HM Prison & Probation Service

HMPPS Prison Regime Recovery Planning

Exceptional Delivery Model (EDM)

NHS England Clinical Service:

Dental Service

Final 1.0

August 2020

Version Control Sheet

Date	Version	Update
21/08/20	1.0	Published Version

HMPPS Prison Regime Recovery Planning - Exceptional Delivery Model (EDM)
Dental Services

Introduction

Prisons are required to develop local Regime Recovery Plans (RRP) based on a suite of national guidance documents called Exceptional Delivery Models (EDM) Establishments are being provided with high level guidance outlining the parameters they must work within, but have autonomy to build their own bespoke plans based on what works locally. Establishments will submit their RRP together with a readiness assessment to their respective Prison Group Director (PGD). A central assurance mechanism will review submissions and determine the order in which establishments commence their regime recovery activity.

The duty on HMPPS and Prison Governors and Directors is to work in partnership with local health providers to secure provision to ensure that prisoners have access to the same quality and range of healthcare services as those in the community. This EDM supports Governors to meet this responsibility.

Exceptional Delivery Models (EDMs)

A suite of Health EDMs[1] have been developed jointly with NHS England & Improvement and Public Health and in conjunction with policy and operational colleagues. Health EDMs do not change the contractual requirements or relationships between NHSE/I and their providers. Each EDM breaks the healthcare requirements into a series of processes or areas. Under each one there are a set of baseline requirements which must be met by each establishment. Every baseline requirement has an importance weighting from one (lowest) to three (highest) attributed to it, to assist prisons in planning and sequencing activity required. Baselines are split into those that are mandatory and those that are desirable. Each baseline also has a "level of autonomy" attached. This describes the level of freedom an establishment has over the design of the product/output required to satisfy each baseline.

Each establishment must create a healthcare plan for every element of healthcare delivery that is relevant to their population need, based on the guidance in the respective Health EDM.
It is essential that the plan for reinstating an element of the healthcare regime does more than simply reintroduce the local procedures that pre-dated COVID measures. Each element of healthcare planning must incorporate social distancing, hand hygiene and cohorting measures, medical considerations and PPE requirements as well as security and safety considerations. The EDM also guides establishments on the most procedurally just way to stand up each healthcare element under continuing COVID restrictions. Mirroring the approach taken during the development of ERMPs, establishments have local autonomy to determine the contents of each plan or procedure they produce from the EDMs.

Existing risk assessments and safe systems of work underpin HMPPS operating practices. It is essential that as part of the Recovery Regime Management Plan, each element of regime is risk assessed for being safe, under COVID-19 conditions. Once risks are identified they will inform the operating procedures which make up the Regime Recovery Plan. As with normal Regime Management Planning, Governors should seek to deliver as much regime as it is safe to do and no more regime than the resource safely allows. The RRP summarising the local recovery proposal will be based on the template provided.

As part of the RRMP design, Governors will need to be clear with healthcare partners about the prison service resource being allocated to deliver the proposed healthcare recovery regime.

[1] Dental Services; Primary Care Services, including some Secondary Care Services; Secondary Care Services – planned hospital appointments; Mental Health and Substance Misuse Services; Medicines Management & Pharmacy Services; Offender Personality Disorder Pathway; C&YP Mental Health, Substance Misuse & Psychosocial Interventions

The Health EDMs outline the healthcare activity permitted at Regime Stage 3 (Restrict), moving towards Regime Stage 2 (Reduce).

This EDM applies to the Secure Estate in England, it does not apply in Wales.

What will be delivered at different Regime Stages – High Level Descriptor

Stage 5 – Complete Lockdown
Health services focused entirely on preservation of life.

Stage 4 – Lock Down
Activities are focused on emergency and urgent care, remote consultations, issuing medication and caring for those with COVID-19 in custody.

Stage 3 – Restrict
Regime Stage 3 sees the reintroduction of healthcare services. Wherever possible services are provided with social distancing in place. Where this is not possible, PPE appropriate to the task must be applied.

