



National Offender  
Management Service

Adult Social Care		
This instruction applies to:-	Reference:-	
NOMS Headquarters Prisons Providers of Probation Services	<b>AI 10/2015</b> <b>PSI 15/2015</b> <b>PI 11/2015</b>	
Issue Date	Effective Date	Expiry Date
30 March 2015	1 April 2015	31 March 2016
Issued on the authority of	NOMS Agency Board	
For action by (who is this instruction for)	All staff responsible for the development and publication of policy and instructions <input checked="" type="checkbox"/> NOMS HQ <input checked="" type="checkbox"/> Public Sector Prisons <input type="checkbox"/> NOMS Immigration Removal Centres (IRCs) <input checked="" type="checkbox"/> Contracted Prisons* <input checked="" type="checkbox"/> Governors <input checked="" type="checkbox"/> Heads of Groups <input checked="" type="checkbox"/> National Probation Service (NPS) <input type="checkbox"/> Community Rehabilitation Companies (CRCs) <input type="checkbox"/> Other Providers of Probation and Community Services <input type="checkbox"/> NOMS Rehabilitation Contract Services Team <i>* If this box is marked, then in this document the term Governor also applies to Directors of Contracted Prisons</i>	
For information	All staff in NOMS HQ, Prison establishments, Approved Premises Managers, National Probation Service, Community Rehabilitation Companies, Secure Training Centres.	
Provide a summary of the policy aim and the reason for its development/ revision	This PSI provides all staff with an explanation of the implementation of the Care Act 2014 and introduces changes made to NOMS Service Specifications to capture NOMS responsibilities resulting from the new requirements. The Care Act 2014 reforms social care provision in England from April 2015 and clarifies the responsibility of local authorities to ensure that social care for adults in prisons and approved premises is provided on the basis of equivalence to people living in the community. The Care Act applies to adult prisoners and young offenders aged 18 and over in England regardless of where they have lived prior to imprisonment. This PSI does not apply in Wales. The Social Services and Wellbeing (Wales) Act 2014 will cover provision in Wales from 2016 and revised or further instruction for Wales will be issued. Prisoners with care and support needs who are in Wales or may move to Wales in 2015-16 will be considered on a case by case basis with advice from NOMS in Wales.	
Contact	For matters concerning England or Wales: Health, Wellbeing, & Substance Misuse Co-commissioning <a href="mailto:Health.co-commissioning@noms.gsi.gov.uk">Health.co-commissioning@noms.gsi.gov.uk</a>	

<b>Associated documents</b>	<p>The following Service Specifications can be found at:  <a href="https://www.gov.uk/government/collections/noms-directory-of-services-specifications">https://www.gov.uk/government/collections/noms-directory-of-services-specifications</a></p> <p>Early Days – Reception In  Early Days – First Night in Custody  Early Days – Induction  Manage the Custodial and Post Release Periods  Prisoner Communication Services  Enablers of National Co-Commissioned Services in Prisons  Residential Services  Specialist Units (HSE)  Nights  Early Days – Discharge  Rehabilitation Service – In custody  External Movements and Appearances  Approved Premises  BASS</p> <p>PSI 17/2015 Prisoners Assisting Other Prisoners  PSI 16/2015 Safeguarding Adults  PSI 07/2015 – PI 06/2015 Early Days in Custody  PSI 15/2014 Investigations and Learning Following Incidents of Serious Self-Harm or Serious Assaults  PSI 07/2014 – AI 05/2014 Security Vetting  PSI 05/2014 Safeguarding of Children and Vulnerable Adults  PSI 30/2013 Incentives and Earned Privileges  PSI 27/2013 – AI 11/2013 Data Sharing Policy  PSI 21/2013 – AI 08/2013 Reporting Wrongdoing  PSI 08/2012 Care and Management of Young People  PSI 04/2012 Enablers of Health, Education and JobCentre Plus Services in Prisons  PSI 02/2012 Prisoner Complaints  PSI 01/2012 Manage Prisoner Finance  PSI 75/2011 Residential Services  PSI 64/2011 Safer Custody  PSI 47/2011 Prison Discipline Procedures  PSI 32/2011 Ensuring Equality  PSI 08/2010 Post Incident Care  PSI 06/2010 Conduct and Discipline  PSO 1300 Investigations  PSO 1700 Segregation  PSO 4800 Women Prisoners</p>
	<p><b>Replaces the following documents which are hereby cancelled:</b> None</p>
	<p><b>Introduces amendments to the following documents:</b> See section 17 for amendments</p>
	<p><b>Audit/monitoring:</b> Deputy Directors of Custody, Commissioners and Controllers will monitor compliance with the mandatory actions set out in this instruction.</p>
	<p><b>Notes:</b> <i>All Mandatory Actions throughout this instruction are in italics and must be strictly adhered to.</i></p>

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## 1. Executive Summary

### Background

- 1.1 The Care Act 2014 reforms social care provision in England from April 2015 and clarifies the responsibility of local authorities to provide assessments and care and support services for adults in prisons and approved premises<sup>1</sup> on the basis of equivalence to people living in the community. Local authority duties under the Act include responsibilities to prevent the escalation of care and support needs. The Social Services and Wellbeing (Wales) Act 2014 is due to be commenced in 2016 and will cover provision in Wales. The Care Act 2014 applies to adult prisoners and young offenders aged 18 and over, while the Social Services and Well-being (Wales) Act 2014 extends to under 18s. Work is underway to align Welsh and English systems to ensure continuity of care for offenders transferring cross-border.
- 1.2 From April 2015 local authorities in England who have a prison and or approved premises within their geographical area will be responsible for assessing and meeting the eligible social care and support needs of adult prisoners detained in prisons, residents of approved premises and people who move from their usual home as a condition of bail in criminal proceedings. Therefore all adults with disabilities or long term health conditions may be eligible for social care support (including someone in a Young Offenders Institution who is over 18). Just like people living in the community, prisoners and people living in approved premises or in bail accommodation will have to contribute to the cost of their care, if they can afford to do so.
- 1.3 Statutory Guidance to the Care Act sets out the policy for England. Not all needs which a prisoner may have will be eligible for local authority support, but local authorities have responsibilities to complete assessments, to prevent escalation of needs and may provide advice, aids and signposting services for those with ineligible needs. The level of need which triggers eligibility for local authority services is set out in regulations and applies to all local authorities in England. Social care and support services are commonly referred to as care services or care and support services and these terms can be used interchangeably.
- 1.4 The Care Act 2014 places a reciprocal duty on local authorities and their relevant partners to cooperate with each other in respect of their relevant care and support functions. These partners include prisons, probation services, police and the NHS. Prison Governors and Deputy Directors of Custody (DDCs) are engaged in a variety of healthcare strategic and operational governance boards and NOMS commissioners, NHS England and the Association of Directors of Adult Social Services (ADASS) are encouraging local authorities to join these boards to maximise the opportunity to co-ordinate and integrate social care with prison healthcare and prison regimes. Many local authorities have no prisons in their area, many have one, and several have multiple establishments. Healthcare governance arrangements are also not uniform. Therefore a pragmatic 'best fit' approach to establishing the geographical scope of governance meetings should be taken.

