Health and Sport Committee Inquiry – Healthcare in Prisons

The Care Inspectorate is the official body responsible for inspecting standards of care in Scotland. That means we regulate and inspect care services to make sure they meet the right standards and help them improve if needed. We also carry out joint inspections with other scrutiny bodies to check how well different organisations in local areas are working to support adults and children. We help ensure social work, including criminal justice social work, meets high standards. Across all our work, we provide independent assurance and protection for people who use services, their families and carers and the wider public. In addition, we play a significant role in supporting improvements in the quality of care, and reducing health and social inequalities, in Scotland.

The Care Inspectorate welcomes the opportunity to respond to this Inquiry. As part of our duty of co-operation outlined in the Public Services Reform (Scotland) Act 2010, we contribute to inspections of HM Prisons as a ‘guest inspector’. Of particular relevance to your Inquiry, during our inspections we focus on the extent to which people in prison are able to participate in appropriate activities, their wellbeing and the extent to which there are robust and effective arrangements for release with links into the community.

1. **What do you consider are the current pressures on health and social care provision in prisons?**

   We would consider that the current pressures on health and social care provision in prisons are related to substance abuse, mental health issues, infection control, and an ageing population.

   With regards to substance abuse, there are a number of prisoners in the population with substance misuse issues and this can have an impact upon prescribing levels and workload. Similarly, there are a number of prisoners with mental health issues and our evidence can show that there is a lack of psychiatric support in the community.

   Infection control is a pressure as there is a need for training and awareness of staff, and prisons should ensure effective infection control processes.

   An ageing population, with their own needs and pressures, is combined with a number of older prisoners being convicted of historical offences, causing pressure on health and social care provision.

2. **How well do you consider that these pressures have been responded to?**
A recent prison inspection by Care Inspectorate staff rated the overall performance of health as poor, finding issues relating to the balance of staffing between primary, mental health and addictions staff. As result of the culture, nurses being threatened and verbally abused by prisoners, NHS staff felt unsafe and unsupported.

Further issues identified in that inspection are the waiting lists for mental health services impacting upon the health and wellbeing of prisoners, and that women had access to a weekly mental health drop in clinic but men did not, as well as the systems and processes for infection control.

In our inspection experience, provision of mental health services can be variable across the prison estate and prisoner population, and we have found a lack of medium secure psychiatric beds in the community can result in prisons being used to manage needs until a bed becomes available.

Effective relationships between Scottish Prison Service (SPS) and NHS staff are key in addressing issues like the above.

3. To what extent do you believe that health inequalities are/ could be addressed in the prison healthcare system?

As recognised in research, and our own inspection evidence, the prison population often experience a range of chronic illnesses and mental health problems, which can be exacerbated by substance misuse problems and homelessness.

Ideally, prison can offer an opportunity for change for prisoners. For example, some individuals find they eat and sleep better whilst in custody, and making use of the gym equipment and attending activities can help prisoners to maintain a daily routine whilst building confidence. For those who are motivated, making substance misuse services and supports, such as substitute prescribing and naloxone training, available can help individuals gain stability and control whilst raising their awareness of similar support available in the community.

In our opinion, ensuring efficient transitions from custody to community is key to addressing health inequalities. We know from speaking with ex-prisoners, particularly chaotic drug users, that they can sometimes find it difficult to access a GP upon release. In most cases, this is because of a history of presenting challenging behaviour or a perception by GP practices that they may do so.

Similarly, it is important to have prescribing arrangements in place for people leaving prison – this can be difficult as many people are of no-fixed abode upon release as accommodation cannot be ‘held’ during preparations for release. As a result, prescribing arrangements in some areas can be interim in nature and work needs to be done to access assessment and prescribing services in the medium to longer term.

Services are particularly challenged where prisoners are released within 24-48 hours of a decision by a parole board, sometimes unexpectedly. This makes it
much more difficult to plan effectively to ensure that ex-prisoners can get appropriate healthcare without undue delay.

Being unable to access services upon release or experiencing barriers to accessing support causes anxiety for individuals which undermines their confidence and motivation and can contribute to lapses in treatment and relapse.

4. **What are the current barriers to using the prison healthcare system/improve the health outcomes of the prison population?**

One of the barriers to improving the health outcomes of the prison population, can be the lack of trauma informed practice amongst staff. Recent research by the Centre for Youth and Criminal Justice (CYCJ) on loss, trauma and bereavement in young people in custody has highlighted the need for greater awareness of trauma informed practice amongst staff, as well as a range of supports for this particular group of young people many of whom then go on into the adult prison population.

Many young people have a history of being looked after and there are implications for how social work and social care services support young people to come to terms with loss and assist them to avoid offending, and helping vulnerable young people to avoid custody.

5. **Can you identify potential improvements to current services?**

Further to our points made above, current services could be improved by ensuring an appropriate mix of professional nursing staff to address presenting needs across the prison estate and population.

Our recent inspection referenced above found an over-reliance on scarce psychological and psychiatric services. More could be done to equip SPS and NHS staff to deliver a range of cognitive-behavioural and brief interventions to help prisoners manage their emotions and come to terms with troubling experiences.

Again, further to our comments in question 4, the CYCJ in their research have found a need for a range of trauma informed interventions to support young people in custody.

6. **What do you think the main pressures will be in the next 15 years?**

The issues listed in our answer to question 1 will continue to be the main pressures over the next 15 years, namely substance abuse, mental health issues, infection control, and an ageing prison population.