



Llywodraeth Cymru  
Welsh Government

Dr Dai Lloyd AM  
Chair, Health, Social Care and Sport Committee

SeneddHealth@senedd.wales

28 January 2021

Dear Dai,

Thank you for your letter of 07 December 2020 to Vaughan Gething MS, Minister for Health and Social Services, regarding your inquiry into health and social care in the adult prison estate in Wales.

We are responding because as Minister for Mental Health, Wellbeing and Welsh Language I have overall responsibility for offender health within my ministerial portfolio and social care falls within the portfolio of the Deputy Minister for Health and Social Services.

A joint ministerial update has been provided on the areas you have raised which is attached in the Annex to this letter. I hope you find these responses helpful. As you will appreciate the focus of our work since March 2020 has been on responding to the Coronavirus 2019 pandemic and we have worked closely with Her Majesty's Prison and Probation Service, Public Health Wales and other partners in this regard. This is reflected in the responses provided.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Julie'.

**Julie Morgan AS/MS**  
Y Dirprwy Weinidog Iechyd  
a Gwasanaethau Cymdeithasol  
Deputy Minister for Health  
and Social Services

A handwritten signature in blue ink, appearing to read 'Eluned Morgan'.

**Eluned Morgan AS/MS**  
Y Gweinidog Iechyd Meddwl,  
Llesiant a'r Gymraeg  
Minister for Mental Health,  
Wellbeing and Welsh Language





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## ANNEX

### Health Social Care and Sport Committee progress on Key Issues

#### 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.

Question	Progress
<p>1.1 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</p>	<p>Since the start of Coronavirus – 2019 (COVID-19) outbreak, the Welsh Government has worked in close partnership with HMPPS Wales, Public Health Wales (PHW) including local prison healthcare teams to enable the delivery of health and social care in the custodial estate.</p> <p>Management of COVID-19 has followed the All-Wales Prison Outbreak Plan and the Public Health England 'Interim advice on preventing and controlling outbreaks of COVID-19 in prisons and other prescribed places of detention (PPD).</p> <p>The Outbreak Control Team's membership included Public Health Wales, prison health teams, prison senior management, local health boards, the Welsh Government and HMPPS senior staff. As part of this, each prison has been assigned a Consultant in Communicable Disease Control (CCDC) by Public Health Wales, who is familiar with their establishment and works closely with the prison to advise on local issues.</p> <p>Following the closure of the prisons as a result of the first wave outbreaks, this meeting evolved to become the All Wales COVID-19 Management Group, with the same membership.</p>

In addition, in response to COVID-19 locally in Welsh prisons, Incident Management Teams (IMTs) have been established for each prison by Public Health Wales. These are chaired by a Consultant in Communicable Disease (CCDC) local to the prison and attended by prison healthcare teams and senior management as well as representatives from the Local Health Board. These have continued throughout the second wave and are currently in place for every Welsh prison.

HMPPS also took proactive steps to support prisons to monitor, manage and mitigate the threat of large numbers of staff and prisoners becoming infected with COVID-19 and to reduce the likelihood of the infection spreading throughout the prison system. Measures have included the requirement for every establishment to develop an Exceptional Regime Management Plan (ERMP) to ensure consistent delivery of essential regime services with critical staffing pressures and national steps to reduce the prison population.

HMPPS in Wales has worked collaboratively with Public Health Wales to implement general infection controls before cases of COVID-19 were seen in Welsh prisons. On 14 February 2020 formal advice was sent from PHW to HMPPS in Wales on the need for accessible handwashing facilities across the estate, on entrance for visitors to prisons. Literature on handwashing was shared by HMPPS to be distributed to staff and residents. This included providing prisoners with easy read posters on handwashing, which were also posted in multiple areas within the prisons. Handwashing videos were also circulated to HMPPS staff, and photographic guides on correct handwashing techniques were placed in staff and prisoner toilets. In addition, hand sanitiser dispensers were placed throughout the prisons.

