Scrutiny Report

Health and Social Care Needs of Prisoners

Scrutiny Board (Adults and Health)

August 2018
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Desired Outcomes and Recommendations

**Desired Outcome** – To ensure all relevant partners across Leeds are engaged and contributing effectively to the work of Local Delivery Boards.

**Recommendation 1**

That by April 2019, the Governors of HMP Leeds and HMP Wealstun, in association with Leeds City Council’s Director of Adults and Health, report on their respective Local Delivery Board arrangements, including:

(a) Details of the associated Local Delivery Agreements.

(b) The specific role of healthcare commissioners (i.e. NHS England) within the arrangements; and,

(c) How local arrangements are informing the development of the National Partnership Agreement.

**Desired Outcome** – To increase the visibility of the work of Independent Monitoring Boards and to ensure they remain relevant, connected to local communities and receive sufficient support.

**Recommendation 2**

That by May 2019, the Ministry of Justice considers the comments and issues regarding Independent Monitoring Boards highlighted in this report, and sets out a future vision and direction of travel, with specific reference to:

(a) Attracting and maintaining the appropriate number of members on individual IMBs.

(b) The relationship between individual IMBs and local authorities, as local community leaders and community representatives.

(c) The production of an annual summary report that reflects and highlights key themes identified by individual IMBs.

(d) Ensuring appropriate resources are in place to help deliver the above areas.

**Desired Outcome** – To ensure local social care services are responsive to future demands and demographic changes.

**Recommendation 3**

That by February 2019, Leeds City Council’s Director of Adults and Health:

(a) Reviews, assesses and reports the likely impact of an increased level of older, ex-prisoners being released from prison and requiring residential care and/or nursing care provision; and,

(b) As part of this review, develops proposals and makes recommendations to help mitigate the impact of any increased demand on the Council.
Desired Outcomes and Recommendations

**Desired Outcome** – To have robust processes in place to ensure up-to-date and consistent information for all prisons across England and Wales is publically available

**Recommendation 4**
In order to provide up-to-date and consistent information for all prisons across England and Wales, by April 2019 the Ministry of Justice:

(a) Reviews and updates the details available in the ‘prison finder’, to ensure the information provided is up-to-date and consistent in term of layout and content.

(b) Ensures there are robust processes in place to ensure the information provided is regularly reviewed and remains up-to-date.

**Desired Outcome** – To provide public assurance on the quality of healthcare service provision in prisons across England and Wales.

**Recommendation 5**
That, by April 2019, NHS England:

(a) Develops a high level performance dashboard that supports and demonstrates its stated strategy of improving quality and reducing variation across healthcare within the criminal justice system.

(b) Commits to producing and making publically available, an annual healthcare performance and assurance report for all prisons across England and Wales.

(c) Commits to making the annual healthcare performance and assurance report available to:
   - Appropriate local authority Health and Wellbeing Boards across England and Wales.
   - Appropriate local authority Health Overview and Scrutiny Committees across England and Wales.
   - All Independent Monitoring Boards across England and Wales.

**Desired Outcome** – To recognise the Healthcare Representative roles within HMP Leeds and HMP Wealstun.

**Recommendation 6**
That, the Prison Governor at HMP Leeds and HMP Wealstun formally recognise the role of Healthcare Representatives (and the Coordinator) and:

(a) provide sufficient opportunities for the role(s) and duties to be undertaken, outside of the representatives’ personal time

(b) Raise awareness of the important role of Healthcare Representatives among all prison staff.
Desired Outcomes and Recommendations

**Desired Outcome** – To ensure proper access to secure mental health beds for appropriate prisoners in the criminal justice system.

**Recommendation 7**
That the national review to address access to secure mental health beds is urgently completed; with the outcome and implications for Leeds presented (as a full or interim report) to the Scrutiny Board by February 2019.

**Desired Outcome** – To identify and avoid (or mitigate) any unintended consequences arising from any future change programme that includes a healthcare dimension.

**Recommendation 8**
For any proposed future change programme that includes a healthcare dimension, the co-commissioners for healthcare services in prisons commit to completing an initial pilot project and full evaluation to help identify and mitigate any unintended consequences, prior to full roll-out.

**Desired Outcome** – To establish a single pathway of assessment and care within the criminal justice system.

**Recommendation 9**
That, by May 2019, the Home Secretary reviews current commissioning arrangements for healthcare services within police custody suites, with a view to establishing NHS England as the lead commissioner for all healthcare services within the criminal justice system.

**Desired Outcome** – To ensure access standards for dental appointments are consistently delivered across Leeds prisons.

**Recommendation 10**
That, by October 2018, NHS England works with Care UK to ensure it meets and continues to meet the current and prevailing access standards for dental appointments within HMP Wealstun.

**Desired Outcome** – To provide an integrated healthy living service offer for prisons in Leeds and, more generally, across England and Wales

**Recommendation 11**
That, by February 2019, NHS England and Public Health England jointly consider the development and roll-out of an integrated healthy living service offer for prisons across England and Wales; including the specific aims, objectives and success outcomes for such a service.
Introduction

1 In June 2017, as part of our initial meeting when we\(^1\) considered our priorities for the year, we agreed to conduct an inquiry into the health and social care needs of offenders in Leeds.

2 This represented an area we had not previously considered and, following the publication and local reporting of the HMP Leeds’ Independent Monitoring Boards (IMB) 2016 Annual Report, we felt the area warranted some specific and detailed consideration.

3 We had also become aware of the Council’s obligations to meet the social care needs of offenders, as part of its overall responsibilities and duties under the Care Act 2014.

4 We are aware that in 2010 the Scrutiny Board (Environment and Neighbourhoods) conducted an inquiry into Offender Management, which made some reference to effective health service provision. However, given the passage of time (i.e. it had been 7 years since that inquiry) and in the knowledge that there had been significant changes to the commissioning and delivery of national and local health and social care services, we continued with our inquiry.

5 We considered and discussed the matters set out in this inquiry report in various setting and at various points during the course of the municipal year. A list of our meeting dates is presented elsewhere in this report; however our discussions took place during formal Scrutiny Board meetings, informal working groups and site visits to HMP Leeds and HMP Wealstun.

6 We also considered a range of information / evidence throughout this inquiry – which is also summarised elsewhere in this report.

7 While this report seeks to cover the breadth of our discussions and the evidence received; it also represents our summary and views on those areas we feel are of particular significance. As such, this is not intended to be an exhaustive record; and those contributing to our inquiry can be assured all of the evidence presented has been fully considered. Consequently, the absence of any specific reference to any evidence, should not be construed as it having been overlooked.

8 It is important to recognise that while we have sought to reflect the range of evidence and information, this is not an academic study and it represents a ‘snapshot’ in time. Equally, we are not experts in this area but hope we bring some independent and fresh views to a complicated area, with equally complex arrangements.

9 Whilst some of our recommendations are specifically relevant to the service commissioners and providers across Leeds, we also believe that much of the context outlined in this report may also be applicable to health and social care systems, and the prisons within those systems, across the country. As such, this report and its recommendations may also be of use and relevance to other local authority areas. Therefore we will seek to share and publicise this report through a number of different channels, including the Local Government Association and the Centre for Public Scrutiny.

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\(^1\) Refers to Leeds City Council’s Scrutiny Board (Adults and Health) for the municipal year 2017/18.
Introduction and Scope

10 We also plan to share this report with the Members of Parliament representing Leeds Constituencies and it may also be worthy of sharing through recognised professional organisations/associations, including the following:

- Association of Directors of Adult Social Services (ADASS)
- Association of Directors of Public Health (ADPH)
- Association of Independent Healthcare Organisations
- Prison Governors Association (PGA)
- Prison Officers Association (POA)

11 We hope our report and its recommendations will go some way to improve and enhance health and social care services, and associated arrangements, in Leeds and beyond.