Stage 2 - Reduce
Regime Stage 2 continues the reintroduction of healthcare services.

Stage 1 – Prepare
All services are reinstated according to existing specifications and operating models at Regime Stage 1.

Purpose
NHS England is responsible for commissioning healthcare services for people in prisons and young offender institutions in England (with the exception of emergency care, ambulance services and out-of-hours services). The range of services which are directly commissioned for prisons include primary (GP) and secondary (hospital) care services (hospital care), public health (including substance misuse services (under a section 7a agreement with the Department of Health and Social Care), dental, ophthalmic (eye care) services and mental health services.

There are standard requirements for Primary Care services that must be delivered in prison environments, ensuring that the principle of “equivalence” is adhered to and enabling prisoner’s access to dental, physical and mental health care as required in line with services offered in the community. Primary Care services, amongst other health provision, must work towards agreed health outcomes and prisoners must be supported to manage their ongoing physical health care needs

Evidence consistently highlights the distinct set of health needs faced by those in or at risk of being in secure and detained settings, whereby they experience a disproportionately higher burden of illness, poorer access to treatment and prevention programmes, and problems with substance misuse. Furthermore, health concerns are often complicated by social issues, such as homelessness, unemployment and poor levels of education; and there is a growing cohort of older prisoners whose health and social care needs are increasing. Considering the substantial health inequalities likely to be faced by most, if not all, prisoners within secure settings, it is imperative that any provision is not only equitable to community provision, but that it takes bold and innovative steps to improve the health of the most vulnerable and reduce health inequalities.

This EDM outlines what should be included in a dental service being offered to prisoner populations in secure and detained environments at Regime Stage 3. There are numerous clinical guidelines and best practice documentation that describe clinical practice and processes to steer

best practice in the delivery of dental healthcare for people in secure and detained environments[2],[3].

Youth Custody Service

For the Children and Young People Secure Estate in England, the mandatory actions in this EDM will apply to:

- Youth Offender Institutions: Specific points have been added to show where practice in these secure settings may vary from the adult estate.
- Secure Training Centres: where application may require interpretation where the legislative framework or operating model is substantially different from a prison

The YCS will ensure that all language is child focused when the principles are applied at a local level e.g. in Regime Recovery Plans. Youth Secure Settings have a legal duty to safeguard all children and young people held in their care, noting their particular vulnerabilities. In the Children and Young People Secure Estate healthcare is integrated within each secure setting. The delivery of EDMs will need to ensure they reflect and are governed by the YCS and NHSE&I core principles.[4]

Public Health initiatives:

NHS England Health and Justice is responsible for commissioning public health services for children and adults in secure and detained settings in England. This is part of NHS England's public health responsibilities and involves working closely with Public Health England.

People in prisons and other places of detention often experience significant health inequalities compared with their peers in the community. Public health areas of work to address public health type inequalities include:

- Helping adults in the prison estate to stop smoking
- Service specifications for the treatment of adult's with substance misuse issues in the prison estate, with an emphasis on recovery, lived experience, "Through the Gate" care, dealing with psychoactive substances, reducing drug-related deaths, reducing reoffending and improving outcomes.
- Supporting HMPPS Drug Strategy
- Ensuring the effective and consistent delivery of both Health Checks and blood borne virus screening, including Hepatitis B and C and HIV, and access to treatment pathways.
- Work to ensure more effective recording of public health activity in the secure estate.
- Reviewing the delivery of other public health screening and vaccination programmes within the secure estate, including HPV vaccination, bowel screening, retinal screening, abdominal aortic aneurism screening.

This Primary Care EDM sets out the framework for considering how dental services might develop locally, in a safe and consistent manner. The amount of change possible will vary between establishments and depends on a number of factors including the function of the prison, availability of enabling resources and the ability of health services to deliver effective services.

