



Opt-out Blood-Borne Viruses (BBVs) testing policy in English prisons

The prevalence of infection with BBVs among people in prison is significantly higher than their peers in the community due to the overlapping risk factor of injecting drug use both for infection and imprisonment (see Figure 1, Figure 2):

Figure 1: The physical health of people in contact with the criminal justice system

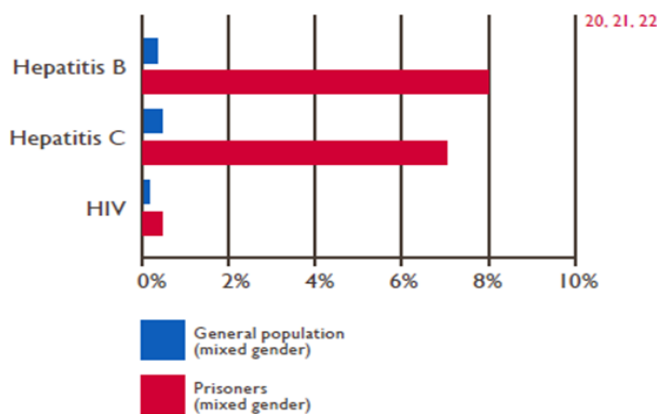
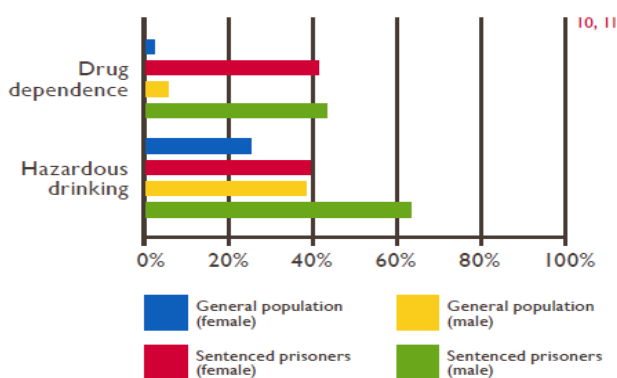


Figure 2: Substance misuse among people in contact with the criminal justice system



Source: Revolving Doors, 2013. Balancing Act: Addressing health inequalities among people in contact with the criminal justice system, a briefing for directors of public health

Injecting drug use continues to be the most important risk factor for HCV infection in the UK. Data from the Unlinked Anonymous Monitoring (UAM) survey of people who inject drugs (PWID) suggest that levels of infection in this group remain high.

Research from the Ministry of Justice (Stewart, 2008) on a sample of newly sentenced adult prisoners from 49 prisons in England and Wales found that 68% had used an illicit drug in the past year and 40% had injected a drug during the four-week period prior to custody. About one third of all people treated for substance misuse in England are treated in prisons. So prisons are a good setting to test and treat people for BBVs, especially hepatitis C (HCV).

Despite this, there has been limited diagnostic testing among people in prison. Recent Prison Health Performance and Quality Indicator (PHPQI) data show that only around 7% of people in prison during 2013-14 were reported as being tested for infection which is a much lower rate of testing than desirable.

To address this issue, NHS England, the National Offender Management Service (NOMS) and PHE published a National Partnership Agreement in October 2013 which included a commitment to address this under-testing by introducing an opt-out BBV testing policy.

The introduction of this policy comes at a crucial time of significant improvement in treatment for hepatitis C which is the most common of the three BBV infections. There are considerable challenges to overcome including the complexity of the commissioning process for treatment and the nature of prisons and their populations. In response to these challenges, selected “pathfinder prisons” with already well-established care pathways will be first to introduce the policy. The lessons learned from the experience of these pathfinders will help the gradual introduction of the policy in the remaining prisons.

There are some early indications that the policy might have contributed already to more testing being performed as demonstrated by the increase of hepatitis C testing according to the most recent PHPQI data; this shows an England coverage of 7% during quarter two 2013/14 and an increase to 9% during quarter three in the same year. The increase might be more attributable to a general awareness rising across prisons generated by the policy than the actual, very early stages implementation of the policy.

