



Gwasanaeth Carchardai a
Phrawf EM yng Nghymru

HM Prison & Probation
Service in Wales

To: Health, Social Care and Sport
Committee
The National Assembly for Wales,
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Annwyl / Dear Committee for Health, Social Care and Sport,

Re: Provision of health and social care in the adult prison estate

The provision of health and social care in prisons in Wales plays a key part in supporting the overall aims of HM Prison and Probation Service and I am pleased to have the opportunity to contribute to the Committee's inquiry.

The importance of effective, timely health and social care provision is essential in supporting the overall effectiveness of a regime in prison and plays a significant role in rehabilitation and reducing reoffending, benefiting not only offenders, but also their families and the wider community. Improving health and wellbeing can contribute, for example, to improved attendance at work and education supporting the men in our care gain the skills they need to build better futures. For many of the men, addressing long term, physical and mental health issues can be a contributing factor to addressing their offending behaviours.

The attached note highlights; some of the challenges relating to the provision of health and social care in prison; as well as examples of existing best practice. I hope this contribution will be helpful to the Committee and I look forward to seeing the full report when published.

If I, or colleagues in HMPPS Wales, can be of any further assistance to your enquiries please do not hesitate to get in touch.

Yours sincerely,

Chris Jennings



**Executive Director
HM Prison & Probation Service in Wales**

About HMPSS in Wales

Her Majesty's Prison and Probation Service (HMPPS) in Wales is responsible for public sector prisons, the National Probation Service (NPS) in Wales and has contract management responsibilities for privately contracted prison HMP Parc and the Wales Community Rehabilitation Company (CRC). The focus of these services is to protect the public, support the rehabilitation of offenders and reduce their risk of re-offending. For more details on HMPPS's work click [here](#).



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HM Prison & Probation
Service in Wales

Offender Health and Social Care in Wales

HMPPS in Wales

1. Introduction

- 1.1 Increasing offender age, diverse mental health and substance misuse problems as well as the transient nature of the prison population all present challenges to providing healthcare in Welsh prisons. Addressing the health needs of offenders is integral to harm reduction, reducing recidivism and creating a rehabilitative culture. As a devolved responsibility to the Welsh Government, there is an opportunity in Wales to do things differently and work collaboratively.
- 1.2 Currently, there are areas of good practice emerging across Wales. Existing health interventions are helping to tackle some of the most significant health inequalities in communities as offenders are more likely to smoke, misuse drugs and/or alcohol, suffer mental health problems, report having a disability, self-harm, attempt suicide and die prematurely compared to the general population.
- 1.3 However, partnership working and strategic oversight needs to be strengthened to allow for offender health and social care provision to be tailored to the needs of the individual. Time spent in custody is an opportunity to reach people that usually struggle to access health and social care services for reasons ranging from chaotic lifestyles to homelessness and untreated mental illness.
- 1.4 There are inconsistencies in provision across Local Health Boards and challenges in data collection that make direct comparisons both between establishments and with the community difficult. The lack of agreed measures available and challenges with data collection makes it difficult to formally assess the current quality of health and social care provision for offenders in Wales. These issues need to be addressed to enable benchmarking and assess where improvements can and have been made.
- 1.5 In addition, anecdotal feedback, including from stakeholders such as the Independent Monitoring Board, suggests that there are substantial opportunities for improvement and areas where needs are not being met.

2. Health Governance

2.1 At a local level, Prison Health and Social Care Partnership Boards (PHSCPBs), jointly chaired by the Chief Executives of the LHBs and the Governors of the prisons (or their nominated deputies), have responsibility for the governance of prison health services. Here they discuss recurring issues and maintain a joint register of risks, both shared and to their respective organisations, which they agree and manage collaboratively.

2.2 Nationally, HMPPS in Wales meets monthly with the Welsh Government and Public Health Wales to discuss current and future issues that can impact offender care. HMPPS and the Welsh Government have also jointly funded a post to provide strategic support to prison health planning. We also liaise regularly with Welsh Government colleagues on social care

Next Steps

2.3 The role of the PHSCPBs should be strengthened to include strategic planning for health delivery, agreement of action plans, monitoring and reviewing progress as well as regular data collection. This should be supported by clear escalation routes for ongoing issues into the respective organisations. HMPPS in Wales will develop a set of standard agendas and data collection points as part of a revised governance of the PHSCPBs.

2.4 A new Wales Prison Health Board should be established by the Welsh Government to provide strategic planning for offender health in Wales. This would include high level representation from key organisations in Wales, such as HMPPS, NHS Wales, Public Health Wales and the Welsh Government.

Wales Prison Health Board

Function

The board would provide clear, strategic oversight to prison healthcare and medicine management. Work would focus on addressing inconsistencies across prisons, providing direction for future interventions and creating more accountability. It would also drive improvement in health and social care in prisons by removing structural barriers to delivery.