12 We have delayed the publication of this report to allow sufficient time for comments on the original draft. As ever, we are very grateful for the time and effort of all those who have commented on this report and contributed to our inquiry and various discussions.

Scope of the Inquiry

13 As outlined above, in June 2017 we agreed to conduct an inquiry into the health and social care needs of offenders in Leeds – initially focusing on any specific matters identified by the relevant Independent Monitoring Boards (IMBs) and the progress of the Council in meeting its obligations to meet the social care needs of prisoners under the Care Act 2014.

14 During our initial discussions about the scope of our inquiry, we agreed to explore services in all three Leeds prisons – Her Majesty’s Prison Leeds (HMP Leeds), Her Majesty’s Prison Wealstun (HMP Wealstun) and Her Majesty’s Young Offenders Institution Wetherby (HMYOI Wetherby). However, we subsequently agreed to narrow the scope of our inquiry to focus on the two adult prisons, i.e. HMP Leeds and HMP Wealstun. This also ensured we did not replicate the work of the Children’s Services Scrutiny Board, which may have considered services at HMYOI Wetherby.

15 During our preliminary discussions, we established that the majority of offenders serve their sentences in the community – which also highlighted a split in commissioning responsibilities for the different populations, as follows:

- Health services for offenders serving custodial sentences are the commissioning responsibility of NHS England.
- Health services for offenders serving their sentences in the community are the commissioning responsibility of local Clinical Commissioning Groups (CCGs) – in this case NHS Leeds CCG².

16 The health and/or social care needs of offenders serving sentences in the community may form the basis of a further scrutiny inquiry, sometime in the future. This will be determined by the appropriate and responsible successor Scrutiny Board.

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² From 1 April 2018, NHS Leeds Clinical Commissioning Group was established as the single commissioner of local healthcare services in Leeds – merging the former CCGs of Leeds North, Leeds South & East, and Leeds West.
Introduction and Scope

17 As this inquiry progressed, we also identified the need for a distinction between the terms ‘offender’ and ‘prisoner’ – due to the following differences between HMP Leeds and HMP Wealstun.

- HMP Wealstun – all prisoners have been convicted and are serving custodial sentences.
- HMP Leeds – while some prisoners have been convicted and are serving custodial sentences, a large proportion of prisoners are remanded in custody, i.e. they have not been convicted but they have been detained until a later date when a trial or sentencing hearing will take place.

18 Therefore, we agreed ‘prisoner’ was a more appropriate term to use to reflect the overall prison populations within the scope of this inquiry. This is reflected within the remainder of this report.

19 The scope of this inquiry can be summarised as considering:

(1) Leeds City Council’s care obligations in relation to prisoners.

(2) Current commissioning and delivery arrangements of prisoner health services, particularly focusing on HMP Leeds and HMP Wealstun, including:
   a. The relationships between partner organisations; and,
   b. The challenges associated with delivering health and social care services in a prison setting.

(3) Specific health issues identified by Independent Monitoring Boards.

(4) The outcome of Healthwatch Leeds’ work around prisoners’ experience of health and care services.

Leeds Health and Wellbeing Strategy

20 ‘Leeds will be the best city for health and wellbeing’ is the bold ambition set out in Leeds’ Health and Wellbeing Strategy (HWS) 2016-2021.

21 Leeds’ HWS also sets out a clear vision that ‘Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest’, setting out the following five outcomes³:

- People will live longer and have healthier lives.
- People will live full, active and independent lives.
- People’s quality of life will be improved by access to quality services.
- People will be actively involved in their health and their care.
- People will live in healthy, safe and sustainable communities.

22 We believe aspects of this inquiry are relevant to all the outcomes identified above, and a number of specific priorities, including active engagement and promoting mental and physical health equally.

23 Inevitably any improvements are likely to impact on prisoners’ need for health services within the prison setting and also in the community upon their release.

³ The outcomes set out in Leeds’ Health and Wellbeing Strategy are further supported by twelve priority areas. Full details are available at: Leeds Health and Wellbeing Strategy (2016-2021)
Introduction and Scope

Desired Outcomes, Added Value and Anticipated Service Impact

24 Our recommendations require a number of improvement measures and, while we have not completed a financial appraisal, we recognise such improvements could require additional resources – the cost of which may be required from existing budgets.

25 We are aware of the complexities of the prison environment, which create additional challenges for healthcare providers which would not exist in the wider community. We understand this means that services are restricted by challenges that are specific to the prison system as a whole. Therefore we have made recommendations to a broad range of bodies, rather than solely service providers.

26 We hope that our findings will contribute to improving not only health services within the justice system, but also the justice system overall. We also hope our findings will lead to better health and social care outcomes for prisoners in HMP Leeds and HMP Wealstun.

Equality and Diversity

27 The Equality Duty, as set out in the Equality Act 2010, ensures that all public bodies play their part in making society fairer by tackling discrimination and providing equality of opportunity for all.

28 Leeds City Council’s Equality Improvement Priorities (2016 – 2020) have been developed to ensure the council meets its legal duties under the Equality Act 2010. These priorities will help the council to identify work and activities that help to reduce disadvantage, discrimination and inequalities of opportunity to achieve its ambition to be the best city in the UK.

29 Equality and diversity issues were underlying considerations at the point we first considered undertaking this inquiry; and have been considered throughout our inquiry process.

30 Where we have made recommendations, it remains the responsibility of those individual organisations responsible for implementation or delivery, to give due regard to equality and diversity matters. Where appropriate, an equality impact assessment should be carried out.
Inquiry into the Health and Social Care Needs of Prisoners (August 2018)

Background

The Prison Estate

31 For the purpose of our inquiry and for compiling this report, we have identified there are 123 in-use prisons across England and Wales4.

32 There are a number of prisons across Yorkshire and the Humber, however these are concentrated within the boundaries of a relatively small number of local authority areas, namely:

- Doncaster
- East Riding of Yorkshire
- Hull
- Leeds
- Wakefield
- York

33 We identified the following list of prisons from the Ministry of Justice (MoJ) website and considered these in good faith:

| Askham Grange | New Hall |
| Doncaster     | Northallerton |
| Everthorpe    | Moorland |
| Full Sutton   | Wakefield |
| Hatfield      | Wealstun |
| Hull          | Wetherby |
| Leeds         | Wolds |
| Lindholme     | |

34 It is worth noting the information presented for individual prisons does not consistently identify the local authority area where prisons are located. Aside from the lack of consistency, we believe this makes it more difficult to identify the relevant local authority responsible for meeting the social care needs of prisoners.

35 In addition, it is clear that some of details on the MoJ website are out of date; as at the time of completing this report we were advised that in April 2014 HMP Wolds and HMP Everthorpe formerly merged as HMP Humber— a Category ‘C’ Resettlement Prison for adult males – and in late 2013, HMP Northallerton closed.

36 As previously mentioned, the focus of our inquiry included the provision of adult health and social care services in prisons that fall within the Leeds City Council boundary, i.e. HMP Leeds and HMP Wealstun. However, we believe some of our findings and recommendations will be relevant to other prisons and therefore may be worthy of consideration by other local authorities with prisons within their boundaries.

Commissioning arrangements

37 The commissioning arrangements for healthcare services in prisons are complex, with a National Partnership Agreement (NPA) being in place for a number of years.

38 The NPA sets out how various partner organisations will work together when delivering their respective statutory responsibilities in relation to prison health – including those services within the scope of this inquiry.

