

Vaughan Gething MS

Minister for Health and Social Services

Welsh Government

7 December 2020

Dear Minister

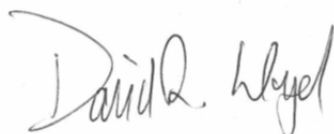
Inquiry into health and social care in the adult prison estate in Wales

You will recall that, prior to the Covid-19 outbreak, the Committee was engaged in an evidence-gathering process as part of its inquiry into health and social care in the adult prison estate in Wales. You gave evidence as part of this inquiry at our meeting on 29 January 2020.

As a consequence of the outbreak, the Committee agreed to pause all non-Covid-19 related work, including this inquiry. However, given the advanced stage of the evidence-gathering at the time that the work was paused, and in the limited time left before dissolution, Members have agreed to write to you setting out the key issues we have identified to date and seeking an update from you on progress and/or developments in each of the areas set out in the Annexe to this letter. We are, of course, mindful of the likely impact of the pandemic on many, if not all of these areas.

I look forward to your response by 8 January 2021.

Yours sincerely



Dr Dai Lloyd AM

Chair, Health, Social Care and Sport Committee



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Annexe: Inquiry into health and social care in the adult prison estate in Wales – key issues arising from our evidence-gathering.

1. Impact of Covid-19

Our evidence-gathering for this inquiry pre-dated the Covid-19 pandemic, but we wish to take this opportunity to explore the issue with you.

- 1. Can you outline the challenges for the delivery of health and social care in the Welsh prison estate during the pandemic, and the extent to which the Welsh Government has been working with HMPPS, Public Health Wales and others to protect the prison population and staff working in the Welsh prison estate, including any plans for vaccination of the prison population.**

2. Equivalence in the provision of health and social care

The majority of responses we received focused on the principle that prisoners should have access to the same health and care provision equivalent to that in the community, without discrimination on the grounds of their legal situation. However, there was a sense that this is not reflected in the current prison healthcare system in Wales. The Prisons and Probation Ombudsman (PPO) raised specific concerns that two investigations into deaths at HMP Cardiff in 2019 found that the healthcare provision there was not equivalent to that in the community. The PPO stated “the Governor, the healthcare providers and the NHS Commissioners need to address this worrying situation as a matter of urgency”.

Time spent in custody was seen as an opportunity by many of those who submitted evidence to reach people who usually struggle to access health and social care services in the community. Several written responses, such as the Howard League for Penal Reform referred to the health of people in prison as a public health issue. As such, there was a view that there are substantial opportunities for improvement.

NHS Wales is responsible for planning and delivering prison health services in public prisons, and should plan services on the principle of equivalence. In the Partnership Agreement for Prison Health in Wales, the Welsh Government and HMPPS in Wales acknowledge their statutory obligation to ensure health services can be accessed to an equivalent standard of those within the community. The Partnership Agreement is based on taking forward a ‘whole prison approach’ to improving health and well-being and sets out an overarching aim to improve access to healthcare, and to enable prisoners to lead healthy lives and to reduce health inequality, stating: “prison should be a place where an individual can reform their lives”.

The Partnership Agreement sets out four key priorities, and you provided some detail of the work being done under each of these. These priorities are:

- Ensuring **prison environments** in Wales promote health and well-being for all;
- Developing consistent **mental health, mental well-being and learning disability services** across all prisons that are tailored to need;



- Producing a standardised clinical pathway for the **management of substance misuse** in prisons in Wales;
- Developing standards for **medicines management** in prisons in Wales.

Each of these priorities is covered separately in the relevant sections that follow.

3. Governance and oversight

A key message from the evidence we received is that strategic oversight for prison healthcare needs to be strengthened in Wales. **Public Health Wales (PHW) told us** that there is currently no structure for national oversight, which means there is often no clear process for obtaining national agreement on prison health related matters. It explained that “each prison health service has different policies and pathways for issues such as prescribing, screening, and substance misuse. This means patients will receive a different service depending on where they are located”.

