|  |
| --- |
|  |
| **Acute Respiratory Illness: Winter Guidance**  **Personal Management Plans (PMPs)** |
|  |
| November 2022  Version 2  **Contents**  [Personal Management Plans (PMPs) 3](#_Toc119479393)  [Introduction 3](#_Toc119479394)  [Local Governance 3](#_Toc119479395)  [Key Considerations 4](#_Toc119479396)  [Policy 4](#_Toc119479397)  [Clinical Risk Groups 4](#_Toc119479398)  [1. Immunosuppressed 5](#_Toc119479399)  [2. COVID-19 Treatment Eligible 5](#_Toc119479400)  [Specification 6](#_Toc119479401)  [Appendix A: Acknowledgement for those declining PMPs 10](#_Toc119479402)  [Appendix B: HMPPS Personal Management Plan (PMP) 11](#_Toc119479403) Personal Management Plans (PMPs)  |  |  | | --- | --- | | Version 1 | 03/05/22 | | Version 2 | Updated details for cohorting and compartmentalisation policy framework  Updates to asymptomatic testing requirements  Shift from Covid 19 to Influenza risk and respiratory disease  The focus has moved from people considered Clinically Extremely Vulnerable to COVID-19 to those Immunosuppressed, Immunocompromised and Treatment eligible for COVID-19. This is in line with new guidance published by DHSC  Governance arrangements have been advised  Clinical teams may recommend a PMP be prepared for any person in prison, based on their clinical profile.  The guidance advocates the continued joint review of single cells to ensure those with medical needs can be prioritised where possible  Updates to the review process in line with medical need and changing risk. |  Introduction Personal Management Plans (PMSs) were introduced for prisoners in England & Wales in 2022 following the stand down of the shielding programme in order to provide the opportunity for additional protections for people who are at higher risk of serious illness from COVID-19  This guidance has been reviewed in light of refreshed advice from DHSC, in consultation with public health and clinical leaders and is now re-issued to support preparedness for pressures which may arise during the winter 2022-23 season. Local Governance The delivery of Personal Management Plans at each establishment should be overseen jointly between Prison and Healthcare Service leaders through the Health and Social Care Local Delivery Board. Where possible, regional public health leads should also be engaged or at minimum advised of the local arrangements. This will assist advice in the event of a public health incident / outbreak. Key Considerations  * Consistent with the Government’s policy position, it is important that prisoners / patients are closely involved in deciding what level of intervention is appropriate for them. PMPs must be ‘prepared with’ not ‘done to’ people. * Therefore, the foundation of preparing PMPs is that the clinical team, the custodial service, and the person concerned are all involved together in deciding the approach for each person. Close collaboration between prison and healthcare services is a requirement. * Personal Management plans (PMP’s) should be reviewed where clinical assessment determination would indicate the need for discussion. Further reviews are required where the risk in the prison or community changes e.g., during outbreaks. Where risk remains the same a review should take place at a minimum every 3 months. * Where a clinician advises a single occupancy cell this advice should be followed wherever possible. It may be necessary to consider the use of single and shared cells across the establishment to create capacity to offer single cells when recommended for the winter period. Prisons and clinicians should review single cell status of the population to ensure those with medical needs are prioritised and keep under review the use of single cells for medical needs as the requirement will change over time. to * This guidance is for the winter period. COVID-19 risk remains dynamic and is kept under review. Further guidance may be issued as indicated.  Policy The shielding programme in England has now ended. DHSC published refreshed advice for England on 7th October 2022 COVID-19: guidance for people whose immune system means they are at higher risk which informs this paper.  [Covid 19: guidance for people whose immune system means they are at higher risk](https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk)  The Interim Compartmentalisation and Protective Isolation Policy was published in June 2022, replacing all previous iterations of the cohorting and compartmentalisation guidance. The other sections of former Compartmentalisation guidance (Specification 1 – Reverse Cohorting, Specification 2 -Protective Isolation) are now covered by that policy framework. Clinical Risk Groups Prisoner patients who are eligible for a Personal Management Plan are described below. It is for Prison Healthcare teams to lead on identification of who is eligible based on known clinical conditions. Prison staff do not need to know the details of individual diagnoses, only that a person is considered eligible.  In addition to the criteria listed below, clinical teams may recommend a PMP be prepared for any person in prison, based on their clinical profile. People who are immunosuppressed or immunocompromised may be at higher risk of adverse outcomes from infection. Immunosuppression means a person has a weakened immune system due to a particular health condition or because they are on medication or treatment that is suppressing their immune system. People who are immunosuppressed, or have specific other medical conditions, may have a reduced ability to fight infections and other diseases, including Influenza and COVID-19. Immunosuppressed Severe immunosuppression includes people who had or may recently have had:   * a blood cancer (such as leukaemia or lymphoma) * a weakened immune system due to a treatment (such as steroid medicine, biological therapy (sometimes called immunotherapy), chemotherapy or radiotherapy * an organ or bone marrow transplant * a condition that means you have a very high risk of getting infections * a condition or treatment your specialist advises makes you eligible for a third dose   Individuals aged 12 and above with immunosuppression are eligible for a spring booster dose around 6 months (and at least 3 months) after their last vaccine dose. A primary vaccination schedule for people who were severely immunosuppressed at or around the time of their first or second dose of the COVID-19 vaccine is 3 doses rather than 2.  Additionally, people aged 12 or over in this group who have completed their primary course (3 doses) of COVID-19 vaccine will be due a booster (as a fourth dose) at least 3 months after administration of their third primary dose. COVID-19 Treatment Eligible The NHS is offering new monoclonal antibody and antiviral treatments to people with COVID-19 who are at highest risk of becoming seriously ill and are 12 years of age or above. Some treatments are suitable for people aged 12 to 17.  The list is regularly reviewed and currently includes some people who have:   * Down’s syndrome * certain types of cancer or have received treatment for certain types of cancer * sickle cell disease * certain conditions affecting their blood * chronic kidney disease (CKD) stage 4 or 5 * severe liver disease * an organ transplant * certain autoimmune or inflammatory conditions (such as rheumatoid arthritis or inflammatory bowel disease) * HIV or AIDS who have a weakened immune system * inherited or acquired conditions affecting their immune system * rare neurological conditions: multiple sclerosis, motor neurone disease, Huntington’s disease, or myasthenia gravis  Specification To support those that are at higher risk of serious illness from COVID-19 establishments must focus on working with clinical healthcare staff to complete **individual risk assessments** to set out any additional precautions or reasonable adjustments needed to support the prisoner in engaging in the prison regime in a way that provides sufficient protection in line with the clinical advice provided. Any reasonable adjustments must be documented in a **Personal Management Plan (PMP),** which must then be facilitated by wing managers, keyworkers, landing staff and, if required, healthcare staff.  Where establishments have multiple prisoners with PMPs in place they may wish to co-locate them in a specific area of the prison to be able to implement additional controls to support their safe management (informed by the PMP), however this should not routinely impact on the prison’s ability to work to operational capacity, nor the individual’s ability to participate in regime activities in line with their plan.  Establishments should use the below specification to develop their Personal Management Plans |