4 The number of ‘in-use’ prisons does not include secure children’s homes (as these are regulated as children’s home – not prisons) and was identified using the following source information: https://www.clinks.org/sites/default/files/basic/files-downloads/prison-map.pdf
Background

39 A new NPA (2018-2021) was launched in April 2018\(^5\) and is an agreement between the following 5 organisations/ bodies:

- Ministry of Justice
- Her Majesty’s Prison and Probation Service
- Department of Health and Social Care
- NHS England
- Public Health England

40 Due to the timing of the launch of the new National Partnership Agreement (NPA), we have not considered the new agreement in detail. Nonetheless, we understand NHS England continues to have a statutory responsibility to commission healthcare services for prisons (as set out in the Health and Social Care Act 2012).

41 We understand healthcare services in prisons are mainly commissioned using a Prime Provider and ‘block contract’ model. This is an approach whereby a single provider is commissioned to deliver all healthcare responsibilities; and the use of a ‘block contract’ means a fixed fee for all services, which is not activity based or dependent on the level of services required.

42 This commissioning model was first introduced for HMP Leeds and HMP Wealstun in April 2016, following re-purchase of the health service provider contract.

NHS England

43 NHS England Health and Justice is responsible for commissioning healthcare for children, young people and adults across secure and detained settings – including prisons.

44 NHS England is responsible for commissioning £503 million of services to meet a wide range of health and care needs across detained and secure settings. It is also responsible for commissioning sexual abuse/assault services.

45 NHS England’s ambition is to narrow the health inequalities gap between those in the criminal justice system and the rest of the population and improve their outcomes. This is set out in NHS England’s ‘Strategic direction for health services in the justice system: 2016 – 2020’.

46 We understand this ambition was developed in collaboration with health and justice commissioning leads, service users, clinicians, providers, the third and independent sector as well as Her Majesty’s Prison and Probation Service (HMPPS) and Public Health England (PHE).

47 NHS England’s strategy sets out the following seven priority areas, stating that improving quality and reducing variation are at the heart of each area:

1. A drive to improve the health of the most vulnerable and reduce health inequalities
2. A radical upgrade in early intervention supported by effective Liaison and Diversion services
3. A decisive shift towards person-centred care that provides the right treatment and support
4. Strengthening the voice and involvement of those with lived experience
5. Supporting rehabilitation and the move to a pathway of recovery

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\(^5\) The National Partnership Agreement (2018-2021) is available [here](#).
Background

(6) Supporting continuity of care, on reception and post release, by bridging the divide between healthcare services provided in justice, detained and community settings

(7) Greater integration of services driven by better partnerships, collaboration and delivery

48 We are aware that over recent years there has been a growing emphasis on the collaboration and integration of health and social care services. In Leeds, this is demonstrated through the Leeds Health and Wellbeing Strategy, the developing Leeds Health and Care Plan and the evolving Local Care Partnerships (LCP).

49 While the role of local authorities is referenced within NHS England’s strategic direction; and we were latterly advised of local authority involvement in developing the strategy, we note there is no specific reference to local authorities as a specific target audience or part of the ‘additional circulation’ to receive NHS England’s strategic direction.

50 When considering the health and social care needs of prisoners, we believe there are opportunities for greater and improved partnership working between NHS England and individual local authorities – as commissioners of related services (i.e. social care), but perhaps more importantly, as leaders of the wider community where prisons are physically located and where former prisoners will reside upon their release.

51 We believe that improved partnership working with local authorities would specifically help support NHS England’s priorities around:

- Supporting continuity of care, on reception and post release, by bridging the divide between healthcare services provided in justice, detained and community settings; and,
- Greater integration of services driven by better partnerships, collaboration and delivery.

52 However, we recognise that partnership working needs to demonstrate tangible outcomes, improvements and ‘added value’. It also requires the commitment and collaboration of all partners.

53 Details presented in the new National Partnership Agreement – that sets out the governance proposals around the development and operation of Local Delivery Boards (LDBs) at establishment level (i.e. individual prisons), as follows:

‘Governance at establishment level is provided through the development and operation of Local Delivery Boards (LDBs), led by the Prison Governor/Director for Private Prisons and including providers of custody, healthcare, substance misuse and Local Authority leads for social care services. The work of LDBs should be underpinned by a Local Delivery Agreement to set out how partnership work is taken forward at a local level to support delivery.’

54 Again, due to the timing of the publication of the new National Partnership Agreement, we have not considered the local arrangement in detail and there had been no mention of LDBs during the course of our inquiry.

55 Nonetheless, we will be interested to consider the development of LDBs – particularly in the context of emerging Local Care Partnerships – but also note with some concern that commissioners of healthcare (i.e. NHS England) are not
Background

identified in the National Partnership Agreement as key contributors or members of Local Delivery Boards.

56 NHS England Health and Justice teams commission services using the ‘principle of equivalence’, which means that the health needs of the prison population – constrained by circumstances – are not unduly compromised and prisoners receive an equal level of service as that offered to the rest of the population.

57 NHS England states it supports a reduction in the number of people who are detained as a result of undiagnosed and untreated mental health issues; and also supports continuity of care for prisoners after their release.

58 In April 2016, following re-procurement of the healthcare service contracts at HMP Leeds and HMP Wealstun, Care UK was awarded the contract to deliver healthcare services. Leeds Community Healthcare NHS Trust had been the previous service provider of healthcare services at both prisons.

59 As part of its lead commissioner role, we were advised that where NHS England had concerns around the quality of provision, a quality surveillance process was followed to challenge the provider. We were also advised the quality surveillance process was used across NHS England and was not exclusive to healthcare provision in prisons.

60 We were assured the quality surveillance process had not been initiated in relation to services provided at HMP Leeds or HMP Wealstun. However, we explore the provision and reporting of performance information elsewhere in the report.

Public Health England

61 Public Health England (PHE) exists to protect and improve the nation’s health and wellbeing and reduce health inequalities. PHE has a number of responsibilities, including:

- making the public healthier and reducing differences between the health of different groups by promoting healthier lifestyles, advising government and supporting action by local government, the NHS and the public
- protecting the nation from public health hazards
- preparing for and responding to public health emergencies
- improving the health of the whole population by sharing our information and expertise, and identifying and preparing for future public health challenges
- supporting local authorities and the NHS to plan and provide health and social care services such as immunisation and screening programmes, and to develop the
public health system and its specialist workforce
• researching, collecting and analysing data to improve our understanding of public health challenges, and come up with answers to public health problems

62 As part of our inquiry, we had a number of discussions with representatives from NHS England and Public Health England (PHE); and we received and considered a range of associated information.

63 We understand one of the specific roles for PHE is to contribute to the development of Healthcare Needs Assessments (HNA) for prisons across England; which are intended to provide an overview of the healthcare needs of the prison population, and identify areas for service improvement – including recommendations for service providers.

Her Majesty’s Inspectorate of Prisons

64 Assurance on the quality of healthcare provision in prisons is provided by Her Majesty’s Inspectorate of Prisons (HMIP) through unannounced inspections. Inspections are carried out jointly with other inspectorates, including the Care Quality Commission (CQC), at least every five years.

65 We are aware of growing national concerns around general conditions, safety requirements and provision of health and social care in prisons in England and Wales; with the recent IMB reports for HMP Liverpool and HMP Nottingham, specifically highlighting the need for urgent action.

66 The most recent HMIP report for HMP Wealstun details an inspection carried out in August 2015. At this time, Care UK was not the healthcare service provider and the procedure for the referral of prisoners to Leeds Adult Social Services had not yet been implemented on the wings. As such, we believe most findings are now outdated and were of limited value to our inquiry.

67 In contrast, the most recent HMIP unannounced inspection at HMP Leeds took place during our inquiry, with inspectors being on site in October and November 2017. However, the inspection report was not published until March 2018 – at the time we started compiling our own report.

68 Due to the timing of publication and not wanting to delay the completion of our report, we have had limited opportunity to consider HMP Leeds’ most recent HMIP inspection report. However, we are aware that areas for improvement were mostly focused around prison safety, drug abuse and violence. We have also noted the following in relation to healthcare services:

“Most health services were reasonably good, but application and triage systems were inefficient, and medications management was poor. Some aspects of mental health support were not sufficiently well managed, and there was too little mental health awareness training for staff.”