### Desired Outcomes

- 1.5 Partnerships between prisons and local authorities for care and support are established and maintained.

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<sup>1</sup> Approved premises are accommodation approved by the Secretary of State which is provided by persons who granted bail or for the rehabilitation or supervision of offenders (section 13 of the Offender Management Act 2007).

- 1.6 Prisoners are aware of their entitlements under the Care Act and how to access needs assessments and, when eligible, care and support services.
- 1.7 Local authority services are able to operate safely and securely in prisons for the benefit of prisoners and staff, so that prisoners who may have needs as a result of illness, disability or age are supported to live with dignity and as much independence as possible.
- 1.8 Continuity of care and support for prisoners who move or who are released is enhanced through timely exchange of information and joint planning with and between local authorities.

#### Application

- 1.9 All prison and NPS staff working with prisoners and offenders in Approved Premises in England only. This includes those involved with the commissioning or delivery of care and support and those fulfilling a supervisory/ discipline role. It is useful guidance for staff working for NHS England and local authority commissioned providers.
- 1.10 This instruction will be reviewed and re-issued to set out arrangements for prisons in Wales from April 2016 as the Social Services and Wellbeing (Wales) Act 2014 is implemented. Prisoners with care and support needs who are in Wales or may move to Wales in 2015-16 will be considered on a case by case basis with advice from NOMS in Wales.

#### Mandatory Actions

- 1.11 Although the minimum expectation of service from local authorities is comprehensively defined in the Care Act, associated regulations and guidance, the way it should be delivered is not prescribed. The delivery of care and support is the responsibility of local authorities which means that commissioning and partnership arrangements may vary in range and nature for each establishment.
- 1.12 *Governors and Directors of contracted prisons **must** ensure that all mandatory actions in this instruction are completed and may do so by delegation of responsibilities to appropriate functional leads, in line with the scale and type of social care needs of the population in the establishment.*

#### Section 3 - Governance and Partnerships

- *Each prison **must** nominate a local lead for Adult Social Care who will have responsibility for liaising with local authorities, their providers and provider staff*
- *Prisons **must** agree and complete a Memorandum of Understanding (MOU) with relevant local authorities and providers of care and support services, that documents the local arrangements in place for care and support services, including dispute procedures in line with PSI 04/2012*

#### Section 5 - Communication, Identification, Referral

- *Prisons **must** ensure that information provided by the relevant local authority about needs assessments, care and support to meet eligible needs, and how to access needs assessments and care and support is made available to prisoners.*
- *Prisons **must** make use of available information to identify prisoners who may have care and support needs.*
- *Prisons **must** ensure that the local authority is informed when a prisoner arrives at their establishment and prison staff consider that the prisoner has care and support*

needs, or when the prison staff become aware of a prisoner's need for care and support during their time in custody, and **must** keep a record of referrals made.

#### Section 6 - Enabling Assessments

- Prisons **must** enable local authorities or their agents to arrange and complete needs assessments in a timely manner.

#### Section 7 - Care and Support Plans

- Prisons **must** identify the contribution of custodial services to the care and support plan for a prisoner in negotiation with the assessor, care service provider and with the involvement of the prisoner.
- Prisons **must** ensure that where an individual care and support plan requires care staff or others to have access to the prisoner during the night state, these access requirements are understood and agreed by the prison and service providers and are consistent with the Local Security Strategy.
- An individual's care and support plan **must not** be shared with other prisoners.

#### Section 8 - Transfer and Discharge Arrangements

- If a prisoner is in receipt of care and support, prisons **must** provide timely notice to local authorities, and to care and support service providers when a decision is made to transfer a prisoner to another establishment and **must** advise local authorities of planned discharge dates.
- Prisons **must** identify the contribution of custodial services and any contribution under the Prisoners Assisting other Prisoners scheme as part of the information provided, so that appropriate arrangements can be made for the new location.

#### Section 9 - Care Plan Review

- Prisons **must** contribute to reviews of care and support plans for prisoners with care and support needs.

#### Section 10 - Advocacy

- Prisons **must** identify and inform the local authority when they consider the prisoner appears to require an independent advocate to facilitate involvement in care and support assessments and plans.

#### Section 11 - Enabling Care and Support Services

- Prisons **must** enable the delivery of care and support services in line with NOMS specification Enablers of National Co-Commissioned Service in Prisons so that social care personnel are supported to deliver their services and are appropriately security vetted

#### Section 12 - The Built Environment, Equipment and Adaptations

- Prisons **must** consider the recommendations of care and support professionals made in relation to individual cases when making any reasonable adaptations and adjustments to buildings to ensure prisoners are enabled to live with decency and as independently as possible.

Section 14 - Complaints

- *Prisons **must** enable prisoners to make a complaint about care and support services which are the responsibility of a local authority according to local authority complaints procedures.*

Other

- *Prisons **must** continue to provide social care services as currently agreed in their SLAs, until local authorities begin to meet any care and support needs in accordance with the Care Act.*

Resource Impact

- 1.13 Governors of some establishments may need additional resources depending on the needs of the population of that prison. At present this is not possible to quantify but the impact will be monitored. Governors may contact Public Sector Prisons Business Development Group in relation to resourcing issues. Contracted providers may raise matters through contract management meetings.

Contacts

- 1.14 For further information about this guidance please see contacts list on front page.

(Approved for Publication)

**Ian Blakeman**

**Director of Commissioning and Contract Management – Custodial Services, NOMS**

## **2. Introduction**

- 2.1 Prisoners and residents of approved premises who have needs for care and support should be able to access the care they need, and their care and support should be the equivalent to that available in the community, with the exceptions that convicted prisoners are not entitled to receive direct payments in any circumstances for the costs of their care and prisoners do not have a choice of accommodation. Previously the responsibilities for meeting the social care needs of prisoners have been unclear, and this has led to confusion between local authorities, prisons, probation services and other organisations. This created historical difficulties in ensuring needs were met. The Care Act 2014 clarifies local authority responsibility for care and support for prisoners to ensure that they are entitled to receive equivalent provision to persons in the community (with limited exceptions), and places a reciprocal duty on local authorities to cooperate with “relevant partners in probation and health services”. Statutory Guidance to the Care Act provides further detail on how the provisions should operate.
- 2.2 Prisoners can often have complex health and care and support needs and generally experience poorer physical and mental health outcomes than the general population. Evidence demonstrates higher prevalence among the adult prison population of mental illness, substance misuse and learning disabilities than in the general population. The population of older prisoners (aged 50 years and over) in particular has increased in recent years and with it the incidence of age related disabilities and needs. Access to good integrated health and care and support is particularly important for these groups.