Guidance from Public Health England (PHE) was distributed to Welsh prisons on 11 February 2020 which included use of Personal Protective Equipment (PPE) and environmental cleaning and decontamination. As prisons are non-devolved, the national public health guidance documents they follow are often issued by Public Health England. These are then used in Wales in consultation with Public Health Wales. Wherever Public Health Wales have

issued a prison specific guidance document, for instance with contract tracing, Welsh prisons have implemented the PHW advice.

Following this, HMPPS produced the Interim guidance for 'Provision of Personal Protective Equipment and Hygiene provision to manage Coronavirus - 2019 across HMPPS' business areas – Roles and Responsibilities on the 28/02/2020. This identified Single Points of Contact (SPOCs) in each prison who were responsible for the effective management of PPE and associated hygiene products. These products were procured centrally by HMPPS and distributed to local hubs. PHE has since published full guidance: <https://www.gov.uk/government/publications/covid-19-prisons-and-other-prescribed-places-of-detention-guidance/covid-19-prisons-and-other-prescribed-places-of-detention-guidance>

On 31st March 2020 a new population management strategy was launched, under which all Inter Prison Transfers (IPT) were immediately suspended (save for those approved by Gold under exceptional circumstances) to minimise the risk of transmission between establishments. The management of COVID-19 has followed The Communicable Disease Outbreak Plan for Wales (Part 6 of this document is the Outbreak Plan for Prisons in Wales). <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/the-communicable-disease-outbreak-plan-for-wales/>

Alongside these national measures to minimise movement between sites, equivalent steps were undertaken to reduce contact between different risk groups within each establishment's population. The way that HMPPS has managed this is outlined in the HMPPS prison compartmentalisation and cohorting strategy which was published at the end of March and is referenced in more detail below in the "protecting vulnerable prisoners" section.

Subsequently an updated population strategy ("Protect and Mitigate") was issued by HMPPS Gold Command, permitting limited allocations between local and training prisons. In Wales, this change was discussed and approved

at the All Wales OCT. Movements within prisons, between cells and wings were also reduced where possible by all prisons.

To protect vulnerable prisoners, HMPPS instructed the prisons to implement cohorting in all prisons. Cohorting is the Public Health England (PHE) strategy for the care of large numbers of people who are ill or who present heightened infection risk by gathering all those who are symptomatic into one area (or multiple designated areas) and establishing effective barrier control between this group and the wider population.

Following the Government guidance on social shielding, isolation and social distancing that was introduced on 23 March, HMPPS launched a prison cohorting strategy on 31 March. This extended the concept of 'cohorting' to include shielding in a way which leads to effective compartmentalisation of prisons.

There are three component parts of the HMPPS Cohorting Strategy; arrangements to protect those most susceptible to the virus, measures to isolate those who are symptomatic (and any cell-sharers) and provision to hold newly received prisoners separated from the main population until enough time has passed for COVID-19 infection to be expressed in symptoms if they are infected. The HMPPS cohorting strategy is to create at least three areas within the establishment to achieve distance between the symptomatic, those newly arriving, and those who are most vulnerable in every prison.

The shielding units are used for the temporary isolation of those prisoners within the NHS England and Wales vulnerable persons cohort until the Welsh Government advises shielding is no longer required; reducing the likelihood of this susceptible group contracting the virus.

In addition, in Welsh prisons HMPPS have created additional space in the prison estate, with the installation of temporary, single occupancy cells alongside the scheme to release low-risk offenders. This has included units in HMP Prescoed that can house 40 men, with single bed units and bathroom

facilities. HMPPS also moved men from HMP Parc and HMP Cardiff to HMP Prescoed to provide additional capacity. In addition to this, a 38 extra accommodation spaces were created at HMP Parc.

Alongside these measures, HMPPS in Wales and Public Health Wales have created a Wales specific National contact tracing guidance for Welsh prisons. Underneath this, prisons have local contact tracing plans that reflect the individual nature of the establishment. These plans have adapted the Test Trace Protect strategy which is in place at a national level. We also have protocols in place with colleagues in England to share information on cases which have crossed between England and Wales.

