Cross Party Group on Health Inequalities

Minutes of the Fourth Meeting (Parliamentary session 2016 -2021)

Thursday 15 June 2017

The Scottish Parliament

MSPs present: Clare Haughey, MSP, Brian Whittle MSP, Monica Lennon MSP

MSP apologies: Donald Cameron MSP, Anas Sarwar MSP, Alison Johnstone MSP, Patrick Harvey MSP

Other CPG members present:

Dinah Aitken, Mindroom
Mahmud Al-Gailani, VOX-Voices of eXperience
Liam Beattie, HIV Scotland
Lauren Blair, Voluntary Health Scotland
Ashley Brown, University of Glasgow
Susanne Cameron-Nielsen, Royal Pharmaceutical Society
Christine Carlin, Mindroom
Sara Collier, Royal College of Physicians of Edinburgh
Karrie Gilliet, Queens Nursing Institute Scotland
Lorna Greene, Royal College of Nursing Scotland
Alana Harper, Deaflinks
Nick Hay, NHS Health Scotland
John Holleran, Scottish Families Affected by Alcohol and Drugs
Nicola Merrin, Alcohol Focus Scotland
Bernadette Monaghan, Criminal Justice Voluntary Sector Forum
Muriel Mowat, Befriending Networks
Rob Murray, Changing Faces
Mark Roberts, Audit Scotland
Erin Robertson, British Medical Association
Arvind Salwan, Care Inspectorate
Eric Samuel, Big Lottery Fund
Tom Scott, Voluntary Action Scotland
Claire Stevens, Voluntary Health Scotland
Pete White, Positive Prison? Positive Futures
Tom Wightman, Pasda
Jan Williamson, Streetwork Hub
Kiren Zubairi, Voluntary Health Scotland

Non- Members present:
David Banks, Queen Margaret University
Tom Byrne, Healthcare Improvement Scotland
Stuart Callison, St Andrew's First Aid
Damian Crombie, Coloplast Ltd
David Cullum, Scottish Parliament
Tina Everington, NHS Forth Valley
Michelle Gavin, Soroptimist International
Dawn Henderson, Families Outside
Fiona Jamieson, The Robertson Trust
Sara Lamond, NHS Lothian

Jennifer Lang, Turning Point Scotland
Nancy Loucks, Families Outside
Morag McFadyen, Soroptimist International
Monica Merson, Sacro
Andrea Mohan, University of Stirling
Stephanie Morrison, Robert Gordon University
Shauna Mutter, Turning Point Scotland
Mina O' Hara, NHS Lothian
Tracey Robertson, Early Years Scotland
Fiona Rose, NHS Lothian
Anna Russell, Rowan Alba
Laura van der Hoeven Families Outside
David Whiteley, Edinburgh Napier University

1. **Welcome, introductions and apologies**

The Cross Party Group meeting was chaired by Clare Haughey MSP who welcomed the group and noted apologies from Donald Cameron MSP, Anas Sarwar MSP, Alison Johnstone MSP and Patrick Harvey MSP. Clare introduced the theme of the meeting: health inequalities and people in prison and explained there would be three short presentations on this.

2. **Minutes of previous CPG held on 30 March 2017**

It was noted that the draft minutes for the last meeting are available and on the Parliament website and were circulated electronically, before the meeting, to all members alongside the agenda. The minutes were proposed by Rob Murray, seconded by Christine Carlin and duly approved without amendment.

3. **Matters Arising**

There were no matters arising.

4. **Proposed new members**

Four applications to join the CPG were received and Clare Haughey asked the organisations to provide a short introduction and explain why they wanted to be members. The three applications approved for membership are as follows:

Care Inspectorate, Befriending Networks and PASDA.

There was no representative present from the fourth applicant organisation, Novartis. Clare Haughey requested they be present at the next meeting to introduce their organisation to be considered for membership.

5. **Pete White, Chief Executive, Positive Prison? Positive Futures**

Pete gave a short presentation.