|  |  |
| --- | --- |
| Outcomes | Description |
| Establishments must work with their local health providers to establish a local list of all prisoners who are part of the clinical risk groups | Local Healthcare providers will establish a local list of those prisoners at ongoing risk and requiring continued reasonable adjustments. These people will be considered ‘eligible’ for Personal Management Plans.  Prison staff will need to be made aware of those prisoners and their requirements but not the details of medical diagnoses which inform that advice. Prison staff will be responsible for ensuring that reasonable adjustment expectations are met. |
| Establishments must ensure that **PMPs** are in place for each prisoner who has been advised to take additional precautionary measures by their healthcare practitioner. | A multi-disciplinary approach will be needed to consider the needs and wishes of the patient / prisoner and recommendations on management, with an awareness that whilst the healthcare team will be able to give clinical advice, operational staff will both develop plans and facilitate operational reasonable adjustments  Plans must be commenced by a clinical professional and should be facilitated and further developed collaboratively between the individual, their unit manager, key worker / offender manager and any other relevant stakeholders (e.g., the local safety team or in the case of children, their parent or carer).  Plans must be developed based on clinical advice and should set out any reasonable adjustments around the delivery of regime (and the individual’s access to regime) which may be required to satisfy the clinical recommendations made and ensure that the risk of becoming infected is reduced.  The risk can be reduced by controlling exposure to more risky environments and managing the number and range of close interpersonal contacts. This must be developed in balance with ensuring that someone is not unnecessarily limited from accessing a regime. Learning from previous outbreaks at the establishment can help with understanding which areas and activities may present greater risk. present greater risk.  Plans should recognise the primacy of safety and wellbeing of the person and consider how that person understands their own wellbeing.  If the individual is being supported through the Assessment, Care in Custody and Teamwork (ACCT) procedures then these details must be included within the plan and additional consideration given to how increased isolation may increase the risk of suicide and self-harm and steps taken to help mitigate that risk.  Reasonable adjustments for people who are eligible to complete a PMP might include, but are not limited to:   * Reducing the number and frequency of contacts with other people * Requesting that regular contacts, for example members of staff with whom they will have regular interactions, to use masks (FRSM) during contact * Single cell accommodation is recommended wherever possible * Increased use of face coverings or FRSMs * Reduced participation in activities which pose a higher risk of exposure * Individualized access to medication, meals and/or exercise * Reduced group size access to medication, meals and/or exercise * Consideration of cell location – to reduce the risk of exposure to airborne virus, an individual’s cell location should avoid high footfall, high landings or areas with poor ventilation, or limited ability to provide a regular source of fresh air. The location should also be appropriate regarding accessibility. * Consideration of movement from particularly high-risk areas, for example a wing or unit with multiple COVID-19 cases.   A Governor may determine that additional controls should remain in place in areas which have a recognised higher number of prisoners or young people on PMP’s. This could include regular handwashing, access to PPE, regular sanitising of areas and social distancing where appropriate.  Asymptomatic testing has been paused in English prisons as from 31 August and Welsh prisons as of 8 September. However, there may be local discretion where health protection teams (HPTs) advise temporary asymptomatic testing for individuals or groups of people. In these instances, Health Protection Teams will provide advice direct to settings. Sites should consider that there may be further updates to asymptomatic and symptomatic testing.  Where clinical advice suggests that as part of the PMP, an individual is not able to attend work, this should be managed via the sick pay guidance- The Prisoners’ Pay policy ([PSO 4460](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931684/pso-4460-prisoners-pay.pdf)) sets out the rates of pay for short-term sick (up to 4 weeks) and long-term sick ( 4 weeks and over). The rate of pay for short-term sickness is £2.50 per week and the rate of pay for prisoners who are long-term sick is £3.25 per week.  Establishments must be sure that the adjustments agreed are reasonable and do not infringe on the ability of the individual to receive *at least* their minimum regime entitlement and access to core services. Establishments must ensure that the adjustments prescribed in the plans are operationally deliverable and sustainable.  It is also important to ensure that management of the plans avoids any perverse incentives to disengage from regime services activities which may arise, and that management of the plans is operationally.  Development of plans must take account of protected characteristics alongside consideration of medical vulnerability, so the policy is implemented in an anti-discriminatory way and focus on the holistic wellbeing of the individual as well as managing infection risk.  Governors must ensure that all Personal Management Plans are agreed by an appropriate manager who should be aware of the locations of all the prisoners on plans within the establishment. |
