

## Health and Social Care in the Prison Estate: Evidence Paper for the Health, Social Care and Sport Committee – January 2020

### Introduction

Healthcare in public sector prisons in Wales is planned and delivered by the NHS and overseen by Local Health Boards, as it is for all citizens of Wales. Prison health has been identified as a priority for 2019/20 for the Health Boards in Wales and an additional £1million of recurrent (annual) funding has been provided. Recognising that the delivery of healthcare and improving health outcomes in the prisons can only be exercised and delivered in partnership, Welsh Government has worked collaboratively with Her Majesty's Prison and Probation Services (HMPPS), Public Health Wales and Local health Boards to develop a new Partnership Agreement for Prison Health. The fundamental focus of the Partnership Agreement is to drive improvements in the health and well-being of those held in Welsh prisons, underpinned by the statutory obligations of each partner organisation, a whole prison approach, and the shared objective of ensuring that “those in prison can live in environments that promote health and well-being and where health services can be accessed to an equivalent standard of those in the community”.<sup>1</sup>

People currently in prison are a vulnerable population who frequently present with complex needs and high levels of ill health. Therefore, alongside the Partnership Agreement for Prison Health, there are also commitments being taken forward across a number of different Welsh Government policies, strategies and delivery plans, with the view to improving their health and well-being.

For social care, the Social Services and Well-being (Wales) Act 2014 introduced the rights of those in youth detention accommodation, prison or bail accommodation to have their social care needs assessed and met by the local authority in which the prison is based. A dedicated statutory code of practice<sup>2</sup> including dedicated pathways<sup>3</sup> for those entering and exiting the secure estate have been published by the Welsh Government to support practitioners deliver those rights.

In October 2018, HM Inspectorate of Prisons published a Thematic Report Social Care in Prisons in England and Wales.<sup>4</sup> In December 2018, the Welsh and UK Governments published an Action Plan<sup>5</sup> to respond to the recommendations in that Report. The Plan set a number of actions to ensure social care provision within the prison estate

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<sup>1</sup> <https://gov.wales/partnership-agreement-prison-health-wales>

<sup>2</sup> <https://gov.wales/sites/default/files/publications/2019-05/part-11-code-of-practice-miscellaneous-and-general.pdf>

<sup>3</sup> <https://gov.wales/care-and-support-needs-those-secure-estate-additional-guidance>

<sup>4</sup> <https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/10/Social-care-thematic-2018-web.pdf>

<sup>5</sup> <https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/10/Action-Plan-Social-Care-in-Prisons.pdf>

as mandated by the Social Services and Well-being (Wales) Act 2014 and the equivalent legislation for England in the Care Act 2014 is consistent in meeting the needs of the men and women in custody, equitable to those in the community. Welsh Government, working in partnership with local and national government partners, has delivered the Action Plan in Wales. Continued improvement against the Action Plan forms part of the HMPPS in Wales assurance visits to prisons in Wales. In addition, progress against the Action Plan continues to be reviewed with Chief Officers of Social Services, through CIW routine evaluation of relevant local authorities.

## What the evidence tells us

The vulnerabilities of people in prison, in terms of having poorer health outcomes, are widely recognised. According to Public Health Wales there is “a large body of evidence that suggests the prison population is at a substantially higher risk of having or developing mental health problems compared to individuals of similar age and gender in the community.”<sup>6</sup> The House of Commons Justice Committee reported in 2013 that it is “broadly recognised that many prisoners have the biological characteristics of those who are ten years older” than the wider population: “...they may have chronic health and mental health disorders, as well as disabilities that, in the community, would be typical among those who are significantly older.”<sup>7</sup> There is also evidence that people in prison have a higher burden of communicable diseases such as human immunodeficiency virus (HIV), hepatitis B, hepatitis C, syphilis, gonorrhoea, chlamydia and tuberculosis (TB), compared with the general public.<sup>8</sup> The higher prevalence rates of suicide and self-harm amongst people in prison than the general population<sup>9</sup> – as well as substance misuse<sup>10</sup> – are also recognised.

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<sup>6</sup> Public Health Wales (2013) Prison Health Needs Assessment: Technical Report. Thematic review 2013: mental health needs and provision across the Welsh prison estate.