### **3. Governance and Partnerships**

- 3.1 *Each prison **must** nominate a local lead for Adult Social Care who will have responsibility for liaising with local authorities, their providers and provider staff*
- 3.2 *Prisons **must** agree and complete a Memorandum of Understanding (MOU) with relevant local authorities and providers of care and support services, that documents the local arrangements in place for care and support services, including dispute procedures in line with PSI 04/2012*
- 3.3 The Care Act places a reciprocal duty on local authorities to co-operate with its relevant partners in relation to care and support functions. These partners include prisons and probation services. Where possible local governance arrangements for care and support can be integrated with healthcare arrangements. Governors, Directors and Deputy Directors of Custody are engaged in a variety of healthcare strategic and operational governance boards alongside NOMS commissioners and policy leads. Many local authorities have no prisons in their area, many have one, and several have multiple establishments. Healthcare governance arrangements are also not uniform. Therefore a pragmatic 'best fit' approach to establishing the geographical scope of governance meetings should be taken.
- 3.4 Memoranda of Understanding should be supported by specific local information sharing agreements consistent with policies and procedures of Ministry of Justice and the National Offender Management Service and with relevant legislation. Memoranda should set out how information will be shared between prisons and local authorities and their agents, including the sharing of information about risk to the prisoner and risks the prisoner may present to others, where this is relevant, and consistent with PSI 27/2013 – AI 11/2013 Data Sharing Policy. Local authorities should provide assurance of the security of information held on people who are in custodial settings. Memoranda should also set out training which may be offered by the parties to the agreement, for example training to social care staff who will be working in prisons, or training a local authority may provide to prison staff or to prisoners through the Prisoners Assisting other Prisoners scheme. Memoranda should clarify for the benefit of local authority staff and contractors how to raise security concerns or issues with prison staff. A template to assist development of Memoranda is attached at [Annex A](#).
- 3.5 Governors and Directors should consider the need for both strategic and operational meetings with local authorities and with their care and support service providers, driven by the scale and type of social care needs in their population. It is through these meetings that Governors can seek assurance of social care delivery and help the local authority to understand how services are performing. Governors and Directors should ensure that there is good communication between local authorities and their agents and persons responsible for relevant functions of the prison, including residential services, healthcare, and safer custody, and where indicated persons responsible for other functions such as facilities management, education, chaplaincy, catering, PE, and others.

#### **4. Adult Social Care Eligibility**

- 4.1 In the community, local authorities are responsible for meeting eligible care and support needs for people ordinarily resident in their area. The Care Act clarifies that adults who are detained in prison or residing in approved premises in England are treated as if they were ordinarily resident in the area where the prison or approved premises is located, regardless of where they have lived prior to imprisonment. The Act also applies to people aged over 18 years in young offender institutions, secure children's homes and Secure Training Centres in England. Adults bailed to a particular address in criminal proceedings are, like those in prison or approved premises, treated for the purposes of the Care Act as ordinarily resident in the local authority where they are required to reside.
- 4.2 Where prisoners have previously been detained under sections 47 and 48 of the Mental Health Act 1983 and transferred back to prison, their entitlement to aftercare under that Act should be dealt with in the same way as it would be in the community, apart from any provisions which are disapplied in custodial settings, such as direct payments and choice of accommodation. Section 117(3), as amended by the Care Act 2014, will apply in determining which local authority is responsible for commissioning or providing the after-care.
- 4.3 If the person previously detained under the Mental Health Act 1983 was ordinarily resident in the area of a local authority immediately before being detained in hospital under the Mental Health Act, that local authority will be responsible for the after-care while the person is in prison and upon their release from prison. However, if the person was not ordinarily resident in any area immediately before detention, the local authority responsible will be where the person is resident or where they have been discharged (i.e. the local authority responsible for the prison to which the person has been discharged). The local authority will be jointly responsible with NHS for providing or arranging after care while the person is in prison in England.
- 4.4 Any person may have or develop needs for care and support. Only some levels of need will be sufficient to meet eligibility criteria for local authority services. It is for local authorities to determine following needs assessment whether or not an individual's needs meet the criteria for eligibility for services in line with the Care and Support (Eligibility Criteria) Regulations 2015 and statutory guidance.
- 4.5 Eligibility for care and support in England is set out in regulations under the Care Act. The threshold for eligibility for care and support services is the same as for people who are living in the community and does not change when a person enters prison, although the way in which needs are met may change. An adult may be eligible for care and support services if the adult's needs arise from or are related to a physical or mental impairment or illness and as a result of the adult's needs the adult is unable to achieve two or more outcomes set out in regulations, and as a consequence there is, or is likely to be, a significant impact on the adult's well-being. These outcomes include:
- managing and maintaining nutrition;
  - maintaining personal hygiene;
  - managing toilet needs;
  - being appropriately clothed;
  - being able to make use of the adult's home (in this case, the prison) safely;
  - maintaining a habitable home environment (in this case, the prisoner's cell);
  - developing and maintaining family or other personal relationships;
  - accessing and engaging in work, training, education or volunteering;
  - making use of necessary facilities or services in the local community (that is prison services and any required community services during temporary release) including public transport, and (prison) recreational facilities or services; and
  - carrying out any caring responsibilities the adult has for a child.

## 5. Communication, Identification, Referral

### Communication

- 5.1 *Prisons **must** ensure that information provided by the relevant local authority about needs assessments, care and support to meet eligible needs, and how to access needs assessments and care and support is made available to prisoners.*
- 5.2 Local authorities have a duty under the Care Act to ensure that people in their area are aware of the availability of care and support and how to access it. *Prisons must work with local authorities and healthcare providers to ensure that this information is available to prisoners, for example through leaflets, posters, or verbally during interviews etc.* Communication should be sensitive to the private nature of needs, such as the need for assistance with toileting.

### Identification

- 5.3 *Prisons **must** make use of available information to identify prisoners who may have care and support needs.*
- 5.4 The Care and Support Statutory Guidance issued by the Department of Health indicates that local authorities can expect prisons and/or prison health services to advise them when prison staff are aware of individuals who may have care and support needs. This is in addition to the responsibilities that local authorities have to consider processes for identifying people in custodial settings who have or are likely to develop care and support needs. Prison staff may lead on identification or may make arrangements with the prison healthcare service provider to discharge this responsibility. Available information to support identification may arise from reception interviews, the Basic Custody Screening Tool record (mandated in local prisons only), or any other relevant record, for example that the prisoner is a Care Leaver or has mobility issues, or that the prisoner has been in receipt of social care services prior to imprisonment. Information on care and support prior to imprisonment may accompany the prison, or may be noted on the Prisoner Escort Record (PER). Prisons and prison healthcare providers may choose to work with the local authority to develop local tools in order to screen social care needs, but this is not mandated centrally.
- 5.5 In addition to needs which are apparent on reception to custody, prisoners may develop needs at any point during their period of imprisonment, for example following a period in hospital or as a result of increasing age. Prison staff should work closely with healthcare staff and others, such as learning and skills providers to ensure that those who develop needs are also identified.