| Establishments must ensure that **accurate records** are kept recording the prisoners in the establishment with PMPs in place. | Establishments must ensure that details of the reasonable adjustments are recorded as a case note on NOMIS and work with healthcare so that they are recorded in the clinical record on SystemOne.  Staff must be aware of the plans in place in their regular staffing area and should familiarise themselves with the details of the plans in place if cross-deployed in the same way as they would with personal emergency evacuation plans (PEEP). Establishments should ensure that local systems are in place to share this information, although the reason for additional adjustments must not be routinely shared.  NOMIS markers must be utilised to record the PMPs in place and declined at individual establishments (Personal Management Plans/ Personal Management Plan declined). |
| Establishments must ensure that PMPs are **reviewed** at regular intervals. | Personal Management plans (PMP’s) should be reviewed where clinical assessment determination would indicate the need for discussion. Further reviews are required where the risk in the prison or community changes e.g., during outbreaks affecting the establishment, or at times when community prevalence of COVID-19 is locally high. Where risk remains the same a review should take place at a minimum every 3 months.  Reviews should be clinically informed to ensure that if the risk picture has changed since original implementation, this can be reflected in any adjustments. In the case of children, establishments may wish to conduct reviews more regularly to reflect the importance of balancing mental health with physical health and the generally shorter period spent in custody.  If an outbreak or public health incident is declared at the establishment, plans should be reviewed with advice from UKHSA / PHW / Health Protection Teams and / or the Outbreak Control Team to ensure adjustments in place are suitable to manage risk. Similarly, in the case that there are any significant changes in community guidance, an automatic review of all PMPs may be triggered.  Establishments must ensure that discussion of PMPs is included for discussion at Health and Social Care Local Delivery Boards and that there is a local system in place to ensure that plans are developed, implemented, and reviewed against the required review timetable.  Establishments must be aware of the potential impacts of self-isolation or reduced interactions on prisoner’s well-being and should be cautious to identify and recognise any vulnerability and additional support that may be needed in this area. Guidance has been provided via the following link to guide establishments in support isolated individuals: [Supporting Isolated Prisoners Toolkit - HMPPS Intranet (gsi.gov.uk)](https://intranet.noms.gsi.gov.uk/groups/safety/supporting-isolated-prisoners-toolkit) |
| Establishments must develop a process for managing prisoners who have been clinically advised to take additional precautions but who choose not to. | Establishments must ensure that all prisoners who have been clinically advised to take additional precautions by their healthcare practitioner understand the reason why they have been advised to take additional precautions and should be supported to make an informed decision.  If any individuals choose not to take up this advice and work with the establishment to develop a PMP, the establishment must ensure that this conversation is recorded on both System One and NOMIS.  The prisoner should be reminded that the option to ‘opt in’ remains available and that they should consult healthcare staff if they wish to change their mind in the future. Prisoners should further be re-offered the chance to have a PMP should the risk in the prison changes significantly e.g. during an outbreak.  A disclaimer is provided in Annex A which establishments can utilise to record decisions not to implement a PMP. |
| Establishments must work with partners to determine if local testing models are required to target testing to better protect those on PMPs. | Additional guidance for testing in high-risk areas is covered in the Reduced Testing Approach. Asymptomatic testing has been paused as of 31 August (England) 8 September (Wales) There may be local discretion where health protection teams (HPTs) advise temporary asymptomatic testing for individuals at higher risk of serious illness from COVID-19. |

