West Midlands Prisons Health Needs Assessment 2014 – 2015: Report Number 11 of 11
FINAL VERSION JUNE 2015

WEST MIDLANDS PRISONS HEALTH NEEDS ASSESSMENTS 2014 – 2015

REGIONAL REPORT

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Foreword

This Regional Health Needs Assessment (HNA) Report has been commissioned by NHS England Health & Justice Staffordshire & Shropshire Local Area Team.

The report is the concluding report in a series of individual HNAs for the prisons in the West Midlands prison cluster. The series of reports are as below:-

Report Number 1 West Midlands Prisons Health Needs Assessment 2015 – Introduction & Context
Report Number 2 HMP Birmingham
Report Number 3 HMYOI Brinsford
Report Number 4 HMP Dovegate
Report Number 5 HMPYOI Drake Hall
Report Number 6 HMP Featherstone
Report Number 7 HMP Stafford
Report Number 8 HMPYOI Stoke Heath
Report Number 9 HMPYOI Swinfen Hall
Report Number 10 HMYOI Werrington
Report Number 11 West Midlands Prisons Health Needs Assessment 2015 – Regional Report

The report also draws upon the Health Needs Assessments for **HMP Long Lartin**, **HMP Hewell** and **HMP Oakwood**, completed by S Squared Analytics in December 2014.

The regional report is a summary and collation of the local reports and as such **does not cover all elements of the local reports**, which may be referred to individually as required.

The regional report reviews and summarises the needs of the following population cohorts within the cluster:-

- Adult Male Prisoners
- Young adult prisoners (18 – 25 years old)
- Children (15 – 18 years old)
- Women prisoners

The report considers themes that have arisen from the regional analysis and individual HNAs and suggests **19** recommendations for regional consideration.

1. The West Midlands Prisons Cluster

There are 12 prisons within the West Midlands Prisons Cluster.

- **HMP Birmingham** is a Victorian local prison which holds adult male convicted and un-convicted prisoners and has an operational capacity of 1450. The prison serves the Birmingham court circuit - the Crown and Magistrates' Courts of Birmingham, Shrewsbury and Telford, along with the Magistrates' Courts of Burton, Cannock, Lichfield, Rugeley, Sutton Coldfield and Tamworth. The primary role of HMP Birmingham is to hold remand and trial category B & C prisoners, as well as a small population of retained category D prisoners.
- **HMYOI Brinsford** is situated north of Wolverhampton, located on a site adjacent to Featherstone and Oakwood prisons. It has an operational capacity of 577, and holds young adults aged between 18-21years. It is a closed Young Offenders Institution with a diverse population, many of whom are from the West Midlands area and comprise both sentenced and remand prisoners.
- **HMP Dovegate** opened in 2001 and is situated on the Staffordshire/Derbyshire border. The prison is operated by Serco Home Affairs. It has a total operational capacity of 1060 and holds adult male prisoners serving a range of sentences including trial, remand, awaiting sentence and convicted men serving over four years to life. The prison is designated to operate as a resettlement prison, serving the catchment area of Staffordshire and the West Midlands.
- **HMPYOI Drake Hall** is a closed prison for women over 18 years old and a nominated Foreign National Centre with a certified normal holding capacity of 315. The prison is situated in rural Staffordshire, 10 miles from Stafford. The women are accommodated in 15 houses, each with approximately 20 rooms. HMPYOI Drake Hall, HMP Foston Hall and HMPYOI Styal form a strategic hub for women in prison in the midlands.
- **HMP Featherstone** is an adult male Category C prison located approximately 8 miles north of Wolverhampton. The prison occupies part of the same land complex as HMYOI Brinsford and HMP Oakwood. The site has an operational capacity of 687 and holds only convicted prisoners. It is served by local prisons including HMP Birmingham and HMP Hewell, as well as other Category C prisons. Since October 2014, HMP Featherstone has been a designated resettlement prison for prisoners returning to the West Midlands, Warwickshire and West Mercia upon release.
- **HMP Hewell** is situated outside Redditch in Worcestershire and serves courts in the West Midlands. HMP Hewell was created by an amalgamation of HMPs Blakenhurst, Brockhill and Hewell Grange in 2008. The prison has an operational capacity of 1261 and is formed of two sites: one closed site, and one open site.
- **HMP Long Lartin** is located near Evesham in Worcestershire and was originally opened as a Category C training prison in 1971. Additional security measure were added in 1972 enabling the prison to operate as a high security dispersal prison mainly for sentenced category A and B prisoners. The prison has an operational capacity of 622.
- **HMP Oakwood** is located near Wolverhampton in the West Midlands, and first opened in April 2012, and is operated and managed by G4S. The prison serves as a training prison and

holds category C prisoners. With an operational capacity of 1605, HMP Oakwood is one of the largest prisons in England and Wales.