PHW also told us that the lack of national oversight means there is little accountability for how health and social care recommendations from prison inspections and Ombudsman’s reports are considered beyond the individual prison. It said that many of these lessons could be shared across sites.

At a local level, Prison Health and Social Care Partnership Boards (PHSCPBs) have responsibility for the governance of prison health services. There was agreement from those we heard from (including from Health Boards and local authorities) that a review of the current arrangements for the planning of health and social care and governance services for prisoners in Wales was needed. On this point, **HMPPS in Wales called for** the role of PHSCPBs to be strengthened “to include strategic planning for health delivery, agreement of action plans, monitoring and reviewing progress as well as regular data collection”. It also stated that there should be “clear escalation routes for ongoing issues into the respective organisations”.

HMPPS in Wales also called for “a new Wales Prison Health Board” to be established by the Welsh Government to provide strategic planning for offender health in Wales. HMPPS in Wales argued that an All Wales Strategic Plan for prison health should be developed, including a National Implementation Plan to assist Local Health Boards to take forward the recommendations from the (proposed) Wales Prison Health Board.

Other witnesses (such as, the Royal College of General Practitioners (RCGPs), the BMA, the Royal Pharmaceutical Society and clinicians at HMP Cardiff) raised concerns about a lack of clinical leadership, and limited opportunities for prison healthcare departments across Wales to come together to discuss relevant issues. The RCGPs suggested the appointment of a clinical lead or champion to provide leadership and accountability. The BMA referred to a Prisoner Health Network, but suggested this was not fit for purpose.

Specifically in relation to HMP/YOI Parc, there was a shared view that governance arrangements for HMP/YOI Parc need to be looked at, both in terms of health and social care services, and the role



of Healthcare Inspectorate Wales and Care Inspectorate Wales in being able to regulate and inspect those services. The current private contractual arrangements with G4S for primary healthcare services mean that primary healthcare provision at HMP/YOI Parc does not fall under the remit of the HIW. The PPO raised concerns that there appeared to be no clear inspection oversight for the primary healthcare provision at HMP/YOI Parc. The PPO also called for the healthcare complaints process in relation to HMP Parc to be reviewed to bring it in line with the rest of the prisons in Wales and England.

In your evidence, you informed us that a 'Prison Health and Social Care Oversight Group' was being established, and you provided some detail of the role and responsibilities of this group, stating it will meet on a quarterly basis and will be jointly chaired by Welsh Government and HMPPS in Wales. Further, you stated that the Oversight Group will have responsibility for overseeing the implementation of the Partnership Agreement; will 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.

Whilst your evidence also highlighted other assurance arrangements that are in place, including monthly meetings with HMPPS in Wales, and meetings with Health Board leads on a quarterly basis, you concluded that "the Prison Health and Social Care Oversight Group will be overseeing future delivery and implementation of prison health in Wales".

- 2. Can you provide an update on progress in establishing a prison Health and Social Care Oversight Group, and its work to date.**
- 3. What are your views on the HMPPS proposal that the Welsh Government should establish a Wales Prison Health Board to provide strategic planning for offender health in Wales. How would this would interact with the Oversight Group and the PHSCPBs.**
- 4. How confident are you that all PHSCPBs are meeting regularly and that existing arrangements are working effectively?**
- 5. How do you respond to calls for an All Wales Strategic Plan for prison health, including a National Implementation Plan to assist Local Health Boards to take forward the recommendations from any Wales Prison Health Board.**
- 6. What are your views on the proposals for a clinical lead/champion to address concerns about a lack of clinic leadership and accountability.**
- 7. What discussions has the Welsh Government had with HMPPS to address concerns in the health and social care inspection regimes at HMP Parc, specifically in primary healthcare provision. Whether there are any opportunities to legislate or otherwise address this gap when the contracts at HMP Parc expires?**



4. Access to health records

Another key issue throughout the evidence we received related to the frequency of movement of prisoners both between prisons, and between prison and the community, and the impact of this on effective continuity of care.

Public Health Wales and the Royal Pharmaceutical Society stated that the provision of care could be “vastly improved” if prison health services could be supported to:

- have access to NHS numbers for those held in prison;
- have access to SystemOne outside of the prison setting, particularly for secondary care teams providing specialist care and GPs providing out of hours cover;
- improve communication between justice and health services on release dates and release plans for men held.