A significant amount of work and preparation has already gone on and still continues into making the implementation of this policy a reality. A national event was held in Birmingham on 1 May, the success of which will inspire local events now at various levels of preparations in areas across England.

For further information about the policy please contact the team via health&justice@phe.gov.uk. A suite of supporting material for the policy is available at:

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/PublicHealthInPrisonsTeam/Guidelines/>

HCVAction

The HCV Action group connects health professionals from across the patient pathway: including GPs, specialist nurses, clinicians, drug service professionals, public health practitioners, prison healthcare staff and commissioners. HCV Action aims to promote good practice in hepatitis C care across the UK by raising awareness among health professionals, the public and policymakers. The group believes better awareness can improve prevention, diagnosis and treatment and improved the quality of care.

The current roll-out of opt-out BBV testing in prisons will result in far greater numbers of prisoners being offered testing for hepatitis C. HCV Action is committed to sharing good practice in order to ensure that effective care pathways are developed for those diagnosed with the virus. The HCV Action website features a number of good practice prison case studies, with a mixture of videos and write-ups of successful hepatitis C testing and treatment services available to view at [HMP Kirkham](#), [HMP Manchester](#), [HMP Forest Bank](#) and [HMP Leeds](#).

HCV Action has also recently released a report entitled **Health and Wellbeing Boards & Hepatitis C**, published in May 2014, the report analyses Joint Strategic Needs Assessments produced by Health and Wellbeing Boards across England and compares the extent to which local authorities have prioritised the diagnosis and treatment of hepatitis C in their area. Hospital visits and deaths from hepatitis C have continued to rise in the UK, and the virus constitutes a major cause of the alarming rise in liver disease. Despite this, the report highlights the fact that even in high prevalence areas; many local Health and Wellbeing Boards (52%) have given no demonstrable consideration to hepatitis C.

HCV Action are urging professionals and policymakers across England to examine their regional results and identify whether their local Health and Wellbeing Board is taking adequate action to address the virus.

The HCV Action group is run by The Hepatitis C Trust. Its steering committee is chaired by Dr Steve Ryder, Consultant Hepatologist at Nottingham University Hospitals NHS Trust, and includes the PHE PHiPs Team Epi-Scientist Cathie Railton. You can browse the HCV Action website resources at www.hcvaction.org.uk, and sign up to receive monthly e-updates on the latest hepatitis C developments by emailing hcvaction@hepctrust.org.uk

First edition of the “Guideline on TB Control in Prisons for Public Health Centres” in Japan – after a nation-wide survey on the state of collaboration between prison institutions and local public health centres

Lisa Kawatsu, MSc. Ph.D (Research Institute of Tuberculosis), Japan Anti-Tuberculosis Association

Japan is a middle-burden country with incidence of TB at 16.7 per 100,000 population (2013)¹. As with many other states, prisoners are considered a high-risk population in Japan, with an estimated incidence of 220.2 per 100,000 population, approximately 13 times higher than that of the general population².

One of the central components to controlling TB in prisons in Japan is the collaboration between prison institutions and public health centres (PHCs). Yet, to this date, no guidelines had been established and PHCs were left to themselves to decide how to collaborate with prison institutions. Much discrepancy has been observed in the quality of TB control measures in prisons across the nation.

Public Health Centres (PHCs) in Japan:

PHCs are local government authorities responsible for various kinds of preventive and promotive health and medical activities, including infectious diseases control, under the Community Health Act, Japan. As for TB control, once a patient is diagnosed with TB, he/she will be notified and registered at PHCs, and PHC nurses will be responsible for following up and monitoring their treatment. The nurses also oversee health checks for contacts of patients, and planning adherence support in the community.