Structure

The Board would include the implementation of a national structure which adequately supports partners to resolve issues requiring national agreement, enables healthcare professionals in delivery and encouraging innovation and the sharing of good practice.

3. Mental Health

3.1 People in prison are more likely to suffer from mental health problems than people in the community. Complex social and personal issues such as history of unemployment, substance

misuse or trauma and Adverse Childhood Experiences are more common among the prison population. The percentage of men in Welsh prisons with mental health issues is high and time spent in custody is an opportunity to tackle these issues and provide the assistance needed to live well.

- 3.2 Currently, mental health interventions are not consistent across Local Health Boards, and the average referral time varies across the estate. The tireless work of healthcare professionals is constrained by low staffing levels and other competing priorities. Shortages in the number of beds within secure psychiatric hospitals also increase the burden on in-house offender healthcare teams.
- 3.3 There is an increasing focus on the needs and vulnerabilities of Care Leavers and Young Adults within the Criminal Justice System. HMPPS in Wales is committed to working with partners to support improved provision for this group, including through membership of the relevant working group under the Welsh Government's Framework to Support Positive Change for Those at Risk of Offending in Wales 2018-23. Any health and social care provision delivered in Wales, with a particular focus on mental health, should be considerate of the needs of Care Leavers and Young Adults and the goals of the Framework group.

Next Steps

- 3.4 National planning is needed to support Local Health Boards in their delivery of offender care. This should be underpinned by an All Wales Strategic Plan for prison health, including a National Implementation Plan to assist Local Health Boards to take forward the recommendations from the (proposed) Wales Prison Health Board.**
- 3.5 Standardise mental health needs assessments across prisons to provide consistency throughout the secure estate.**
- 3.6 Revise National Guidance providing advice on mental health interventions in prison should be developed for Local Health Boards.**
- 3.7 Develop a suite of mental health services for prisoners and direct resource at increased use of tele mental health services.**
- 3.8 A series of core competencies for mental health staff in prisons should be developed and rolled out.**
- 3.9 Well-being interventions should also be implemented, including yoga, meditation, exercise and diet advice.**

4. Older Prisoners and Young Adults

- 4.1 In recent years, the proportion of prisoners over 50 years old has increased significantly, almost trebling from 2002 (over 4800) to 2016 (almost 12,600.)¹ This trend is expected to continue, with the over 50 population projected to grow to 13,900 by the end of June 2020. Additionally, the prison population over 70 is expected to increase by 35%.
- 4.2 As sentences get longer and prisoners get older, offender's social care needs increase. Many will have a mental health condition or some kind of chronic health problem and/or disability. Institutionalisation can be an issue, as well as loss of contact with family and friends. The Socials Services and Well-Being (Wales) Act 2014 outlines the social care provision prisoners should receive from Local Authorities in Wales.
- 4.3 HM Inspectorate of Prison's recent thematic report on Social Care in Prisons in England and Wales² highlights the importance of social care in terms of supporting the needs of offenders who may need help participating in the social life of the prison. It also emphasises the requirement to ensure that social care provision sufficiently meets future needs.
- 4.4 All of the prisons in Wales have Memorandums of Understanding with relevant Local Authorities which outline how social care is provided, and we work closely with Welsh Government to support Local Authorities in the delivery of these services. Given the projected future need, it's crucial that funding models adequately support Local Authorities in meeting the needs of offenders in custody as the prison population ages.
- 4.5 Currently, the healthcare needs of older prisoners are being met by in reach services or hospital based care. However, as outlined in the response by the Aneurin Bevan University Health Board, the provision of social care at HMP Usk is an ongoing challenge. HMPPS in Wales agree with the need for an increasing amount of services for those with Dementia and Cognitive Decline, Chronic Disease Management, Physical Disability, Pain Management, End of Life Care Provision and Palliative Care.
- 4.6 The redistribution of funding across the 22 local authorities resulted in a reduction in the amount of money available for social care. The decision of the Partnership Council for Wales to transfer social care funding into the Local Government Settlement meant that funding was no longer ring-fenced for secure estates. Confusion from councils, who believed that grant funding would be allocated on a recurring basis, has led large funding reductions, from £236,774 in HMP Parc from 2017-18 to £18,000 in 2018-19.³

Next Steps

- 4.7 Social Care Wales should include offender care within its strategic plan and objectives. Currently, prisoners are not reflected within these plans, which could cause gaps in provision and oversight. Specifically mentioning offenders would acknowledge the**

¹https://s3-eu-west-2.amazonaws.com/ppo-prod-storage-1g9rkjhkjmngw/uploads/2018/10/PPO_Annual-Report-2017-18_WEB_final.pdf

² <https://www.justiceinspectrates.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2018/10/Social-care-thematic-2018-web.pdf>

³ <http://www.bbc.com/news/uk-wales-south-east-wales-44240367>

needs of this cohort and enable future planning. It would also provide a platform for social care in prisons to be discussed, which is currently missing.

