

June 2018



Clinks' response to the Health and Social Care Committee inquiry into prison healthcare

The effectiveness of prisons and prison healthcare services in meeting the physical and mental health, and social care, needs of prisoners

About Clinks

Clinks is the national infrastructure organisation supporting voluntary sector organisations working in the criminal justice system (CJS). Our aim is to ensure the sector and those with whom it works are informed and engaged in order to transform the lives of people in the criminal justice system and their communities. We do this by providing specialist information and support, with a particular focus on smaller voluntary sector organisations, to inform them about changes in policy and commissioning, to help them build effective partnerships and provide innovative services that respond directly to the needs of their users.

We are a membership organisation with over 500 members, working in prisons and community settings, including the voluntary sector's largest providers as well as its smallest. Our wider national network reaches 4,000 voluntary sector contacts. Overall, through our weekly e-bulletin Light Lunch and our social media activity, we have a network of over 15,000 contacts. These include individuals and agencies with an interest in the CJS and the role of the voluntary sector in rehabilitation and resettlement.

Clinks is a member of the Voluntary, Community and Social Enterprise Health and Wellbeing Alliance (HW Alliance), a national partnership between the voluntary sector and Department of Health, NHS England and Public Health England. The HW Alliance aims to bring the voluntary sector's voice and expertise into national policy making to improve health and care systems, address health inequalities, and help people, families and communities to achieve and maintain wellbeing. Through the HW Alliance, Clinks works to raise awareness of the health needs of people in the CJS, and the vital role the voluntary sector can play in addressing them.

For more information see www.clinks.org

About this response

Clinks welcomes this inquiry into prison healthcare. Our response draws on evidence from our wide range of work supporting voluntary sector organisations working with people in prison, including:

- Reducing Reoffending Third Sector Advisory Group (RR3) special interest group on effective care and support for people at risk of suicide and self-harm in prison¹
- *The good prison: why voluntary sector coordination is essential*²



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- Clinks' submission to the Justice Committee inquiry into the prison population³
- *Race, mental health and criminal justice: moving forward*⁴

We have also drawn on extensive evidence gathered from the voluntary sector, including from our active support for the voluntary sector's work with women in prison or at risk of entering custody⁵, intensive support for voluntary organisations working with prisoners' families⁶, and support for arts-based work with prisoners⁷. Further evidence comes from our annual state of the sector survey⁸, which maps trends and feedback from voluntary organisations across England and Wales; and a specialist survey of our members conducted in autumn 2017 on the health and care needs of those they work with.

The effectiveness of prisons and prison healthcare services in the management of the physical health, mental health and social care needs of prisoners

As noted in numerous recent reports, including those by Her Majesty's Inspectorate of Prisons, the National Audit Office, the Public Accounts Committee and the Justice Committee highlighted by this inquiry, people in prison experience high levels of physical health, mental health and social care need. Many people in prison experience multiple and complex needs, with a high prevalence of co-morbid conditions including physical, mental health, substance misuse, and other vulnerabilities.⁹

Clinks members tell us that both the complexity and urgency of needs among their service users has increased in recent years. Over half the respondents to our health and care survey in 2017 felt the health and care needs of their service users had increased in the previous 3 years. While in our 2017 state of the sector survey, 80% of organisations agreed or strongly agreed that service user need had become more complex, and 79% said they had become more immediate.¹⁰

Given this, and the challenges posed by the prison environment, it is unsurprising that prisons and prison healthcare services struggle to effectively meet this need.

People in prison are entitled to the same levels of healthcare and treatment as anyone in the community.¹¹ Despite the efforts of NHS England, Public Health England and Her Majesty's Prison and Probation Service (HMPPS), current prison healthcare services are too often failing to reach this standard of equivalence for physical health, mental health conditions and social care needs. Waiting times to access primary care appointments are far longer than in the community. For example, Clinks members report:

- Men in prison waiting three months for GP appointments while in severe pain
- Arranging hospital outpatient treatment for a client working with them on Release on Temporary Licence¹² as their condition had been left untreated for months while waiting to see a prison doctor
- Spending weeks chasing appointments for two partially-sighted prisoners both requiring urgent eye assessments, despite them having been diagnosed and prescribed medication prior to entering custody.

Access to adequate mental health care for people in prison is another key area of concern, as highlighted by the National Audit Office report in 2017.¹³ There is a particular need for improved care for people with co-occurring mental health and substance misuse conditions. We welcome the inclusion of a requirement to ensure coordinated care for people with



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dual diagnosis, and operate a *No Wrong Door* policy, in the new NHS England service specifications for prison mental health¹⁴ and substance misuse¹⁵ services. However, our members tell us this is still a significant barrier to people accessing mental health treatment.

NHS England and the Care Quality Commission should continue to monitor access to co-ordinated care for people with co-occurring mental health and substance misuse conditions as the new prison mental health and substance misuse service specifications are implemented.