For vaccinations, the Heads of Healthcare in each prison has joined the Vaccine Planning Boards in their respective Local Health Board. Each prison health team has been engaged in preparatory work to enable vaccine roll-out when available, this has included ensuring PPE supplies, fridge space and staffing levels are readily available.

**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.

<b>Question</b>	<b>Progress</b>
<p>2.1 Can you provide an update on progress in establishing a prison Health and Social Care Oversight Group, and its work to date.</p>	<p>A new joint WG/HMPPS Prison Health and Social Care Oversight Group was established in the summer of 2020, with its first meeting taking place on the 26<sup>th</sup> June 2020. A second meeting took place on the 14<sup>th</sup> October 2020 and the most recent on 13<sup>th</sup> January 2021.</p> <p>The main remit of the Group is to oversee the progress of the agreed priorities for prison health and social care. Work to date has focused mainly on providing oversight and accountability to the COVID-19 response in Welsh prisons. It has also acted as a point of escalation for Prison Health and Social Care Partnership Boards (PHSCPBs), and has facilitated cross-government discussions on Brexit, Substance Misuse and Personality Disorder pathways.</p>

<p>2.2 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.</p>	<p>The HMPPS proposal for a Wales Prison Health Board led to the establishment of the Prison Health and Social Care Oversight Group, which serves the same function.</p> <p>The Oversight Group provides strategic leadership and acts as a point of escalation for any issues that cannot be resolved locally at the PHSCPBs. The PHSCPBs have escalation to the Oversight Group as a standing agenda item, and there is also a representative for the PHSCPBs as a member of the Oversight Group. A standard template for escalation to the Oversight Group has been shared with all the PHSCPBs.</p>
<p>2.3 How confident are you that all PHSCPBs are meeting regularly and that existing arrangements are working effectively?</p>	<p>There has been increased engagement with the PHSCPBs over the last year. There is now a clear route for the PHSCPBs to raise issues to the highest levels in HMPPS in Wales and also the Welsh Government. In addition, the Heads of Healthcare for each prison meet every fortnight with Public Health Wales, the Welsh Government Offender Health Leads and HMPPS in Wales, where they can discuss any issues that arise in delivery or any problems in the functioning of the PHSCPBs.</p>
<p>2.4 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.</p>	<p>In terms of a Strategic Plan, the Partnership Agreement is now in place. This is a collaborative agreement between the Welsh Government, HMPPS, Health Boards and Public Health Wales. It sets out the agreed national priorities for improving prison health with 4 clear workstreams. The priorities are built around the agreement that this is a whole prison approach to improving the health and wellbeing outcomes of prisoners in Wales.</p> <p>They priorities are:</p> <ul style="list-style-type: none"> <li>• The wider prison environment and its contribution to improving health and wellbeing outcomes.</li> <li>• Mental health and the development of agreed standards for mental health services in prisons. .</li> </ul>

	<ul style="list-style-type: none"> <li>• Substance misuse and the development of a new Substance Misuse Treatment Framework for prisons.</li> <li>• Medicines Management - Led by Welsh Government in collaboration with the Royal Pharmaceutical Society.</li> </ul>
<p>2.5 What are your views on the proposals for a clinical lead/champion to address concerns about a lack of clinic leadership and accountability.</p>	<p>A Clinical Lead for Offender Health has now joined the Prison Health and Social Care Oversight Group to provide clinical leadership and accountability.</p>
<p>2.6 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?</p>	<p>The contract expiry at HMP Parc has provided an opportunity for all partners to evaluate the existing health and social care delivery and consider what changes could be made to better meet current and future demands. As part of this work, the Welsh Government has provided funding for a new health needs assessment which will be completed in the first quarter of 2021. The needs assessment will evaluate which services and interventions would provide appropriate levels of care for the complex population at HMP Parc. The needs assessment will influence the future service specification at the end of the current contract.</p> <p>To further inform the service specification, there is currently a Parc Expiry Project Board led by HMPPS, which includes a Health Workstream. The Health Workstream has several smaller Task and Finish groups, whose main focus is to investigate the delivery requirements and help inform the wider health and social care population needs assessment and planning arrangements. Membership includes Adult Mental Health, Substance Misuse, Scheduled and Unscheduled Care (Primary and Secondary), Medicines Management and Youth.</p> <p>There is also a group dedicated to finding future digital healthcare interventions for the prison. Each of these groups has representatives from the Welsh Government, local health and social care representatives and also HMPPS in Wales.</p>