### Referral and Urgent Needs

- 5.6 *Prisons **must** ensure that the local authority is informed when a prisoner arrives at their establishment and prison staff consider that the prisoner has care and support needs, or when the prison staff become aware of a prisoner's need for care and support during their time in custody, and **must** keep a record of referrals made.*
- 5.7 The threshold for referral for assessment is lower than the threshold of eligibility for services. *Prisons should not seek to determine eligibility for care and support services, but must refer cases if they believe an adult has care and support needs.* Prison staff should seek the full involvement of the prisoner with the referral and gain the consent of the prisoner to making the referral, but prison staff may proceed with a referral even when consent is withheld.
- 5.8 Each local authority will have a referral process for needs assessment for care and support which may commence with a written referral, a telephone call, provision of information on-

line, or other arrangements. The local authority should provide information to prisons on the agreed process for referral.

- 5.9 The referral can be made in different ways, but in all cases the prison should ensure that it is aware of referrals and that these are recorded. A record should be kept that the referral was made, to whom and when, and in cases where the referral is made by the prison, the content of the referral should be recorded.
- 5.10 If a prison is for any reason unable to make a record of a referral (for example a self-referral of which the prison was unaware) then the prison can reasonably be expected to be contacted by the local authority or their agent where the referral outcome indicates a need for further assessment, and a record can be made following that contact. Where the local authority has commissioned prison healthcare services to deliver assessments on its behalf, the prison healthcare services may accept the referral directly. Where the prison healthcare services have agreed locally to complete initial identification of care and support need, the healthcare service may complete the referral.
- 5.11 Prisoners also have the right to self-refer for assessment. The self-referral process provided by local authorities (and these will differ dependant on the local authority) or their agents might consist of providing standard leaflets, with a section or simple form for prisoners to complete, and instructions on how to contact the relevant local authority. Alternative options might include running a regular drop-in clinic which prisoners could access, or enabling prisoners to call a dedicated PIN phone number, to enable a telephone assessment to be carried out. Arrangements put in place by local authorities are expected to be negotiated locally with prisons to reflect the requirements of the Care Act and the regime, and to reflect the needs of the local population.
- 5.12 The prison's role is to enable the local authority processes for self-referral for care and support needs assessments by prisoners based on information provided by the local authority. The local authority system for self-referral should be accessible and ensure that independent assistance with self-referrals is available if required. Clear information should be available from the local authority about the national minimum eligibility threshold, how to access financial information and advice, as well as what assistance may be available locally to provide preventative care.
- 5.13 Local authorities are also responsible for making plans for children and young people in Young Offender Institutions, Secure Training Centre or other places of detention as well as children and young people in the youth justice system, who are likely to have eligible needs for care and support as adults and are approaching their 18<sup>th</sup> birthday. Prisons holding prisoners aged under 18 years will need to identify these children and ensure that a child to adult transition assessment takes place. This will include situations where a young person is moving to the adult custodial setting.
- 5.14 Prisoners should not experience any delays when they are in urgent need of care and support. *Priority must be given to meet any urgent and immediate needs which may put the prisoner at risk, including assistance with toileting, nutrition, severe mobility issues, and managing medication.* Urgent and immediate needs may be apparent on reception to custody or may arise suddenly as a result of an illness or event. Needs may be identified through reception interviews, during Basic Custody Screening interviews (local prisons only), through day to day contact between any prison staff and prisoners, or by other prisoners.
- 5.15 It is for the local authority to provide services to meet urgent eligible needs for which they are responsible, including needs for equipment, and how this is provided should be negotiated with the prison. If an urgent need to adapt buildings is indicated, this should be considered by the prison and consideration may need to be given to moving the prisoner to a more suitable location. In the event of urgent needs arising and local authority services not being available, prisons will need to seek assistance from healthcare services or exceptional

arrangements may be put in place on a case by case basis for prison staff or contracted agency staff to provide care and support.

## 6. Enabling Assessments

- 6.1 *Prisons **must** enable local authorities or their agents to arrange and complete needs assessments in a timely manner.*
- 6.2 A decision as to whether to search or escort or supervise a prisoner when enabling assessments is determined by the current risk assessment for that prisoner. In some cases prisoners may present a risk to social workers completing assessment and it is the responsibility of the prison to manage this risk appropriately.
- 6.3 If a prisoner refuses an assessment the local authority is not required to carry out the assessment unless:
- The person (prisoner) lacks the capacity to refuse and the local authority believes that the assessment will be in their best interests or;
  - The person (prisoner) is experiencing or is at risk of abuse or neglect.
- 6.4 *If a prisoner refuses an assessment and prison staff believe there is any level of risk of abuse, or if a prisoner's needs are such that the absence of a care and support service might be considered neglect, prison staff **must** request from the local authority that an assessment be completed and ensure a record is kept of the details of this request.*
- 6.5 Where abuse or neglect are suspected please refer to PSI 16/2015 Safeguarding Adults
- 6.6 Local authorities may complete assessments using their directly employed staff or may commission or arrange for others ("trusted assessors") to provide assessment services. In custody, as in the community, social care assessments should be a collaborative process that involves the person concerned. *The assessment must consider their needs and desired outcomes and how care and support could improve the wellbeing of the person.* All assessors are required to be appropriately trained.
- 6.7 As the assessment process may look very different at different establishments (as it is the responsibility of individual local authorities) so it is not possible to identify a standard or typical enabling service which prisons will be required to deliver. However some generalised assumptions about the format the assessment process is likely to take are set out below.
- 6.8 Timings for a full assessment are assumed to vary depending on both (a) the provider and (b) the prisoner's individual circumstances. A full assessment may require between one to two hours at one sitting. However, depending on the individual prisoner, there may need to be two to three shorter meetings rather than one longer one. The assessment is likely to take more time where the assessor is less familiar with the prison, or is an Occupational Therapist who may be looking at issues around adaptations for a more severely disabled prisoner. The assessment is likely to include basic questions about the offender's financial situation.
- 6.9 *Assessors **must** be provided with induction training before working in a prison.* An assessor who already works at the prison may be familiar with the prison, for example a healthcare member of staff operating as trusted assessor, or a social worker that does all or most of the prison work. Such an assessor may not need time to view the offender's living accommodation (cell) or consider access requirements to other areas of the prison. However, assessments may be completed by staff who are not familiar with the prison. In such cases the person should be given access to any areas that the offender uses, or should be able to use, and which pose problems for them in some way (such as toilets, showers, refectories, training/education areas) may be required depending on the needs of the individual.
- 6.10 Suitable facilities and equipment will need to be provided to support the assessment meeting. The basic requirement is an appropriately private room that is big enough not just

to accommodate the prisoner and social worker, but also any peer supporter or independent advocate or other who needs to be there.

- 6.11 Additional requirements to facilitate the assessment may include access to a phone and computer/internet access, as there may be tools and records that the assessor may wish to access. Where assessments are carried out by the local authority, consideration may need to be given in line with the Local Security Strategy to the Governor authorising social workers to bring computer equipment or recording devices into prisons.

