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# NW Social care in prisons Conference 29/10/18



# Background

- Health and Social Care Act 2014 ended uncertainty over statutory responsibility for Social Care in prisons
- So why is a Health Commissioner talking about Social Care?
- National agenda reintegration of Health and Social care
- Locally Devo Manchester
- Don't want 2 different providers
- Don't want to perpetuate arguments about what are health and social care responsibilities



# NW Model

- Consulted every LA with a prison
- Event at Woodlands Conference Centre
- All LAs wished to be a part of integrated prison commissioning with NHSE
- Service Spec for Social care in prisons drafted
- Social care included in H&J procurements on a rolling programme
- LAs not signatory to contracts but tied in with S 75 Agreement



# NW model Continued

- Volume of Social Care not specified due to lack of historical data and variable levels of required provision
- Hourly rate for delivery of Social Care requested from all bidders
- All procurements now complete and Prime providers contracted for each prison
- Social care part of quarterly Contract management meetings and LA representatives invited to attend



# Operational issues

- Overall model working well however some practical challenges encountered
- Payments system complicated provider has to invoice NHSE who then have to reclaim from LA
- Invoices should reflect hours commissioned by LA x Hourly rate quoted in tender bid
- However often discrepancies between no hours LA thinks they commissioned v no hours provider thinks have been delivered
- Main issue re access to prisons and that where discrete agencies are sub contracted visits are not part of a local schedule of visits as in the community



# Operational issues continued

- Issue of Sub Contractors v employed staff
- In prisons with low levels of demand Sub Contractor model makes sense however issues re vetting of staff costs and travel
- Going forward would make more sense to sub contract to a provider on the approved list for the relevant LA however issues re willingness of providers to undertake prison work allied to vetting
- In house provision difficult as no guarantee that salary costs will be covered and lack of flexibility if levels of need change



# Operational issues continued

- Thresholds to qualify for a package of care very high so majority of care sub threshold and carried out by prisoners/ Prison Officers/ Healthcare staff in unregulated / unfunded manner
- Need to involve LA colleagues in discussions around formalising and regulating “buddy schemes”
- Charging- most LAs taken pragmatic decision not to means test prisoners
- Potential issues around comparability with community and for “ Daily Mail” type adverse publicity



# Prison Infrastructure

- Prisons not built to cater for this client group, DDA cells limited, non existent or in the wrong place
- Particular issues around hospital discharges with regular delays and potential for HMPPS to be fined
- Appears to be no systems in place within Population Management to allocate prisoners who require DDA compliant facilities and left to individual Governors to sort out on a case by case basis
- No Prison equivalent for a Residential/ Nursing home provision
- Major gap in provision- discussions taking place at national and local level to develop a pilot facility in the NW





# Conclusions

- Much positive work done in the NW willingness of LAs to be involved to be commended in difficult times
- I believe integrated model is the way forward, still some operational issues to be addressed but nothing insurmountable
- More fundamental issues around prison infrastructure and design- these likely to be much more difficult to address
- Future to me has to involve some Regional facilities but this has implications for LA grants
- Hope that the NW can continue to lead the way in this issue and that we are able to develop a pilot Residential/ Nursing home scheme for the prison estate which will inform national policy and provision



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