69 We are looking forward to receiving and reviewing the response and proposed improvement actions arising from the HMIP inspection – specifically relating to health and social care matters.
Background

Yorkshire Ambulance Service NHS Trust

70 Yorkshire Ambulance Service NHS Trust (YAS) provides 24-hour emergency and healthcare services to a population of more than five million, across almost 6,000 square miles of varied rural, coastline and urban terrain.

71 As part of its responsibility to provide 24-hour emergency and healthcare services, YAS responds to emergency calls from HMP Leeds and HMP Wealstun.

72 We are very aware of the current national climate and strain on NHS services – including increasing demands on the type of emergency services provided by YAS.

73 Over the course of our inquiry, we have heard evidence from the healthcare teams at both prisons suggesting attendances from YAS are frequent, and place additional strain on ambulance services and prison governance.

74 However, as the emergency services provided by YAS form part of an overall contract, the emergency attendances at both prisons in Leeds are also likely to have an impact on the wider community in Leeds.

75 In the latter stages of our inquiry, we became aware of the NHS England commissioned Emergency Response in Custody (ERIC) project; aimed at improving the efficiency of emergency responses in secure environments. However, we were unable to consider the project and its outcomes as part of inquiry.

76 Nonetheless, we believe emergency responses in secure environments; the associated impacts and any subsequent trends are important considerations and should not be overlooked.

77 As such, we believe YAS should produce an annual report that presents details of emergency responses in secure environments across Yorkshire and the Humber and also explores the impacts across the prisoner population and the wider community.

78 As a minimum, we believe such an annual report should routinely be made available to appropriate commissioners, Independent Monitoring Boards and relevant Health Overview and Scrutiny Committees.

Social Care Services

79 The Care Act 2014 reformed social care provision in England from April 2015. This included providing clarification around local authorities’ responsibility to provide assessments and care and support services for adults in prisons and approved premises.

80 Similar to NHS England, social care services are commissioned on the ‘principle of equivalence’, which means prisoners receive an equal level of assessment and support services as those offered to people living in the wider community.

81 Since April 2016, the Adults and Health Directorate (Leeds City Council) has commissioned Care UK to oversee and direct all social care and support services at HMP Leeds and HMP Wealstun. This includes the secondment of care assistants from the Leeds City Council to work in each prison, under the direction of Care UK.
Background

82 Similar arrangements had previously been in place with Leeds Community Healthcare NHS Trust, as the previous service provider of healthcare services at HMP Leeds and HMP Wealstun.

83 Care UK is currently the service provider for both health and social care services at HMP Leeds and HMP Wealstun. However, we note that the health and social care services were not jointly commissioned by NHS England and Leeds City Council.

84 We have heard different accounts around why the health and social care services for HMP Leeds and HMP Wealstun were not jointly commissioned. We have also heard that NHS England have jointly commissioned services with local authorities in other areas across England. Nonetheless, the position at HMP Leeds and HMP Wealstun reinforces our view that there are opportunities for greater partnership working between NHS England and local authorities.

85 Representatives from Leeds City Council’s Adults and Health Directorate were active participants in our inquiry. As part of this we also considered details associated with the New Wortley Offender Support Team – which provides services commissioned by the Council, aimed at supporting prisoners reintegrate into the community following their release from prison and help reduce levels of re-offending.

86 We consider some issues associated with the work of the New Wortley Offender Support Team in more detail elsewhere in this report.

Care UK

87 Care UK is England’s largest independent provider of NHS services and delivers more than 70 different healthcare services throughout the UK, including health and justice services (i.e. healthcare services in prisons).

88 Care UK is also an independent provider of a range of social care services.

89 Care UK currently delivers healthcare services across 42 prison services, which includes providing services for all types of prisoners in all categories of prisons. The range of services provided include reception health checks, regular GP services, dentistry, substance misuse, chronic or long-term conditions, podiatry, physiotherapy and optometry.

90 As mentioned, in April 2016 Care UK became the prime provider of healthcare services at HMP Leeds and HMP Wealstun.

91 We understand that most healthcare services are provided in-house by Care UK staff, while some specific services are sub-contracted to external private providers. However, we have been assured that Care UK intends to reduce sub-commissioning services in the near future.

92 Again, as part of our inquiry, we had several discussions with representatives from Care UK. We also received and considered a range of information, including service performance data.
Inquiry into the Health and Social Care Needs of Prisoners (August 2018)

Background

Prisons in Leeds

93 As previously highlighted, we also visited HMP Leeds and HMP Wealstun to help us gain first-hand insight into health service provision in each prison, alongside any variations across the different prison settings.

94 We visited HMP Leeds in January 2018 and HMP Wealstun in February 2018. During each visit we met Care UK’s Head of Healthcare for each prison, we given a tour of the prison and the available facilities, and we also had the opportunity to meet Prisoner Healthcare Representatives.

95 We also sought to understand how prisoners were effectively engaged in terms of the services provided and how their needs were met.

96 We were pleased to learn Care UK had recently appointed a former prisoner to develop a new strategy for prisoner engagement and that service user satisfaction surveys were routinely used.

97 We also became aware that, following Care UK’s appointment as the new healthcare service provider, HMP Leeds invited HealthWatch Leeds (HWL) to independently assess strengths and areas for improvement in terms of healthcare provision at HMP Leeds.

98 We considered the report from HWL and the resulting action plan, which indicated prisoners’ experiences of healthcare were generally positive; but also noted areas for improvement, particularly regarding the consistency of healthcare information and suggested a number of reforms to the appointments system.

99 When we considered HWL’s report, we were assured and pleased to hear that all the identified recommendations had been actioned by Care UK’s Head of Healthcare at HMP Leeds.

HMP Leeds

100 HMP Leeds is a category B local prison, with a maximum operational capacity of 1,218 male prisoners. During our inquiry, we were advised that 1,127 prisoners were currently imprisoned – although the number fluctuated.

101 The majority of prisoners at HMP Leeds are under the age of 34 (57% in 2017), however the proportion of prisoners over the age of 65 is now reported to be 4% (June 2017). This represents a growth of 50% within the last year and is expected to continue to rise, partially due to the increase of historical crime convictions.

102 We visited the social care wing – the only prison-based specialist social care unit in Leeds; consisting of 18 beds.

103 We heard that temporary admissions to the social care wing were often for prisoners who had a medical emergency - often drug related. However, most prisoners on the wing had been admitted for the duration of their sentence, due to their need to access adapted cells and receive assistance with personal care.

104 As previously mentioned, HMP Leeds has a high number of prisoners remanded in custody (32% in 2016). This high proportion of prisoners on remand results in a significant number of new prisoners entering the prison – often on a daily basis.

105 As a remand prison, it is likely that many of the prisoners will have been transported directly from court and the
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initial reception will be their first experience of prison. Therefore, we were keen to witness the process when prisoners first arrived at the prison – referred to as ‘reception’.

106 We observed the area and process from when prisoners first entered reception; to where health and social care needs were assessed; through to the First Night Centre, where prisoners are closely monitored during their first night.

107 As one of the oldest parts of the prison, constrained by the historical layout and not well linked from one part to another, we felt that the current reception area was not fit for purpose and was in need of updating. We were therefore pleased to learn that a new reception area was under construction and will become operational in the near future.

108 From the most recent HMIP report for HMP Leeds, we subsequently learned the views of the inspection team in relation to healthcare services, as follows:

“…healthcare input into reception and the first night centre was generally good, but not all prisoners had been seen by a doctor on their first night where needed.”

109 We look forward to reviewing the response to this specific issue and the proposed improvement actions.

**HMP Wealstun**

110 HMP Wealstun is a category C training and resettlement prison. It has a maximum operational capacity of 836 male prisoners.