Cwm Taf Morgannwg University Health Board provides oversight of health and social care delivery at HMP Parc, following the transfer of secondary care from Swansea Bay UHB to. This is attended by HMP Parc's health team, senior management and HMPPS. There are also representatives from Cwm Taf Morgannwg UHB as the secondary care provider. In line with similar arrangements in other Welsh prisons, the Local Health Board member is responsible for reporting into their internal governance structures on any issues they deem appropriate, including risk management. This group can also bring issues to the Prison Health and Social Care Oversight Group.

**3. 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.

<b>Question</b>	<b>Progress</b>
<p>3.1 Have there been any developments in the following areas and, if not, what support can the Welsh Government provide to enable:</p> <ul style="list-style-type: none"> <li>▪ prison healthcare teams to have access to NHS numbers of prisoners when they are being held in prison;</li> <li>▪ community healthcare teams to access System One outside the prison setting; and</li> <li>▪ better communication between justice and health services on release dates and release plans.</li> </ul>	<p>Welsh Government Officials will discuss this issue further with the NHS Wales Informatics Service.</p>
<p>3.2 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?</p>	<p>A Healthier Wales sets out our expectation everyone in Wales experiences a whole system approach to seamless support, care or treatment through services designed around individuals, based on their unique needs and what matters to them, as well as quality and safety outcomes. This includes ensuring effective arrangements to deliver access to systems and records for all authorised practitioners.</p>

**4. Access to healthcare**

<p><b>For further details see Annex, areas include:</b>  <b>Nursing provision</b>  <b>GP Provision</b>  <b>Dentistry</b>  <b>Allied Health professionals</b></p>	
Question	Progress
<p>4.1 How do you respond to the concerns of the above health professions about prisoner access to healthcare.</p>	<p>Offenders should have equitable access to health services both in the secure estate and community settings. Prison healthcare in public sector prisons is delivered by the NHS and overseen by the Local Health Boards. Partnership Boards, co-chaired by the prison Governor and includes representatives from the Local Health Board oversee health and social care in public sector prisons.</p> <p>We are committed to improving health and well-being in public sector prisons but this can only be achieved by a ‘whole prison approach’ which includes ensuring the environment and regime promote and support well-being. We have identified prison health and wellbeing as a priority for health boards, who have responsibilities in this area.</p> <p>We recognise that offenders are a vulnerable population who frequently present with complex needs and high levels of ill health, often as a result of inequalities. In a direct response, actions to support this group are included in the Welsh Government’s mental health, substance misuse, suicide and self-harm prevention and dementia strategies.</p> <p>We also have the Partnership Agreement for Prison Health in Wales. This outlines agreed priorities between Her Majesty’s Prison and Probation Service (HMPPS), the Welsh Government, Health Boards and Public Health Wales. The Partnership Agreement for Prison Health recognises the importance of a whole prison approach and includes a specific focus on mental health, substance misuse, medicines management and the role of the wider prison environment in improving the health and wellbeing of those in prison.</p>

