

Submission to the Health, Social Care and Sport Committee consultation into the provision of health and social care in the adult prison estate

by Her Majesty's Chief Inspector of Prisons

Introduction

1. We welcome the opportunity to submit a response to the Health, Social Care and Sport Committee's consultation into the provision of health and social care in the adult prison estate in Wales.
2. Her Majesty's Inspectorate of Prisons (HMI Prisons) is an independent inspectorate whose duties are primarily set out in section 5A of the Prison Act 1952 and include reporting on the conditions for and treatment of those in prisons and young offender institutions in England and Wales. When inspecting prisons in Wales, we work alongside Health Inspectorate Wales (HIW)¹ to assess health and social care outcomes for detainees in custody.
3. HMI Prisons and HIW are members of the UK's National Preventive Mechanism (NPM), the body established to comply with the UK's obligations arising from the UN Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). The NPM's focus is to prevent torture and ill-treatment in places of detention.
4. HMI Prisons inspects all adult male prisons in England and Wales against our *Expectations: Criteria for assessing the treatment of and conditions for men in prisons*.² The *Expectations* are underpinned by international human rights standards and were developed following extensive consultation. They are divided into four healthy prisons tests: safety; respect; purposeful activity; and rehabilitation and release planning, under each of which are a number of expectations that detail the outcomes for prisoners that we expect prisons to achieve. The assessment of health and social care outcomes forms part of the 'respect' healthy prison test. The *Expectations* in this regard set out that prisoners should be cared for by services which assess and meet their health, social care and substance use needs and promote continuity of care on release. We expect the standard of provision to be similar to that which prisoners would receive in the community.
5. Our response to this inquiry is based on the most recently published inspection reports and our survey³ of prisoners from six adult male prisons in Wales: HMP Usk

¹ Information on HMI Prisons' partnership working with other bodies can be found in full at <https://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prison/working-with-partners/>.

² The *Expectations* can be found in full at <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/>

³ A representative survey of prisoners is carried out at the start of every inspection. The results of the survey contribute to the evidence base for each inspection. More information about the survey methodology and the results can be found in the appendices of each inspection report <https://www.justiceinspectorates.gov.uk/hmiprison/inspections/>.

and HMP & YOI Prescoed and HMP & YOI Cardiff,⁴ and HMPs Berwyn, Parc and Swansea.⁵

6. We hope that our response will assist the Committee in considering its terms of reference relating to: the effectiveness of current arrangements for the planning and governance of prison health and care services; demand for health and social care services and whether services are meeting the needs of prisoners; current pressures on health and social care provision; older people; and the current barriers to improving health outcomes for prisoners in Wales.

Governance and oversight

7. HMI Prisons considers whether prisons have in place effective governance of health and social care. Governance of health and social care services was good at Berwyn, Usk, Prescoed and Parc, and reasonably good at Cardiff. The exception was at Swansea, where governance was underdeveloped as there were limited formal arrangements in place to drive improvements.
8. Identification and monitoring of adverse incidents and near misses is essential in health provision to prevent their reoccurrence and improve services. This includes learning from deaths in custody and implementing the health recommendations from the Prison and Probation Ombudsman (PPO). In most prisons across Wales, incidents were reported and monitored, and recommendations from PPO reports informed service improvement.
9. Inspections found that governance of medicines was generally improving across prisons in Wales. Most sites had regular medicines management meetings and reviewed prescribing trends. Advanced dispensing technology had been implemented at Berwyn, and medicines screening was routine. However, inspections found oversight was less robust at Swansea, where healthcare staff did not ask for identification before supplying medication.
10. Service provision at all six prisons in Wales was informed by some form of health needs assessment. Inspectors found that partnership meetings were taking place across prisons in Wales, which facilitated joint working between the prison, Local Health Boards, Local Authorities and the health providers. However, inspectors also found some weaknesses in the monitoring of performance data, as it was not standardised and varied in both quantity and quality across sites. This reduced the data available for ongoing needs analysis and performance mapping, which reduced the ability to plan and improve provision.