## 7. Care and Support Plans

- 7.1 *Prisons **must** identify the contribution of custodial services to the care and support plan for a prisoner in negotiation with the assessor, care service provider and with the involvement of the prisoner.*
- 7.2 *Prisons **must** ensure that where an individual care and support plan requires care staff or others to have access to the prisoner during the night state, these access requirements are understood and agreed by the prison and service providers and are consistent with the Local Security Strategy.*
- 7.3 Following a needs assessment, if the prisoner has eligible needs the local authority along with the prisoner, care and support providers, and in some cases other professionals such as specialist social workers or healthcare staff, will prepare a care and support plan which sets out how the identified needs will be met and will set out how those eligible needs will be met by local authority contracted services. A prisoner's care and support plan is a confidential document, but can be shared with services with the consent of the prisoner, including any others involved in the care and support of the prisoner. The care and support plan can be provided to those who need to see it for the purposes of carrying out their statutory functions even without the prisoner's consent. A care and support plan to which prison staff have access can be shared with the functional head responsible for the Prisoners Assisting other Prisoners scheme. *An individual's care and support plan **must not** be shared with other prisoners.*
- 7.4 Prisoners should be encouraged to consent to sharing their full care and support plan with prison staff. If a prisoner is not willing to consent to sharing the full details of the plan, then consent may be given to sharing the parts of the plan which relate to the provision of custodial services and services from other prisoners. If the prisoner does not consent to sharing any of the plan information, then it is good practice for prison staff to request sight of the plan from the local authority and explain to the prisoner that if the prison staff are not aware of the care and support plan, that may limit the contribution to the care and support the prison is able to provide and will exclude any contribution to care under a Prisoners Assisting other Prisoners scheme.
- 7.5 Care and support plans may be shared by local authorities and their agents without consent when:
- the prisoner lacks the capacity to consent as defined in the Mental Capacity Act and the local authority or their agent believes it will be in their best interests;
  - the prisoner is experiencing or is at risk of abuse or neglect;
  - others may experience harm as a consequence;
  - others need to see it for the purposes of carrying out their statutory functions.
- 7.6 Care and support plans will rely on the delivery of custodial services and may supplement these services with local authority services. For example prisons will need to continue to provide meals for a prisoner, but local authorities may provide the prisoner with assistance with eating. Or the prisoner may need to attend the gym for specific remedial exercise and care services might provide assistance with movement. The care and support plan may also indicate requirements to prevent the escalation or worsening of needs.
- 7.7 The care and support plan may also indicate services which might reasonably be provided by voluntary sector services or by other prisoners where a scheme is in place for prisoners to provide assistance to other prisoners (see PSI 17/2015 Prisoners Assisting other Prisoners). A care and support plan may also identify the times of the day when particular services or interventions should be provided (for example assistance with continence or medication). The care and support plan may include the provisions of aids or adaptations to the built environment (see section 11 below).



- 7.8 If, following an assessment, a person does not meet the threshold of eligibility for services, the local authority **must** provide him or her with written information about what can be done to meet or reduce needs and what services are available; and information about what can be done to prevent or delay needs from developing or getting worse.
- 7.9 End of life care extends to prisoners. Prisoners may receive palliative care in a hospital or hospice or care home or move to an alternative prison with a more suitable environment. Responsibility for services rests either with the NHS or local authority, or both, and will be determined by a health and social care assessment and the use of a Decision Support tool for any prisoner with complex health needs. NHS England is responsible for prisoners who are eligible for Continuing Healthcare (CHC).
- 7.10 If the prisoner is assessed as having needs which are not eligible for local authority support, the local authority **must** provide the prisoner with written information about what can be done to meet or reduce needs and what services are available. Prisons may need to consider reasonable adjustments to services, and to buildings (see section 11 below), taking into account advice from social care workers.
- 7.11 It is not the intention of the Care Act that prisoners are able to act as formal carers for other prisoners, although they may contribute to aspects of care. Please refer to PSI 17/2015 Prisoners Assisting other Prisoners.
- 7.12 Prisoners cannot be compelled to accept care and support services. If a prisoner refuses care and support services the prison will need to carefully consider the risks this presents to the prisoner, staff and the wider regime. Where there is a significant concern over the wellbeing of the prisoner, prison governors are advised to seek advice from local authority safeguarding adults teams. Please refer to PSI 16/2015 Safeguarding Adults.

## 8. Transfer and Discharge Arrangements

- 8.1 *If a prisoner is in receipt of care and support, prisons **must** provide timely notice to local authorities, and to care and support service providers when a decision is made to transfer a prisoner to another establishment and **must** advise local authorities of planned discharge dates.*
- 8.2 *Prisons **must** identify the contribution of custodial services and any contribution under the Prisoners Assisting other Prisoners scheme as part of the information provided, so that appropriate arrangements can be made for the new location.*
- 8.3 Local authorities are responsible for continuity of care for offenders with a package of care. If a local authority is arranging care for an individual and that individual moves to another local authority area, whether moving between prisons, to approved premises, or being released to the community, the 'sending' local authority providing care should liaise with the 'receiving' local authority and ensure continuity of care. This includes responsibility to make arrangements for any care which may be required during transport. If an offender with a package of care is transferred to another custodial establishment in a different local authority area, this responsibility will transfer to the new area. If no service is provided in the new area then the sending local authority has a responsibility to continue to meet needs until a service is provided.
- 8.4 *Prisons must therefore inform local authorities and their agents of decisions to move or release prisoners to enable a local authority to meet its duties for continuity of care, subject to security restrictions for Category A, E-List or Restricted Status prisoners, or for other prisoners where this information creates unacceptable risk. Local authorities should review an individual's care and support plan each time they enter custody from the community, or are released from custody.*
- 8.5 Where a prisoner is temporarily absent from an establishment (for example in order to attend court, or under ROTL arrangements), social care provision for the prisoner will remain the responsibility of the local authority which has responsibility for the area of the originating prison. Service requirements during temporary absence should be arranged as part of the care and support plan. Care plans should not normally require a full review following prisoner external movements.
- 8.6 Given the difficulties associated with determining some offenders' ordinary residence on release from prison or approved premises, it is good practice to ensure early involvement of all agencies in resettlement planning, particularly Community Rehabilitation Companies and the National Probation Service for high risk cases. An aim is to ensure that the resettlement plan is sustainable in the local area where the individual will reside.

## 9. Care Plan Review

- 9.1 *Prisons **must** contribute to reviews of care and support plans for prisoners with care and support needs.*
- 9.2 Local authorities are responsible for monitoring delivery of services against care plans and local authorities or their agents **must** review care and support plans regularly, and this **must** involve the recipient of care and any person that the recipient asks the authority to involve. Local authorities will have locally determined approaches to reviews. Timings for reviews of assessments will depend on whether the individual's situation is stable or if his/her circumstances or needs have changed. A review of a stable case, where things are working well, is likely to take around 30 minutes. However if things have changed, the timings for the initial assessment may apply.
- 9.3 As a guide, the main triggers for review by a local authority are likely to be:
- Planned reviews within 6 weeks of implementation of new care and support plan;
  - Annual reviews for an on-going care and support plan;
  - Move to new prison, when a review is required under DH guidance;
  - Change to a prisoner's condition, for example following a period in hospital;
  - Leaving prison to live in the community or in approved premises.
- 9.4 Any changes to a Care and Support Plan **must** be discussed with the prisoner and authorised by the local authority or their agents. The local authority should liaise with other local authorities, offender managers and Community Rehabilitation Companies regarding care and accommodation when that is appropriate.