The organisation and delivery of healthcare services by cohorted and regime groups may restrict health activity and may require different approaches in some establishments. During Regime Stage 4 HMPPS approved the use of digital technology to support video consultations and remote SystmOne working. Whilst Regime Stage 3 may allow consideration of face to face consultations,

[2] https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0282-covid-19-urgent-dental-care-sop.pdf

[3] https://www.rcpch.ac.uk/sites/default/files/2019-09/RCPCH_Healthcare%20Standards%20for%20Children%20and%20Young%20People%201.2%20updated%202019-09.pdf

[4] https://www.rcpch.ac.uk/sites/default/files/2019-09/RCPCH_Healthcare%20Standards%20for%20Children%20and%20Young%20People%201.2%20updated%202019-09.pdf

the intention is to maximise the use of technology to reduce movement within the establishment and to reduce the need for attendance at outside hospital appointments.

Restarting Dental Services - General Principles

Cohorting

Cohorting is the Public Health strategy for the care of large numbers of people who are ill or who present heightened infection risk by gathering all those who are symptomatic into one area (or multiple designated areas) and establishing effective barrier control between this group and the wider population. There are three components to the HMPPS Cohorting Strategy; arrangements to protect those most susceptible to the virus, (Shielding); measures to isolate those who are symptomatic (and any cell-sharers) (Protective Isolation), and provision to hold newly received prisoners separated from the main population until enough time has passed for COVID-19 infection to be expressed in symptoms if they are infected, (Reverse Cohorting). In order to fully mitigate the risks that COVID-19 presents, current PH guidance indicates that cohorting arrangements will be required to remain in place until March 2021, and recovery planning will be built around the continued operation of cohorting and compartmentalisation.

Reverse Cohorting, Householding and Regime Groups

Reverse Cohorting provides for the temporary separation of newly received prisoners for 14 days each; allowing the prison to verify that each individual does not present an infection risk. In line with public health advice HMPPS defines a household as a small number of prisoners who share a cell or dormitory together, equivalent to the community definition. A regime group is a small number of prisoners who come together for all aspects of regime. These households and regime groups have exercise and domestic periods each day whilst observing social distancing. The size of the regime group is decided at establishment level based on the amount of operational space and resources available. Group sizes must be small enough to ensure that social distancing can be maintained at all times.

During transition to Regime Stage 3 healthcare providers should consider targeting healthcare assessments, screening and early interventions towards those who are located in Reverse Cohorting accommodation. This group of people will have limited access to other areas of the regime and will be easily accessible to healthcare services for a minimum period of 14 days post reception. For prisoners held in other areas of the prison, healthcare services must plan to deliver services to prisoners either on an individual level or in regime groups. Mixing prisoners from different regime groups or areas of the prison should be avoided. Where this is unavoidable prisoners should move to and from the area with others accessing healthcare services in their regime group and observe 2m social distancing and effective hand hygiene throughout the activity.

Access & Environment

For delivery of all health services consideration of how staff and prisoners access and exit areas whilst maintaining social distancing and remaining within regime groups is required. Consideration could include one-way systems, staggered movements or wing or cell based provision. Shared spaces such as occupational therapy rooms will require careful attention. The capacity and layout of each space will need to be considered to allow individuals to observe social distancing, (HMPPS will continue to apply the 2m social distancing rule in recognition of prisons as high risk operating environments). Consideration can be given to floor markings, signage, hand hygiene, access to toilets. Where group activity is planned cleaning and disinfecting of equipment and materials must take place between users.

Infection Control Cleaning & Disinfection Guidelines (Healthcare Settings)

To prevent infection spread effective and methodical cleaning and disinfecting is an important preventative measure. During Regime Stage 3 cleaning schedules must continue to concentrate on the cleaning and disinfecting of all hard surface areas and equipment where the possibility of viral contact is likely. Healthcare settings, (including treatment rooms in reception, residential areas and first night/induction centres), will be cleaned to NHS standards as usual, which is different to the general cleaning advice for prisons. Relevant guidance for healthcare areas is below:

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/wuhan-novel-coronavirus-wn-cov-infection-prevention-and-control-guidance
https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interim-guidance-for-primary-care
https://www.england.nhs.uk/coronavirus/primary-care/infection-control/
https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance

Governors can assure themselves that measures taken comply with Public Health (PH) and other COVID-19 related infection prevention and control guidance and identify risks using the Infection prevention and control board assurance framework. This framework has been developed for all healthcare settings and can be developed to meet local needs.

https://www.england.nhs.uk/coronavirus/publication/infection-prevention-and-control-supporting-documentation/

Where individuals are entering a treatment area cleaning and disinfecting to the appropriate level must take place between users.