111 All prisoners have been sentenced to serve custodial sentences and there are no prisoners held on remand. This results in a more stable prison population and significantly less issues associated with the reception process.

112 The overall profile of prisoners at HMP Wealstun is not significantly different to the profile at HMP Leeds. As of June 2016, a large proportion (58%) of offenders were under the age of 34, with only 9% over the age of 44.

113 The Prisoner Healthcare Representatives at HMP Wealstun spoke about their roles, experiences and views on the efficiency and quality of health and social care provision. They were open and honest about their experiences; including areas that worked well and where improvements could be made.

114 We are very grateful for the input of the Healthcare Representatives as part of our inquiry and we provide more detail on the specific role of Healthcare Representatives elsewhere in this report.
Independent Monitoring Boards

115 Independent Monitoring Boards (IMBs) have been established through statute and exist for a range of custodial environments.\(^6\)

116 Members of IMBs are appointed by Government Ministers and are collectively charged with monitoring whether prisoners and detainees are treated with fairness and humanity whilst in custody, and prepared properly for release (when in prisons and Young Offender Institutions (YOIs)).

117 The National Monitoring Framework (NMF) defines the role of IMBs and sets out a range of approaches to monitoring – aimed at ensuring a high degree of consistency, while providing sufficient flexibility for IMBs to plan and undertake their monitoring duties to reflect the unique nature of individual facilities. In summary, the purpose of the NMF and guidance is to:

- Define the role of IMBs in performing their duties;
- Promote a consistency of approach;
- Disseminate good practice; and,
- Support IMBs in monitoring effectively.

118 IMB members are independent, unpaid volunteers and undertake an average of 3-4 visits per month. Their role is to monitor the day-to-day life in their local prison or removal centre and to ensure that proper standards of care and decency continue to be maintained.

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\(^6\) All prisons and the Immigration Detention Estate comprising immigration removal centres, short-term holding facilities and repatriation flights for those being removed from the UK.
124 We also believe that, in order to provide additional assurance around the treatment of prisoners and other detainees, the secretariat has a key role in providing a composite annual report that reflects and highlights key themes identified by individual IMBs – in a similar way to the Care Quality Commission (CQC) providing its annual ‘State of Care’ reports.

**Recommendation 2**

That by May 2019, the Ministry of Justice considers the comments and issues regarding Independent Monitoring Boards highlighted in this report, and sets out a future vision and direction of travel, with specific reference to:

(a) Attracting and maintaining the appropriate number of members on individual IMBs.

(b) The relationship between individual IMBs and local authorities, as local community leaders and community representatives.

(c) The production of an annual summary report that reflects and highlights key themes identified by individual IMBs.

(d) Ensuring appropriate resources are in place to help deliver the above areas.
Conclusions and Recommendations

Summary

125 We recognise that health and social care services are currently under immense pressure – with increasing demand and ongoing pressures on finances across the public sector.

126 We also recognise and have witnessed first-hand, some of the additional challenges faced in providing health and social care services within a secure prison environment.

127 In this section of the report, we aim to set out our main findings and conclusions; together with any specific recommendations for improvement.

128 As outlined previously, this report is not intended to be an exhaustive record. Rather, it represents our summary and views on those areas we feel are of particular significance. As such, the absence of a reference to any statement, or evidence, should not be construed as it having been overlooked.

Social Care Needs and Obligations

129 As previously stated, Leeds City Council commissions social care services on the ‘principle of equivalence’, which means prisoners receive an equal level of assessment and support services as those offered to people living in the wider community.

130 In this respect, we are assured that, through the arrangements in place with Care UK, the Council is meeting its obligations under the Care Act 2014 for prisoners at HMP Leeds and HMP Wealstun.

131 However, as mentioned earlier in the report, HMP Leeds has an aging prison population, in part, due to the increase in sentences for historical sexual offences. It is possible that the trend of an aging prison population and the difficulties this presents when elderly prisoners are released from prison will continue.

132 During our inquiry, we were advised of the difficulties and challenges associated with placing some ex-prisoners in residential or nursing care homes. This was often due to the nature of offences committed and the need to safeguard other residents.

133 In anticipation of increases across the older population, and recognising the increased challenges associated with placing some ex-prisoners in residential or nursing care homes, we believe this area is worthy of a more detailed review in order to better predict future demand and to identify pre-emptive measures to help mitigate the impact of any increased demand.

Recommendation 3
That by February 2019, Leeds City Council’s Director of Adults and Health: (a) Reviews, assesses and reports the likely impact of an increased level of older, ex-prisoners being released from prison and requiring residential care and/or nursing care provision; and, (b) As part of this review, develops proposals and makes recommendations to help mitigate the impact of any increased demand on the Council.
Conclusions and Recommendations

134 As outlined earlier, we discussed matters associated with the New Wortley Offender Support Team (NWOST), which supports prisoners reintegrate into the community following their release from prison, and help reduce levels of re-offending.

135 While not directly related to this inquiry, we believed the matter was worthy of some further consideration; and we were advised that during the 2017 calendar year, NWOST supported 379 prisoners – of which only 8 reoffended and 6 were recalled to prison.

136 However, the arrangements to support the rehabilitation of offenders are complex – with a number of different organisations and agencies involved and what appear to be various and complicated funding arrangements.

137 We understand there have been a number changes following the government’s Transforming Rehabilitation reforms, including the establishment of a number of Community Rehabilitation Companies (CRCs) to work with low-risk offenders in the community.

138 We are also aware there have been a number of reports from HM Chief Inspector of Probation and HM Chief Inspector of Prisons raising concerns about the impact and effectiveness of the reforms.

139 As such, and despite the 2010 scrutiny inquiry into Integrated Offender Management, we believe a further local review of the government reforms and their impact may be warranted.

140 We will draw this matter to the attention of the appropriate Scrutiny Board to consider the merits of a further inquiry.

Prison and Public Information

141 Through the Ministry of Justice website, the Government provides information about each prison in England and Wales.

142 As part of our inquiry we accessed the details to help provide background information – specifically in relation to HMP Leeds and HMP Wealstun. However, we found the details on the ‘prison finder’ part of the website to be inconsistent – both in terms of the layout and content of the information provided. In addition, and more importantly, we also found some of the details to be incorrect and out-of-date. This was despite the ‘last updated’ details being relatively recent.

143 While the details considered were specifically related to HMP Leeds and HMP Wealstun – and we were unable to verify details relating to other prisons – it seems unlikely these could be considered to be isolated instances of misinformation. As such, we believe there is significant room for improvement in this area.

Recommendation 4

In order to provide up-to-date and consistent information for all prisons across England and Wales, by April 2019 the Ministry of Justice:

(a) Reviews and updates the details available in the ‘prison finder’, to ensure the information provided is up-to-date and consistent in term of layout and content.

(b) Ensures there are robust processes in place to ensure the information provided is regularly reviewed and remains up-to-date.
Performance Data and Quality Assurance

144 We were keen to understand how well healthcare services were being delivered across both prisons – i.e. HMP Leeds and HMP Wealstun. As part of this, and in line with NHS England’s strategy to improve quality and reduce variation, we also wanted to understand and be assured about performance in comparison to other prisons generally, but also similar prisons (i.e. those of the same category).

145 There is a plethora of information relating to the provision of healthcare services in prisons and associated performance – with much of the information required to provide assurance around contractual compliance.

146 However, we were overwhelmed by the level and complexity of the data initially provided by NHS England. We do not believe NHS England intended to overwhelm us with data, but we also believe it is important to consider how data is presented to different audiences, such as ourselves and other Health Overview and Scrutiny Committees.

147 We believe it is important for NHS England to recognise that information collated and used to monitor contractual obligations / performance is not necessarily the same as providing public assurance through a basket of key indicators that reflects and demonstrates performance against the desired outcomes.

