



HM Prison &
Probation Service



Publications approval reference: 001559

Prison transfers and remissions to and from mental health inpatient hospitals in relation to COVID-19

28 April 2020, Version 1

This document has been developed specifically in relation to prisons and mental health inpatient services. We are exploring with the Home Office whether there is a need to develop a parallel document for immigration removal centres.

Contents

Contents.....	1
1. Context and principles.....	2
2. Protocol for the pathway	4
2.1. Referral.....	4
2.2. Assessment	4
2.3. Requires transfer and detention under the Mental Health Act 1983 (MHA)...	5
2.4. Remissions from mental health hospital to prison.....	7
3. Contacts for national escalation (if required).....	9
4. Useful resources and links	11

1. Context and principles

This guidance has been assessed to identify potential equality impacts of the COVID-19 pandemic on people with mental health needs and learning disabilities and/or autism. It is acknowledged that people with mental health needs, learning disabilities or autism who contract COVID-19 may require reasonable adjustments. Further, it is acknowledged that the COVID-19 pandemic has the potential to subsequently affect mental health and wellbeing. Health services must continue to have due regard to their obligation to advance equality under the Equality Act 2010, this includes recognising and factoring-in the vulnerability of different cohorts with protected characteristics; and inequalities in access, experience and outcomes in health services. The [Advancing Mental Health Equalities Toolkit](#) provides support in identifying and addressing mental health inequalities in the round. Partnership working with voluntary and community sector partners is also encouraged to facilitate wrap-around support for vulnerable people, and to maximise engagement with underrepresented groups.

Relevant stakeholders from Her Majesty's Prison and Probation Service (HMPPS), Ministry of Justice (MoJ) and NHS England have come together to develop this guidance and will continue to work together during this time to keep the situation under review.

During this time patients will continue to require transfer and remission across the various organisations involved in this pathway, based on their mental health needs. Mental health issues requiring referral, assessment and transfer to mental health hospitals must be addressed in the same manner as would normally be expected.

The same is expected for those transferred prisoners in mental health hospitals who are no longer detainable under the Mental Health Act 1983 (MHA) and require remission back to prison. This applies to all individuals regardless of diagnosis, so includes those requiring access to mental health and learning disability or autism services. Reasonable

Average number of transfer and remissions

Based on available data from various sources in NHS England and NHS Improvement and mental health casework section (MHCS) at HMPPS, we estimate that on average:

- approximately 1,000 prisoners and detainees transfer per year to mental health inpatient services
- approximately 300 each year are remitted back to prisons from mental health inpatient settings
- this equates to 83 transfers and 25 remissions per month.

It is recognised that these numbers can fluctuate and may do so during this time.

adjustments must be considered and, where required, made for individuals who have a learning disability or are autistic.

Prisoners transfer to and are remitted from a range of mental health inpatient services. The majority of these will be adult secure, commissioned by NHS England, but some will be non-secure services such as psychiatric intensive care units (PICUs) commissioned locally by clinical commissioning groups (CCGs).

It is important that we continue to work within the current service specifications and guidance but recognise too that there may be some inevitable delays that will need to be managed on an individual case-by-case basis.

