

Health, Social Care and Sports Committee Inquiry into the Provision of Health and Social Care in the Adult Prison Estate

Aneurin Bevan University Health Board Response

The [Health, Social Care and Sport Committee](#) has agreed to undertake an inquiry into the provision of health and social care in the adult prison estate. The response below provides information with regard to the scope of the inquiry from the position of Aneurin Bevan University Health Board and its partners.

The terms of reference for the inquiry are:

Question	Response
<p>Question 1 The effectiveness of current arrangements for the planning of health services for prisoners held in Wales and the governance of prison health and care services, including whether there is sufficient oversight.</p>	<p>Prison Health and Social Care Needs Assessment</p> <p>A Health and Social Care Needs assessment was undertaken by the Public Health Team in 2017/18 at HMP Usk and Prescoed. This has been used to prioritise health and social care planning. In HMP Usk and HMP Prescoed there are very effective arrangements in place for planning and overseeing of the health services for prisoners.</p> <p>Access to Healthcare</p> <p>The Prison Healthcare Department is open between the hours of 8am and 4.30 pm Monday to Friday (excluding Bank Holidays). Access to healthcare outside of these hours is provided by the GP Out of Hours Service.</p> <p>The core Nursing Healthcare Team consists of:</p> <ul style="list-style-type: none"> • 1 senior nurse • 4 prison healthcare nurses • 2 Healthcare Support Workers • 0.8 WTE Forensic Community Psychiatric Nurse • 1 Pharmacy Technician • 1 Administrator <p>Based on prisoner need, nursing staff have undergone additional training to meet the changing physical health needs of the prison population. These include training in Blood Bourne Virus screening, long term conditions, dementia, spirometry, diabetic foot checks/foot care, skills for nutrition, Advance Care Planning etc.</p> <p>Mental Health Services</p> <p>There is 0.8 WTE Forensic Psychiatric Nurse who covers both sites. There are 2 dedicated Mental Health sessions at HMP Prescoed prison and 6 sessions in</p>

HMP Usk. There are robust referral processes to specialist secondary care mental health services and the consultant psychiatrist from these services in-reaches into the prison as clinically required. Mental Health representation is embedded onto the Prison Partnership Board.

General Practitioner Services

General Medical Services are provided through contracted GP sessions. There are 3 weekly sessions at HMP Usk and 2 weekly sessions at HMP Prescoed. The sessions are between 08.00 hours and 12.00 hours. GPs are available for telephone consultation up until 18.30 each day Monday to Friday. Outside of GP contracted hours, prisoners access GPs through the Out of Hours GP Service.

Optometry Services

Optometrists provide 4 sessions per month which consists of a whole day on each site.

Dental Services

The dentists provides 3 dedicated sessions per week. 2 sessions are at HMP Usk and 1 session at Prescoed.

Physiotherapy Services

In-reach physiotherapy services have been secured at HMP Usk. There are 2 sessions per month. This has significantly reduced the need for visits to secondary care services.

Pharmacist Reviews

A pharmacy technician is employed full time and covers both prison sites. A dedicated pharmacist who is also an independent prescriber provides sessions for complex medication reviews.

Other In Reach Services

These include:

- 3 monthly AAA screening
- 3 monthly podiatry
- Annual Diabetic Retinopathy
- Complex Respiratory Reviews by the Respiratory Clinical Nurse Specialist as required
- Complex Diabetic Reviews by the Diabetes Clinical Nurse Specialist as required
- Palliative Care as required
- District Nursing as required
- Occupational Therapy as required
- Sexual Health Services

Hospital Appointments

There are 2 allocated hospital appointment slots per day (excluding Friday afternoon) equating to an average of 9 per week. However, this is often

more likely to be 3 hospital escorts per day. Healthcare work very closely with the prison staff to ensure all hospital Out Patient slots are arranged.

Social Services

With the duty under the Social Services and Well Being Act to provide social services to prisoners, the effectiveness of current arrangements for the planning of social care is sufficient. However, it continues to require some flexibility on the part of the local Monmouth Integrated Team and wider Social Services, in order to respond to a changing profile of prisoners. For example, the anticipated ageing of the population in HMP Usk and Prescoed identifies the need to assess the suitability of the environments, as well as individual care and support needs and the offer of meaningful activities for a changing population.

To promote the existing strengths of the community to offer some support (prisoner-to prisoner) we have also seen a significant benefit in the development of a cohort of trained and supervised "Buddies".