<http://www.wales.nhs.uk/sites3/Documents/457/MHNA%20Technical%20report%20v1.3%20%28Final%29.pdf>

<sup>7</sup> House of Commons Justice Committee (2013) Older Prisoners – Fifth Report of Session 2013-14.

<https://publications.parliament.uk/pa/cm201314/cmselect/cmjust/89/89.pdf>

<sup>8</sup> European Centre for Disease Prevention, European Monitoring Centre for Drugs and Drug Addiction. (2018) Public Health Guidance on Active Case Finding of Communicable Diseases in Prison Setting.

<https://ecdc.europa.eu/sites/portal/files/documents/Active-case-finding-communicable-diseases-in-prisons.pdf>

<sup>9</sup> The most recent data published by the Office of National Statistics (July 2019) identified that male prisoners were at an increased risk of dying by suicide compared with the general male population. The risk of male prisoners dying by suicide was 3.7 times higher than the general male population during the nine-year period 2008 to 2016. *Office for National Statistics (2019) Drug-related deaths and suicide in prison custody in England and Wales: 2008 to 2016.*

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/drug-relateddeathsandsuicideinprisoncustodyinenglandandwales/2008to2016>

<sup>10</sup> Ministry of Justice (2019) National Prison Drugs Strategy. Her Majesty's Prison and Probation Service (HMPPS).

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/792125/prison-drugs-strategy.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/792125/prison-drugs-strategy.pdf)

## Partnership Agreement for Prison Health

With the view to improving the health, wellbeing and social care outcomes of those in prison and addressing those inequalities which currently exist – the Welsh Government, Her Majesty’s Prison and Probation Service (HMPPS), Health Boards and Public Health Wales have developed a Partnership Agreement for Prison Health, setting out agreed key priorities.

The Partnership Agreement is based on taking forward a “whole prison approach” to improving health and well-being – recognising that it is not just about providing access to clinical healthcare and treatment.

### FOUR KEY PRIORITIES:

1. Ensuring prison environments in Wales promote health and well-being for all.
2. Developing consistent mental health, mental well-being and learning disability services across all prisons that are tailored to need.
3. Producing a standardised clinical pathway for the management of substance misuse in prisons in Wales.
4. Developing standards for medicines management in prisons in Wales.

<https://gov.wales/partnership-agreement-prison-health-wales>

Each priority has been developed into a work stream, underpinned by specific key actions and milestones. There is also a focus on the development of key outcome indicators and performance measures – which will be used to monitor progress. The four work streams will be reporting to a new Prison Health and Social Care Oversight Group, which will have overall responsibility for the delivery of the Partnership Agreement.

- *Prison Environment:* This work stream is being led by HMPPS, recognising the policy levers for improving health outcomes that relate to the wider prison environment and its day to day regime. It considers factors such as diet and nutrition, sleep, time out of cell activity, employment, the environmental needs of older people in prison, social support and access to local and national health promotion schemes that are available in the community (such as smoking cessation). The work stream will support improvements in enabling men in prison to live in a health promoting environment with equivalent access to health promotion services as those in the community.

- *Mental Health:* This work stream is being led by Welsh Government, in partnership with the Royal College of Psychiatrists. Work is underway to develop the draft standards, which will include “universal mental health standards” (e.g. to cover admission and assessment / case management / treatment) as well as specific interventions for dementia, crisis care, learning disability, brain injury and autism spectrum disorder. The standards will help to drive forward progress to ensure there is consistency across the prisons in Wales, in terms of mental health services. It is also important to recognise, however, that not all of the “mental health demand” amongst prisoners in Wales will require specific mental health interventions and treatment. The wider prison environment work stream, as well as support for prisoners through “tier 0” provision (including peer mentoring / buddy schemes / group based support) will also be important.
- *Substance Misuse:* This work stream is being led by Welsh Government, in partnership with Public Health Wales. A draft Substance Misuse Treatment Framework (SMTF) for prisons is being developed and will include the clinical treatment pathway – from initial assessment in the prison to follow-on care and support following release – for alcohol and drugs and for co-occurring mental health and substance misuse issues.
- *Medicines Management:* This work stream is being led by Welsh Government, in partnership with the Royal Pharmaceutical Society – with the view to developing a consistent approach to prescribing in Welsh prisons through standards for medicines management. Consideration will be given to medicine delivery, storage and preventing diversion.