Need and demand for health and social care services

11. Inspections found that demand for healthcare provision, especially mental health and substance misuse treatment, was high across prisons in Wales. Inspectors found that

⁴ HMP & YOI Cardiff has been inspected since our last published inspection in 2016. The inspection took place in July 2019. Findings from this inspection have not been included as the report is not yet published.

⁵ HMP Usk and HMP & YOI Prescoed are inspected together but are counted as two different establishments. All HMI Prisons inspection reports are available at <https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/>.

prisoners' health needs were not always adequately met, including excessive waiting times for primary care clinics and an inconsistent approach to opiate substitutes between England and Wales. However, there were some areas of good practice where healthcare services were meeting need, such as the social care arrangements in place at Usk.

12. We expect prisoners' immediate health needs to be identified and responded to on arrival at a prison. Most establishments were undertaking comprehensive initial screening and a follow up secondary screening, in line with National Institute for Health and Care Excellence (NICE) guidance.⁶ However, at Parc, there were significant delays in undertaking the secondary screening due to staffing issues. Most sites had open access nurse triage appointments. At Berwyn, daily 'see and treat' clinics were in place; however, at Parc it took 48 hours to see a nurse unless an emergency⁷ response code was initiated.
13. We also expect prisoners with social care needs to be identified and receive assessments, care packages, adaptations and advocacy services that continue after transfer or release. Inspectors found good practice at Cardiff, Usk and Prescoed, where all prisoners were seen by social care staff on arrival. In particular, an extensively trained prisoner 'buddy'⁸ was allocated to prisoners at Usk; they followed an agreed care plan, which was reviewed monthly.
14. High numbers of prisoners responding to our survey in four Welsh prisons (Swansea, Cardiff, Berwyn and Parc) told us they had a drug or alcohol problem. At Swansea, 53% of prisoners said they had arrived with a drug problem and 31% with an alcohol problem. At Cardiff, 47% and 26% of prisoners arrived with a drug and alcohol problem respectively. However, treatment services for substance use in Swansea and Cardiff was not always sufficient. Clinical treatment for newly arrived prisoners withdrawing from opiates remained inadequate at both Swansea and Cardiff, and was not in line with the national guidance on the management of substance misuse in prisons.⁹ In addition, neither Cardiff nor Swansea monitored prisoners withdrawing from drugs and alcohol appropriately, which was a significant health risk, particularly to those withdrawing from alcohol. At Swansea, a quarter of the population were using illicit substances, yet the drug strategy was neither comprehensive nor implemented. In Wales, prisoners who are dependent on illicit opiates do not receive first night opiate substitution treatment unless they arrive with confirmed prescriptions of opiate substitution treatment from the community (in which case this prescribing will be continued in prison). Inspectors have found this lack of access to opiate substitution prescribing for some prisoners created significant distress and drove the demand for illicit drug use.
15. Inspections found that the demand for mental health services, and services available to meet demand, varied in prisons across Wales. At Cardiff, the mental health team did respond to prisoners with severe and enduring mental health problems, but we

⁶ National Institute for Health and Care Excellence, *Physical Health of People in Prison guidance*
<https://www.nice.org.uk/guidance/ng57>

⁷ Emergency codes in prison refer to a life-threatening event where an ambulance is called.

⁸ The 'buddy' system is a mechanism where other trained and risk assessed prisoners undertake a formal paid carer role to assist individuals with lower level, non-intimate care needs such as collecting meals, cleaning and general wellbeing checks.