The BMA agreed that the process of sending information on reception and release could be improved. It stated “too often, prison GPs are completely left out of the loop when patients are released so there is no defined process (or administration time provided) for arranging informative and useful discharge summaries. Likewise, the transfer of individuals to other prison establishments is fraught with similar problems, particularly sudden transfers for security reasons”.

In relation to HMP/YOI Parc, Bridgend County Borough Council (CBC) highlighted the challenges in accessing prisoner’s health records, which are recorded on SystemOne. They explained that, within HMP Parc, access to this system is restricted by G4S health services. Of concern is their view that the lack of access to this system is ‘impeding’ the local authority social care team in discharging its functions under the Social Services and Well-being (Wales) Act.

We heard that, by the end of 2019, men going into custody in England will be registered with the prison and their notes will follow them, but that this would not be the case for Welsh men. Instead, we heard of a 2-tier system being created in Welsh prisons, where “Welsh men in English prisons will be safer than Welsh men at home in Welsh prisons because their medical team can see their historic record, and we can’t do that in Wales”. On this point, the BMA said one of the benefits of the English system would be the reduction in the risk of dual prescribing, arguing that it would be “safer to adopt consistent registration procedures across the English and Welsh prison estate because of the fluidity of transfer of prisoners across the two countries”.

On a practical point, the RCGP highlighted that, in Wales, the NHS Wales Informatics Service (NWIS) does not have a direct relationship with the supplier of System One, and that NWIS does not have expertise in using this system.

8. Have there been any developments in the following areas and, if not, what support can the Welsh Government provide to enable:

- **prison healthcare teams to have access to NHS numbers of prisoners when they are being held in prison;**



- **community healthcare teams to access SystemOne outside the prison setting; and**
- **better communication between justice and health services on release dates and release plans.**

9. In relation to arrangements at HMP/YOI Parc, what support can the Welsh Government provide to the local authority in accessing prisoner health records on SystemOne?

5. Access to healthcare

Nursing provision

We heard evidence from the RCN about concerns they had for the safety of nursing in Welsh prisons, both in terms of the quality of care able to be provided and violence against nursing staff.

The RCN told us that, in response to their 2017 Safe Staffing Survey undertaken with nurses working in prisons, 64 per cent said that “care was compromised on their last shift”. They also told us of significant concerns “regarding assaults on our members including physical attacks which can cause lasting health problems”. The RCN wanted to see the Assaults against Emergency Workers (Offences) Act 2018 fully enforced in all Welsh prisons, adopting a ‘zero tolerance’ approach.

GP provision

We heard from the BMA that GP provision varies greatly across establishments, which impacts on the availability of services. It stated, “we know of one establishment where face to face GP provision has been reduced over the last few years from 6 sessions per day to 2-3 sessions currently, despite an increase in that establishment’s prison population and turnover”. They also noted that it is unclear what primary care provision is available at HMP Parc, because of the privately commissioned healthcare arrangements.

Dentistry

The British Dental Association (BDA) told us that dental needs among the prison population are high. They cited the example of prisoners screened for dental treatment need at HMP Prescoed, 80 per cent of whom were in need of treatment, and 35 per cent required at least one tooth to be extracted. The BDA stated that the oral health needs of those in prison differ greatly to the needs of the general population, and that proper training was necessary to manage this. They also raised concerns about the high turnover and frequent transfers of prisoners, which meant that courses of treatment can go unfinished.

In addition to calling for a national IT system to enable dental information to be transferred between prisons, they also wanted clarity on waiting times, and oral healthcare plans developed for the prisons. Their biggest concern, however, related to the number of prisoners who miss their dental appointments, often as a result of communication issues and the logistics of getting prisoners to their appointments.



Allied health professionals

The Royal College of Occupational Therapists recommended increasing the number of occupational therapists employed within and providing in-reach to prison services to advise on modifications and the design of buildings; to minimise potential risks in the prison environment through the provision of equipment and adaptations; and to advise on strategies and techniques to manage personal care and other activities of daily living within the prison environment.