148 We also requested performance data from Care UK. This was presented in a summary or dashboard format that allowed us to understand and interrogate the data in a much easier way. The performance data also provided high level assurance around performance and it also allowed us to make comparisons with other prisons – although this was limited to those prisons where Care UK was the healthcare provider.

149 However, as the data was provided directly by Care UK we could not be assured this had been verified and validated by the lead commission, NHS England. In addition, the data provided was limited to service areas where Care UK was the responsible service provider and, understandably, it did not include performance for service areas outside the scope of its contractual agreement – for example, dental services at HMP Leeds.

150 We recognise that, as the lead commissioning organisation, it is vitally important for NHS England to collate, validate and analyse a wide range of performance data – not least to ensure that service quality is being maintained and improved, but also to ensure that wider contractual obligations are being met and public money is being used efficiently and effectively.

151 However, as the lead commissioning organisation, it is equally important for NHS England to provide assurance regarding service quality, performance and the efficient and effective use of public money. In this, it is not enough for NHS England to simply assure itself: It is important to provide public assurance and to satisfy the assurance needs of other appropriate statutory bodies, including local authority Health Overview and Scrutiny Committees.
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152 We also believe it would be helpful to routinely provide Independent Monitoring Boards with key performance information relating to health and social care provision, to help them undertake their important role.

153 During our discussions with NHS England Health and Justice representatives we considered the merits of presenting performance data in a simpler format – for example, a performance dashboard. We believe there is some merit in exploring the development of a basket of key indicators that reflects and demonstrates performance against desired outcomes.

**Recommendation 5**
That, by April 2019, NHS England:

(a) Develops a high level performance dashboard that supports and demonstrates its stated strategy of improving quality and reducing variation across healthcare within the criminal justice system.

(b) Commits to producing and making publically available, an annual healthcare performance and assurance report for all prisons across England and Wales.

(c) Commits to making the annual healthcare performance and assurance report available to:
- Appropriate local authority Health and Wellbeing Boards across England and Wales.
- Appropriate local authority Health Overview and Scrutiny Committees across England and Wales.
- All Independent Monitoring Boards across England and Wales.

Voice and Influence

154 During our discussions with NHS England we were advised that, from a commissioning perspective, currently there were no arrangements in place to obtain the views of the full prisoner population. However, in line with NHS England’s strategic direction for health services in the justice system, we were pleased to learn that work was in progress to develop and procure a new patient experience contract in the near future.

155 Earlier in this report, we highlighted our engagement with Prisoner Healthcare Representatives at HMP Leeds, and in particular at HMP Wealstun.

156 We understand the Healthcare Representatives support prisoners’ access to health services and undertake a range of duties, including:

- Distribution of appointment slips;
- Reminding other prisoners of appointments;
- Acting as a listener and advocate for health and social care issues;
- Attending regular meetings with healthcare staff to share service updates and feedback from other prisoners.
- Providing healthcare information to new prisoners.

157 We understand Healthcare Representatives perform the above duties on a voluntary basis, and do so during their allocated personal time. Without the Healthcare Representatives, we understand these duties would fall to Prison Officers to undertake.
158 We note and support the comments in the HealthWatch Leeds report that describes Healthcare Representatives as ‘...a valuable asset to both prisoners and the healthcare team’ and it was clear from our visits that the Healthcare Representatives are well regarded by the healthcare teams.

159 The value of the Healthcare Representative role was highlighted in the most recent IMB report, which states:

“Healthcare representatives are seen as very important within the service and need to be embedded in the prison. Failure to attend appointments does increase noticeably without the presence of healthcare reps.”

160 However, it was also clear to us that the Healthcare Representative role needs more and formal recognition from Prison Governors and among other prison staff more generally – particularly given the positive impact on the prison regime.

**Recommendation 6**

That, the Prison Governor at HMP Leeds and HMP Wealstun formally recognise the role of Healthcare Representatives (and the Coordinator) and:

(a) provide sufficient opportunities for the role(s) and duties to be undertaken, outside of the representatives' personal time

(b) Raise awareness of the important role of Healthcare Representatives among all prison staff.

161 There are some issues relating to specific service areas we believe are worthy of highlighting.

162 Poor mental health, deaths in custody and drug abuse are areas of particular concern across England, and we were keen to understand the prevalence of these issues in the prisons in Leeds.

**Mental Health Services**

163 NHS England’s strategic direction for health services in the justice system outlines that people in or at risk of being in prison and other detention settings experience a disproportionately higher burden of illness, including mental health problems. They also experience poorer access to treatment and prevention programmes, as well as problems with substance misuse, including drugs and alcohol.

164 From the Care UK data we established that in December 2017 64 prisoners were under the care of the psychiatrist at HMP Wealstun; and 11 at HMP Leeds. There had not been any suicides at HMP Wealstun since April 2017; however there had been 3 at HMP Leeds.

165 As a remand prison, we understand prisoners are often in crisis when they first arrive at HMP Leeds after an appearance at court; as the outcome is often not what had been expected. As part of our visit, we observed the first night wing in HMP Leeds, where prisoners who are attending prison for the first time spend the first night on a smaller wing, and are regularly checked by prison staff. We viewed this as a positive step, to ensure vulnerable prisoners are provided with more
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support at the beginning of their time within the prison.

166 From our discussions with Healthcare Representatives at HMP Wealstun, we understand appointments for non-crisis mental health psychiatry services are well regarded. However, the data received does not include a responsiveness indicator for mental health appointments; therefore we have no data evidence for the waiting times for mental health appointments in either prison.

167 The data also indicates a low take-up of Wellbeing Assessments, with both prisons only completing Wellbeing Assessments for around 1% of the prison population each month. We can see from the data that new prisoners are offered the assessment, but that most decline. It is not clear why this take-up is low – although this could be attributed to assessment work undertaken as part of the reception assessment. Nonetheless, it is also unclear what work is undertaken to encourage take-up of the Wellbeing Assessments and/or to provide prisoners with any reassurances that may be required.

168 The Segregation Unit (SEG) in HMP Leeds comprises of basic cells for 14 prisoners. We understand prisoners are removed from the mainstream prison either for their own safety, having received threats from other prisoners, or because they need to be kept separate from the main population due to their behaviour or risk level.

169 However, we have heard evidence from the Head of Healthcare at HMP Leeds and the IMB representative that the SEG is being used as a temporary solution for prisoners who are severely mentally ill, and waiting to be transferred to a secure mental health hospital in accordance with the Mental Health Act. We draw reference on the following statement documented in the most recent IMB report for HMP Leeds:

“This became particularly apparent this year when one highly disturbed and distressed prisoner was held for several weeks in the Segregation Unit while awaiting transfer to a Secure Hospital. The IMB is very concerned that such prisoners are being held in these conditions in terms of the wellbeing of the individual; the challenges for officers and impact on other prisoners. There have been several instances of prisoners with ongoing mental health challenges being returned apparently prematurely to the prison from secure units.”

170 We believe the waiting period between the first medical recommendation for a prisoner to be transferred, until the date they are admitted to a secure hospital bed, are alarmingly lengthy for both prisons. For example, transfers from HMP Wealstun have taken up to 90 days during the past year. The designated period outlined in Department of Health and Social Care guidance is just 14 days.

171 We were informed by the Heads of Healthcare at both prisons that the shortage of secure mental health hospital beds is the main contributing factor to the delays. This was supported by a representative from the Leeds and York Partnership Foundation NHS Trust, who advised us that obtaining a secure mental health bed on the same day is now almost impossible. We were advised that there’s been a real deterioration over recent years – with the times prisoners are waiting to get
into a secure mental health bed continue to increase.