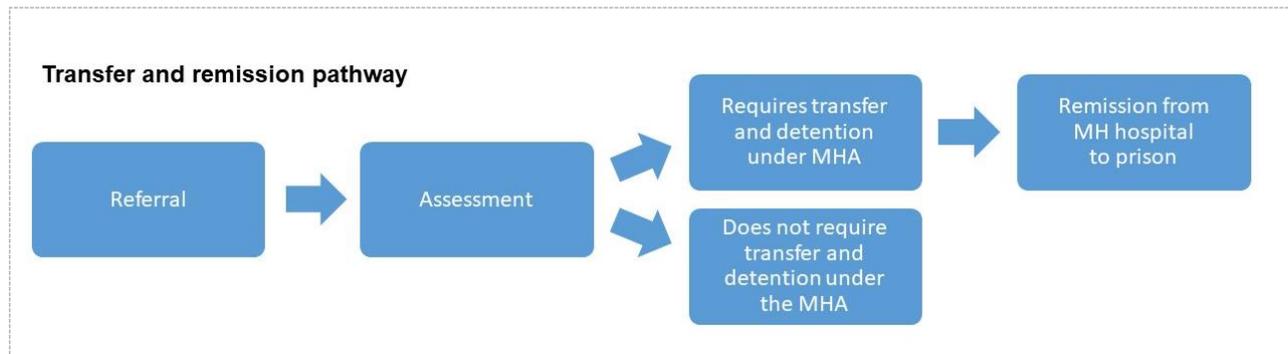
Where appropriate, the use of digital technology is encouraged across relevant services and organisations in respect of undertaking assessments and clinical discussions. Organisations should urgently engage with each other to see what may be feasible. NHS England and HMPPS have been driving forward work to enable greater use of technology to support patient care, for example the use of telemedicine technology in some prisons to facilitate mental health assessments. This requires access to appropriate safeguards, equipment and technology, and current and relevant policies and procedures to undertake this safely and effectively.

Where suspected and COVID-19 positive patients require transfer or remission as part of this pathway, these cases must be considered on an individual basis taking into consideration both mental health and physical health care needs. It will be important for respective teams across organisations to work closely together where cases arise and to support decisions made collaboratively.

Robust communication across mental inpatient assessment services (secure and none secure), prisons and the mental health casework section is vital at this time.

2. Protocol for the pathway

The stages of the pathway are described below, including key points in terms of how this will be managed during COVID-19.



2.1. Referral

- Where a referral to a mental health inpatient service is indicated and the prison mental health service has capacity issues in relation to staffing, this may affect the ability of the relevant psychiatrist to make the referral in the normal way.
- All prison mental health providers should put in place contingency plans to describe necessary arrangements to ensure mental health referrals can be facilitated in a timely way.
- It may be necessary for the prison mental health provider to explain their contingency plans to the inpatient service they are referring to, to avoid any confusion or unnecessary delay.

2.2. Assessment

Mental health assessments should take place as required:

- Where there are restrictions in place for face-to-face contact due to COVID-19 or capacity issues in relation to staffing, meetings/clinical discussions/assessments must still take place. However, the ways in which this is carried out needs to be through the use of digital technology (eg

videoconferencing, confidential Skype) or through telephone calls. No matter how, the assessment must take place.

- All mental health inpatient services, mental health prison services and the prisons must ensure that they have the appropriate technology, governance, policies and procedures in place to support the use of digital technology.
- If a face-to-face assessment is possible, personal protective equipment (PPE) will need to be worn in line with [national guidance](#).

2.3. Requires transfer and detention under the Mental Health Act 1983 (MHA)

- If the mental health assessment determines that the individual requires transfer to a mental health inpatient service, arrangements should be made to access an appropriate bed.
- Consideration should be given to the distance between the referring prison and the availability of an appropriate bed, taking account of existing pressures on staff and resources to manage this effectively. During this time, it may be that arrangements for some individuals to be placed in appropriate inpatient services closer to the referring prison should be considered, even where this is outside of the natural clinical flow or normal catchment area for that individual.
- The emergency Coronavirus Bill was passed on 26 March 2020 and contains several emergency provisions which will temporarily amend certain aspects of the MHA regarding second opinion safeguards and detention periods. These provisions will only be enacted if it is deemed that the mental health sector is experiencing unprecedented resource constraints that put patients' safety at significant risk (see '[Legal guidance for mental health, learning disability and autism, and specialised commissioning services supporting people of all ages during the coronavirus pandemic](#)' and DHSC statutory guidance on the MHA provisions in relation to COVID-19).