- **HMP Stafford** was first opened in 1793 as the New Staffordshire Gaol. The prison is a medium sized category C adult male establishment located near to Stafford town centre. The prison has an operational capacity of 741, consisting of six residential blocks, each with accommodation for over 100 prisoners. In autumn 2014, HMP Stafford was re-rolled to become a sex offender prison and has since seen a significant shift in age of its population profile.
- **HMP & YOI Stoke Heath** is a closed Category C training establishment holding both young adult and adult male sentenced prisoners predominantly from the North West of England, in addition to a small remand population taken from courts in Powys, Wales. It has operational capacity of 750 Category C prisoners and in addition there is a small unit for up to 16 Category D prisoners. The prison is located just outside Market Drayton in Shropshire.
- **HMP & YOI** Swinfen Hall operates as an integrated male establishment for young offenders and Category C young adults aged from 18 to 25 years old and serving medium to long term sentences. The site has a total operational capacity of 654. The prison is located near Lichfield in Staffordshire and predominantly holds prisoners sentenced at courts in the West Midlands and the North West regions and receives most of its prisoners from local prisons including HMP Birmingham & HMP Hewell. However, as it is a national centre for the NOMS Sex Offender Treatment Programme, some young men at the prison are located many miles from home.
- **HMYOI Werrington** is a Young Offender Institution located in Stoke-on-Trent. The prison population consists of male young people aged 15 to 18 who have been sentenced or are on remand. The establishment has an operational capacity of 160. HMYOI Werrington is part of the juvenile estate overseen by the Youth Justice Board.

Figure 1 The West Midlands Prisons Cluster

Prison	Operational Capacity	Prisoner Group	Category
Birmingham	1450	Adult males	B
Brinsford	569	Young adult males aged 18 - 21	Mixed
Dovegate	1060	Adult males	B
Drake Hall	315	Females aged 18 +	Mixed
Featherstone	687	Adult males	C
Hewell	1261	Adult males	B,D
Long Lartin	622	Adult males	A,B
Oakwood	1605	Adult males	C
Stafford	741	Adult males	C
Stoke Heath	766	Adult males / young adults aged 18+	C , D
Swinfen Hall	654	Young adult males aged 18 - 25	C
Werrington	160	Young males aged 15 - 18	Mixed

2. Overview - Regional Prison Population

Statistics provided by the Ministry of Justice indicate that the total prison population across the West Midlands cluster on 31st December 2014 was **9,442.**

1.1 Age

The West Midlands prison cluster comprises:

- HMYOI Werrington, which has a population of 15 – 17 year old young men.
- HMYOI Brinsford, which has a population of 18 – 21 years old young men.
- HMPYOI Swinfen Hall, with a population of young adults aged 18 – 25 years.
- HMPYOI Stoke Heath, with a population of young men and adult males aged from 18 years old.
- HMPYOI Drake Hall, with a population of young and adult females aged from 18 years old.
- HMP Birmingham, Dovegate, Featherstone, Hewell, Long Lartin, Oakwood, and Stafford with populations of adult males aged over 21 years old.

The table below shows the age breakdown of the prison population across the cluster at the time of the HNA.

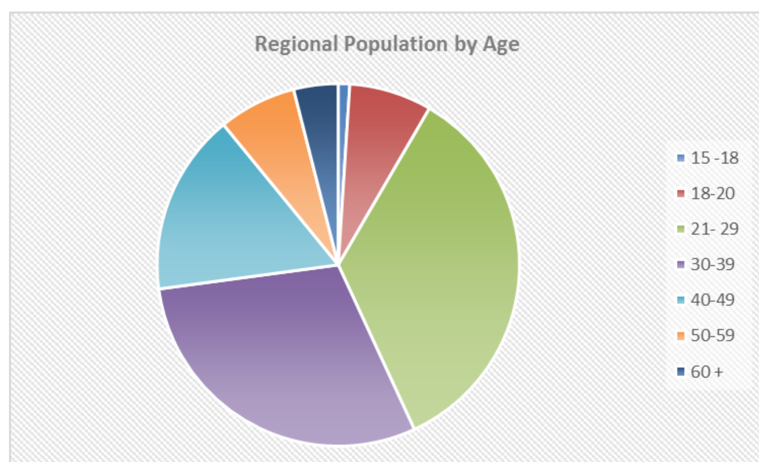
Figure 2 Age distribution across the cluster (1)