Our research group, funded by the Grant-in-Aid for Scientific Research, Ministry of Health, Labour and Welfare, Japan conducted the first nation-wide survey to provide base-line data on the state of collaboration between prison institutions and PHCs, with the ultimate aim of establishing a national guideline for PHC nurses, on how they may collaborate with prison institutions in controlling TB in prisons.

The survey consisted of interviews conducted among PHC nurses, and covered a wide range of aspects of TB control in prisons, from patient interview to planning for post-release support for patients. Our results indicated inconsistency in actions from both PHC and prison institutions – for example, while 19% of the PHCs always interviewed prisoner TB patients, 62% did not. When asked why they did not interview prisoner patients, 89% answered that they “felt it unnecessary, as prison institutions would manage sufficiently”, while the remaining 11% answered that were not permitted to do so by the prison institutions for reasons of “privacy”. Based on the results of this survey, together with an extensive literature review, a first edition of a national guideline was established in May 2014. The guideline underwent a round of discussion, sat by nurses from selected PHCs and medical staff from prison institution, and also reviews by the Ministry of Health, Labour and Welfare and the

¹ Statistics of TB 2013. 2013, Japan Anti-Tuberculosis Association, Tokyo.

² Kawatsu, L and Ishikawa, N. Trend of TB in prison institutions in Japan; 2000-2012. 2013. Japanese Journal of Public Health, 60 (10). pp.245

Ministry of Justice, before its final publication. The guideline will also shortly become available from the homepage of the Research Institute of Tuberculosis.

Our research team will continue to accumulate cases and at the end of this fiscal year, also plan to conduct an evaluation on the usage of the guideline via questionnaire survey.

Transforming Rehabilitation Community Rehabilitation Companies & the National Probation Service Go Live

Transforming Rehabilitation (TR) is a wide ranging programme of change in the justice system, with a core aim of reducing reoffending rates. Changes include:

- Probation Trusts will be replaced by a new National Probation Service (NPS) and local Community Rehabilitation Companies (CRC's)
- reconfiguration of the Prison Estate to create network of Resettlement Prisons for men and women. The model is based on services being delivered 'through the gate'
- NPS will manage court services and high risk cases
- CRCs will manage low and medium risk offenders, working in custody and the community and resettlement services
- supervision will be extended to short sentenced prisoners on release
- NPS and CRCs will deliver and signpost to/work in partnership with, a range of wider services to reduce reoffending
- CRCs will be paid in part by their results in reducing reoffending

Some key changes to the prison and probation system include:

- NPS will advise the court for all sentences and cases will be allocated to CRCs (low and medium risk) or retained by NPS (high risk) for both custodial and community sentences (dynamic risk management)
- all offenders released from custody will receive a statutory period of supervision (extension to cover <12 months)
- CRCs will be responsible for resettlement services (including resettlement planning at the start of the sentence) in resettlement prisons for those on remand, are in the last 3 months of their sentence or recalls
- legislation will change license conditions – drug testing condition will be expanded and there will be a new drug attendance condition

Timings

The new CRCs and NPS went live this month. The process of awarding contracts for the new CRCs will run through the autumn of 2014.

Opportunities for public health

Some potential opportunities arise for improvements to supervision via the whole system care provision known as "Through the Gate", which can support improved local integration of health and justice systems and support offenders by keeping them close to home. Key features include:

- Supervision of short sentenced offenders – an opportunity to strengthen continuity of care planning and explore different models for health delivery e.g. modular interventions in custody and community
- New defined pathways through the prison estate – an opportunity to look at health needs across pathways to strengthen strategic level planning, e.g. more opportunities to commissioning health needs assessment for pathways not just individual prisons
- Resettlement planning – strengthened continuity of care options e.g. mentors, and multi-agency support for recovery capital
- Releasing closer to home – strengthened continuity of care planning and more opportunity for models of community service in-reach (same providers through the gate).
- New licence conditions – additional tools to support recovery journey through the gate.