**10. Advocacy**

- 10.1 *Prisons **must** identify and inform the local authority when they consider the prisoner appears to require an independent Advocate to facilitate involvement in care and support assessments and plans.*
- 10.2 Under certain circumstances, individuals (including prisoners) are entitled under the Care Act to the support of an independent Advocate during needs assessments and care and support planning and reviews of plans to facilitate their involvement. The need for an independent advocate is indicated if the person would have substantial difficulty in being involved in the assessment or review process. “Substantial difficulty” means the person could not understand or retain relevant information, or use or weigh up information as part of the process of being involved, or be unable to communicate their views, wishes or feelings.
- 10.3 The provision of an independent Advocate is the responsibility of a local authority where there is no other appropriate person available to represent and support the person’s involvement (who is not the person’s professional or paid carer). *Where prison staff believe there may be a need for an independent Advocate, the prison **must** inform the local authority of this as the case is referred, and make a record that this information has been provided.*
- 10.4 *Other prisoners must not act as independent advocates for other prisoners.* Prison staff should not act as formal independent advocates. Only staff agreed by the local authority should act as independent Advocates under the Care Act.
- 10.5 However, prisoners may benefit from informal support during assessment, care planning and review processes and with the consent of the individual, this support may be provided by prison staff, including custodial, healthcare or education staff. Where there is a scheme in place for Prisoners Assisting other Prisoners, a peer support service may assist prisoners with these processes. At all times, prison staff should be sensitive to the personal nature of discussions of personal and medical care needs.

## 11. Enabling Care and Support Services

- 11.1 *Prisons **must** enable the delivery of care and support services in line with NOMS specification Enablers of National Co-Commissioned Service in Prisons so that social care personnel are supported to deliver their services and are appropriately security vetted.*
- 11.2 Prisons are responsible for ensuring that providers of care and support services are encouraged and supported to deliver their services in prisons and in doing so, maximise the benefits and outcomes for prisoners. Prisons should ensure that: information is exchanged between prisons and providers; that prisoners are moved, searched and supervised in accordance with risk and; that threats to security, order and control of the establishment are identified and managed.
- 11.3 *Social care personnel working for local authorities or their contractors who are delivering care and support services to offenders must be appropriately security vetted.* The minimum requirement is a NOMS Enhanced Level 1 check plus a Disclosure and Barring Service (DBS) check. For personnel working in the High Security Estate there is an additional requirement for a Counter Terrorist Check (CTC) to gain entry. *All personnel must comply with the requirements set out in NOMS policy on Security Vetting.*
- 11.4 For personnel working for local authorities or their contractors who are carrying out assessments of prisoners, the minimum requirement is a NOMS Enhanced Level 1 check plus a valid DBS certificate and for those working in the high Security estate a CTC check. Where vetting has been undertaken by Shared Services Connect Limited (SCCL), the Vetting Contact point in each prison establishment is required to verify the level of vetting held.

## 12. The Built Environment, Equipment and Adaptations

- 12.1 *Prisons **must** consider the recommendations of care and support professionals made in relation to individual cases when making any reasonable adaptations and adjustments to buildings to ensure prisoners are enabled to live with decency and as independently as possible.*
- 12.2 Whether and how an individual's needs are met is strongly influenced by the built environment. There is likely to be demand to invest in modifying the prison estate to fulfil the requirements of the Care Act and to enable the efficient delivery of care and support services. *While this is not fundamentally different from current requirements for prisons under the Equalities Act, both the detailed evidence of needs and the professional advice from social care professionals must be taken into account.*
- 12.3 Local authorities are required by regulations supported by guidance to provide at their cost equipment (e.g. hoists) and personal aids (e.g. to assist mobility) up to the value of £1,000. Where specific equipment is offered it may be necessary for this to be risk assessed for security and safety prior to deployment in a prison, and it may be necessary to request alternatives where there are concerns or if equipment is misused.
- 12.4 In general the responsibility for minor adaptations and fixings rests with the prisons. In cases of very severe needs it may be necessary to undertake larger scale building work, or to relocate prisoners to adapted or specialist cells. Where significant scale or high cost work is indicated, prisons should liaise with MoJ Estates Directorate for specialist advice. Costs of works may be met from NOMS or prison budgets, or by MoJ Estates in line with current arrangements.

**13. Safeguarding Adults**

- 13.1 This Instruction should be read alongside PSI 16/2015 which sets out policy and requirements to Safeguard Adults in Custody. The availability and provision of social care services is an important part of ensuring that prisoners are protected from abuse and neglect. Failures in care and support can lead to safeguarding issues for individuals. If there are concerns in relation to the general availability of care and support services in a prison, this should be raised with NOMS Health, Wellbeing and Substance Misuse Co-Commissioners (see front page for contact details). Concerns in specific cases should be referred to locally agreed joint governance meetings in the first instance.

## 14. Complaints

- 14.1 *Prisons **must** enable prisoners to make a complaint about care and support services which are the responsibility of a local authority according to local authority complaints procedures.*
- 14.2 Local authorities are responsible for dealing with complaints about services for which they are responsible. Local authorities should provide information accessible to prisoners on how to make a complaint and how that complaint will be dealt with and should provide information on how matters can be escalated to the Local Government Ombudsman. Prison's responsibility is to ensure this information is available to prisoners.
- 14.3 If a complaint is made to the prison about services which are the responsibility of the local authority, as distinct from the contribution which a prison may be making to meet an individual's care and support needs or other prison responsibilities set out in this instruction, then the prison should pass that complaint to the local authority with the consent of the prisoner, or should advise the prisoner on how to make the complaint directly to the local authority.
- 14.4 If the complaint is in relation to both services which are the responsibility of the prison and services which are the responsibility of the local authority, then the prison should address the complaint in relation to prison services and process the complaint about local authority services as above. The partnership governance may have a role in considering issues arising.



**15. Inspection and Regulation**

- 15.1 Care and support provided by a public sector prison and by a private prison where the care is contracted directly by the Ministry of Justice as a contribution to delivery of an individual care and support plan is not regulated by the Care Quality Commission (CQC), but is open to inspection by HMIP.
- 15.2 Care and support provided by or on behalf of a local authority is monitored by the local authority and regulated by CQC and **must** be registered with CQC. HMIP will work in partnership with CQC to inspect prison care and support. The scope of CQC regulation extends to regulated activity only. Regulated care and support includes personal care but does not include the conduct of assessments. HMIP may inspect any element of service.
- 15.3 All partners **must** cooperate with and respond to health and wellbeing issues within HM Inspectorate of Prisons (HMIP) and Care Quality Commission (CQC) inspections and reports, Independent Monitoring Board (IMB) reports, Coroner's reports to prevent other deaths and PPO investigations. At the time of issue of this instruction, arrangements for local authorities to receive and respond to reports from inspectorates are under development.