In relation to social care, the work streams will continue to inform (and be informed by) national activity and developments led by Ministry of Justice and Welsh Government, arising from the delivery of the recommendations within the Thematic Report. Scoping is underway to identify key issues and priorities to ensure those in prison access their rights to care, treatment and support.

We will want to continue to support MoJ and HMPPS to review and revise key operational requirements and to work through the Prison, Health and Social Care Partnerships to identify and address any barriers to effective partnership working and the implementation HMPPS in Wales Strategy for the management of Older Persons in custody in the Welsh Region, published in July 2019.

### **Additional Developments**

Alongside the Partnership Agreement – and in direct response to addressing the health, well-being and social care needs of people currently in prison – actions to support this group are also included in the Welsh Government’s mental health, substance misuse, suicide and self-harm prevention, sexual health, dental health, dementia, end of life and palliative care, and housing strategies / delivery plans.

For example:

Both the Substance Misuse Delivery Plan 2019-22 and the Mental Health Delivery Plan 2019-22 have actions to address many of the issues faced by vulnerable groups, including those in prison and ex-offenders. Specifically, we recognise the challenges faced in co-occurring substance misuse and mental health and this was highlighted in our consultation on both Delivery Plans, both with commissioners, providers and service users. In direct response, we have established a “Deep Dive Group” made up of a range of clinicians, providers and commissioners, including representatives from the housing sector, to address barriers to progress in this area. We acknowledge that this group is amongst the most vulnerable and for those who faced periods of imprisonment, continuity of care both within the prison and community is critical. Given the co-morbidity of substance misuse and mental health problems, commitments (in both Delivery Plans) will help to ensure that more people are able to access the support they need both in the prison and community.

The importance of working with housing and homelessness services has also been highlighted as a priority within the new Substance Misuse Delivery Plan 2019-22 and the Mental Health Delivery Plan 2019-22. To support continuity of care, we continue to work across government to reduce the number of people being released without housing – and will be investing almost £1.3million in new services for people with housing and complex needs including ex-offenders, with a focus on supporting Housing First. As these projects are implemented we will monitor the effectiveness of targeting. Close work is being taken forward across Welsh Government departments to ensure the actions within these plans support the Strategy for Preventing and Ending Homelessness. In addition – as part of the development of the new Substance Misuse Treatment Framework for Prisons (priority 3 in the Partnership Agreement for Prison Health) and delivering new standards for mental health services in prisons (priority 2 in the Partnership Agreement for Prison health), there will be a specific focus on improving transfer of care on release. We have made £100,000 available in this financial year (2019-20) to specifically fund residential treatment for people who are homeless or being discharged from prison. Alongside this, the *Accommodating Offenders in Wales: Strategic Framework* sets out the approach the Welsh Government and HMPPS in Wales will take to prevent and address homelessness for all Welsh offenders. It sets out Wales’ key aspirations and vision for providing housing solutions to all offenders in the Welsh criminal justice system.

We are also taking forward actions to reduce drug related deaths through the distribution of naloxone. The supply of take-home naloxone (THN), along with training on the identification and response to opioid poisonings remains a vital and cost-effective intervention in the prevention of fatal opioid poisonings. Since 2009, THN has been supplied to individuals identified ‘at risk’ of opioid poisoning by substance misuse services, Integrated Offender Services (IOS), prisons, and approved homelessness services / hostels. Amendments made to the Human Medicines Act Regulations (2015)<sup>5</sup> have since provided opportunities for increased distribution and a wider range of individuals to carry THN including family, friends and carers of people at risk, professionals, and volunteer programmes. Following release from prison, opioid users are at increased risk of fatal and non-fatal drug poisoning. The SMTF for prisons will specifically look at ensuring a range of support is put in place for individuals on release from prison, including ensuring access to appropriate Opioid Substitution Therapy (OST) and support, to further strengthen arrangements already in place with a standard approach. The following prisons are currently distributing naloxone which is

fully funded via the Welsh Government Substance Misuse Team: HMP Berwyn, HMP Cardiff, HMP Eastwood Park, HMP Parc, HMP Stoke Heath and HMP Swansea. Since the implementation of a national THN programme, THN has been supplied on 3,116 occasions to either new individuals or as a re-supply within a prison setting, and 1,190 individuals have been supplied with THN for the first time whilst in prison. In 2018-19, THN was supplied in prison on 700 occasions (18 per cent of all supply events) to either new individuals or as a re-supply.