The Scottish prison population is 7,500 which is the same as the population of Crieff. Last year there were approximately 12000 admissions to, and releases at the end of sentences from, prison and 8000 in and out of remand – roughly 21000 people came into and left prison. However, the provision of NHS healthcare for people going into custody, in prison, moving between prisons and on release is not delivered to the same standard as in the wider population. This is problematic as most of the prison population have greater health needs than the wider population.

Some of the issues people in prison face include:

- Inconsistent and slow access to medical records at points of transition, that is when people are admitted to prisons, when they are moved between prisons and upon release. There is no joined up care and often medication is stopped and started. There is also a lot of stigma and often issues with a person's previous address being HMP.
- There are also operational issues involving SPS which result in prisoners not being escorted to appointments in Prison Health Centres.
- Waiting times for appointments are, on average, longer in prison than in the wider community. Some report having to wait 30 days to get access to health care.

Having a joined-up healthcare system will mean that people have consistent and efficient access to healthcare. There is also scope for collaboration across government (including SPS and NHS) and third sector to work together to provide support to people once they are in prison, if they transition to other prisons and back into the community.

6. Lorna Green, Policy Officer, Royal College of Nursing (RCN)

Lorna gave a short presentation.

The story of people begins before prison and ends after prison so it is important people get the care they need.

The RCN were involved in the transfer of responsibility for the provision of health care in prisons from the Prison Service to the NHS. There are 192 nursing staff in prisons who have a commitment to prisoners; however, they are facing a number of barriers to deliver their service:

- An information gap – nurses do not know if patients have Learning Disabilities, Mental Health issues or if they are suffering from trauma. Therefore, specialist nurses are often tied up with generalist issues and cannot get to the people who need them.
- An ageing population in prison – this means that there are more prisoners that need specialist services such as end of life/palliative care, have multiple morbidities and long-term conditions.
- Lack of access to medical records which means there is no continuity of care.
- Some health boards are not prioritising prison healthcare.

7. David Cullum, Clerk to the Health and Sport Committee, Scottish Parliament

David gave a short presentation. The Health and Sport Committee launched an inquiry into healthcare in prisons. The aims of the inquiry were:

- To consider how health and social care is delivered in prisons and the cost of the service;
- To consider access to health and social care and medicines in prisons;
- To highlight current and future pressures on the service; and
- To consider the effectiveness of health and social care in prisons.

There were 2 weeks of evidence gathering which included: a survey of the SPS, Inspectorate of Prisons, Ombudsman and Integration Authorities. There were informal sessions with nurses, doctors, dentists and former prisoners to help decide which areas needed further investigation. There were formal sessions with RCN, drug and alcohol

organisations, palliative care organisations, delivery providers and National Prisoner Healthcare Network (NPHN). There was also a session with the Minister and Officials.

The report concluded that:

- The prison population is underserved by the change in responsibilities
- The promised improvements from the transfer have not materialised and you cannot accept that 'it has only been 5 years'
- An absence of willingness to change at senior levels
- The unique opportunity to address health inequalities within the prison environment is not being taken.

Recommendations look at:

- Workforce: only 50% of staff time is being used, staff are working below grade, they are unable to escort prisoners.
- Leadership and Governance: there are no national performance indicators
- Implementation NPHN reports: these include a lot of good work and recommendations which are not being looked at. The Committee has asked for these to be responded to.
- IT: there is a lack of functionality and connectivity. There are 50,000 items being dispensed but these are recorded manually
- Health of Prisoners: dry blood testing, national mental health standards apply to prisons. Committee are asking what Activity 15 of the Mental Health Strategy will look like in practice and what the actual timescales to implement this are?
- Older Prisoners: no performance recording. Regarding social care, looking to see if there is a role for other prisoners to provide this?
- Throughcare and aftercare: there is only throughcare for NHS Boards which have prisons what if prisoners move to a different NHS Board after release? Access to GP and housing should be organised before release.