**16. Charging and Assessing Financial Resources**

- 16.1 Prisoners will be subject to a financial assessment to determine how much (if anything) they may be required to pay, as they would be in the community, towards the cost of their care and support. Prisoners may be required to contribute to the costs of their care where they can afford to do so. Local authorities are responsible for determining and undertaking financial assessment processes and should give consideration to the best way of handling financial assessments, taking into account the resources required. In particular local authorities should consider how “light touch” assessments could be carried out where a person in prison is unlikely to be required to contribute towards the cost of their care and support. Prisoner’s earnings from work in prison are exempt from consideration during financial assessments.
- 16.2 Financial assessments are a matter for the local authority to complete with individual prisoners and are not the responsibility of the prison. However prisons may be asked to authorise the completion of financial transactions by prisoners. *Prisons should refer to PSI 01/2012 Manage Prisoner Finance when considering requests from prisoner, local authorities or local authority agents for financial instructions from a prisoner, and must ensure that prisoners do not carry out prohibited transactions.* Prisoners are permitted to maintain their financial affairs while in prison so that on discharge they may resume a regular lifestyle.

## 17. NOMS Specification Changes and Relevant Outputs

### Social Care policy theme: Newly created service specification outputs

- 17.1 This instruction introduces two new outputs that have been added to relevant NOMS service specifications, to introduce a requirement for prisons to make and record appropriate referrals to the Local Authority, in order to trigger a social care needs assessment, where this is indicated. For details about the referral process, section 5.

#### **Early Days – Reception In**

Output 6a: Where appropriate, a referral is made and recorded to trigger a Local Authority social care assessment.

#### **Residential Services**

Output 3a: Where appropriate, a referral is made and recorded to trigger a Local Authority social care assessment.

### Social Care policy theme: Amended service specification outputs

- 17.2 The following existing service specification outputs have been amended in order to capture the new requirements for custodial providers, resulting from the Care Act 2014.

#### **Early Days – Reception In**

Output 14: An assessment of prisoners' health and, where relevant, social care needs is facilitated."

- 17.3 Prisons have an existing responsibility to have processes in place to refer prisoners to healthcare and provide supervision as required. Where healthcare commissioners specify that the healthcare assessment should include an assessment of care and support needs, the prison should facilitate this element of the assessment, in addition to the healthcare element. Where prisons are leading on the identification of prisoners who may have social care needs then the assessment of needs will follow referral to local authority services.

#### **Early Days – First Night in Custody**

Output 10: Prisoners have additional healthcare and social care support if required

- 17.4 Prisons have an existing responsibility to have processes in place to ensure support from healthcare services for immediate needs. This amendment extends this responsibility to include access to care and support for immediate needs. Section 5 explains how needs should be arranged to be met by local authority services and in exceptional circumstances by healthcare or prison staff.

#### **Early Days – Discharge**

Output 18: Prisoners have the opportunity to access necessary medications /prescriptions and equipment issued by health and care services.

- 17.5 In the same way that prisoners may urgently require medication for acute medical needs, they may also require, or already have been issued, equipment provided by health or care and support services. This amendment clarifies prisons' responsibility to provide the opportunity for prisoners to access equipment from care services.

## External Movements & Appearances

Output 12: Prisoners' immediate health and social care needs during external movement are addressed.

17.6 Local authority responsibility for care and support for those with eligible needs extends to ensuring the provision of necessary services when the prisoner is temporarily outside the prison. Prisons may have continuing responsibility for agreed elements of a care plan for which custodial services have responsibility during external movements. See paragraphs 6.1 – 6.10 and 7.4

### Social Care policy theme: Relevant existing service specification outputs

17.7 The following is a complete list of those existing specification outputs which, in their current form, support the delivery of care and support in prisons:

## Court Work other than Assessments & Reports

Output 14: Information relevant to risk and safeguarding is communicated to the receiving prison and other appropriate agencies.

Output 15: The diverse needs of defendants are taken into account when planning the timing, location and conduct of contact.

## Residential Services

Output 2: Information is shared with relevant stakeholders and is recorded

Output 3: Prisoners are supported and their daily needs are met.

Output 7: Prisoners have access to living accommodation, furnishings, fittings and equipment that are safe, decent and secure and which meet individual needs, as far as practicable.

Output 10: Prisoners have access to washing facilities (not in living accommodation) for personal clothing.

Output 11: Prisoners have access to toiletries necessary for health and cleanliness.

Output 12: Prisoners have access to ablutions which meet personal hygiene needs other than those in living accommodation.

Output 16: Prisoners are available to attend the activity to which they are allocated.

Output 17: Prisoners are encouraged to participate positively in the regime.

Output 23: Accommodation is allocated based on risk and/or need, where practicable.

## Specialist Units (HSE)

17.8 The above outputs from Residential Services are replicated in Specialist Units (HSE).

## Nights

Output 5: Prisoners have access to ablutions which meet personal hygiene needs.

Output 6: Prisoners are able to summon assistance from within their living accommodation.

Output 13: The establishment remains safe and secure in the event of the prison being unlocked at night.

### **Early Days & Discharge – Reception In**

Output 4: Key information on individual prisoners is identified, including their eligibility for the first night in custody services, and recorded.

Output 6: Information is recorded and shared with other departments and agencies both internal and external, and actions taken are documented.

### **Early Days & Discharge – First Night in Custody**

Output 3: Prisoners are allocated to first night accommodation which: 1. meets national requirements 2. takes account of their individual needs and risks.

Output 4: The immediate needs of prisoners are recorded, and where required action is taken.

Output 6: Prisoners' hygiene needs are met.

Output 8: Prisoners with complex immediate needs receive a supplementary service of one to one interactive support.

### **Early Days – Induction**

Output 2 [*Prisoners new to custody*]: Prisoners are given appropriate information. Prisoners understand their entitlements and responsibilities while in custody.

Output 3 [*Prisoners new to a prison*]: Prisoners are given appropriate information. Prisoners understand how to access support and facilities available to them in this establishment.

### **Early Days & Discharge – Discharge**

Output 17: Prisoners are seen by a healthcare practitioner prior to discharge.

Output 20: The escort provider receives all relevant documentation, property and medication.

### **Enablers of National Co-Commissioned Service in Prisoners**

17.9 All outputs have been identified as relevant.

Output 1: Positive working relationships between prison staff and provider staff are promoted.

Output 2: Information is exchanged between prison and provider staff and providers are supplied with relevant prisoner information / reports as agreed.

Output 3: Prisoner contact time for service providers is maximised.

Output 4: Where internal prisoner movement cannot be facilitated by Main Movement, prisoners move under risk assessed levels of authority and supervision.

Output 5: Prisoner moves are authorised and conducted in a safe, secure and timely manner which ensures fair treatment for all.

Output 6: Prisoner searching is conducted in accordance with the Local Searching Strategy.

Output 7: Prisoners are supervised under risk assessed levels in a safe, secure and decent manner.