⁹ *Drug Misuse and Dependence: UK guidelines on clinical management*

<https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>

reported that “capacity to assist prisoners with emotional mild and moderate problems was inadequate” (61% of prisoners had an emotional or mental health problem according to our survey). Similarly, mental health services at Parc were too limited to support all prisoners with mild to moderate health needs (39% of prisoners had an emotional or mental health problem according to our survey). Whereas at Berwyn, there was a wide range of interventions for prisoners with mild and moderate mental health problems, and those with severe and enduring mental health problems had agreed care plans and reviews (46% of prisoners at Berwyn reported a mental health problem in our survey). Prisoners with severe and enduring mental health needs at Swansea were seen quickly and reviewed regularly by a mental health team.

16. Some prisoners required transfers from prison to hospital under the Mental Health Act (MHA), which should take no more than 14 days.¹⁰ Inspections found that transfers were mostly prompt at both Berwyn (one prisoner required transfer under the MHA over the six months prior to inspection) and Parc (three prisoners required transfer in the previous six months). However, transfers were delayed at Cardiff (ten prisoners required transfer) and Swansea (one prisoner required transfer), with an average time of 3.5 weeks and four weeks respectively. Inspections found two instances where a prisoner’s transfer was delayed for 18 weeks at Cardiff and more than 20 weeks at Parc, which was unacceptable.
17. Across Wales, prisoners often faced unacceptably long waits to access primary care clinics. For example, inspectors found long waiting times for routine dental appointments in four of the six prisons in Wales - up to 11 months in Berwyn, 10 months in Usk and six months in Prescoed. However, the dental care provided at most prisons was good once accessed. There was no formal dental contract at Swansea, despite prisoners in dental pain waiting to access a drop-in service. Parc, Usk, Prescoed and Swansea had particularly long waits for the optician, with Usk being the longest wait at six months.
18. Prisoners are escorted to external healthcare appointments by prison officers.¹¹ Delays and cancellations of these escorts should be monitored against national waiting times for diagnostics and treatment¹² by health services, to help identify delays in prisoners’ access to treatment. However, at Parc and Swansea these appointments and delays were not monitored. At Usk, Prescoed, Cardiff and Berwyn, prisoners’ hospital appointments were rarely cancelled, which was commendable.
19. HMI Prisons expects prisoners with long-term conditions or complex pathologies to receive comprehensive joined-up care. Patients with long-term conditions were mostly managed adequately within the medical services or by appropriately trained nurses across all prisons in Wales. However, inspectors did find some weaknesses in monitoring long-term health needs. For example, patients with long-term conditions

¹⁰ Department of Health, Good Practice Procedure Guide: *The transfer and remission of adult prisoners under s47 and s48 of the Mental Health Act*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215648/dh_125768.pdf

¹¹ Escorts are required in closed prison conditions. Five prisons in Wales are closed, whereas HMP & YOI Prescoed is an open prison.

¹² Welsh Government, *NHS diagnostic and therapy service waiting times*
<https://gweddill.gov.wales/statistics-and-research/nhs-diagnostic-therapy-service-waiting-times/?lang=en>

at Swansea were referred to the GP, but after referral their needs were not monitored or followed up through regular nurse clinics.

20. Inspections have found some deficiencies in medicines management. Prompt access to medicine and appropriate prescribing is essential to ensure effective treatment of health conditions and pain management. The supply of medicines was generally good and delays in supply were rare across most prisons. However, out of hours access to over-the-counter medicines for acute pain was not in place at some sites. Access to a pharmacist to discuss individual medicines is standard practice in the community; this service was only available for prisoners at Parc, and could be requested at Berwyn.

