Response from the Scottish Prison Service

Healthcare in Prisons – Call for Views

Facilities

1. What prison healthcare facilities are you responsible for?

SPS is responsible for the general infrastructure of facilities used for the delivery of health services in prison, general cleanliness of these areas and general (not medical) waste management.

Budget and costs

2. What is the budget for a) health and b) social care for 2016/17?

a) Responsibility and accountability for the provision of healthcare services in prisons transferred from the Scottish Prison Service (SPS) to the National Health Service (NHS) in November 2011. A national Memorandum of Understanding (MoU) and an Information Sharing Protocol (ISP) between the SPS and NHS Health Boards have been in place since transfer, setting out agreed responsibilities, governance and information data sharing arrangements in the provision of healthcare services in prisons.

While the provision and funding of healthcare services is the responsibility of NHS Boards the SPS has retained responsibility for the provision of “Dental & Ophthalmic Appliances” as detailed in the 2011 MoU. The SPS budget for Dental and Ophthalmic appliances for 2016/17 is £147,780.

b) While the NHS provides Health Care Services in prisons local authorities/Integration Joint Boards (IJBs) do not provide Social Care in prisons. There is no equivalent agreement between SPS and local authorities/IJBs that clearly sets out roles and responsibilities for the provision of Social Care in Prisons in the same way that the 2011 memorandum of understanding between NHS Scotland and SPS sets out roles and responsibilities for the provision of Health Care. The 2011 memorandum of understanding between SPS and NHS Scotland makes clear that ‘Personal and Social Care’ is not an NHS responsibility. SPS believes that local authorities have responsibility for the provision of social care to people in prison under The Social Work (Scotland) Act 1968. Local authorities do not currently provide social care services to people in prison. SPS are keen to work with national partners to establish clear lines of responsibility for the provision of social care and associated services.
The Public Bodies (Joint Working) (Scotland) Act 2014 requires health boards and local authorities have integrated governance arrangements for adult health and social care. Different local authority areas and NHS boards are doing this in different ways. It is not clear how the provision of health and social care will change due to integration, or what sort of regional variation will emerge. The Public Bodies (Joint Working) (Scotland) Act 2014 does not mention prisons or people in prisons.

The Scottish Prison Service does not have a budget for the delivery of social care. The provision of Social Care, estate adjustments and equipment procurement is handled on a case by case basis dependent on individual need and establishment capability. Social Care is usually procured from private agencies through the Scot Excel national framework arrangement for Social and Care Agency Workers (Social Care and Agency Workers Framework Arrangement) – however a national shortage of care workers (and additional factors that mean providing staff to prisons is not always attractive to agencies) means agencies outside the framework and local NHS staff banks have also been used when no agency on the framework has been able to fulfil SPS needs.

In 2015/2016 the Scottish Prison Service spent £297789 on social care and equipment. SPS spent an additional £2820 in this year ensuring a suitable home address was available to accommodate the home release of a person in our care with social care needs. The SPS actual spend in 2016/2017 on social care and equipment to November 2016 was £190059 and based on this figure the projected spend to March 2017 is £252650. SPS spent an additional £2294 in this year ensuring a suitable home address was available to accommodate the home release of a person in our care with social care needs.

There are likely to be considerable unrecorded costs. Sometimes a need for social care may arise at short notice if the health of someone in prison deteriorates or if someone with high social care needs is admitted to prison. If no agency can be found to supply care workers within a reasonable timescale, local NHS staff may step in, or work with a prison to source NHS bank staff as a temporary solution until agency staff are available. This support is not an NHS responsibility as described in the 2011 MoU and SPS are very grateful for the partnership support of local health centres where this has occurred. While SPS encourages NHS boards to invoice SPS for costs incurred where NHS bank staff have provided temporary social care cover this does not always happen – so not all costs associated with providing temporary social care cover in this way will be included in the figures quoted above. The figures above also do not take into account any ad hoc social care support provided by NHS staff in prison healthcare centres (outside NHS responsibility as defined in the 2011 MoU), nor informal low level social care support that may be provided by SPS staff. The final cost for 2016/2017 and future costs are difficult to estimate as social care need can change daily if the health of someone in custody deteriorates or if someone with high social care needs is admitted to custody. In the
past there have been people in prison with high social care needs that have required long term agency care worker support costing almost £6000 per week.