Voluntary organisations working in prisons are a key partner in identifying and meeting the health and social care needs of people in prison. The voluntary sector can bring professional expertise, energy, resource and creativity to bear. As well as delivering health and care services such as treatment for substance misuse and mental health support, voluntary organisations can advocate on behalf of those with health and care needs, support people to understand and manage their health, and adopt a flexible and holistic approach to support the health and wellbeing of people in prison.

Voluntary sector staff and volunteers can develop relationships with and provide support to individuals which prison staff are not always able to do. Because they are seen as independent from the system, voluntary organisations can develop greater trust with people in prison than prison staff and healthcare professionals, which is vital for identifying and managing health and care needs. For example, organisations such as RECOOP and Age UK North Tyneside run activity-based day centres for older prisoners in a number of prisons. These settings create a safe space, and trusting relationships with staff running the groups, enabling older people to feel confident in disclosing and discussing health concerns. In turn, the staff are able to advocate on their behalf when necessary. In one instance, this led to a prisoner disclosing symptoms leading to a diagnosis and treatment for cancer, which would otherwise have gone undiagnosed.¹⁶

For voluntary sector organisations to play a full role in supporting the management of the health and social care needs of people in prison, prisons must view the voluntary sector as an integral part of the prison system, and include it in strategic planning processes and training alongside other prison services.

For example, all voluntary sector staff and volunteers should be offered training on safer custody and Assessment, Care in Custody and Teamwork (ACCT) processes. Local systems for reviewing safety in custody should include voluntary organisations working in the prison. Clinks' recent *Good prison* project, which piloted the employment of part-time voluntary sector co-ordinators in three prisons in the South West, demonstrated the positive impact of better engagement of the voluntary sector in creating a safe prison environment and delivering more effective rehabilitation and resettlement.¹⁷

It is also important to remember that prisons do not exist in isolation. Continuity of care for those entering and leaving custody (as well as when transferring between prisons) is of paramount importance. In our 2017 survey on the health and care needs of the people our members support, many respondents expressed concern that lack of funding and cuts to services in the community were contributing to the rising complexity of needs among their service users, including those entering prison.



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Respondents to the survey also highlighted delays and failures in ensuring continuity of care for people on release which too often had a significant detrimental effect on the health and wellbeing of people returning to the community. Examples included people with long-term conditions being released without, or with the wrong, medication, and without a registered GP in the community; and of people receiving social care support in prison where no assessment or plan for meeting this need in the community was made prior to their release. This is a particular challenge for people released from non-resettlement prisons, where little or no provision is in place for resettlement planning. This will need close attention in the forthcoming estate transformation plans to ensure these difficulties are not replicated as prisons are re-roled.

Voluntary sector organisations working with people in both custody and the community are well placed to support continuity of care and assist people to engage with health services in the community on release.

Prison healthcare services should establish information sharing arrangements with voluntary organisations working through the gate to involve them in supporting continuity of care.

The safety of prisons and the impact of the prison environment on the physical, mental and social wellbeing of prisoners and prison staff

The prison environment carries inherent risks for vulnerable people, including those with mental health problems, learning disabilities, and physical frailty or disabilities. Levels of suicide and self-harm in prisons remain extremely high, especially in the women's estate, and more needs to be done to address this and to support those engaging in self-harm.

In 2016-17, Clinks convened a special interest group of the Reducing Reoffending Third Sector Advisory Group (RR3), on the theme of effective care and support for people at risk of suicide and self-harm when entering prison, in prison, and on release.¹⁸ The group noted that risk of suicide or self-harm is dynamic, and any person in prison can become vulnerable, regardless of whether they have previously been assessed as at risk. Indeed, the shock of entering prison itself can be enough to trigger risk of suicide or self-harm.

Responses to people at risk of suicide and self-harm in prison need to be flexible and dynamic, not based solely on formal assessment at reception or minimum standards of provision.

The current levels of overcrowding in prisons also significantly increase the negative impact of prison life on health and wellbeing. As we noted in our response to the Justice Committee inquiry into the prison population¹⁹, our members have told us that overcrowding and staff shortages are having a negative impact on prisoners' ability to access the services they need. A lack of access to rehabilitative services and purposeful activity may have a cyclical impact, leading to increased boredom and frustration which can lead to violence, self-harm and drug use, which in turn leads to further lockdown and an exacerbation of the current difficulties.

Staff shortages, even after the recent drive by the HMPPS to increase recruitment, encroach on the ability for people in prison to access healthcare. Lockdowns, or simply having insufficient staff to escort prisoners to appointments, can lead to cancellations



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and drive up waiting times; as do shortages of doctors and other healthcare staff. Voluntary organisations report being unable to access prisons and prisoners due to current challenges and pressures, which limits the impact they can have.

We recommend all prisons employ a dedicated voluntary sector co-ordinator to facilitate better engagement with the sector. This has been shown to deliver positive outcomes including improved awareness of and access to services, and contributing to improved prison safety.²⁰

Prisons are high pressure environments in which to both live and work, so it is crucial to provide all staff and volunteers working in prisons with the right support.