NOMS have recently published a new guide “How NOMS Works” which looks at their role within the new landscape:

<https://www.gov.uk/government/publications/how-the-national-offender-management-service-works>

Transforming Rehabilitation North West “Through the Gate” pilots



As part of the Transforming Rehabilitation initiative, the Ministry of Justice and Department of Health have jointly committed to exploring new approaches to working with drug and alcohol dependent prisoners in order to improve health outcomes and reduce reoffending rates among this group post release.

The “Through the Gate” project involves ten prisons in the North West that release male and female prisoners to 18 Local Authority areas in Lancashire, Cheshire, Cumbria and Greater Manchester. Some of the new approaches include:

- greater use of peer mentors providing intensive support to prisoners in custody and post release
- a “recovery” pathway for prisoners who express a commitment to undergoing a detoxification programme in custody and maintaining a drug free lifestyle on release. This pathway can involve the provision of housing and is based on a recovery programme that has proved effective for dependent drug users
- the use of online resources and programmes that can be started in custody and followed up in the community
- interventions targeting women offenders with complex needs

- developing evidence based alcohol treatment interventions
- comprehensive drug testing programme on reception and release

Research, news and events

Research

An audit of hepatitis C service provision in a representative sample of prisons in England



An article on the audit of hepatitis C services in prisons has now been published in the Journal of Public Health:

<http://jpubhealth.oxfordjournals.org/content/early/2014/04/02/pubmed.fdu022.abstract?keytype=ref&ijkey=6QarbTlpeaCR75m>

News

PHE publish business plan for 2014/15

PHE have just published the business plan for 2014/15. It, sets out our organisation's core functions, outlines the key steps and actions we will be the taking over the next year to protect and improve the public's health and reduce inequalities, and highlights some of our achievements in our first year. To download the document go to:

<https://www.gov.uk/government/news/phe-business-plan-published-for-2014-to-2015>

WHO/Five Nations Health & Justice Collaboration Meeting, Dublin, Friday June 13th



WHO/Five Nations Health & Justice Collaboration members

Dr Éamonn O'Moore, Dr Autilia Newton, David Sheehan, Sunita Sturup-toft, Simon Marshall (from NOMS) and Chris Kelly (from NHS England), travelled to Dublin on June 12 to participate in the second meeting of the newly formed Five Nations Health & Justice Collaboration.

The inaugural meeting took place in London in February this year. This meeting was organised by the Irish Prison Service with Fergal Black in the chair. It was well attended by delegates from all countries and also by Dr Lars Möller representing the Regional Office of WHO Europe. The programme included agreeing terms of reference, sharing best practice across the Five Nations on mental health and

through-care, agreeing a new shared research strategy and programme, and planning for the forthcoming WHO/IPS/PHE conference to be held in Ireland later this year in Portlaoise on 2nd – 3rd October 2014. For further details please contact david.sheehan@phe.gov.uk

SIMSPE Annual Conference “L’Agorà Penitenziaria” (Prison “Agora”), Turin, Italy 18-20 May 2014, dedicated to health of people in prison

On the last day of the conference, PHE Health and Justice representatives participated in the meeting of the newly established Health Without Barriers (HWB) – European Federation for Prison Health Secretariat, an organisation founded in London at the PHE/WHO Conference last October. The meeting agenda included ratification of the HWB Founding Constitution; definition of the roles and responsibilities of member states and agreement on outline work programme. The Federation, which is being supported by both EU institutions and WHO Europe Office, aims at improving the health of people in prisons across Europe, by sharing good practice, setting standards and promoting research in this field.

