



Department
of Health &
Social Care

*From Gillian Keegan MP
Minister of State for Care and Mental Health*

*39 Victoria Street
London
SW1H 0EU*

[REDACTED]
[REDACTED]

Dr Julian Morris
HM Deputy Coroner, Inner London South
Southwark Coroner's Court
1 Tennis Street
Southwark
SE1 1YD

21 January 2022

Dear Dr Morris,

Thank you for your letter of 30 September 2021 to Sajid Javid about the death of Stephen David Cope. I am replying as Minister with portfolio responsibility for prison healthcare and I am grateful for the additional time in which to do so.

Firstly, I would like to express my deep condolences to Mr Cope's family and loved ones at what must be a difficult time.

I am clear that all individuals detained in custody are entitled to the same quantity and quality of health and social care services as individuals living in the community.

It is essential that both the prisons service and the NHS, reflect carefully and take all the necessary learnings from Mr Cope's death to improve the quality and safety of prisons and prison healthcare.

As a signatory to the National Partnership Agreement (NPA) for Prison Healthcare¹, the Department of Health and Social Care and the Office for Health Improvement and Disparities (OHID, previously Public Health England), are committed to working with the Ministry of Justice, Her Majesty's Prison and Probation Service (HMPPS), NHS England and NHS Improvement (NHSEI), and the UK Health Security Agency, to ensure safe, legal, decent and effective care that improves health outcomes and reduces health inequalities for prisoners, and are working with our partners on the next version of the NPA, which will be ready for April 2022.

All people in prisons should receive an early health assessment within the first 24 hours of entry. The initial assessment should be fully comprehensive to ensure that all the physical and health needs of an individual are identified and addressed at an early stage.

¹ [National Partnership Agreement for Prison Healthcare in England 2018-2021 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

During custody, healthcare providers in prison should have robust processes in place to identify, assess and treat offenders with mental health needs. Decisions about whether to provide mental health treatment are made on the basis of an identified clinical need and treatments range from short-term interventions to ongoing support on the mental health caseload which may include access to a psychiatrist.

During the COVID-19 pandemic, NHSEI and OHID have worked closely with HMPPS to ensure appropriate arrangements are in place for people in prison to continue to access the physical and mental health care services they need.

Responsibility for the Assessment, Care in Custody and Teamwork (ACCT) process lies with HMPPS and I am aware that it has responded to you on this matter. A new version of the ACCT has been introduced with changes that include an increased emphasis on information sharing, strengthened case reviews and post-closure procedures. In particular, I note that updated guidance accompanying the ACCT makes clear that when a change of circumstance takes place, such as transfer to another prison, an urgent case review must take place, prior to transfer, and as soon as possible at the receiving prison, informed by handover.

In relation to healthcare participation in the ACCT process, and in particular, the consideration of closing an ACCT, I am advised that NHSEI has worked with HMPPS to review the ACCT process and healthcare attendance and findings are anticipated in early 2022.

I hope this response is helpful. Thank you for bringing these concerns to my attention.



GILLIAN KEEGAN