HMPPS

- All **routine** transfers out of and between prisons have been stopped as of 31 March 2020. Ultimately, permission for movement must be received from HMPPS COVID-19 GOLD command. The following describes the process:
 - Once the warrant is received by the prison, the responsible governor will alert the SILVER commander to seek permission for the prisoner to be transferred to the relevant mental health hospital.
 - For the long term and high security estate (LTHSE) the governor must contact the Pathways to Progression service (led by Georgina Vince, see Section 3 for contact details) to alert them that a transfer is imminent.
 - Where prisoners are not part of the LTHSE, the responsible governor must contact Jofee Blinstone (or her team) – see Section 3 for contact details.
 - SILVER will then escalate to GOLD for permission to transfer. Where any problems are identified, Jofee Blinstone and/or Georgina Vince will act as brokers and contingency managers to unblock and address any issues that may arise.
- All prisoners leaving the establishment must be collaboratively risk-assessed against potential COVID-19 exposure by prison and prison healthcare staff and must be deemed fit for transfer.
- If the individual is likely to have been in contact with confirmed or symptomatic cases, OR if the individual is symptomatic or confirmed to have COVID-19, then the transfer must be planned on the basis that they are COVID-19 positive.
- 7 days' supply of medication should be provided by the prison in line with [national guidance](#).

Mental health casework section (MHCS), HMPPS

- The mental health casework section within HMPPS issues warrants for prison transfers, this continues to be the case.
- Usual processes apply and prison transfers and remissions will be prioritised.
- As an addition to usual processes, transferring prisons are now asked to complete, where appropriate (once provisions are enacted), a short form confirming the status of second opinion safeguards as a result of emergency bill provisions. Primarily this will be a tick-box form with a brief space for a narrative as to why only one medical report has been provided (see Annex A).

Mental health inpatient service

- The mental health Inpatient service must liaise directly with the prison and relevant mental health service in relation to the information described above.
- If the individual arriving is COVID-19 positive, has symptoms, or has been in contact with other COVID-19 positive or symptomatic individuals, they must go into self-isolation for a minimum of 14 days from arrival in the inpatient service. Each mental health provider will have their own policies which reflect national guidance to describe how this will be undertaken.

2.4. Remissions from mental health hospital to prison

- All remissions will need to be planned with HMPPS COVID-19 GOLD command.
- Consideration should be given to the distance between the referring mental health hospital and the most appropriate establishment identified for remission. These decisions must consider pressure on staff escorts/resources and travel.

Mental health inpatient service

- The section 117 discharge planning meeting will take place as normal but will be held remotely.
- All patients being remitted from mental health inpatient services back to prisons must be risk assessed against potential COVID-19 positive or suspected exposure.
- All patients proposed for remission must be confirmed fit to be remitted by the relevant mental health provider's clinical team and in keeping with their local policies and procedures.
- 7 days' supply and clear information about current medication should be provided to enable safe continuity of care.
- If the patient is likely to have been in contact with confirmed COVID-19 positive or symptomatic cases OR if the patient is symptomatic or confirmed to have COVID-19, the remission must be planned on the basis that they are COVID-19 positive.

**Prison
receiving
individuals
from
mental
health
hospitals**

- All remissions from mental health hospitals will be allocated an appropriate location based on the 'Cohorting guidance for prisons during the COVID-19 period' (March 2020), available to HMPPS staff.
- The following describes the process of remission within HMPPS:
 - If the individual meets the LTHSE criteria, the initial brokering for where they are to be remitted should happen as usual via the Pathways to Progression (P2P) team (Georgina Vince).
 - The P2P team will consider the individual's needs, and their risk and security needs. Ordinarily the person would be remitted to the prison which best fits their requirements however flexibility is limited at the moment, and they may have to go back to the nearest suitable prison to the hospital, in the LTHSE.
 - The P2P team will contact the responsible governor to gain agreement about the placement.
 - Where prisoners are not part of the LTHSE, the mental health inpatient service will contact the nearest local prison to seek permission to remit the individual, as would normally be the case.
 - Once the section 117 meeting has taken place, the warrant for remission will be issued by the MHCS.
 - The responsible governor will escalate through SILVER to GOLD for permission to accept the remission. The responsible governor will also contact Jofee Blinstone and her team to alert them to the remission in case of any issues.
 - If the nearest local prison has restrictions in place, SILVER, in liaison with Jofee Blinstone, will look for the best alternative establishment for remission.