World Hepatitis Day 28 July

World Hepatitis Day takes place every year on 28 July and provides an international focus to increase the awareness and understanding of viral hepatitis. For ideas about what you can do to raise awareness and to find out what is happening in other areas go to:

World Hepatitis Alliance: <http://www.worldhepatitisalliance.org/en/>

PHE Hepatitis C study published in Journal of Hepatology

A study carried out by PHE which looks at the cost of increasing hepatitis C treatment uptake in England, and the impact this would have on disease burden has been published in the Journal of Hepatology. The study is available to view at: <https://www.gov.uk/government/news/new-study-reveals-the-costs-of-low-uptake-of-hepatitis-c-treatment>

Publications from Scotland:

Scottish Justice Matters, Health & (in)justice, June 2014

Scottish Justice Matters is a publication of the Scottish Consortium for Crime and Criminal Justice and this issue’s focus is on health inequalities and justice. To view this go to:

<http://scottishjusticematters.com/>

Scottish Prison Service surveys

The Scottish Prison Service has published a number of prisoner surveys focusing on a range of topics. They provide useful insight into the views of people in Scottish prisons. Recent surveys published include substance misuse, female offenders and looked-after children. To view previous surveys go to:

<http://www.sps.gov.uk/Publications/publications.aspx?PublicationCategory=Research&view3order=&view3direction=&dosearch=y>

The Guardian publishes articles:

The treatment of prisoners' alcoholism

The Guardian published an article which looks at the treatment of prisoners' alcoholism being an essential part of rehabilitation. The full article is available at: <http://www.theguardian.com/society/2014/may/13/treatment-prisoners-alcoholism-rehabilitation-recidivism-crime>

Mental health service in prisons

This article looks at the pressure mental health services are under in prisons and is available at:

<http://www.theguardian.com/society/2014/may/24/we-are-recreating-bedlam-mental-health-prisons-crisis>

WHO for Europe launch new Prisons and Health Guide



The WHO/Council of Europe meeting took place on May 27/28 in Strasbourg. Dr Éamonn O'Moore, Director Health and Justice PHE attended the event which also involved representatives from the ICRC, EMCCDA, the ECHR, PC-CP, HWB and other experts and organisations. At the meeting the new Prison Health guide was launched. This book outlines important suggestions by international experts to improve the health of people in prison and to reduce the risks posed by imprisonment to both health and society. In particular, it aims to facilitate better prison health practices in the fields of:

- human rights and medical ethics
- communicable diseases
- non-communicable diseases
- oral health
- risk factors
- vulnerable groups
- prison health management

It is aimed at professional staff at all levels of responsibility for the health and well-being of detainees and at people with political responsibility. The term "prison" covers all institutions in which a state holds people deprived of their liberty.

You can download the document at:

<http://www.euro.who.int/en/publications/abstracts/prisons-and-health>

NHS England Health & Justice Clinical Reference Group launches their website page

The Health and Justice CRG have now launched their website page which provides information about the scope and membership of the group:

<http://www.england.nhs.uk/ourwork/commissioning/spec-services/npc-crg/health-justice-crg/>

Events

Public Health England Annual Conference

16-17 September 2014

Public Health England Annual Conference 2014 - 16-17 September

The event will cover a wide range of topics from across the breadth of public health, and includes a keynote address by The Rt. Hon. Jeremy Hunt MP, Secretary of State for Health. For further details and to book your place please go to: <http://www.phe-conference.org.uk/>

The WHO Health In Prisons Programme annual conference: Irish Prison Service College in Portlaoise, the Republic of Ireland on 2 & 3 October 2014

Although the conference will be hosted by the Irish Prison Service it will be branded as a WHO, PHE and Irish Prison Service event. This year the theme of the conference will be “prisoner empowerment” and presentations will be solicited that explore the implementation of such projects across member states. Details about how to register will be made available in the coming weeks. For further information please contact david.sheehan@phe.gov.uk

Norovirus in healthcare settings and beyond – A research workshop, 17 October 2014, London

This event is a collaboration between PHE and the Infectious Disease Research Network, and will be of relevance to those who have an interest in enteric disease and infection control. For further details: <http://www.idrn.org/events/upcoming/norovirus.php>

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Image credit: ‘HM Prison Manchester-‘Strangeways’ by Robert Wade. Used under Flickr Creative Commons.

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