Digital & Telemedicine

Pre-COVID-19 NHSE/I and HMPPS were working towards a more consistent service offer across all sites, including provision of x-ray and imaging, minor injuries clinics and mobile equipment such as dialysis facilities to reduce the demand for hospital escorts. During COVID-19 HMPPS has approved the use of 4G tablets for the delivery of healthcare video consultations and mobile SystmOne access to assist healthcare providers to improve safety and maintain essential healthcare contact with prisoners during the restricted regimes operating at level 4. The expectation at Regime Stage 3 is that the use of technology will be maximised to support remote access to services within the prison and to facilitate external hospital consultations and innovative solutions to the delivery of health services in custody will continue to be developed.

Enabling Health Service Delivery

Establishments must be able to demonstrate that the forecasted staffing levels can sustain the level of regime being proposed. Regime and Resource Planning Meetings will determine the level of regime, including health care regime, that is safe to deliver on a week by week basis and, as in business as usual circumstances, decisions will need to be made about what can and can't be run based on available resources. Heads of Healthcare must be involved in these meetings in order to coordinate and manage health care delivery.

Heads of Healthcare must report to their Commissioner where prison officer enabling resource or health services staffing is forecasted to be unable to deliver the agreed health service delivery plan for Regime Stage 3. Governors must indicate to Silver when the prison officer enabling resource or health service staffing is forecast to be unable to deliver the agreed health service delivery plan for Regime Stage 3 or that social distancing and hand hygiene cannot be maintained during delivery of the service and alternative delivery models cannot be found. The Governor must maintain a defensible decision log with health partners for recording decisions about access to health services, prioritisation decisions and decisions to defer access to services.

Personal Protection Equipment, (PPE)

The application and provision of PPE equipment for staff is a matter for the respective employer. HMPPS requirements are based on specific Public Health advice for prison settings and reinforce guidance that hand hygiene and social distancing are essential to infection control measures.

PPE Requirements for Dental staff are outlined in:

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0575-dental-transition-to-recovery-SOP-4June.pdf

Inter-Prison Working - Cross Site Working

During Regime Stage 3, cross site working by prison and health staff should continue to be avoided where it does not undermine the safety or stability of the establishment, in order to support compartmentalisation and the wider actions being taken to avoid the spread of the virus.

Consideration will be required to ensure risks to staff, prisoners and the wider establishment from visiting clinicians and services accessing the prison are effectively managed. It is advised that where the use of agency or locum health staff is necessary, staff are assigned to a single site wherever possible and in line with cohorting advice, detailed as consistently as possible to the same areas of the prison. Healthcare staff must adhere to the PPE instructions of their employer. NHSE/I Regional Commissioner visits to establishments have been stopped during Regime Stage 4; recommencing NHSE/I commissioner visits to establishments must be agreed with the Governor locally using a risk based approach and following the national guidance in place at the time.

Social distancing and good hand hygiene, plus the adherence to safe operating practices are the primary means of mitigating risk. However there may also be consideration of increasing the period between establishment visits, minimising interactions and movement in a prison, avoiding cohort units such as protective isolation and shielding, the use of technology (in cell phone), effective cleaning of clothing and equipment and remote working wherever possible.

Consideration has and must be given at all times to the risk cross site working poses to the further spread of COVID-19. However, due to the layout of the prison estate and the use of specialist resources there are instances where cross site working is unavoidable and it is not feasible in every case to prevent all cross site working and actions to mitigate risk should be considered at all times.