<p>4.2 What actions can the Welsh Government take to improve this position?</p>	<p>The Prison Health and Social Care Oversight Group is now in place and it will act as a point of escalation for any issues that cannot be resolved locally at the PHSCPBs. The PHSCPBs have escalation to the Oversight Group as a standing agenda item, and there is also a representative for the PHSCPBs as a member of the Oversight Group. A standard template for escalation to the Oversight Group has been shared with all the PHSCPBs.</p>
<p><b>5. Mental health</b>  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.</p>	
<p><b>Question</b></p>	<p><b>Progress</b></p>
<p>5.1 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?</p>	<p>In October 2020 the Welsh Government has revised and republished the Together for Mental Health Delivery Plan in response to the impact of COVID-19. The revised Delivery Plan includes the commitment that the National Collaborative Commissioning Unit (NCCU) will support health boards to undertake an audit of current secure in-patient provision and develop a secure in-patient strategy for Wales. The audit of current secure in-patient provision took place in 2020, with the secure inpatient strategy being developed in 2021.</p>
<p>5.2 Can you update the Committee on progress with the draft mental health standards?</p>	<p>Welsh Government has commissioned the Royal College of Psychiatrists to draft the standards for mental health services in the prisons. The original intention was to finalise the standards and to implement these in 2020. However, some elements of this work have been delayed due to the impacts of COVID-19. Universal standards for mental health services (which include a focus on admission and assessment / case management and treatment / referral, discharge and transfer / patient experience / patient safety / environment / Welsh Language / workforce capacity and capability / workforce training, CPD and support / Governance / 24 hour mental health care) have been drafted. These are currently being finalised, along with condition specific standards for people with dementia and autism. The Welsh</p>

Government will work with the Health Boards and the prisons over the coming months to support their implementation.

## 6. 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.

Question	Progress
6.1 Can you provide an update on the review of mental health service provision in prisons that you have commissioned from the RCP.	The Welsh Government commissioned the Royal College of Psychiatrists to develop new standards for mental health services in the prisons. Further work will be needed to support the relevant Health Boards and the prisons – with the view to implementing these new standards in 2021.

## 7. Substance Misuse

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.

Question	Progress
7.1 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.	Officials will discuss with HMPPS their suggestion to establish in Wales a similar body to the Expert Advisory Group for Medicines in Scotland before giving any further feedback to Committee.
7.2 Can you provide further information on work to produce a service specification for substance misuse in prisons in Wales.	We have responded to 7.2 and 7.3 together as they relate to the same subject as the service specification being referred to it the Substance Misuse Treatment Framework (SMTF).

<p>7.3 Can you provide an update on progress with the Substance Misuse Treatment Framework.</p>	<p>Within the letter it states that the RCN would like to see training available for psychoactive substances. The Welsh Government have a national website which covers harm reduction in Wales. This website has e-learning which includes a module for new psychoactive substances – please see link below <a href="https://www.harmreductionwales.org/training-and-elearning-harm-reduction-wales/">https://www.harmreductionwales.org/training-and-elearning-harm-reduction-wales/</a></p> <p>In addition, psychoactive substances and how to effectively manage individuals who have been using these form part of the SMTF with advice on psychosocial interventions.</p> <p>The latest draft of the Substance Misuse Treatment Framework for the Clinical Pathway for the Management of Substance Misuse in Prisons in Wales has incorporated the second set of feedback and comments from HMPPS, Dyfodyl, Public Health and Welsh Government Colleagues on:</p> <ul style="list-style-type: none"> <li>• The clinical pathway for assessment and management of substance misuse including complex care, multiple dependencies and co-occurring substance use and mental health</li> <li>• Screening, diagnosis and treatment of blood borne viruses, Tuberculosis and sexually transmitted infections</li> <li>• Support for resettlement in line with the development work on ‘Accommodating offenders in Wales strategic framework’</li> <li>• Workforce realignment and development</li> </ul> <p>Due to the current pandemic, the series of stakeholder events across Wales has been delayed and it is expected that this work will be undertaken in 2021.</p>
<p>7.4 Can you provide further information on the work of the Deep Dive Group, including any outputs or recommendations they have produced.</p>	<p>Due to the pandemic the group was suspended, but reconvened on 14<sup>th</sup> December 2020, with good attendance and representation from a variety of sectors.</p> <p>The meeting:</p> <ul style="list-style-type: none"> <li>• Reviewed working practices during pandemic</li> <li>• Captured lessons learned/identified new areas of work</li> </ul>