Governance and Oversight

There is a Prison Health and Social Care Partnership Board which oversee the delivery of the Health Needs Assessment and relevant Inspection recommendations. A partnership action plan, governed and overseen by the Partnership Board has been reviewed to incorporate the Health and Social Care Needs Assessment (HSCNA) recommendations for both Prison Sites. The recommendations of the HSCNA have been used in planning health services for prisoners, specifically in regards to in reach and end of life care services. Recent inspections by HM Inspector of Prisons and Public Health suggest that there has been positive outcomes emanating from that productive collaboration, with further developments planned.

The Prison Partnership Board is co-chaired by the Prison Governor and Health Board's Divisional Director of Primary and Community Care and consists of representation from Aneurin Bevan University Health Board, Prison Officers, Health Care, Primary Care, Mental Health, Social Services, Policy Leads, Public Health Wales and Independent Monitoring Board (IMB) representation.

Prison healthcare is included in the Integrated Medium Term Plan (IMTP) to prisoners within the prison establishment as far as possible. All prisoners have access to secondary care services and Out Patient Departments as required.

There is an established Prison Delivery Group that oversees the operational delivery of health and social care. This group provides assurance and escalates concerns to the Prison Partnership Board.

Quality and patient safety concerns are subject to internal escalation processes to ensure timely responses to emerging concerns and DATIX Reporting.

There is an established Medicines Management Group that oversees prescribing and associated policy changes e.g. changes to Gabapentin schedule.

Additionally the nursing staff are now attendees at the prison meetings including Safer Custody, Reducing Reoffending and Resettlement meetings.

Reports and presentations on prison healthcare have been made over recent years to the Health Board's Quality and Patient Safety Committee and its Public Partnerships and Well Being Committee.

Question 2

The demand for health and social care services in Welsh prisons, and whether healthcare services are meeting the needs of prisoners and tackling the health inequalities of people detained in Welsh prisons.

In 2017/18 a Health and Social Care Needs assessment was undertaken at HMP Usk and HMP Prescoed. This Health Needs Assessment and associated action plan are available on request.

The qualitative and quantitative research undertaken in the needs assessment process indicated that at the time of research the demand and need for Healthcare, Social Care and Substance Misuse Services were generally being met. However, it was also noted that the demand for dentistry and optometry services at the time of the study were not being fully met. This issue has since been addressed through additional sessions and access has significantly improved.

The demand for social care has been limited in the last three years, but has benefitted over the past 12 months from the preventative work being undertaken, such as the provision of training in activities and techniques deliberately offered to enhance well-being e.g. Mindfulness, yoga, supervised individual fitness programmes, social group activities, etc. The feedback from prisoners and consultation/questionnaires also seek to engage service-users in future planning.

The 'joined-up' approach of partner agencies in the provision of collective services was especially notable during the support of two palliative prisoners who required palliative care in recent years.

There are no current restrictions in regard to the provision of health and social care at HMP Usk and Prescoed. However we believe that there is a need to afford prisoners more interactive sessions through specific patient education groups, health and wellbeing/health promotion days etc. The prison population are ageing and the prison environment is not conducive in totality to the care of older people. However, adaptations are being/have been made and there is now for example, a designated older persons cell and stair lift.

Question 3

What the current pressures on health and social care provision are in Welsh prisons, including workforce issues and services, such as mental health, substance misuse, learning disabilities, primary care out of hours, and issues relating to secondary, hospital-based care for inmates.

As in question 1, current healthcare needs are being met either from existing services, in reach services or hospital based care. However, there is an expanding and increasing prevalence of the ageing population in HMP Usk. This will lead to the need for an increasing amount of services regarding Dementia and Cognitive Decline, Chronic Disease Management, Physical Disability, Pain Management, End of Life Care Provision and Palliative Care.

Previously hospital-based physiotherapy clinics are now being provided through regular in-reach from the Monmouth Integrated Team and this has proven an effective change of approach, as well as an improved experience for the patient and may offer a template for the consideration of other services.

There is an impact on prison officer escorts should prisoners need access to Out of Hours services. However, there is currently limited demand on Out of Hours services.