Prison officers, voluntary sector staff and volunteers should be provided with training to equip them to identify and support people with health and care needs, which should include safeguarding, mental health awareness, trauma-informed approaches, and how to respond to people at risk of suicide and self-harm.

In addition, prison staff should be provided with on-going supervision to support them in managing their own health and wellbeing, and in their role in caring for vulnerable people. This in turn will have a direct impact on service users within the prison.

The effectiveness of the oversight, commissioning and regulation of prisons and prison healthcare services in safeguarding and improving prison health

Effective monitoring and regulation of healthcare services in prison must include listening to the voices of those in the prison. People in prison and their families are a key source of intelligence on what is or is not working well, and how services can be improved. To ensure people feel able to give honest feedback, it is vital that regulatory processes such as contract reviews and the Care Quality Commission inspections draw on independent service user voice, as well as that gathered via the healthcare provider.

Examples of this in practice include the User Voice councils²¹ for health and justice services in Kent, and the Patient Participation Project commissioned by NHS England Health and Justice in London. In the latter example, individuals with lived experience of the criminal justice system were trained to support improved service user participation across the region's health and justice services. This provided user voice at strategic planning and contract review meetings, and advice to prison healthcare services to deliver improvements in patient participation.²²



Clinks supports, represents and advocates for the voluntary sector in criminal justice, enabling it to provide the best possible opportunities for individuals and their families.

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End notes

1. Clinks (2017), RR3 special interest group on effective care and support for people at risk of suicide and self-harm in prison. Online: www.clinks.org/criminal-justice-influencing-criminal-justice-policy-reducing-reoffending-third-sector-advisory/rr-0 (last accessed 18.05.18)
2. Clinks (2018), *The Good Prison: Why voluntary sector coordination is essential*. Online: www.clinks.org/resources-reports/good-prison (last accessed 18.05.18)
3. Clinks (2017), Clinks submission to the Justice Committee inquiry into the prison population. Online: www.clinks.org/sites/default/files/basic/files-downloads/clinks_submission_to_the_justice_committee_inquiry_into_the_prison_population.pdf (last accessed 18.05.18)
4. Nacro, Clinks, Association of Mental Health Providers and Race Equality Foundation (2017), *Race, mental health and criminal justice: moving forward*. Online: www.clinks.org/sites/default/files/basic/files-downloads/race_mental_health_and_criminal_justice_300817.pdf (last accessed 18.05.18)
5. www.clinks.org/criminal-justice/women
6. www.clinks.org/criminal-justice/supporting-families-prisoners
7. www.clinks.org/criminal-justice/arts
8. www.clinks.org/resources-reports-mapping/state-sector-reports
9. Revolving Doors Agency (2017), *Rebalancing Act*. Online: www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8I (last accessed 18.05.18)
10. Clinks (2017), *The State of the Sector 2017*. Online: www.clinks.org/sites/default/files/clinks_state-of-the-sector-2017_final-web1.pdf (last accessed 18.05.18)
11. www.gov.uk/life-in-prison/healthcare-in-prison (last accessed 18.05.18)
12. Release on Temporary License (ROTL) is used to allow a person in prison permission to leave the prison for a short time in order to help prepare them for safe release, for example to engage in work, education or training, to establish contact with family members, or arrange housing.
13. National Audit Office (2017), *Mental Health in Prisons*. Online: www.nao.org.uk/report/mental-health-in-prisons/ (last accessed 18.05.18)
14. NHS England (2018), *Service specification: Integrated mental health service for prisons in England*. Online: www.england.nhs.uk/publication/service-specification-integrated-mental-health-service-for-prisons-in-england/ (last accessed 18.05.18)
15. NHS England (2018), *Service specification: Integrated substance misuse treatment service in prisons in England*. Online: www.england.nhs.uk/publication/service-specification-integrated-substance-misuse-treatment-service-prisons-in-england/ (last accessed 18.05.18)
16. Taken from Clinks research into voluntary sector work with older people, *Older offenders: A snapshot and roadmap for the voluntary sector* (due for publication summer 2018)
17. Clinks (2018), *The Good Prison: Why voluntary sector coordination is essential*. Online: www.clinks.org/resources-reports/good-prison (last accessed 18.05.18)
18. Clinks (2017), RR3 special interest group on effective care and support for people at risk of suicide and self-harm in prison. Online: www.clinks.org/criminal-justice-influencing-criminal-justice-policy-reducing-reoffending-third-sector-advisory/rr-0 (last accessed 18.05.18)
19. Clinks (2017), Clinks submission to the Justice Committee inquiry into the prison population. Online: www.clinks.org/sites/default/files/basic/files-downloads/clinks_submission_to_the_justice_committee_inquiry_into_the_prison_population.pdf (last accessed 18.05.18)
20. Clinks (2018), *The Good Prison: Why voluntary sector coordination is essential*. Online: www.clinks.org/resources-reports/good-prison (last accessed 18.05.18)
21. See www.uservice.org/about-us/our-services (last accessed 18.05.18)
22. See ww.inspirit-training.org.uk/projects (last accessed 18.05.18)