	<ul style="list-style-type: none"> <li>• Discussed the current work plan.</li> </ul> <p>Future actions-</p> <ul style="list-style-type: none"> <li>• To review current work plan by 29<sup>th</sup> January 2021</li> <li>• Identify new actions and reprioritise all actions</li> <li>• Identify if “quick wins exist”</li> <li>• Next meeting due April 21.</li> </ul>
<p><b>8. Medicine management</b></p> <p>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.</p>	
<p><b>Question</b></p>	<p><b>Progress</b></p>
<p>8.1 Can you provide an update on progress with this workstream.</p>	<p>Due to the high levels of pressure that have been placed on the prison healthcare teams during the COVID-19 pandemic, elements of this workstream are currently paused. Additionally, as dispensation of medication has been significantly affected by regime changes in response to COVID-19, we have been advised to pause some elements of the workstream until these systems return to normal, this was to avoid artificial skewing of the findings.</p> <p>Prior to March 2020, the Royal Pharmaceutical Society secured the tender to lead this workstream on behalf of the Welsh Government. The contract includes initial data collection and assessment; prisons visits; and an individual Status and Improvement Report for each establishment. Through this work, consideration will also be given to national policies that need to be developed to support medicines management in the prisons.</p>

A key element of this workstream was in prison engagement with Pharmacy teams. This work has been postponed, but desk-based research and surveys re-started in October. The RPS also held a virtual engagement session with prison health teams in Autumn 2020 to set out the priorities of the workstream and gather support for the audit, as well as to introduce the Audit Tool to the teams. WG officials have also established monthly meetings with the Contractors to provide oversight to this work.

In addition to this, work is currently underway to assess the data capture capability of current NHS Wales IT systems to help facilitate this work.

**9. 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.

<b>Recommendation</b>	<b>Progress</b>
<p>9.1 Can you now provide an update on the prison environment workstream and, in particular, the development of key outcome indicators and performance measures.</p>	<p>The prison environment workstream commenced in January 2020, beginning with visits to each prison in Wales to conduct focus groups and survey the establishments for any issues that could impact well-being. This work was also to find areas of best practice which can be shared throughout Wales. The workstream conducted initial visits to the prisons from January to March 2020, and created findings reports that highlighted areas working well, areas of improvement and key issues raised in the prisoner forums. This included promotion of the work being done at HMP Parc for men with Autism, following their recent accreditation from the Autistic Society.</p> <p>However, due to the Coronavirus outbreak HMPPS have had to make changes to the workstream to adjust for resourcing impact and regime alterations. This has resulted in pausing some elements of the workstreams but also expanding its remit to include environmental changes in response to COVID-19, and well-being interventions for staff and prisoners. The workstream will resume work on the Environmental Health Indicators when</p>

the regime and community restrictions have lifted, so the next round of visits can take place.

The expanded remit since March 2020 includes:

- The initiation of a staff and prisoner COVID-19 testing pilot, which began in HMP Swansea on the 7th Oct and HMP Berwyn the week after
- Working with Public Health Wales to implement Exceptional Delivery Models (EDMs), to bring back key areas of the prison regime, such as outdoor gym, education and OMU
- Development of mental health kits for men in isolation, including meditation guides
- Creation of new content for the prison radio station to help with loneliness
- Access to the C.A.L.L mental health line rolled out to Welsh prisons
- Working with partners to review and develop innovative ways for in cell exercise
- Working with Local Health Boards (LHBs) to implement use of iPads
- Implementing additional signage to inform social distancing
- Developing contract tracing guidance for each of the prisons with Public Health Wales
- On-going complex case consultations with case managers including WISDOM and High-Risk Pathway consultations
- Creating of distraction packs for residents and service users across prisons and probation. This included easy read adaptations of national and local communications to aid communication for men with learning difficulties
- Supporting the Brain Injury linkworker service across the Cardiff & Swansea Clusters
- Key Worker support extended for managing complex cases and development of Key Worker resource packs to structure sessions/contact with service users in light of COVID-19
- Digital messages (audio and visual from the men to their families) at HMP Cardiff
- Establishment of virtual online visits for prisons
- Emotional Health accredited learning in cell at HMP Swansea
- Weekly newsletters keeping men informed of COVID-19 restrictions
- Mobile libraries created in all prisons to keep men occupied