# Appendix A: Acknowledgement for those declining PMPs

Please note that the below acknowledgment is for use in cases where clinical advice suggests that an individual is at higher risk of serious illness from COVID-19 and a Personal Management Plan (PMP) should be in place, however the individual has determined that they do not wish to develop a PMP. Establishments may wish to utilise this to record decisions not to develop a PMP and may wish to store this along with a log on System One and NOMIS.This is not a legally binding document, but establishments are encouraged to use it for their own records. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGMENT FOR THOSE IN A CLINICAL RISK GROUP**

**Name:**

**Prison number:**

**Cell location:**

**Establishment:**

**Summary of conversation**

\_\_\_\_\_\_\_\_\_\_\_\_ (name of staff member) has been to see me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (enter date) and we have discussed arrangements at my prison for prisoners in a clinical risk group. The staff member explained the following:

* That I have been identified as being at higher risk of serious illness from COVID-19 and that it is recommend that I work with the clinical team, my key worker, and any other relevant stakeholders to develop a Personal Management Plan to ensure that any reasonable adjustments are made to reduce my risk.

I……………………………………….………….…………………………………………….…………………………………………………… (name; surname; prison number) choose to **not** follow this advice. I understand that if I change my mind on this decision, I am to alert a member of prison staff and I can work with the establishment to develop a PMP.

Prisoners Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff member’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix B: HMPPS Personal Management Plan (PMP)

|  |  |
| --- | --- |
| **Details** | |
| Name of Prisoner / Young Person |  |
| Location |  |
| NOMIS Number |  |
| Name of Clinician |  |
| Name(s) of Offender Manager / Keyworker |  |
| Date of clinician’s letter (where received) |  |

Please provide details within the below check overview details. Ensure the personal management plan guidance document has been used for context. Not all information may be available at the point of prisoner notification. The initial PMP will be activated providing any measures needed awaiting advice from a clinician.

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Management Plan Check Overview Details** | | | |
| **CHECK** | **YES** | **NO** | **DETAILS (where relevant)** |
| Has the PMP been initiated |  |  |  |
| Has a clinician provided the prisoner with an advice letter or verbal advice? |  |  |  |
| Does the clinician’s advice include specific additional measures the prisoner should take? |  |  |  |
| Is a clinician’s advice pending? |  |  |  |
| Will interim arrangements be made pending a clinician’s advice? |  |  |  |

Please provide details of the reasonable adjustments that will be applied from the clinician’s advice (please note the recommendations from the PMP guidance document). Where a clinician's advice is pending, the unit manager and prisoner can agree interim measures and carry out a review at the point the pending advice is received

**Personal Management Plan Reasonable Adjustments:**

|  |  |
| --- | --- |
| Recommendations | Additional Measures applied |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Personal Management Plan Confirmation |  |
| Prisoner / Young Person Signature |  |
| Date |  |
| Any concerns with this PMP should be noted and may be discussed with the healthcare team, unit custodial manager, keyworker, or offender manager, and/or landing officer. |  |
| Manager Signature |  |
| Date |  |

|  |  |
| --- | --- |
| Personal Management plans (PMP’s) should be reviewed where clinical assessment determination would indicate the need for discussion. Further reviews are required where the risk in the prison or community changes e.g., during outbreaks. Where risk remains the same a review should take place at a minimum every 3 months. | |
| Prisoner / Young Person Signature |  |
| Date |  |
| Manager Signature |  |
| Date |  |
| Details of any change/update |  |