Similarly, the Chartered Society of Physiotherapy (CSP) stated that physiotherapists should be a key member of the prison healthcare staff inside Welsh prisons, helping to tackle for example, the misuse of drugs related to chronic pain and issues relating to frailty for older prisoners. The CSP explained that this was not currently the case in most situations in Wales, meaning that prisoners needed to access physiotherapy services outside the prison setting, accompanied by prison officers.

The Royal College of Speech and Language Therapists referred to good practice at HMP Berwyn, which employs two speech and language therapists. Elsewhere, current speech and language therapy provision for men in prisons in Wales was said to be "extremely patchy".

10. How do you respond to the concerns of the above health professions about prisoner access to healthcare.

11. What actions can the Welsh Government take to improve this position?

6. Mental health

Much of the evidence we received highlighted the percentage of men in Welsh prisons with mental health issues, referencing research and statistics that demonstrate that people in prison are more likely to suffer from mental health problems than people in the community.

HMPPS in Wales stated that "mental health interventions are not consistent across Local Health Boards, and the average referral time varies across the estate". The BMA described mental health services as 'under-resourced compared to the huge demand placed on them', and written evidence from a clinician at HMP Cardiff described mental health services in Welsh prisons as "woefully underfunded". Bridgend CBC provided an example of this, stating that "the mental health in-reach services at HMP Parc were commissioned to meet the needs of 720 prisoners; the prison population of HMP Parc is closer to 1,800 men.

In addition, the issue of waiting times for transfers of prisoners to secure mental health facilities was raised in several written responses. HMPPS in Wales put the delay in transfers down to shortages in the number of beds within secure psychiatric hospitals in the community.

Many of the written responses focused on lower level mental health needs, stating that there is little evidence of any support for men who might benefit from early intervention support or well-being interventions. The BMA, for example, called for 'better availability of psychological interventions for anxiety, depression and PTSD', all of which they say are overrepresented in the prison population compared with the community. The RCGPs agreed that the lack of provision of primary mental health care needed urgently addressing.



HMPSS in Wales called for mental health needs assessments to be standardised across prisons in Wales to provide consistency throughout the secure estate. They also wanted to see revised national guidance providing advice on mental health interventions in prisons.

In your evidence, you clarified that the mental health workstream of the Partnership Agreement is being led by the Welsh Government in partnership with the Royal College of Psychiatrists. You stated that work was underway to develop draft standards, which would include universal mental health standards as well as specific interventions for dementia, crisis care, learning disability, brain injury and autism spectrum disorder. You also emphasised that the standards for mental health in prison will include a specific focus on dementia and you referred Members to the Welsh Government's Dementia Action Plan for Wales 2018-22.

12. It is unclear from the Partnership Agreement whether it includes plans to expand the number of secure hospital beds and the contribution this extra capacity will make to reducing waiting times. Can you provide any further information on this point?

13. Can you update the Committee on progress with the draft mental health standards?

Self-harm and suicide

There are well known risks relating to suicide and self-harm for people in prison – something this Committee identified in its 2018 [Suicide prevention report](#). The RCN told us that a working group was set up in autumn 2018 to establish the development of consistent mental health services in Welsh prisons but go on to say that no update has been provided. In their response to this Committee's Suicide prevention follow-up consultation, the Royal College of Physicians (RCP) stated that they have been approached by Welsh Government about undertaking a review of the provision of mental health services in prisons. They said this work was almost ready to begin.

14. Can you provide an update on the review of mental health service provision in prisons that you have commissioned from the RCP.

Substance mis-use

There was agreement amongst those submitting evidence that more work was needed to reduce the impact of substance misuse, including from the use of psychoactive substances. This needed to include a commitment to reduce substance misuse in prison, as well as the supply of, and demand for, illicit drugs in prisons.

HMPPS in Wales referred to the Expert Advisory Group for Medicines in Scotland which provides advice to NHS Boards Drug Treatment Centres on the appropriate use of medicines and other therapeutic interventions in prisons. They suggested a similar panel should be introduced in Wales by the Welsh Government.