Individuals are responsible for maintaining records of establishment visits over a 14 day period and providing the information to Governors and Heads of Healthcare when making arrangements to visit. Governors and Heads of Healthcare will use the information to determine the level of risk presented by the individual and to inform any subsequent contact tracing activity.

Equality Analysis

Ensuring equality of access to all regime elements for all prisoners is a requirement. Public Sector Equality Duty requires decision makers to have regard to the need to a) eliminate discrimination b) advance quality of opportunity and c) foster good relations between persons with different protected characteristics. Governors and Heads of Healthcare must complete an Equality Analysis to inform decisions about how to implement healthcare elements of the RRMP.

Regime Level 3 Service Requirements

Governance

Partnership working continues at strategic, tactical and operational levels as staffing allows. Partnership boards and attendance at prison meetings resume (if previously stopped), ideally taking place virtually, or if in person, with all necessary restrictions in place.

Service

- Access to emergency procedures as at level 5 and 4 remain in place
- Referrals are re-started, prioritised by need.
- Limited individual work maintaining the use of technology
- Prisoner consultation remotely enabled where possible via telephone triage or telemedicine
- Dental provider to assess current waiting list and referrals to assess level of need, ensuring the most urgent need is met first.
- Dental providers begin to work through the waiting lists/referrals.
- Prioritisation should be given to re-establishing relationships between prisoners and staff; keywork may start taking into account outbreak control measures that may be in force.
- Remote support to front line staff / system level consultation via telephone or Telemedicine

- Access to pharmacy and medicines provided
- Processes for identifying, referring and assessing need must be in place and also take account of the commissioning arrangements within the CYPSE.
- Routine clinics/appointments or procedures that require Aerosol Generating Exposure, (AGE) procedures will not be undertaken unless an urgent need is identified by the dental provider.

Exceptional Delivery Regime model:

Guide to weightings/prioritisation (mandatory tasks only)

Value	Description
3	Highest– action required as a precursor to other tasks
2	Medium – action required as part of wider work
1	Lowest – action required once others have been completed

Guide to autonomy levels (mandatory tasks only)

Value	Description
Total	Establishment has total autonomy to determine activity
Partial	Establishment has partial autonomy – Liaise with PSG/IS
Limited	Establishment has limited autonomy and must deliver the programme as stipulated

Area/Process	Baseline	Weighting (1,2,3)	Autonomy Level (total, partial, limited)	Comments/Sources of information
Mandatory actions				
1 Health Partnership Enablement	Re-establish Local Delivery Board to jointly prepare plans for recovery inform decision making locally, and that risks are identified, shared and understood. Ensure that partnership expectations are clear in respect to employer control measures, (eg PPE, cross site working), service resourcing and for sharing critical information with partners relating to physical health, substance misuse, mental health, social care, safety and behaviour.	**3**	**Total**	National Partnership Agreement and Local Delivery Boards
	Appoint an individual responsible for co-designing local plans with a nominated health partner lead.	**3**	**Total**	
	Jointly agree, with health partners a Regime Stage 3 health delivery plan for inclusion in the Recovery Regime Management Plan	**3**	**Total**	
	Jointly develop with health partners, an Equality Analysis for access to Dental Services	**3**	**Total**	
	Jointly develop and agree, with health partners, plans for returning any re-purposed accommodation and associated staffing resource to health service use.	**3**	**Total**	
	Identify joint actions required to re-establish and support working relationships between operational and clinical staff.	**3**	**Total**	
	Jointly develop plans for the reintroduction of Service User involvement and consultation actively, including consideration of access to prisoners by NHS commissioned Service User engagement providers	**3**	**Total**	
	Establish scope of financial implications for commissioned services and options	**2**	**Limited**	Health Commissioned Services
	Jointly review provision of technology equipment in place by both partners to support remote delivery	**2**	**Partial**	
	Agree with health partners and FM Contractors enhanced cleaning schedules for healthcare areas and facilities being	**3**	**Total**	