	HMP Birmingham	HMYOI Brinsford	HMP Dovegate	HMP Drake Hall	HMP Featherstone	HMP Hewell	HMP Long Lartin	HMP Oakwood	HMP Stafford	HMPYOI Stoke Heath	HMPYOI Swinfen Hall	HMYOI Werrington	Percentage of total population
15 -18												96	1.0
18-20	0	361	0	16	0	0	0	0	0	36	267	17	7.4
21- 29	523	37	400	74	252	503	163	550	161	296	318	0	34.7
30-39	520	0	387	118	255	448	195	521	137	230	0	0	29.8
40-49	226	0	212	68	134	213	146	287	143	101	0	0	16.2
50-59	89	0	72	27	35	83	83	105	136	26	0	0	6.9
60 +	33	0	33	11	7	16	39	76	153	7	0	0	4.0

- Only 1% (n=96) of the population across the cluster are under 18 years old, and all of these are young males held at HMYOI Werrington.
- Approximately 7.4% of the population across the cluster are aged between 18 and 20 years old, with only 2.35% (n=16) of this cohort being young females at HMPYOI Drake Hall.
- The largest percentage of population (34.7%) is aged between 21 and 29 years old.
- 27.1% of the population are aged over 40 years old, 10.9% aged over 50 years old and approximately 4% (n= 375) of the population are aged over 60 years old.

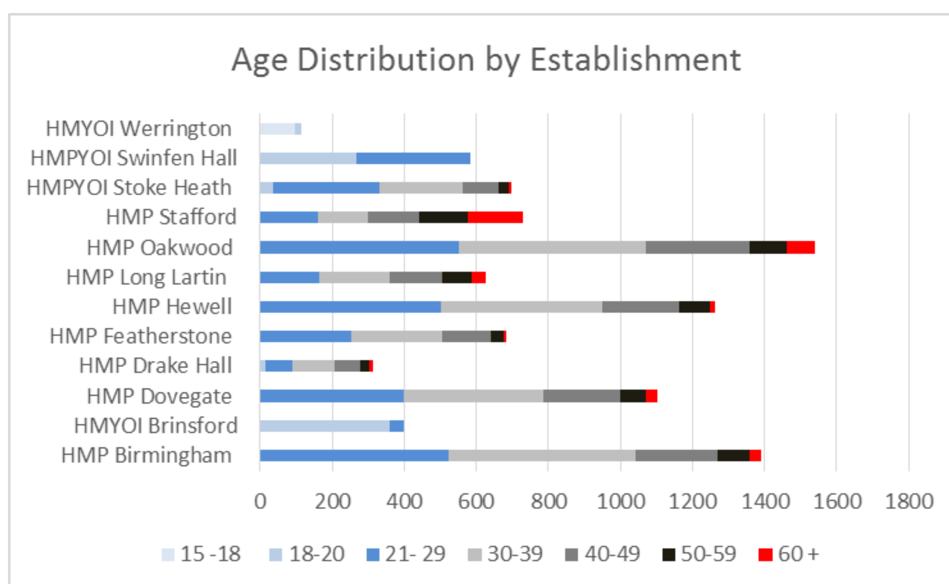
- Approximately 40% of the over 60 years old cohort are held at HMP Stafford, which has recently re-rolled to being a sex offender prison.

Figure 3 Age distribution across the cluster (2)



National prison population statistics[1] indicate that the percentage of prisoners aged between 50 and 59 years old increased by 8% between September 2013 and September 2014. There was a similar 8% increase in the prison population aged over 60 years old in the same period.

Figure 4 Age distribution across the cluster (3)



[1] Prison Population Figures 2015 - https://www.gov.uk/government/statistics/prison-population-figures-2015

The chart above uses shading to emphasise age distribution patterns of the populations at each of the prisons within the cluster. When viewed as a percentage of the total population of the individual establishment, HMP Stafford have a significantly older population than the other prisons. However, in terms of numbers, HMP Oakwood, HMP Hewell and HMP Birmingham also have age profiles that suggest a likelihood of increased prevalence of age related conditions and increased numbers of prisoners eligible for NHS screening programmes.