Wales is also committed to the WHO target of eliminating hepatitis C by 2030. The burden of this disease lies in certain vulnerable groups particularly those who misuse substances, many of whom will spend time in the prison estate. To support the local action required, a wide range of national actions are currently being progressed to support elimination and this includes the introduction of BBV opt-out testing in prisons. Since its introduction in prisons in Wales in 2016 there has been a year on year increase in uptake of the diagnostic test. BBV testing in Welsh prisons in 2018 equated to 44% of all new admissions and 7.5% of men tested in prisons were found positive for hepatitis C antibodies.<sup>11</sup>

A new Key Performance Indicator for Substance Misuse Area Planning Boards has also been introduced (from April 2019), focusing on the offer of a BBV test annually to all those accessing substance misuse services. In line with our aspiration for equivalence, it is intended that this new KPI should equally apply to substance misuse services in prisons – and will be monitored on an ongoing basis. Some prisons are also striving towards the micro-elimination of hepatitis C within their establishment by dedicating whole days to test everyone on a wing and eventually across the whole prison. Welsh Government has written to Prison Health Leads in Wales to promote this – and micro-elimination was achieved by HMP Swansea in September 2019.

Recognising the needs of an older prisoner population, the work stream to develop standards for mental health services will include a specific focus on dementia and there are also commitments in the Dementia Action Plan to provide workforce training. Alongside this, the End of Life Care Delivery Plan (updated in 2017) provides a framework for action to deliver high quality end of life care, regardless of diagnosis, circumstance or place of residence in Wales. One of the key priorities for 2017-2020 is to ensure that staff have responsibility for patients residing in care homes, nursing homes and other institutional settings, including prisons, are able to access support from specialist palliative care teams to provide end of life care. This will build on the Older Person's Strategy published by HMPPS in July 2019.

## **Governance**

Local Health Boards have responsibility for health services in public sector prisons in Wales, which are governed by Health and Social Care Partnership Boards, co-chaired by the prison Governor and representatives from the Local Health Board. A Prison Health and Social Care Oversight Group is also being established, which will meet on a quarterly basis. The Oversight Group will be jointly chaired by the Welsh Government and the HMPPS and will oversee the implementation of the Partnership

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<sup>11</sup> Public Health Wales (June 2019) Blood Borne Virus Screening in Prisons in Wales, 2015-2018. Communicable Disease Surveillance Centre.

Agreement for Prison Health; provide strategic leadership and oversight for Prison Health and Social Care Partnership Boards; and provide a point of escalation for Health Boards and prisons in relation to prison health issues. Welsh Government officials also meet with HMPPS on a monthly basis, and with NHS Teams and Health Board Leads on a quarterly basis.

## **Funding**

In 2004-5 the Welsh Government received a recurrent transfer into the Welsh Block of £2.544m from the UK Government to support prisoner healthcare in public prisons in Wales. In respect of HMP Berwyn, there is a direct funding relationship between HMPPS and Betsi Cadwaladr University Health Board. It has been agreed that the funding for the prison health services at HMP Berwyn will be part of a future transfer to the Welsh Government once the prison is up to capacity and is fully operational.

To support the prison health priority, Welsh Government has allocated an additional £1million of recurrent funding to support local health boards to improve access to health services in the public prison estate. Swansea Bay UHB, Cardiff and Vale UHB and Aneurin Bevan UHB have all received funding which will support improved access to mental health and co-occurring mental health and substance misuse services in HMP Swansea, HMP Cardiff and HMP Usk and HMP Prescoed.

In 2016-17, following the introduction of the Social Services and Well-being (Wales) Act 2014, specific grant funding of £0.448m was distributed to local authorities, to fulfil their duty under the 2014 Act to provide care and support for those in the secure estate within their area. In 2017-18, £0.412m was again distributed as a specific grant. From 2018-19, and in line with the Partnership Agreement £0.391m was transferred to the revenue support grant and £0.371m for 2019/20 and future years.

## **To conclude**

In 2020/21, Welsh Government will continue to focus on delivering the priorities in the Partnership Agreement for Prison Health. The Prison Health and Social Care Oversight Group will be overseeing future delivery and implementation – and we will also assess progress as part of the monitoring arrangements in place for the Substance Misuse and Mental Health Delivery Plans, and other strategies.