	used for dental practice – ensure that all understand the particular risk carried by some dental procedures with regard to Aerosol Generating Procedures			
2 Prison Enablement	The Recovery Regime Management Plan will reflect the healthcare enabling service resource required to deliver the Regime Stage 3 healthcare	**3**	**Total**	
	The Head of Healthcare, (or nominated representative), attends the Regime and Resource Planning Meeting.		**Total**	
	The Regime and Resource Planning Meeting will identify resources for the enablement of healthcare services being delivered within the prison.	**3**	**Total**	
3 Preparation: staff, prisoner, location and materials	Review with health partners available accommodation and facilities, (and where appropriate outside spaces), that can be used to deliver health care interventions, assessments and social therapies. Consideration includes: • Prisoner need and priority • Prisoner movements, enabling and escorting • Access and egress • Social Distancing and compartmentalisation • Use of technology • Hand hygiene, cleaning and cross contamination • Health and Safety • Security clearances and entry to the prison for specialist services and providers • Deployment of health providers and operational staff	**3**	**Partial**	
	Review with health partners access and egress arrangements for staff and prisoners to allow social distancing in and around the area and maintain individuals in regime groups as far as possible, particular attention should be given to access for prisoners who are cohorted/shielding.	**3**	**Total**	
	Local plans must include a risk assessment of the cumulative impact on movements of people within the establishment to ensure that all movements can safely operate within available space and capacity.	**3**	**Total**	

	Review with health services the layout and management of each area to be used for health service delivery to ensure 2m social distancing is observed.	**3**	**Total**	
	Review with health partners the safe issuing and cleaning of materials and equipment used in health service delivery.	**3**	**Total**	
	Review with health partners the need for and availability of PPE and ensure there are adequate provisions where required. All staff using PPE must be adequately trained. PPE is supplied by the employer.	**2**	**Total**	
	Review with health partners, provider services and their ability to deliver at Regime Stage 3	**3**	**Partial**	
	Review with health partners, safe systems of work, security risk assessments and health and safety risk assessments for all physical spaces, searching and supervision of activities	**3**	**Partial**	Local Security Strategy Safe Systems of Work Operating Guidance
	Update with health partners operational and clinical lead management checks to include additional checks COVID-19 Controls	**2**	**Partial**	
	Review with health partners the requirements for and impact of cross deployment within health services, (clinical and operational) and identify opportunities to reduce associated risks	**2**	**Partial**	
4 Stakeholder Management	All revisions to the arrangements for health service delivery will be subject to consultation with recognised Trades Unions as part of the Establishment Regime Management Plan, a local internal stakeholder engagement plan must be developed to assist in communicating any revised working arrangements with: • Staff, prison and health • Prisoners • IMB • Wider providers and services, (education, FM providers • Public Health as required	**3**	**Total**	
	With Health partners develop a local external stakeholder engagement plan to assist in communicating with: • Parole Board	**3**	**Partial**	

	• Category A Review Board • Receiving Services • Local Authorities • Mental Health Secure Services • Secondary Care Providers • Public Health as required			
5 Identifying & Prioritising Need	Review with health partners all prisoners to identify those with higher need and priority for services when restrictions allow or for immediate crisis response	**3**	**Limited**	
	Review with health partners those prisoners who are identified as extremely or highly vulnerable and prioritise access as appropriate.	**3**	**Limited**	
	Review with health partners waiting and referral lists for services to assist decision making.	**3**	**Partial**	
6 Risk Management	Maintain a defensible decision log with health partners for recording decisions about access to services, prioritisation decisions and decisions to defer access to services.	**2**	**Partial**	
	Governors indicate to Silver and NHS Commissioners when prison enabling, safe systems of work or other risk assessments identify that services will not operate or social distancing and hand hygiene cannot be maintained during delivery of the service and alternative delivery models cannot be found.			
7 Security Vetting	COVID-19 Security vetting arrangements will continue to apply. Provision of prison induction, security training, ACCT training and access to keys, radio and NOMIS is required	**3**	**Total**	Local Security Strategy COVID-19 Interim Guidance