1.2 Gender

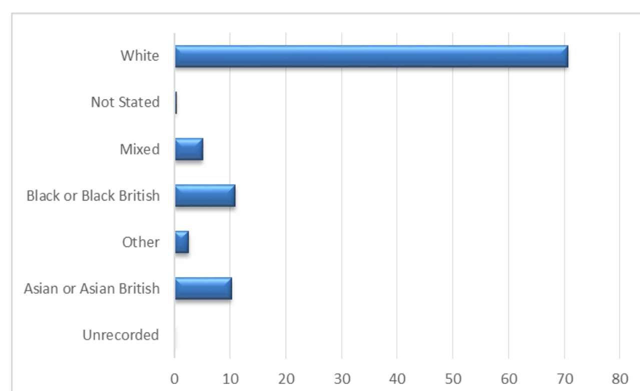
The prison population bulletin for week commencing 27th March 2015 indicates that the national prison population comprises 4.51% women[2].

The female population at HMPYOI Drake Hall constitutes 3.32% of the prison population within the West Midlands Prison cluster.

1.4 Ethnicity & Nationality

Across the cluster, 71% of the prison population are of white ethnicity, 11% Black or Black British and 10 % Asian or Asian British. The percentage of Black / Black British men is equal to the national prison average of 11%. This is disproportionate to the 2.8% of Black Britons in the general population. The percentage of Asian / Asian British prisoners (10%) is higher than the national prison average of 6%.

Figure 5 Ethnicity across the West Midlands Cluster



Across the cluster 95% of prisoners are UK nationals and 5% foreign nationals.
The Health Survey for England 2014[3] report that:-

- South Asian people living in the UK (people from India, Pakistan, Bangladesh and Sri Lanka) have a higher premature death rate from CHD (46% higher for men; 51% higher for women)
- Among minority ethnic groups, the prevalence of angina and heart attack was highest in Pakistani men and Indian men and women, and lowest in Black African and Chinese ethnicities.

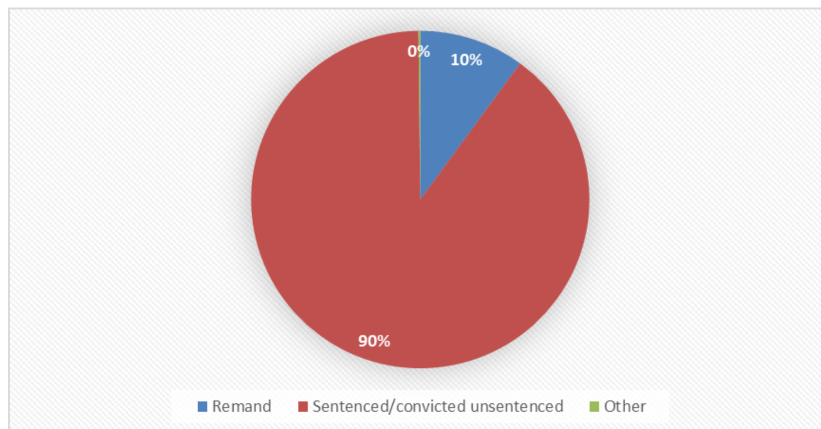
[2] https://www.gov.uk/government/statistics/prison-population-figures-2015 accessed 05.04.2015
[3] Health Survey for England 2014: The Health of Minority Ethnic Groups– headline tables at www.hscic.gov.uk

- The prevalence of angina was highest in Pakistani men (30.9%)
- Black Caribbean men had the highest prevalence of stroke (11.5%)
- Black African, Black Caribbean, Indian, Pakistani and Bangladeshi men aged 35-54 had higher prevalence of type 2 diabetes than the general population.

1.5 Remand and sentenced prisoners

Across the prison cluster, on 31st December 2014, 10.1% of the population were remanded in custody, with 89.9% being sentenced or convicted and awaiting sentence. The numbers of detainees across the region was very small and numbers were supressed within the MOJ data provided.

Figure 6 Percentage of sentenced and remanded prisoners



Healthcare services for remand prisoners need to have efficient reception screening processes for rapid referral and meeting of immediate healthcare needs, and actions and interventions may aim to achieve clinical stabilisation, whereas a structured and systematic approach is required for meeting the longer term health needs of the medium to long term sentenced population.