	<p>Key progress made by HMPPS since the outbreak began to support staff has included:</p> <ul style="list-style-type: none"> <li>• Working with local resilience forums to facilitate staff testing</li> <li>• Reflective practice sessions to staff across NPS &amp; PSPs where requested &amp; weekly dial ins</li> <li>• Staff Well-Being support packs (i.e. anxiety busting packs) as well as collating evidence-based guidance for managers across Directorate</li> <li>• Adapting existing training packages so they can be delivered via video or webinars (Building Resilience, Professional Boundaries etc) to staff</li> </ul>
<p>9.2 How will these help you, in partnership with HMPPS, to monitor progress in this area</p>	<p>When completed, the Environmental Health indicators will outline specific areas of focus for each prison, which will provide a baseline to monitor improvements and inform interventions. These will feed into the National Prison Health Indicators being developed as part of the partnership agreement for offender health.</p>
<p><b>10. Social care and an ageing prison population</b>  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.</p>	
<p><b>Question</b></p>	<p><b>Progress</b></p>
<p>10.1 Can you update us on work in this area?</p>	<p>Ensuring that older prisoners receive the right care and support is a key priority of HMPPS in Wales and the Welsh Government. As prisoners get older, their health social care needs can also increase. Others will also have a co-existing mental health condition or chronic health problem and/or disability. Institutionalisation can be an issue, as well as loss of contact with family and friends.</p> <p>The Prison Health and Social Care Oversight group has set out the agreed national priorities for older prisoners across the prison estate. Those</p>

priorities reflect the strategic national priorities of the Welsh Government such as those set out in A Healthier Wales.

The Social Services and Well-Being (Wales) Act 2014 and associated frameworks establish clear rights to social care. As part of this partnership, the National Care and Support Pathway for Adults in the Secure Estate sets out key steps and those responsible at each step, for identifying, referring, assessing and meeting the care and support needs of adults in the secure estate, as well as planning for, and upon their release back to the community.

Locally, all prisons in Wales have Memorandums of Understanding with relevant local authorities which outline how social care is provided, and the prisons and local authorities work closely to support the delivery of these services. Prison Health and Social Care Partnerships are integral to securing and delivering consistent health, social care and well-being outcomes for everyone in prison in Wales.

Our approach has proved effective in delivering our national priorities within the non-devolved environment. Currently, the health and social care needs of older prisoners with Dementia are being met by in reach services or hospital-based care. The recent HMIP thematic into Social Care cited good practice at HMPs Cardiff and Usk and Prescoed, reporting that the referral pathway had driven a target for initial screening and assessment by respective local authority social care teams within 24 hours of referral.

Dementia is also a named condition in the Mental Health Workstream under the Partnership Agreement for Prison Health. The Royal Collage of Psychiatrists will be undertaking a review of current Dementia provision in Welsh prisons and establishing new standards for care in this area.

HMP Usk holds the highest proportion of older prisoners of all the prisons in Wales, with 10% of the population over 70. The prison caters specifically for Men Convicted of Sexual Offences population, and vulnerable individuals.