4.8 Funding allocations for Social Care in the Secure Estate should be reviewed by the Welsh Government to ensure that needs are adequately met, following reductions in 2018-19.

5. Learning Difficulties

5.1 Men with Learning Disabilities are frequently disadvantaged from being able to access the full prison regime, this can impact on behaviour and self-harm. Identification of prisoners with learning disabilities is currently performed during the first night reception screening when prisoners self-report any physical or mental health disabilities. There is no current screening of new receptions for undiagnosed learning disabilities.

Next Steps

5.2 Funding should be made available for a learning disability nurse or RMH mental health nurse with additional training in learning disabilities as part of prison healthcare teams.

5.3 All new receptions should be screened for learning disabilities and difficulties (subject to funding being made available for the post above).

6. Medicine Management & Substance Misuse

6.1 Around 70% of offenders report drug misuse prior to prison and 51% report drug dependency. Prison can offer opportunities to disadvantaged groups with drug and alcohol dependencies who would normally be considered hard to reach. This creates a window to address inequality in health by treating damage from years of destructive behaviour and providing support to tackle addiction.

6.2 Substance misuse is a key area where focus on equivalency with the community is not necessarily the best approach for offender healthcare. Men and women in prison often have acute needs that require multiple resources to address. Here, aiming for a service which replicates community care would not provide the levels of specialist support that is needed. Instead, substance misuse interventions in prison should be appropriately tailored for the needs of the individual prison.

6.3 Dyfodol provides support to people with drug and alcohol issues in the South Wales area, targeting those in the criminal justice system. Dyfodol ensures there is support to those in prison as well as those who are in their communities, but are being supported by criminal justice services such as probation. The contract covers a large geographical area, including the Western Bay Area, Cardiff and the Vale, as well as RCT and Merthyr. The key partners for delivering this contract with us are G4S, WCADA, Drugaid and the CRC.

6.4 The South Wales PLC and HMPPS jointly commission the psycho-social service in custody (including at HMP Parc). Early identification of men at risk of drug use, relapse or harm from substance misuse allows targeted support to be arranged. This service needs to work closely with clinical services to ensure that opiate substitution medication is offered quickly to aid recovery. HMIP have criticised PSPs for not having an Integrated Drug Treatment Service (IDTS), as they feel men can be left too long without treatment. This leads to an increased risk of suicide and self-harm.

6.5 As the prison environment does present so many challenges in relation to substance misuse, there will be opportunities for community provision to learn from the work being done in prison. Wider publication of the work being done within the prison estate could help inform interventions in the community.

6.6 Currently, medicine management issues are addressed at a local level.

Next Steps

6.7 In Scotland, the Expert Advisory Group for Medicines provides advice to NHS Boards DTCs on the appropriate use of medicines and other therapeutic interventions in prisons. A similar panel should be introduced in Wales by the Welsh Government. If this is not possible, linkages could be made to the Group in Scotland. This would provide consistency in approaches across the prisons, as well as support for healthcare professionals when prescribing.

6.8 Design and implement an Integrated Drug Treatment Service (IDTS) consistently across Wales.

7. Women in Prison

7.1 Despite there not being a female prison in Wales, women being released from custody will also require a continuation of their healthcare plans from their Local Health Boards. This can be challenging as it requires cross border partnership working between England and Wales.

7.2 The MoJ Female Offender Strategy and the joint HMPPS and Welsh Government Female Offender Blueprint for Wales both advocate the development of women focussed services delivered through women's centres which may include a residential component. It will be critical that delivery of the full range of health services form part of that service.

Next Steps

7.3 Cross-border issues should be discussed regularly at the (proposed) Wales Prison Health Board.

Commitment should be given to funding delivery of health services to women within the CJS as a key component of the joint work on female offending and women's centres.

8. Best Practice

8.1 Across the Prison estate in Wales there are emerging areas of best practice. For example, the HMP Usk & Prescoed Prison Health and Social Care Partnership Board works particularly well, regularly sharing information and addressing issues as they emerge. HMP Parc was also referenced within the best practice section of the thematic review by HM Chief Inspector of Prisons into older prisoners in England and Wales. The establishment was applauded for its adaptations for older prisoners, including 'grab' rails adjacent to in-cell sanitation, lowered emergency call bells and specially adapted cups, plates and bowls following healthcare recommendations.

8.2 However, there are limited opportunities to share this learning and for peer review.

Next Steps

8.3 Peer reviewing between the Prison healthcare teams and outside organisations should be introduced. This would be an opportunity to share knowledge and innovation, as well