15. What is your view on the HMPPS suggestion that the Welsh Government should establish an Expert Advisory Panel for Medicines in Wales similar to that in place in Scotland.



Issues relating to substance misuse were prominent during the Committee's visits to prisons in Wales. In particular, concerns were raised by prisoners at HMP Cardiff around prescribing medication, particularly early days prescribing (i.e. support for men who require opiate substitute medication on reception to prison to avoid withdrawal symptoms). In English prisons, prisoners who are dependent on drugs are offered opiate substitution treatment, whereas in Welsh prisons psychosocial and clinical support is given.

Currently, Local Health Boards in Wales are responsible for delivering substance misuse clinical treatment and interventions in prisons in Wales, delivered in the South Wales area by the jointly commissioned Dyfodol service and in the North by Betsi Cadwaldr University Health Board. We understand that the Welsh Government is currently developing a service specification for substance misuse in prisons in Wales but there is no further detail of this.

16. Can you provide further information on work to produce a service specification for substance misuse in prisons in Wales.

The RCN raised specific concerns about the widespread use of psychoactive substances such as spice in Welsh prisons, and the impact the use of these substances has on the health and safety of healthcare staff working in prisons. The RCN said they would like to see the HMPPS guidance updated and revised urgently to ensure the safety of prison staff is properly accounted for, and they wanted to see greater levels of training for healthcare staff in how to deal with psychoactive substance related incidences.

This workstream of the Partnership Agreement is being led by Welsh Government, in partnership with Public Health Wales. Your written evidence stated that a draft Substance Misuse Treatment Framework for prisons is being developed, and you clarified that this 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. You said that you were expecting to be able to publish a final version of the framework in autumn 2020.

17. Can you provide an update on progress with the Substance Misuse Treatment Framework.

You also referred to the Welsh Government's Substance Misuse Delivery Plan 2019-22 and the Mental Health Delivery Plan 2019-22, which set out actions to address issues faced by prisoners in accessing support both in prison and post-release, including those with co-occurring substance misuse and mental health problems. You stated that you had 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.

18. Can you provide further information on the work of the Deep Dive Group, including any outputs or recommendations they have produced.



Medicine management

Currently, medicine management issues are addressed at a local level. The BMA said it would welcome a formal mechanism for the streamlining of prescribing policies across the Welsh prison estate, explaining that “what happens in one establishment can have a massive impact at another”.

The Royal Pharmaceutical referred to professional standards for optimising medicines in secure environment. These are aimed at services provided in England as good practice, but did not apply to Wales. You confirmed that the Welsh Government was leading the medicines management workstream of the Partnership Agreement, in partnership with the Royal Pharmaceutical Society. The work of the RPS in this area would be to appraise health boards on their progress against current standards for medicines management in a secure environment, and then develop plans for each prison or health board to improve their performance against those standards.

19. Can you provide an update on progress with this workstream.

Prison Environments

Your written evidence states that the workstream in relation to the prison environment is being led by HMPPS. At the time of our session with you, we asked you about the key outcomes indicators and performance measures for this workstream, and you told us you were not aware of them because that work had not yet been completed. You said that, whilst so many factors relating to the environment and to the regime in the prison are the responsibility of the prison service because they own the physical structure of the prison, you had a direct interest in the outcome of the workstream and how it would feed into the Welsh Government’s ability to deliver national indicators and standards.

20. Can you now provide an update on the prison environment workstream and, in particular, the development of key outcome indicators and performance measures.

21. How will these help you, in partnership with HMPPS, to monitor progress in this area.

6. Social care and an ageing prison population

We have consistently heard that the number and proportion of the prison population that are older prisoners (defined as 50 and over) has increased and is projected to keep growing, and that this cohort of prisoners is likely to have greater social and healthcare needs. Resettlement and Care for Older ex-Offenders and Prisoners (RECOOP) said that people aged over 50 are the fastest growing group in the prison population and meeting their needs will continue to be one of the biggest challenges facing the criminal justice system for years ahead.

