



Department
of Health &
Social Care

From Nadine Dorries MP
Parliamentary Under Secretary of State for Mental Health,
Suicide Prevention and Patient Safety

39 Victoria Street
London
SW1H 0EU

020 7210 4850

[REDACTED]

[REDACTED]

Mr Alan Craze
HM Senior Coroner, East Sussex
East Sussex Coroner's Office
Unit 56, Innovation Centre
Highfield Drive
St.-Leonards-On-Sea TN38 9UH

Dear Mr Craze

9th January 2020

Thank you for your correspondence of 16 August 2019 to Matt Hancock about the death of Mr Justin Peter Gallagher. I am replying as Minister with responsibility for prison health services and I am grateful to you for the additional time in which to issue this response.

Firstly, I would like to extend my sympathies to the family and loved ones of Mr Gallagher. We know that more can be done to better meet the healthcare needs of people within our prison system and I am grateful to you for bringing these matters to my attention.

Providers of healthcare services are responsible for the quality and safety of the care they provide. I expect the healthcare providers at HMP Lewes to look into the care provided to Mr Gallagher and to consider where improvements can be made. This includes how they work with the prison authorities and other relevant organisations, including NHS England which is responsible for commissioning healthcare services for prisoners. Given its role in monitoring, inspecting and regulating the providers of health and social care in prisons, my officials have brought your reports to the attention of the Care Quality Commission (CQC).

At a national level, the National Audit Office report into Mental Health in Prisons¹, published in June 2017, made a recommendation in relation to the way that NHS England, Her Majesty's Prison and Probation Service and Public Health England manage their joint working on prison healthcare.

As a result, the original tri-partite partnership agreement (developed and signed in autumn 2013) was revised to include the Department of Health and Social Care and the Ministry of Justice as partners to bring additional oversight and accountability to the commissioning and delivery of healthcare services in prison.

The National Partnership Agreement for Prison Healthcare in England 2018-21², published in April 2018, acknowledges the need for health and justice partners to work together to ensure “*safe, legal, decent and effective care that improves health outcomes for prisoners, reduces health inequalities (particularly for those with protected characteristics), protects the public and reduces reoffending*”.

The Agreement sets out a joined-up, strategic approach to meet the complex nature of offender health care needs and provides the partnership members with an overarching framework for collaborative working at all levels. The Agreement has three shared core objectives to be delivered through ten high level priorities. These priorities are underpinned by the Agreement's 2018 Workplan, which includes a commitment to deliver on three key issues that relate to the responsibilities of all organisations involved in prison care. These commitments are to:

- Improve the quality of data and intelligence collection and enable better data-sharing between partners. This includes improving the sharing of information before, during and after incarceration to support continuity of care;
- Input into the development of policy amongst the health and justice partners, and across Government, to ensure that the potential impact on prisoners' health and social care needs are properly considered and that shared objectives are maintained; and,
- Review and improve commissioning between health and justice partners and links with local authorities, probation services and health commissioning in the community, so that health and social care services are aligned for better and more consistent provision before, during and after custody.

¹ www.nao.org.uk/wp-content/uploads/2017/06/Mental-health-in-prisons.pdf

² [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767832/6.4289 MoJ National health partnership A4-L v10 web.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767832/6.4289_MoJ_National_health_partnership_A4-L_v10_web.pdf)

Effective delivery of the ten objectives will be observed by existing scrutiny bodies, including HM Inspector of Prisons, Independent Monitoring Boards, the CQC and Healthwatch.

The National Prison Healthcare Board has responsibility for the oversight and on-going management of the Agreement and delivery of the shared objectives.

You may be aware that the Health and Social Care Select Committee conducted an inquiry into prison health that reported in November 2018³. The Government's response, published in January 2019⁴, outlined a range of actions, including those in the National Partnership Agreement, that will be taken to support the delivery of high-quality health services in prisons. We remain committed to working collaboratively across Government to achieve those aims. For example, in response to one of the recommendations, the National Prison Partnership Board published a Principle of Equivalence in October 2019. This states that the co-chairs of the National Prison Healthcare Board affirm that:

'Equivalence' is the principle which informs the decisions of the National Prison Healthcare Board so that member agencies' statutory and strategic objectives and responsibilities to arrange services are met, with the aim of ensuring that people detained in prisons in England are afforded provision of and access to appropriate services or treatment (based on assessed population need and in line with current national or evidence-based guidelines) and that this is considered to be at least consistent in range and quality (availability, accessibility and acceptability) with that available to the wider community, in order to achieve equitable health outcomes and to reduce health inequalities between people in prison and in the wider community.

The Board is working with analysts and scrutiny bodies to understand the extent to which available indicators could help evidence the achievement of equivalence of care and what would be both useful and feasible.

Finally, I am aware that NHS England and NHS Improvement, as the commissioner of healthcare services for people in prison, has responded to your report providing detail on the actions taken to support healthcare services at HMP Lewes. You will therefore know that this includes the procurement of a single provider of healthcare services at HMP Lewes to deliver better integrated services. In addition, NHS

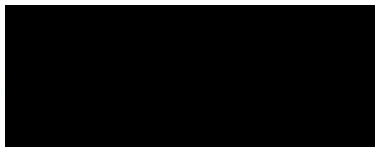
³ <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/963/963.pdf>

⁴ www.parliament.uk/documents/commons-committees/Health/Correspondence/2017-19/Government-Response-to-twelfth-report-into-prison-health-cp4.pdf

England and NHS Improvement have taken steps to review and strengthen its quality assurance and contract performance systems.

I hope this response is helpful.

yours,



NADINE DORRIES