172 Prisoners having access to secure mental health beds is clearly not a Leeds specific issue. We believe it is a national issue that is reflected in NHS England’s strategic direction and is particularly relevant to Priority 3 within the National Partnership Agreement for Prison Healthcare (2018-2021). As such, this matter requires a national response and we understand a national review is underway to address access to secure mental health beds.

Recommendation 7
That the national review to address access to secure mental health beds is urgently completed; with the outcome and implications for Leeds presented (as a full or interim report) to the Scrutiny Board by February 2019.

Substance misuse and New Psychoactive Substances (NPS)

173 We understand that the use of drugs and alcohol are risk factors for mental health problems. Mental health problems and drug addiction are not mutually exclusive, but we learnt from the Health Needs Assessments (HNAs) for each prison that dual diagnosis can often be a problem for prisoners who are passed between services without integrated care.

174 The most recent HNAs for HMP Leeds and HMP Wealstun suggest the healthcare teams are working towards a more coordinated approach and we hope to see positive change evidenced and reflected in future HNAs.

175 NPS are synthetic drugs that are designed to replicate the effects of other illegal substances, but are much more affordable. The trends in use of NPS are uncertain, due to the variety and complexity of their make-up, along with their relatively short existence.

176 However, we are aware that a thematic review by HM Inspectorate of Prisons in 2015 identified the use of NPS in a custodial setting as a major problem across prisons in England, having severe consequences including medical emergencies, deaths, bullying, violence and debt. The review also stated that a ‘whole-prison’ approach is necessary, from supply and demand reduction, through to treatment.

177 Based on data provided by Care UK, in 2017 the average monthly number of suspected NPS incidents at HMP Leeds was 38, and at HMP Wealstun it was 26. However, it is important to note that these figures only include the instances healthcare staff have become aware of, and do not reflect incidents which may not have been identified.

178 We note the most recent IMB report for HMP Leeds which identifies the further strain on the healthcare services (internally and externally) caused by the number of emergency calls related to NPS.

179 We also note from the performance data that for months with the highest number of emergency attendances, the number of suspected NPS incidents is also high.

180 We have also been advised, anecdotally, that since HMP Leeds and HMP Wealstun recently became smoke-
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Free prisons⁷, prisoners have begun using NPS through vaporising equipment. It has been reported that this form of usage results in more frequent emergencies for prisoners and also healthcare staff. Due to vaporised NPS being unscented, we understand the detection of NPS remains a significant challenge for all prisons.

181 Based on the Care UK data and reports from various contributors during our inquiry; we believe there is some data to suggest a correlation between the roll-out of smoke free wings at both prisons in Leeds, and an increase in NPS incidents. We believe this is also likely to be reflected in prisons elsewhere.

182 We are aware that Public Health England administered the move to smoke-free wings through a staged process. However we have not received any evidence detailing an evaluation of each stage prior to full roll-out. We are therefore concerned that an unintended consequence of smoke-free prisons has been the increased use of NPS through vaporising equipment. As such, based on the limited details considered, we believe this merits a more detailed and scientific review to help quantify the impacts (both positive and negative).

183 We also became aware that Care UK is currently employing a number of paramedics across the various prisons where it is contracted to provide healthcare services.

184 Looking at the timing of these appointments at HMP Wealstun, we can see that despite the increase in medical emergencies within the prison, actual ambulance attendances have remained relatively static. For example, in June 2017 there were 32 emergency attendances and 10 ambulance attendances; and in December 2017, there were 66 emergency attendances, but still only 10 ambulances.

185 Whilst recognising the limitations of this data, it does suggest that the deployment of paramedics within a prison could have a positive effect on the overall impact for 24-hour emergency and healthcare service providers, such as Yorkshire Ambulance Service NHS Trust.

186 We believe considering the deployment of paramedics within a prison setting is worthy of more detailed consideration – and of potential value across the criminal justice system.

187 Therefore, we would urge commissioners to work with Care UK to fully assess and understand any potential benefits associated with the deployment of paramedics within a prison setting; whilst recognising the wider and overall context for workforce matters across the health and care landscape.

Recommendation 8
For any proposed future change programme that includes a healthcare dimension, the co-commissioners for healthcare services in prisons commit to completing an initial pilot project and full evaluation to help identify and mitigate any unintended consequences, prior to full roll-out.

⁷ A smoke-free programme for all prisons is not and healthcare change programme and has been led by HMPPS, with support from PHE and NHS England. The programme involved the gradual roll-out of prisons operating non-smoking buildings and grounds.
Liaison and Diversion Service

188 One of NHS England’s priority areas within its overall strategic direction is, ‘A radical upgrade in early intervention supported by effective Liaison and Diversion services’ and we have learned that specific Liaison and Diversion services are in place – including a West Yorkshire Team.

189 The aim of these services is to identify people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders.

190 We understand Liaison and Diversion teams can then support people through the early stages of the criminal system pathway, refer them for appropriate health or social care or enable them to be diverted away from the criminal justice system into a more appropriate setting, if required.

191 We have not considered the work of the West Yorkshire Liaison and Diversion Team in any detail. We have not specifically requested details relating to the Liaison and Diversion Service; nor has the service been specifically highlighted or referred to us for consideration. It was through our own research towards the end of our inquiry that first brought the work of the Liaison and Diversion service to our attention.

192 Many of our discussions involved those responsible for managing and coordinating the delivery of healthcare services within HMP Leeds and HMP Wealstun: The Liaison and Diversion Service did not feature in any of these discussions.

193 However, we have also repeatedly heard reports about the number of prisoners, particularly in HMP Leeds, who continue to arrive with significant underlying mental health and related issues. As such, we question the current awareness, understanding and visibility of the Liaison and Diversion Service across healthcare in the criminal and justice system.

194 The reasons behind the imprisonment of people with mental health needs are clearly complex and multi-faceted: It remains a significant societal issue that goes beyond the scope of this inquiry and, potentially, beyond our remit as a Scrutiny Board. Nonetheless, while recognising the developmental nature of the Liaison and Diversion Service (particularly in West Yorkshire), we may revisit this particular area sometime in the future; specifically to consider the work and effectiveness of the West Yorkshire Liaison and Diversion Service.

Police Custody Suites

195 Given the repeated reports about the number of prisoners, particularly in HMP Leeds, continuing to arrive in prison with significant underlying mental health and related issues, we briefly explored the arrangements for assessing the healthcare at the Custody Suite at Elland Road Police Station, Leeds.

196 Leeds Community Healthcare NHS Trust is the current provider of healthcare services within Custody Suites – and had recently been awarded the contract to provide services across the Yorkshire region (having previously held individual contracts for individual areas, including West Yorkshire and South Yorkshire etc.). However, we note this service is not listed on the Trust’s A-Z of services on its website.
We also learned that despite previously agreed recommendations identified in the Bradley Report (2009)\(^8\) – which reviewed the experiences of people with mental health problems or learning disabilities in the criminal justice system – subsequent Home Office decisions had seen commissioning responsibility for healthcare within custody suites remain with Police Forces.

Despite being assured that NHS England act in an advisory capacity; and being advised that the Home Office has recently reviewed and have no plans to change these arrangements; it remains our view that this division of responsibility for commissioning healthcare is an unnecessary and unhelpful separation. We believe that healthcare services in Police Custody Suites should be considered and commissioned as part of a single pathway of assessment and care within the criminal justice system.

**Recommendation 9**

That, by May 2019, the Home Secretary reviews current commissioning arrangements for healthcare services within police custody suites, with a view to establishing NHS England as the lead commissioner for all healthcare services within the criminal justice system.

\(^8\) Lord Bradley’s review of people with mental health problems or learning disabilities in the criminal justice system was published in April 2009.

The Strategy for Modernising Dental Services for Prisoners in England (2003) states that, as a minimum, one 3 hour dental session should be provided per week for every 250 prisoners. The guidance also outlines that the target waiting time for average routine dental care should not be greater than 6 weeks – subject to the requirements of different regimes within different prisons.