Despite this, Public Health Wales stated that there is a lack of evidence of the needs of older people in prison in Wales, and the impact of the prison environment on the ageing process. There were calls for more effective planning of health and care services for older prisoners, including those living with dementia and frailty. The Older People’s Commissioner stated that this included



looking at the physical environment as well as investment in staff training to support older prisoners with complex needs. She stated that there should be a specific focus on the recruitment and retention of social care staff working with or in prisons. HMPPS in Wales believed that there was a greater role for Social Care Wales in ensuring the social care needs of prisoners in Wales are met. There were also calls for a national strategy for older prisoners.

Specifically in relation to funding, we heard that focused planning and funding specifically for the needs of older people in prison was now needed, with a joined up approach across health, care and prison agencies. On this point, the Older People's Commissioner emphasised the need for sufficient funding for those local authorities that have prison populations within their boundaries". HMPPS in Wales raised concerns about 'significant funding reductions in allocations for social care in prisons', and called for the funding allocations for social care provision in prisons in Wales to be reviewed by the Welsh Government to ensure that needs are adequately met. Bridgend CBC were similarly supportive of a funding review, saying that having analysed the cost of providing assessment and care within HMP Parc, it is considerably higher than the cost of providing equivalent care in the community.

In your evidence, you stated that work in relation to social care will continue to be informed by developments led by the Ministry of Justice arising from the delivery of the recommendations within the HMIP [Thematic Report, Social Care in Prisons in England and Wales](#).

You also stated that you 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 of HMPPS in Wales Strategy for the management of Older Persons in custody in the Welsh Region".

On the question of funding for social care, in 2016-17, specific grant funding of £0.448m was provided to local authorities to meet the social care needs of prisoners. 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. In your evidence, you confirmed that the reduction in this grant "reflected the reductions in different parts of our budget settlements". You also stated that the transfer of funding to the revenue support grant was agreed following requests from local authorities.

22. Can you update us on work in this area?

23. Can you provide us with a copy of the HMPSS Strategy for the management of older persons in custody in the Welsh Region.

24. How do you respond to calls for a national strategy for older prisoners?

25. How do you respond to calls for the Welsh Government to review the funding allocations for social care provision in prisons in Wales to ensure that needs are adequately met.



7. Funding

The Welsh Government receives funding for prisoner healthcare in public sector prisons in Wales through the Welsh Block. Since 2004-05, the UK Government provides approximately £2.544m to the Welsh Government for this purpose. You confirmed that the block transfer has not been updated since 2004-05.

We heard evidence that prisons in Wales are underfunded by the UK Government. The RCN and the RCGP both stated that the current funding system for prison healthcare is outdated, with the RCGP describing the funding as it currently stands as “insufficient”, having not received uplifts since the NHS took over responsibility for prison health. The RCN stated that “calling for reform should be a priority for Welsh Government”. Both the Royal Pharmaceutical Society and Public Health Wales agreed.

Clinks state that the baseline budget for prisoner healthcare across Local Health Boards needs to be reviewed. They suggest this review should consider the level of funding and the inconsistency in funding models stating “a consistent funding arrangement for healthcare in all Welsh prisons should be established with transparency for how services will be commissioned from those funds”

In your written evidence, you stated that “prison health has been identified as a priority for 2019/20 for the Health Boards in Wales”, and you set out that an additional £1 million of recurrent, annual funding has been provided. You confirmed that Swansea Bay University Health Board, Cardiff and Vale University Health Board and Aneurin Bevan University Health Board 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 Prescoed. 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.

26. What recent discussions have you had with the UK Government about resourcing and funding arrangements for Welsh prisons.

27. What work have you undertaken to review the level of funding and arrangements for funding models across Welsh prisons.

8. Data

In relation to data collection, we heard evidence of concerns about the limited data set in the Welsh adult prison estate. In terms of trying to improve data collection, you stated that, “as part of the partnership agreement, we’ll end up having a standard set of national indicators and we can then use those to report on for prisoner outcomes. So, that is work that is actively being pursued.”

28. Can you provide an update on work in this area.