Socioeconomic origin is linked to the risk of someone requiring social care. People from the most deprived areas in Scotland are three times more likely to need care support with activities of daily living than those living in areas considered the least deprived - and the support required is more likely to be intensive\textsuperscript{ii,iii}. It is well established that the Scottish prison population is disproportionately drawn from the most deprived areas in Scotland\textsuperscript{iv} – and that many of the factors which increase the likelihood of involvement in the criminal justice system are also linked to higher rates of ill health and disability\textsuperscript{v}.

With a population that is aging the need for social care, social care support equipment and changes to the physical arrangements within prisons to better accommodate people with social care needs is likely to grow – alongside the associated costs.

SPS is aware that the current model of providing social care does not always provide equitable and continuous care in part due to geographical constraints and pressures on care agencies nationally. SPS recently carried out an estate wide social care needs assessment to better understand the number of people in prison in Scotland who have social care needs and how best to support them. The resulting report will be used to inform future SPS policy and practice and to form the basis for engagement with national partners to ensure that people in prison with social care needs receive appropriate and equitable support.

3. What is the average cost of a) health care and b) social care per prisoner?

a) As discussed above, with the exception of “Dental & Ophthalmic Appliances” the SPS is not responsible for the healthcare costs of people in prison.

b) SPS does not manage a central register of those receiving social care across the estate and the length of time for which they receive it. This makes it difficult to calculate an average. The establishment of such a register is an issue that SPS intend to consider as we work to develop a more strategic approach to supporting people in our care with social care needs. As mentioned above in the past there have been people in prison with high social care needs that have required long term agency care worker support costing almost £6000 per week. Although this example is extreme it illustrates how difficult it can be to predict social care need costs across SPS. The number of people in prison receiving social care support at any one time varies as the health of someone in custody deteriorates, someone with high social care needs is admitted to custody or someone receiving social care support is released. SPS has also had to pay external services to ensure that a suitable home address was available to accommodate the home release of a person in our care with social care needs.
In England and Wales specific responsibility for social care in prisons has recently been clarified in legislation\textsuperscript{VI,\textit{vii}}. Prior to the implementation of this legislation the Department of Health carried out an impact assessment which estimated the number of people in English prisons who would require social care, the number of people who would require assessment for social care needs on an annual basis and associated costs. It estimated an average annual cost of providing social care to someone in prison to be £4786, adjusted for inflation from 2010 costs this is equivalent to £5600 today.

Using an estimate of the number of people in custody who could benefit from social care or reablement informed by the SPS Estate wide Social Care Needs Assessment and the formulas used by the Department of Health to assess the impact of the implementation of the Care Act in England (adjusting for inflation) we can estimate the cost of delivering a full program of personal and social care and regular social care assessment in Scottish prisons in a similar mould.

<table>
<thead>
<tr>
<th>Estimated number - annual</th>
<th>Estimated annual cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Care/ Reablement Support</td>
<td>140</td>
</tr>
<tr>
<td>Initial Assessment</td>
<td>265</td>
</tr>
<tr>
<td>Reassessment on transfer</td>
<td>157</td>
</tr>
<tr>
<td><strong>Total estimated cost</strong></td>
<td><strong>£969400</strong></td>
</tr>
</tbody>
</table>

Table 1 Calculations can be provided if desired. This does not include additional costs for year one implementation.

**Staffing**

4. Please provide a breakdown of the number of staff, by roles, which provide health and social care.

The 2011 transfer of responsibility for healthcare services from SPS to NHS boards included the transfer of staff providing healthcare services from SPS to NHS. SPS does not employ any staff who provide health or social care services. Social care need is determined locally. As discussed previously where social care support (for instance support with activities of daily living like washing, dressing or using the toilet) is required the SPS may bring in care agency workers depending on need and establishment capability.

a) Please provide information on posts that have been vacant for 3 months or longer.

