PSO 3200– HEALTH PROMOTION

1. This document is introduced as a result of the formal partnership between HM Prison Service and the NHS.

2. The Prison Service in partnership with the NHS has a responsibility to ensure that prisoners have access to health services that are broadly equivalent to those the general public receives from the NHS. This means that prisons should already provide health education, patient education, prevention and other health promotion interventions to meet within that general context, this PSO sets out required actions for Governors and Directors of contracted out prisons to ensure that efforts are made to:
• Build the physical, mental and social health of prisoners (and where appropriate staff) as part of a whole prison approach.
• Help prevent the deterioration of prisoners’ health during or because of custody, especially by building on the concept of decency in our prisons.
• Help prisoners adopt healthy behaviours that can be taken back into the community upon release.

Purpose

3. The PSO, which was a commitment in the strategy ‘Health Promoting Prisons: a shared approach’, sets out straightforward means for integrating action to address these topics by encouraging and detailing how to create a whole prison approach. This approach is built upon evidence of what works best in prison based health promotion. This is not a new venture as such, but feeds into other already established elements of the prison regime, and already existing mandatory actions to ensure that specific health needs are assessed and wherever possible met through the prison/NHS partnership and local plans. Changes that are detailed are ‘light touch’, but have the potential to increase the effectiveness and efficiency of prison health promotion

Output

5. The PSO will identify methods of measuring compliance with the required actions.

Impact and Resource Assessment

6. Resource implications for establishments: it is envisaged the mandatory changes can be achieved through cultural change and more efficient co-ordination of existing resources. However it is recognised that further resources, where these can be identified by a Prison and/or its NHS partners, may be desirable and contribute positively to rehabilitation and resettlement.

Mandatory Actions

7. Governors and Directors of contracted out prisons, working in partnership with Primary Care Trusts (or Health Boards in Wales) must ensure that by end of December 2003 they have included health promotion considerations adequately and explicitly within their local planning mechanisms, drawn up in partnership with their PCT. The Health Promotion Section in the local plan must specifically address, as a minimum, needs in the five major areas:

• Mental health promotion and well being
• Smoking
• Healthy eating and nutrition
• Healthy lifestyles, including sex and relationships and active living
• Drug and other substance misuse

These areas of health and well-being should reflect a process of health needs assessment and not just healthcare needs assessment, and should involve a whole prison approach. Consultation should represent a wide variety of professional stakeholders, and prisoners must also be involved in this process.

9. By December 2003 each prison must have:

• Clear line management arrangements in place which indicate an individual with explicit responsibility for leading health promotion work across the prison. The person could be drawn from the list below (it does not have to be a health care qualified person.)
• There needs to be clear management and co-ordination mechanisms under the umbrella of existing local NHS health steering / partnership arrangements. Those with a legitimate interest in being involved in a ‘whole prison approach’ to health promotion as described in the Strategy should meet as a Health Promotion Action Group or Co-ordinating Committee, and are likely to include:
  • Member of the prison SMT (to be Chair)
  • Head of prison health care
  • Health Promotion Lead for PCT
  • Prison Lead for the PCT
  • Co-opted members who are specialists in their field from across the prison
  • In addition there may be a need for wider linkages too, for example with local voluntary agencies or local Smoking Cessation Service

NOTE: useful illustration of the whole prison approach is to be found in the Strategy Health promoting Prisons: a shared approach (March 2002, available on the DH website and from the NHS resposeline 08701 555455 or at www.doh.gov.uk/prisonhealth

Audit and Monitoring

10. Compliance with the required actions contained within this PSO will be in the first instance by means of self-audit. Two useful checklists as a starting point, one for the Prison and another for PCTs, can be found in ‘Health Promoting Prisons: a shared approach’ on pages 13 and 14.

11. It is expected that a Prison Service Standard for Health Promotion will be published and used as means of compliance audit by Standards Audit Unit.
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