At HMP Wealstun, dental services are sub-contracted by Care UK to Time for Teeth. At HMP Leeds, due to commissioning legacy issues, NHS England directly commissions Dr Stephen Gardner to deliver dental services.

Discussions with Healthcare Representatives at HMP Wealstun, highlighted frustrations with the current waiting times for dentist appointments. These concerns were supported by the performance data that showed that at HMP Wealstun, the percentage of routine dentist appointments not seen within the 6 week timeframe was substantially higher percentage than comparable prisons.

Due to the location of the dental facility at HMP Wealstun, we understand that prisoners require a prison officer to escort them to and from their appointments. Anecdotally, we heard that prisoner’s appointments are often cancelled due to there being no available prison officer escorts.

This also appears to be an issue for other medical appointments – which has an impact on individual prisoners and potentially the wider prison environment (as a result of increased frustrations and tensions). In addition, similarly to the
wider community, there is also a financial impact of non-attendances within the provision of healthcare service.

204 As Prison Governors have overall responsibility for the management and operation of prisons, we believe non-attendance at medical and dental appointments should be included as a key indicator that contributes to the overall effective management of a prison and other detention facilities.

205 We understand that HMPSS uses a suite of indicators to judge overall prison effectiveness that, until recently, included the level of non-attendance at clinics. However, we have been advised this no longer forms part of the overall suite of indicators. We believe HMPSS should re-instate this indicator; and it should be routinely reported to Independent Monitoring Boards to help monitor day-to-day life in local prisons or removal centres; and ensure that proper standards of care and decency are maintained.

206 However, non-attendance of appointments only provides a partial picture, and we understand the number of dental sessions per week provided at HMP Wealstun equates to around half the recommended number outlined in the Strategy for Modernising Dental Services for Prisoners in England (2003).

207 The position at HMP Leeds was somewhat different, with around 4.5 dental sessions provided per week, with waiting times of around 3 weeks.

208 We also became aware of concerns raised by the Independent Monitoring Board at HMP Leeds, regarding a 2 month period in 2017, where dental service provision was severely compromised due to the failure of the dental chair – which we are informed remains responsibility of the prison Governor.

209 We have not fully established the impact of failure of the dental chair, and whether or not it could continue to be used for any procedures until its replacement. However we share the Independent Monitoring Board’s concerns over the extended delay in securing a replacement or repair; and we believe it should be incumbent for the Prison Service overall to have some consistent arrangements in place to efficiently and effectively deal with any similar issues, should they occur across other parts of the prison estate.

**Healthy Living Initiatives**

210 Notwithstanding NHS England’s responsibility for commissioning public health services in prisons; during our discussion with Public Health England (PHE) we were advised that, in relation to prisoner health and the prisoner population, PHE undertook a similar role to that of a local authority Public Health Department in relation to its local population.
We have already commented on the smoke-free prison programme; however we were anecdotally informed by Public Health England that the introduction of smoke-free wings may have resulted in an increase in consumption of unhealthy foods.

We therefore feel it would be helpful to consider the development of public health services for prisons in line with the development of integrated healthy living services we have seen developed in the wider community across Leeds, and other local authority areas.

We understand the aim of the integrated healthy living service in Leeds – One You Leeds – is to allow service users to move seamlessly between healthy lifestyle interventions (e.g. smoking cessation, weight management and physical activity) without the need for re-referral. One You Leeds has also been designed with a particular emphasis on attracting those in the most deprived areas.

We recognise and understand the challenges associated with providing a mirrored service in a prison setting, however, we understand there is not an integrated healthy living initiative currently in place in HMP Leeds or HMP Wealstun.

Given NHS England’s stated strategic direction and priorities for health services in the justice system – alongside its responsibility for commissioning public health services in prisons – we believe developing an integrated healthy living service offer for prisons in Leeds (and beyond) is worthy of more detailed consideration.

We believe there may be opportunities to draw on local authority experiences of developing integrated healthy living services, potentially through appropriate Directors of Public Health and/or the Association of Directors of Public Health (UK).

Recommendation 11
That, by February 2019, NHS England and Public Health England jointly consider the development and roll-out of an integrated healthy living service offer for prisons across England and Wales; including the specific aims, objectives and success outcomes for such a service.

Other Observations
Throughout our inquiry we have been concerned by some of the specific language or phases, which appear to have become common place in relation to prisoners. Some examples of the language we have observed include:

- Churn – used to describe the high number of prisoners coming into and out of HMP Leeds; and,
- ‘Lifers’ – often used on the Ministry of Justice’s prison finder portal, to describe prisoners serving life sentence.

Our concern is that such language dehumanises prisoners and we believe this has no place in a ‘reform and rehabilitation’ culture that the criminal justice system is striving to achieve.
**Concluding Remarks**

219 This report and its recommendations represent the collective view and opinion of Leeds City Council’s Scrutiny Board (Adults and Health) – based on our understanding of the information presented and considered; and our associated discussions.

220 It is important to recognise that while we have sought to reflect the range of evidence and information provided, this is not an academic study and it represents a ‘snapshot’ of service provision and associated arrangements.

221 While we are not experts in this area, we hope we bring some independent and fresh views to a complicated area, with equally complex arrangements.

222 We look forward to considering the responses to this report and the recommendations made.
### Evidence

#### Reports and Publications Submitted

- NHS England – Health and Justice Commissioning Intentions 2017/18
- Independent Monitoring Board - HMP Leeds Annual Report 2016 (Ministerial response)
- Independent Monitoring Board – HMP Wealstun Annual Report 2016/17
- Health and Social Care Needs of Offenders: Current commissioning & delivery arrangements of offender care and support services by the Adults and Health Directorate
- Dynamic Healthcare Needs Assessment – HMP Wealstun (30th June 2017)
- Care UK performance management data from April 2016 – January 2018 for HMP Leeds and HMP Wealstun

#### Witnesses Heard

- Sinead Cregan - Adult Commissioning Manager, Adults & Health Leeds City Council
- Mick Ward - Chief Officer Transformation & Innovation, Adults & Health Leeds City Council
- Paul Moore - Health & Justice Public Health Specialist for Yorkshire & Humber
- Danny Alba - Health & Justice Commissioning Manager for NHS England (Yorkshire & Humber)
- Chris Jewesbury - Head of Health and Justice for NHS England (Yorkshire & Humber)
- Dave Browne – Head of Healthcare (HMP Leeds), Care UK
- Victoria Rogers – Head of Healthcare (HMP Wealstun), Care UK
- Healthcare Representatives (Prisoners) - HMP Leeds and HMP Wealstun
- Michael McGonnell – Deputy Service Director for Health in Justice, Care UK
- Dawn Jessop – Regional Manager for Health in Justice, Care UK
- Tatum Yip – Community Project Worker, Healthwatch Leeds
- John Fairfield – Independent Monitoring Board Health Lead, HMP Leeds
- Sheila Duckett - Independent Monitoring Board Health Lead, HMP Wealstun
- Andy Weir – Deputy Chief Operating Officer, Leeds and York Partnership NHS Foundation Trust
Dates of Scrutiny

- Scrutiny Board Meeting – 5th September 2017
- Working Group Meeting – 7th December 2017
- Site Visit to HMP Leeds – 29th January 2018
- Site Visit to HMP Wealstun – 6th February 2018
- Scrutiny Board Meeting - 13th February 2018
- Working Group Meeting – 5th March 2018

Monitoring arrangements

Standard arrangements for monitoring the outcome of the Board’s recommendations will apply.

The organisations to whom the recommendations are addressed will be asked to submit a formal response to the report and recommendations, including an action plan and timetable, normally within three months of this report being agreed.

The Scrutiny Board will determine any further detailed monitoring, over and above the standard quarterly monitoring of all scrutiny recommendations.