As SPS do not directly employ people to deliver health or social care services this question is not applicable.

**Demand**

5. How many prisoners have mental health needs?
The transfer of responsibility for prison healthcare in 2011 included the transfer of responsibility for the healthcare records of people in prison. SPS do not hold personal health information on prisoners so are unable to answer this question. This information will be held by individual health boards providing services in prisons.

6. **How many prisoners have long-term conditions?**

Please see answer to question 5 in regard to health information.

In the 2015 Scottish Prisoner Survey 30% of respondents reported having a long term illness. The prisoner survey had a response rate of 55%.

7. **How many prisoners have high care needs?**

There is no agreed definition of ‘high care needs’. Please see answer to question 5 in regard to health information.

However, it is agreed that the number of people in prison with multiple and complex health and social care needs is increasing. In the 2015 Scottish Prisoner Survey 26% of respondents answered yes to the question – “Have you got a disability? (Physical/mental impairment)” and as discussed above 30% of respondents reported having a long term illness. The prisoner survey had a response rate of 55%. SPS have processes in place to identify those in our care who require reasonable adjustments. 4.3% of the Prison Population have a current “Disability Equality” Risk and Condition marker.

The SPS Estate wide Snapshot Social Care Needs Assessment suggests an estimate of around 140 people in custody who may benefit from social and personal care and/or reablement support (equivalent to under 2% of the prison population).

8. **How many prisoners have palliative care needs and what arrangements are in place to provide this?**

Please see answer to question 5 in regard to health information.

SPS is a member of the Palliative Care in Prisons Steering Group (along with the NHS, Macmillan, Families Outside and the Scottish Partnership for Palliative Care). This group aims to ‘co-ordinate the approach to the development and improvements for Palliative Care in the Scottish Prison Service (SPS)’ and will oversee the work of the newly appointed Macmillan Care Co-ordinator and Project Lead for Palliative/End of Life Care in Prisons. Hosted in NHS Forth Valley and funded by Macmillan this role will focus on embedding Macmillan accredited standards for end of life care in prisons in Scotland.
NHS Forth Valley and SPS employees working in HMP Glenochil recently won the 2016 Scottish Health Award for Integrated Care for Older People – this included their work caring for people in HMP Glenochil approaching the end of their lives.

People in prison with palliative care needs may be considered for compassionate release.

**Performance**

9. **How many complaints in relation to a) health and b) social care in prison have you received over the past 5 years by subject of complaint, broken down by year?**

   a) The NHS Board providing health services in a prison is responsible for complaints made by people in prison about healthcare services, however, confusion about the complaints process may have led prisoners to inappropriately submit healthcare complaints to SPS through the SPS prisoner complaint form (PCF) system. A lack of confidence in the NHS complaints process has been reported by service users and is thought to have led to the SPS internal complaints system being accessed inappropriately and escalation to the Scottish Public Services Ombudsman (SPSO) due to confusion about the health complaints process.

   Since 2014 there have been 770 complaints made to SPS under the subject ‘medical’. Prior to 2014 SPS did not hold this data in an electronic form that can be aggregated in the same detail. Of these 770 complaints 18 were identified for investigation by the Scottish Public Services Ombudsman (SPSO) – of these three were upheld on behalf of the complainant. SPS cannot interrogate these 770 complaints for further detail without individual file search and review – an option that would require significant resources and is not practical in the time constraints.

   b) SPS have no ‘social care’ subject area for complaints.

10. **What performance indicators do you currently use?**

   There are no nationally agreed standards for the provision of health and social care in Scottish Prisons. Prison Health Care is inspected in line with the Standards for Inspecting and Monitoring Prisons in Scotland. With the exception of the waiting time target for access to drug and alcohol services the majority of Local Delivery Plan targets are not mandated for health services delivered to people in prison. Individual health boards may apply Local Delivery Plan targets to healthcare they deliver in prison, or they may not. Data on smoking quit attempts in prison has been collected since 2013.