Current pressures on health and social care provision

21. Healthcare providers are reliant on a prison to enable them to deliver their service. This includes appropriate, safe, facilities that are suitably maintained to deliver care, and ensuring that prisoners are available to access health appointments. Inspections frequently found a number of pressures which adversely impacted on prisoners' access to health and social care, including buildings that were not fit for clinical purposes, staff recruitment, and the prison's regime.
22. At Swansea we found that the number of clinics run was limited by lack of space. In addition, several of the clinical rooms were dirty and required refurbishment. At Wales' newest prison, Berwyn, the clinical rooms were fit for purpose, but there was inadequate space for healthcare staff to undertake essential administration and group work.
23. As medicines can be used as currency in prison, access to safe storage is important. Inspectors regularly see sites where cells do not have a lockable cabinet to prevent loss of medicines through coercion or when cells are not secured. Swansea, Parc and Cardiff had this issue; this problem requires the prison's facilities management to install secure cabinets and cannot be resolved by healthcare staff.
24. Cardiff is the only prison in Wales with an inpatient unit.¹³ HMI Prisons expects that inpatient units have a clinical admissions criterion and that the environment is therapeutic. However, we found that the inpatient unit at Cardiff would often receive non-clinical admissions due to a lack of suitable space elsewhere in the prison. For example, beds in the inpatient unit at Cardiff were used by prisoners with disabilities and mobility problems as no modifications had been made to cells in the rest of the prison to accommodate their needs.
25. We found that healthcare staff shortages affected the ability to deliver healthcare provision across prisons, although at Berywn this had less of an impact due to reduced prisoner numbers. There are often difficulties in recruiting and retaining healthcare staff to work in prisons as it can be a challenging place to work, including high levels of violence and drug use. At Parc we reported that "[c]hronic recruitment and retention problems had particularly affected primary mental health and secondary health screening."¹⁴ Similarly, at Swansea, shortages of mental health staff had

¹³ A prison inpatient unit is a wing where prisoners with additional health needs are managed. An inpatient unit is not equivalent to external hospital provision.

¹⁴ Secondary health screenings should be undertaken within 7 days of arrival under NICE guidance. The risk of not undertaking these reviews have been continuously highlighted by the PPO.

prevented staff being available to attend review meetings for prisoners identified at being at risk of self-harm, and the capacity to offer ongoing mental health interventions.

26. The prison regime can also impact on the quality of healthcare. In at least half of the prisons across Wales, prisoners' medicines were given at times that were dependent on the prison regime, even if they were not clinically appropriate. For example, at Cardiff, Parc and Swansea, medicines that caused drowsiness were given to prisoners before 5pm, as access to prisoners was more difficult after this time due to the regime.

Older prisoners

27. HMI Prisons has consistently recommended that a national strategy for older prisoners is needed.¹⁵ Health provision for the aging prison population differed across Wales. Health initiatives such as screening for illnesses associated with the aging population were adequate across the Welsh prison estate, particularly at Usk, where older prisoners received annual health checks. However, in some prisons the identification of dementia was reliant on initial reception screening tools and health appointments that were scheduled for other health problems. The assisted living unit for older prisoners at Parc, which had mobility equipment and a paid carer scheme, facilitated a raised awareness of the needs of this group.
28. The arrangements for palliative and end of life care varied across prisons. Inspectors found some instances where prisons were working closely with community partners to strengthen end of life delivery; strong links to care provision in the community enables easier access to these services if an older prisoner is released. At Usk, Inspectors found a robust joint palliative and end-of-life pathway being developed between the prisons, the Local Health Board and relevant community palliative care services. Similarly, Parc's arrangements for palliative and end of life care were impressive, and demonstrated a partnership with community services. However, other prisons in Wales had less structured palliative care arrangements, which could delay prisoners' access to care services.

Conclusion

29. This response has provided an overview of our published inspection findings on health and social care in six adult male prisons across Wales. Inspections have shown that current governance arrangements are generally good and local partnership working is in place, but some oversight mechanisms require development. There were some gaps in healthcare provision, where the needs of the prison population in Wales were not being met, particularly in relation to mental health and substance misuse treatment needs. However, there were also examples of good practice. The current barriers to delivering health and social care outcomes for prisoners include clinical buildings which are not fit for purpose, the impact of prison regimes, and healthcare staff shortages.

¹⁵ *Social care in prisons in England and Wales: A thematic report*
<https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/10/Social-care-thematic-2018-web.pdf>

30. I hope that you find this information useful and should you require anything further, please do not hesitate to contact me.

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