Although the core prison healthcare service is appropriately staffed, this has required the Health Board to allocate £20,000 p.a. additional to the core funding to secure appropriate nurse staffing levels. Prison nursing is not perceived as a 'job for life' and the average time nurses remain in prison nursing is around 3 years. Additionally, there is an aging workforce within prison nursing. With a 'flat' structure, career development can be limited, one of the reasons cited for nurses leaving the service. Local workforce planning is being undertaken to ensure that a) a team leader is available to deputise for the senior nurse allowing the senior nurse to be more involved in national strategic work and b) afford career progression opportunities.

The nursing team has needed to undergo significant training to meet the changing health needs of prisoners being transferred to HMP Usk and Prescoed notably dementia training, management of chronic conditions/co-morbidities and end of life care.

There is probably a need to focus more on prison nursing as a rewarding career. One way to do this would be to have a focussed recruitment campaign and ensure there is a Welsh competency framework for prison nurses and Health Care Support Workers. Both HMP Usk and Prescoed have recently secured student placements that will hopefully enable students to consider prison healthcare as an attractive career option.

Question 4

How well prisons in Wales are meeting the complex health and social needs of a growing population of older people in prison, and what potential improvements could be made to current services.

It is suggested that all prisons in Wales need to ensure that their infrastructure, policies and services are age friendly and dementia friendly including adopting primary and secondary falls prevention strategies.

The inclusion of the voluntary sector in the work of the partnership operating in HMP Usk, in particular in the development of an older people centre for activities, is a timely expansion of resources, energy and ideas, which bodes well for the immediate future. It also resonates with the need to develop resettlement functions, which have been adopted locally since April 2019.

More focus needs to be placed on ageing well plans and engaging prisoners with complex conditions in Advance Care Planning, alongside locally agreed palliative care pathways and in reach palliative care services. This is something that we have progressed in HMP Usk and Prescoed.

Question 5

If there are sufficient resources available to fund and deliver care in the Welsh prison estate, specifically whether the baseline budget for prisoner healthcare across Local Health Board needs to be reviewed.

A summary of the baseline Prison budget and additional contributions made by the division can be seen in the below table. This excludes mental health and further dental investment made which is explained in the narrative below.

Prison Budget (excluding MH & Dental)	2016-17 £,000	2017-18 £,000	2018/19 £,000
Core Budget	520	547	550
Nursing Investment	20		
Pay Award/Uplifts	7	3	7
Total	547	550	557

Locally, the Health Board has contributed an additional £20,000 to the ring-fenced prison budget to ensure core nursing staffing and the employment of Health Care Support Workers. Additional monies have been allocated to increase primary care services including dental and optometry.

The dental service commissioned prior to 2017/18 cost approximately £36,000 per annum (2 sessions per week). The dental service commissioned from 2018/19 costs approximately £79,000 per annum and is funded from the dental budget. The additional investment is due to additional sessions (3 sessions per week) being provided to meet the needs of the prison population.

Additional investment was made to reduce the waiting list that was inherited from the previous providers in order to achieve the 6 week target stipulated by the inspection team in 2017/18. An additional £40,000 was invested.

Priorities for the investment would be to provide health promotion training for the residents of both prisons to help enable them to develop resilience, coping strategies and self-care options for physical and mental health issues, where appropriate.

It is also likely that the social care budget will need to be revisited as a result of the recently delegated resettlement functions, which may require the need for additional social work resources.

Question 6

What the current barriers are to improving the prison healthcare system and the health outcomes of the prison population in Wales.

Locally we are considering how to better link prison nursing/healthcare with the wider 'community services' (e.g. District Nurses) to enable additional resources to be deployed 'inside the gate' when the need arises (e.g. the management of palliative patients) and maintain the principle of 'care closer to home'. Although this happens as the need arises, there needs to be further consideration of the total community resource over 24 hours.

Although there are currently no significant barriers, the HSCNA has indicated that services and prisoner outcomes may be improved if:

- 1) The use of telemedicine/technology enabled care needs to be further explored. This may prevent avoidable outpatient appointments through teleconsultations
- 2) A standardised IT system where everyone can share the residents wellbeing details to plan and target appropriate interventions needs to be further explored
- 3) Outcome measures for health care processes at the expenses of collecting process measures e.g. opt out system for BBV screening recording. There is ongoing National discussion around consistent all Wales outcome measures
- 4) Enhanced communication between prisons, particularly in relation to medication management and handover on transfers
- 5) The potential to secure mobile X-ray services.
- 6) There is a variable amount of time for vetting, meaning there could be delays in staff being able to take up employment
- 7) Patient education and health promotion for prisoners to better 'self-care' to be further considered/developed.