   SPS does not currently have indicators in place to assess performance providing social care support on an ongoing basis. It has, however, recently carried out an estate wide snapshot social care needs assessment – the analysis of which will be used to inform future strategy, service delivery and discussion with partners. SPS contributed to the recent Scottish Government consultation on the National Health and Social Care Standards and are keen to be
involved in further discussion about the redrafting of these standards. Given the omission of people in prison from previous national standards SPS are also keen to contribute to the national review into targets and indicators for health and social care.

Challenges associated with NHS IT management information systems mean that the National Prison Health Network Advisory Board (NPHNAB) has found it difficult to gather performance data to effectively monitor performance measures and outcomes. On a local level an internal SPS survey carried out in 2016 of Governors indicated that lack of management information available from healthcare teams means there is little trend and population management data with regard to healthcare issues available to inform the management of the prison population.

Service development

11. Since the transfer of responsibility for prison healthcare in 2011 care have you or do you intend to redesign services?

SPS has recently carried out an Estate Wide Social Care Needs Assessment, the results of which will be used to inform the development of a strategy for the management of people in our care who have social care needs (including older prisoners) to improve services and contribute to the organisational population management strategy.

12. Please could you give examples of innovations in service delivery?

Recent Examples of innovation in Service Delivery include:

- HMP Shotts recently held a Dementia Awareness Day and is working towards becoming Scotland’s first dementia friendly prison. The prison has teamed up with Alzheimer Scotland to run workshops for staff in order to raise awareness;
- A team of NHS Forth Valley and SPS employees working in HMP Glenochil recently won the 2016 Scottish Health Award for Integrated Care for Older People;
- NHS Forth Valley staff are working with SPS to develop a pathway to access community joint equipment stores;
- NHS Lothian’s work as a ‘Socially Responsible’ employer. NHS Health Boards have demonstrated a commitment to employability by offering employment opportunities into community services as part of the community re-integration process. An example is demonstrated at HMP Edinburgh with an individual being offered a community work placement by NHS Lothian;
- Recovery Work - HMP Perth has an Opiate Replacement Therapy (ORT) Group; a SMART Group; a Recovery Workshops for patients; a Recovery Café; Mutual Aid support; Mindfulness and Serenity sessions and Yoga sessions;
- Multi-agency partnership working is allowing peer support in health and wellbeing to develop across the prison estate including : SMART recovery facilitators across residential areas; Peer/staff led recovery groups; Naloxone peer advisors; Gym
ambassadors; health champions; Mouth Matters peer supporters and Physical Activity peer supporters (through the Sports Leaders Award);

- Prisoners in HMP Perth have achieved a health coaching qualification which supports the development of motivational interviewing type skills alongside the development of appreciative inquiry to support others with health behaviour change;
- Physical Education Instructors across the estate have been trained to support Fit for Life, a programmes that contribute to better outcomes in health and wellbeing such as Fit for Life. This supports male prisoners to make sustained positive lifestyle changes and offers the opportunity to engage with more positive relationships with other prisoners; and
- The introduction of Throughcare Support Officers (TSOs) puts SPS at the forefront of community justice reform through our focus on partnership to improve re-integration planning for those leaving our care. There is an obligation on all Community Justice partners to brigade resources behind local partnership priorities. TSO's will constitute a key element of the SPS resource commitment in support of local partnership priorities.

Health inequalities and prevention

13. What public health measures do you currently provide and how are these accessed?

SPS is working with the NHS and other partners to deliver prevention, health education and other health promotion initiatives to improve wellbeing and reduce health inequalities in prison in line with the National Prison Health Improvement Framework. Local prison health and wellbeing action plans are developed with partners to address local prison population need, guided by national health improvement strategies.

Access to interventions designed to improve health and wellbeing may be dependent on the nature of the intervention in the prison, individual need, appropriate staffing from all partners and venue capacity. Interventions designed to support positive health behaviour change may be signposted at induction or promoted throughout the prison.

