002)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005141
- 10 high impact changes for genitourinary medicine 48 hour access (DH 2006)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074104
- Review of the National Chlamydia Screening Programme (NCSP). (DH 2009)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108285
- Chlamydia (Chlamydia trachomatis) (HPA 2007)
<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1191942172070>
- Moving forward: progress and priorities – working together for high quality sexual health (DH 2009)

11 User Involvement

Supporting evidence

- PSO 2510 Prisoner request and complaints procedures
- Strengthening Accountability, involving patient and public involvement in policy guidance – Section 11 of the Health and Social Care Act 2001 (DH 003)

Public health functions to be exercised by the NHS Commissioning Board

- Building on the best: Choice , responsiveness and equity in the NHS (DH 2003)
- Getting over the wall – How the NHS is improving patient experience (DH 2004)
- Section 113 Health and Social Care (Community Standards Act 2003)
- The Local Authority Social Services and NHS Complaints (England) Regulations 2009
- PSI 14 (2005)
- Principles of Good Complaints Handling Parliamentary and Health Service Ombudsman 2009
- Listening, responding, improving: a guide to better customer care
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_095408
- PALS in prison: a toolkit and good practice guidance for implementing Patient Advice and Liaison Services in a secure setting (DH 2009)

For children and young people in the secure estate:

- PSI 80/2012
- National Minimum Standards for Children’s Homes (2011), Children’s Homes Regulations (2011)
- National Service Framework for Children, Young People and Maternity services (DH 2004)

Annex B - References

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- ¹ A Weild et al, Prevalence of HIV, hepatitis B, and hepatitis C antibodies in prisoners in England and Wales: a national survey, Communicable Disease & Public Health Volume 3 Number 2, pp121–126, June 2000.
- ² N Singleton, H Meltzer, R Gatward, J Coid and D Deasy, Psychiatric Morbidity among Prisoners in England and Wales, ONS, 1998.
- ³ A Bridgwood and G Malbon, Survey of the physical health of prisoners 1994, HMSO 1995.
- ⁴ D Lader, N Singleton H Meltzer Psychiatric Morbidity among Young Offenders in England and Wales ONS 2000
- ⁵ Guidance Notes Prison Health Performance and Quality Indicators Department of Health 01 Dec 2008
- ⁶ Drug Strategy 2010 Reducing Demand, Restricting Supply, Building Recovery : Supporting People to Live a Drug Free Life HM Government 2010
<http://www.homeoffice.gov.uk/drugs/drug-strategy-2010/>
- ⁷ The Government's Alcohol Strategy Home Office Cm 8336 March 2012
<http://www.homeoffice.gov.uk/publications/alcohol-drugs/alcohol/alcohol-strategy>
- ⁸ The Patel Report Prison Drug Treatment Strategy Review Group A Report By Professor Lord Patel Of Bradford OBE Chair Of The Prison Drug Treatment Strategy Review Group Reducing Drug-Related Crime and Rehabilitating Offenders Recovery and Rehabilitation for Drug Users in Prison and on Release 2009
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_119851