	<p>HMP Usk has taken an innovative approach to caring for older prisoners and has become a hub for best practice that is shared across the Welsh estate.</p> <p>To support offenders with Dementia, HMP Usk and Prescoed work closely with social care and third sector colleagues, enabling them to deliver real differences to the men in their care. The professional relationship the prison has developed with Monmouthshire County Council has been essential in meeting the needs of an aging population, as well as their partnership with the Salvation Army.</p>
<p>10.2 Can you provide us with a copy of the HMPSS Strategy for the management of older persons in custody in the Welsh Region</p>	<p>Officials have contacted HMPPS in Wales for the strategy for the management of Older Persons in custody in the Welsh Region and will forward accordingly when received.</p>
<p>10.3 How do you respond to calls for a national strategy for older prisoners?</p>	<p>It is imperative that the needs of the older prisoner population continue to be assessed and planned for coherently across the devolved and non-devolved responsibilities. This is integral to our partnership working with HMPPS through the Prison Health and Social Care Oversight Group, and the local partnership arrangements. The Group is leading a whole prison approach to improving the health and well-being outcomes across the estate in Wales including the evolving age-profile of the prison population and their needs for care and support.</p> <p>The Group has already identified the wider prison environment as a key priority to support and secure well-being and ensure equitable health and social care arrangements. These are consistent with the UK Government's priorities for older prisoners published in November 2020 which also include purposeful activities for offenders and preparing them for release and resettlement.</p> <p>Alongside this, we are consulting on our vision for an age friendly Wales (<a href="https://gov.wales/sites/default/files/consultations/2020-12/consultation-document_0.pdf">https://gov.wales/sites/default/files/consultations/2020-12/consultation-document_0.pdf</a>). Our draft Strategy sets out the national aims to enhance well-being; to improve local services and environments; to build and retain people's own capability and to tackle age-related poverty. We have ensured the draft Strategy highlights the needs of older prisoners as part of a whole</p>

	<p>system approach to seamless support, care or treatment through services designed around individuals, based on their unique needs and what matters to them, as well as quality and safety outcomes.</p> <p>We will continue to work across national Governments, together with all relevant partners and agencies, to secure improved outcomes for all people across Wales that includes but is not limited to health and social care.</p>
<p>10.4 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.</p>	<p>The way social care funding in prisons has been distributed was considered, reviewed and agreed with local government as part of the formal arrangements established under our Local Government Partnership Scheme. The purpose of the Scheme is to ensure consistent, fair and equitable arrangements to transfer specific grants to the settlement. The Scheme reflects local government's request for greater flexibility to manage their resources.</p> <p>Those decisions were re-considered at the Welsh Government's request, following representations received from one local authority. Local government representatives re-confirmed the original decision to distribute the available funding across all 22 local authorities from 2018/19.</p>
<p><b>11. Funding</b></p> <p>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.</p> <p>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</p>	
<p><b>Question</b></p>	<p><b>Progress</b></p>

<p>11.1 What recent discussions have you had with the UK Government about resourcing and funding arrangements for Welsh prisons.</p>	<p>The Welsh Government does not receive funding from the UK Government for prisoner healthcare on an annual basis. In 2014-15 the Welsh Government received a recurrent transfer into the Welsh Block of £2.544m to support prisoner healthcare in public prisons in Wales. No additional specific funding has been provided to Welsh Government (by the UK Government) for prison healthcare since that time.</p> <p>The Welsh Government wrote to the relevant Health Boards in March 2020 to request information on current costs associated with providing primary and secondary health services in the prisons (including annual capital, revenue and staffing costs for providing healthcare). The intention was to use this review of funding to inform discussions with the UK Government – regarding future funding for prisons in Wales.</p>
<p>11.2 What work have you undertaken to review the level of funding and arrangements for funding models across Welsh prisons.</p>	<p>As noted for question 11.1 - The Welsh Government wrote to the relevant Health Boards in March 2020 to request information on current costs associated with providing primary and secondary health services in the prisons (including annual capital, revenue and staffing costs for providing healthcare). The intention was to use this review of funding to inform discussions with the UK Government – regarding future funding for prisons in Wales. The impact of the pandemic has meant this review was paused in 2020. The intention is to return to these conversations in 2021, in the context of recovery planning for the prisons.</p> <p>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.</p> <p>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</p>

future transfer to the Welsh Government once the prison is up to capacity and is fully operational.

**12. 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.”

**Question**

**Progress**

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

This work is currently paused due to resourcing constraints caused by Covid-19.