3. Contacts for national escalation (if required)

- Within NHS England and NHS Improvement, it is anticipated that regional escalation will have happened before the need to escalate nationally if the situation for a specific transfer or remission cannot be resolved.
- The contacts for the LTHSE and the wider estate are below; these named individuals are essentially acting as brokers and contingency managers for HMPPS managing the processes of transfer and remission as they arise and liaising with SILVER and GOLD command as necessary.

**Contact in the first instance*

HMPPS – contacts for GOLD decision to transfer or remit		
Georgina Vince*	HMPPS long term and high secure estate (LTHSE)	Georgina.Vince@justice.gov.uk
Alex Worsman	Operational lead for pathways to progression and specialist populations (LTHSE)	Alexander.Worsman@justice.gov.uk
Jofee Blinstone*	HMPPS (non-LTHSE)	Josephine.Blinstone@justice.gov.uk

HMPPS – for further advice		
Sarah Skett	Head of COVID-19 health liaison team	sarah.skett@nhs.net
Rachel Radice	COVID-19 health liaison	Rachel.Radice@justice.gov.uk
Kirk Turner	COVID-19 health liaison	Kirk.Turner@justice.gov.uk

Mental health casework section (MHCS), HMPPS

Angela Munley*	Heads of team	Angela.Munley@justice.gov.uk
Mike Nolan*	Heads of team	Mike.Nolan@justice.gov.uk
James Peck*	Heads of team	James.Peck@justice.gov.uk

NHS England and NHS Improvement

Louise Davies*	NHS England and NHS Improvement - Specialised Commissioning National Team	louise.davies10@nhs.net
Sarah Warmington	NHS England and NHS Improvement - Specialised Commissioning National Team	s.warmington@nhs.net
Jo Rance*	NHS England and NHS Improvement – Health and Justice National Team	joanne.rance1@nhs.net
Kate Morrissey	NHS England and NHS Improvement – Health and Justice National Team	Kate.morrissey@nhs.net

4. Useful resources and links

The following resources have either been mentioned in this document or are related to the issues raised here.

Document/Guidance	Link
Legal guidance for mental health, learning disability and autism, and specialised commissioning services supporting people of all ages during the coronavirus pandemic (Version 1 & 2)	www.england.nhs.uk/coronavirus/publication/legal-guidance-for-mental-health-learning-disability-and-autism-and-specialised-commissioning-services-supporting-people-of-all-ages-during-the-coronavirus-pandemic/
Cohorting guidance for prisons during the COVID-19 period	Available through HMPPS
Guidance on supply and use of Personal Protective Equipment (PPE)	www.england.nhs.uk/coronavirus/publication/guidance-supply-use-of-ppe/
Advice for health and justice healthcare teams on medicines and pharmacy services continuity	www.england.nhs.uk/coronavirus/publication/advice-for-health-and-justice-healthcare-teams-on-medicines-and-pharmacy-services-continuity/



Additional COVID-19 Prison Transfers Form – S47 & S48 Transfers

Do you have 2 medical recommendations? Yes

No

Do you have 1 medical recommendation? Yes

No

Reason for 1 medical recommendation on the basis of Coronavirus Act 2020 emergency bill provisions – **note - only relevant where/if these powers have been switched on** (tick one box):

Impractical to get 2 recommendations

or

Involve undesirable delay to get 2 recommendations

Is that medical recommendation by a S12 approved Clinician?

Yes

No

Any additional relevant evidence in support of reason for 1 medical recommendation (complete if available, not required)

Is a bed offered? Yes

No

If Yes set out the hospital details here (send MHCS any related emails):

If No what are you doing to source a bed?

Once completed send form with H1003/4 and other prison transfers paperwork to Prison.transfers@justice.gov.uk