What happens next:

The Cabinet Secretary will give a response to the recommendations by 10th July 2017, this will also include comments on the report and answers to questions.

After the summer recess this response will go back to the Committee to decide what further activity is required.

8. Discussion

There followed discussion with wide ranging questions and contributions from organisations. These are noted, together with responses from speakers and Clare Haughey:

Families Outside: What is the difference between prisoners and how people are treated when detained under the Mental Health Act? When a person goes to prison, the prison becomes the carer and the prisoner's family are blocked, whereas this is not the case for those incarcerated under the Mental Health Act.

> Pete (White) : Prisons take control unless it is taken off them – the Mental Health Act should also apply in prisons.
>
> David (Cullum): There are some difference in how the Mental Health Act is applied in prisons because of the setting, but there needs to be better outcomes.

PASDA: Are nursing staff properly trained in Autism? Is there an opportunity to perform diagnosis of Autism?

> Lorna (Green): The nurses in prison are similar to wider nursing practice, where not all nurses are specialists. Mental Health Nurses do not have access to people who really need their support. There is a need to free up specialist nurses so they can attend the needs of people.
>
> Pete: Prison staff may form a barrier to people accessing services.

Deaf Links: There is a lack of access to interpretors for deaf prisoners in healthcare meetings. Deaf sign users cannot communicate in the same way as other service users, for example, they need access to text not phone calls. This lack of access can increase mental health issues for people.

> Lorna: need to extend the equal access that is available outside to prisons. Thereis also a need to upskill nurses in prisons to teach them how to escalate issues in a positive manner to raise isues when they arise.
>
> Pete: This is a human rights issue and should be taken up with the SHRC.

NHS Forth Valley: must recognise that multiple issues cause Health Inequalities. Will key performance indicators apply to other partners not just health?

> David: It should be applied across the board

NHS Healthcare Improvement Scotland: When GPs are unavailable there needs to be access to other forms of support such as nurses and pharmacists.

> Pete: We must recognise and celebrate the work of the healthcare staff in prisons.

NHS Lothian: We should also acknowledge the success of healthcare in the prison service. We provide Blood Borne Virus testing and treatment service, there was a waiting list of 60 and now there is no waiting list. There is also dry blood testing for all.

> David: this is good work and should be rolled out nationally
>
> Pete: Criminal Justice System should be sharing good practice so that people can take learning from this.
>
> Clare (Haughey): there is a need to look at the good work and celebrate this. There are dedicated and good staff that make a real difference to people's lives.

Robert Gordon University: it is an observation that Public Health is missing from the Committee report. Prisoners are passive recipients of care – there needs to be innovation to increase prisoner's health literacy. Palliative care and end of life care needs innovation as we cannot compartmentalise people into conditions. We must enable prisoners.

> Pete: this is a tremendous idea. There needs to be more peer activity so people can support one another in a properly managed, trained and supported way.
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> Clare: Samaritans have trained people to be a 'listening ear', this is a well-run and used service.
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> David: Innovation and technology in the Health Service is a new piece of work the Committee will be looking into.

NHS Lothian: asks the CPG to note that there were 50,000 prescribed items [last year?] whereas the year before the transfer there were 24,000; this is evidence that healthcare in prison is working.

9. Parliamentary Reception – Tuesday 19 September 2017

Clare explained that there will be a Garden Lobby evening reception to celebrate the work of the CPG. VHS is keen to involve CPG members in planning and delivering the event and will be in touch with further information in the near future.

10. AOB

Christine Carlin from Salvesen Mindroom Centre highlighted a new project just launched in collaboration with The University of Edinburgh and The James Lind Alliance in to research priorities for learning difficulties. They are currently seeking views on this and encouraged attendees to complete a short survey on their website in relation to the research www.SalvesenMindroom.org

11. Next Meeting

The next CPG event will be the Parliamentary Reception, Tuesday 19th September in (6pm to 8pm) in the Scottish Parliament Garden Lobby. Further business meetings for the autumn and winter will be announced in due course.