### **Prisoner Communication Services**

Output 1: [*Prisoner Communications: Written*] All prisoners are able to communicate with family, friends, professional advisers and the media.

Output 6: [*Prisoner Communications: Speech*] All prisoners are able to communicate with family, friends, professional advisers and the media.

### **Rehabilitation Services – In Custody**

Output 8: Prisoners' resettlement into the community is facilitated through engagement with Offender Manager and community based services.

### **Manage the Custodial & Post Release Periods**

Output 8: Resettlement needs are identified and a resettlement plan is prepared in preparation for release into the community.

### **External Movements & Appearances**

Output 11: Prisoners are transported and held safely, decently and securely and their entitlements are met.

Output 16: Relevant information is shared between agencies and relevant stakeholders, including information on release from Court.

### **Approved Premises**

Output 43: Diverse needs of residents, and particularly potentially vulnerable residents, are monitored and addressed.

### **BASS**

Output 13: Service Users are motivated and supported to engage with key local services as identified in the Action Plan and, where required, referrals are made and followed up.

Output 16: Risks presented by service users are identified and managed through active engagement and collaboration with other agencies.

**PSI 15/2015 ADULT SOCIAL CARE  
MEMORANDUM OF UNDERSTANDING – TEMPLATE**

**For prisons in England only from 1<sup>st</sup> April 2015**

*Prisons must agree and complete a Memorandum of Understanding, (MoU), with relevant local authorities and providers of care and support services, that documents the local arrangements in place for social care services, including dispute procedures in line with PSI 04/2012.*

The services that the Local Authority and / or their contracted provider will offer, and the requirements on the establishment to enable the effective provision of this service, should be set down in a document agreed and signed by the prison Governor, the local authority and their providers, and, where relevant, the prison healthcare provider.

It is recommended that the agreement should have a term of three years and be subject to annual review and renewal.

This template for the MoU may be used by local authorities and establishments if they wish. It is strongly recommended that the basic elements, included in this template, are included in the agreement.

For support to complete this template, please contact NOMS Health, Wellbeing & Substance Misuse Co-Commissioning [Health.co-commissioning@noms.gsi.gov.uk](mailto:Health.co-commissioning@noms.gsi.gov.uk)

Suggested areas for inclusion:

**Front piece**

**Parties to the Memorandum of Understanding**

Section clearly identifies the parties to the MoU and should be signed by representatives with the appropriate level of authority, eg -

**THIS MEMORANDUM OF UNDERSTANDING** is made on

**BETWEEN**

**HMP/YOI:  
(Governor's / Director's Signature)**

**AND**

**LOCAL AUTHORITY  
(Director-level Signature)**

**AND**

**SOCIAL CARE PROVIDER  
(xx level signatory)**

**AND (if appropriate)**

**HEALTH CARE PROVIDER  
(xx level signatory)**

## **Term of the MoU**

Section describes the period of time the MoU covers - from (date) to (date), the timescale for review and any arrangements for withdrawing from the MoU and any notice period.

## **Purpose and Accountability**

Section describes the statement of purpose and who will be accountable for day-to-day local management within the prison establishment and the social care service provider.

Section includes a specification for the prison establishment and a statement from the local authority of how they intend to meet the requirements of the specification.

## **Governance Arrangements**

*Where governance is aligned with Prison Health Boards, (ie with Local Delivery Board) arrangements must be in line with PSI 04/2012 & the National Prison Health Partnership Agreement between NOMS, NHS England and Public Health England.*

Section describes local meeting structures, dispute and escalation routes.

## **Information Sharing Agreement**

*Arrangements must be in line with PSI 27/2013 – AI 11/2013 Data Sharing Policy and full Agreements referenced in this section.*

Section summarises what information will be shared and how it will be shared between prisons and local authorities and their agents, including the sharing of information about risk to the prisoner and risks the prisoner may present to themselves or others, where this is relevant.

## **Training**

Section describes the training which may be offered by the local authority to prison and/or healthcare staff, and the training which may be offered by the prison to local authority staff and providers.

Section describes the training which may be offered to prisoners by the local authority and the prison to support prisoners through “Prisoners Assisting other Prisoners” Schemes (PSI 17/2015).

## **Security Clearance**

Section describes the security clearance requirements for local authority and provider staff.

## **Identification & Referral Arrangements**

Section describes how local authorities will be informed of individuals who require a local authority social care assessment, including prisoner self referral arrangements, provision of promotional materials and timescales for responding to referrals.

## **Assessment Process**

Section describes how local authority will provide assessments

Section describes how the establishment will support the range of local authority assessment processes, including timescales for providing access to a formal assessment.

## **Assessment Outcomes**



Section describes how the recommended care and support plan will be facilitated, delivered and monitored within the prison, including review processes and multi-disciplinary working.

Section describes arrangements for those with identified needs that ineligible for local authority care and support (prevention / re-ablement services), including review processes and multi-disciplinary working.

Section describes how the prison will enable delivery of local authority care and support plans

### **Transfer & Discharge**

Section describes the responsibilities and processes for all parties for managing the transfer or discharge of individuals in receipt of local authority care and support.

### **Built Environment, Equipment & Adaptations**

Section describes the local process for provision of reasonable adjustments and adaptations to buildings.

Section describes processes for risk assessing and issuing appropriate equipment and aids to prisoners, including arrangements where items are deemed too high a risk for the prison environment.

### **Safeguarding Adults**

*Arrangements must be in line with PSI 16/2015 Safeguarding Adults*

Section describes local arrangements for the management of safeguarding issues, including how allegations against members of local authority staff or their providers are dealt with.

### **Advocacy**

Section describes local authority arrangements for providing Advocacy Services to prisoners who need them.

### **Complaints**

Section describes local authority complaints procedure, including timescales.

### **Inspection & Regulation**

Section describes the local authority arrangements for responding to PPO, IMB, HMIP and Coroner's Reports and Action Plans

### **Financial Assessments**

*Arrangements must be in line with PSI 01/2012 Manage Prisoner Finance*

Section describes local authority processes for assessing prisoner ability to pay towards the cost of their care and recouping care costs.

### **Prisoners Assisting other Prisoners**

*Arrangements must be in line with PSI 17/2015 Prisoners Assisting other Prisoners*

Section summarises the arrangements for selecting, risk assessing, training, supervision and ongoing management of prisoner support scheme, including the provision of information, advice and guidance and those who provide identified practical support to individual prisoners.

**NOMS DELIVERY OF SOCIAL CARE TO OFFENDERS AND DEFENDANTS: CORE PROCESS AND PLANNING ASSUMPTIONS GUIDANCE DOCUMENT**

Annex B - NOMS  
Delivery of Social Car

PDF Document Attached Separately. This document is being made available for guidance purposes only and remains marked as a draft due to being subject to further review and testing. It has been jointly agreed with the Association of Directors of Adult Social Services (ADASS) in England. An earlier version was published to the community of interest set up on the Local Government Association Knowledge Hub (<https://knowledgehub.local.gov.uk/group/prisons-and-the-care-act>) for consultation purposes and to assist in implementation planning.