Where there is a public health issue, for instance outbreak or contagious disease, SPS have national and local arrangements with Public Health boards and Public Health Scotland.

Opportunities to engage with and access screening are facilitated whenever possible by SPS however these are dependent on local Health Board policy.

Nutritional Analysis software is available to support meal planning and a number of more nutritionally balanced products are available on the prison canteen (tuckshop.)

14. What access do people have to drug treatment programmes such as methadone therapy?
Following the transfer of responsibility for prison healthcare in 2011, the NHS is responsible for the provision of drug treatment programmes. In line with the MoU, SPS will provide support to access service delivery which would include drug treatment programmes.

15. **What factors would help you address health inequalities in the prison population?**

Prison offers an opportunity to engage with disadvantaged groups who often do not access healthcare services, including preventive services. It should therefore be considered a prime opportunity to address inequality in health by means of specific health interventions as well as measures that influence the wider determinants of health. For the many prisoners who have led chaotic lifestyles prior to imprisonment, this may be their first opportunity for an ordered approach to assessing and addressing health and wellbeing needs.

The MoU states a common purpose of reducing inequality and therefore all prisons should be able to access support from NHS Health Improvement staff who have a remit to deliver on this agenda. This would provide expertise to aid delivery of a “settings approach” orientated towards addressing key health determinants, based on evidence of health impact, health need and health inequality.

The implementation of a settings or “whole prison approach” would see a regime and environment that demonstrates a commitment not only to reducing ‘negative’ health outcomes but also to promoting ‘positive’ health and well-being and reducing health inequalities, underpinned by supportive policies and practices. To make this a reality, there is a need for an integrated and joined-up response to ‘health’ across the whole prison, including support with community reintegration.

SPS is supporting the delivery of the National Prison Health Improvement Framework through the SPS Purposeful Activity Programme with strategic support through the multi-agency National Prison Health and Wellbeing group. Multi-agency working that adopts a holistic approach to improving the health and wellbeing of people in prison has the potential to bring about a reduction in health inequalities amongst this group as well as their families, and to deliver community-wide health and wellbeing outcomes through reduced reoffending and safer communities.

Previous health needs assessment of people in prison indicate high levels of need in many areas including substance use and mental health. HMIPS, however, has frequently reported the issue of insufficient mental health and addictions support. This is closely intertwined with problems related to mental health and addictions staffing as well as problems related to staff training and supervision opportunities. There have also been ongoing issues with maintaining adequate NHS staffing levels more generally, both in terms of having adequate available staff on a day to day basis and in terms of dealing with staff absences, sickness and annual leave.
Provision of person-centred healthcare can support improvement in individual health status thus facilitating the ability of that individual to engage positively with opportunities to address the social, economic, spiritual and cultural determinants of health, wellbeing and reoffending while in prison.

16. What steps do you take to ensure continuity of care on release?

The introduction of the Throughcare Support Officer is an example of one of the steps that provides a continuity of care and support to those leaving our care and reintegrating back in our communities. Throughcare Support Officers (TSOs) will support people on their journey into desistance by working with them to prepare for release and successfully make the transition from custody into the community. They will do so through working collaboratively with those in and leaving our care, families, colleagues and our partners to develop an asset based individualised plan, acting as an advocate on their behalf with partner agencies and encouraging their motivation to change, through sustained engagement with key services.

Partnership working is pivotal to the role of the TSOs and working relationships should enhance quality of services for service users. There are a myriad of community based services at the service users disposal which the TSOs should source and access to support the journey into desistance, crucial to this will be the ability of TSOs to make relationships with partners strong and sustainable by building and harnessing a joint working approach.

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1 Scottish Government, (2011), National Memorandum of Understanding between Scottish Prison Service and NHS Scotland, Table 1B pg. 16
8 SPS internal survey of Governors (2016)
10 World Health Organisation (2014) Prisons and Health
11 Balancing Act - Addressing health inequalities among people in contact with the criminal justice system (2013) Revolving Doors Agency