3. Overview of health services provided

HMP Birmingham

- At HMP Birmingham a range of on-site healthcare services are provided, with clinics delivered on an `outpatient' basis from the healthcare centre, reflecting a community delivery service model.
- There is 24 hour nursing presence, including an emergency response for incidents occurring within the prison that require attendance from a healthcare professional.
- There are also two inpatient wards. Ward 1 is for patients requiring physical health care and Ward 2 for patients with mental health needs. The inpatient beds are used as a regional resource with referrals received from other prisons within the cluster.
- Primary healthcare is provided through Birmingham and Solihull Mental Health Foundation NHS Trust and Birmingham Community NHS Trust.
- Clinical Substance Misuse services (IDTS) are provided by Birmingham & Solihull Mental Health NHS Foundation Trust. Psychosocial Services are provided by the South Stafford and Shropshire NHS Foundation Trust Drug & Alcohol Recovery Team (DART).
- Mental Health In-Reach services are delivered by Birmingham and Solihull Mental Health Foundation NHS Trust.
- HMP Birmingham have on site x-ray facilities and have recently begun to utilise these to reduce escorts to hospital

HMYOI Brinsford

- At HMYOI Brinsford there is 24 hour nursing presence, including an emergency response for incidents occurring within the prison that require attendance from a healthcare professional.
- There is also an eleven bedded `Inpatient Unit' enabling enhanced levels of healthcare monitoring and support where required. The inpatient unit is a regional resource for young men up to 21 years of age.
- The current primary healthcare provider is Staffordshire and Stoke-on-Trent Partnership NHS Trust (SSOTP).
- The Drug and Alcohol service (DARS) is provided by Lifeline & Delphi Medical.
- Mental Health In-Reach services are delivered by South Staffordshire & Shropshire Healthcare NHS Foundation Trust.
- Physiotherapy services are provided by SSOTP, and dental and optician/ophthalmology services are contracted to local providers.

HMP Dovegate

- Following a competitive tendering process in 2014, a prime provider service provision contract was awarded to Care UK. The new health provision contract commenced on 1st October 2014.
- GP, Primary Care, Integrated Substance Misuse, and administration staff at HMP Dovegate are directly employed by Care UK.
- There is 24 hour nursing presence, including an emergency response for incidents occurring within the prison that require attendance from a healthcare professional.

- There is also a 12 bedded `Inpatient Unit' enabling enhanced levels of healthcare monitoring and support for patients with both physical and mental health conditions where required.
- Integrated Mental Health Services are delivered by Care UK and South Staffordshire & Shropshire Healthcare NHS Foundation Trust.
- A number of regular primary healthcare clinics are held.
- Physiotherapy & Podiatry services are subcontracted to Premier Physical Healthcare Ltd.
- Dental services are subcontracted to Time for Teeth Ltd,
- Optician services are subcontracted to Evington Eye care Ltd.
- Smoking cessation services are subcontracted to Time to Quit.

HMPYOI Drake Hall

- At HMPYOI Drake Hall there is on site nursing presence:-
    - From 07.45hrs to 19:00hrs Monday to Thursday
    - From 07.45hrs – 17.30hrs on Friday
    - From 08.30hrs– 17.30 hrs on Saturdays, Sundays and Bank Holidays
- The nursing team provide an immediate emergency response for incidents occurring within the prison that require attendance from a healthcare professional.
- GP services are provided by Crown Surgery, Eccleshall, and clinics are held each weekday morning.
- Out of Hours G.P services are provided by Badger, a local social enterprise out of hours provider.
- The current primary healthcare provider is Staffordshire and Stoke on Trent Partnership NHS Trust (SSOTP)
- The Drug and Alcohol service (DARS) is provided by Lifeline & Delphi Medical.
- Mental Health In-Reach services are delivered by South Staffordshire & Shropshire Healthcare NHS Foundation Trust.
- Physiotherapy and dental services are provided by SSOTP
- Optician /ophthalmology services are contracted to a local provider.

HMP Featherstone

- The current primary healthcare provider is Staffordshire and Stoke on Trent Partnership NHS Trust.
- There is on site nursing presence from 08.00hrs to 19.30hrs Monday to Friday, and from 8.30hrs to 18.00hrs on weekends.
- Out of hours services are provided by Badger a local out of hours service provider.
- The Drug and Alcohol Recovery Service (DARS) is provided by Lifeline & Delphi Medical.
- Mental Health In-Reach services are delivered by South Staffordshire & Shropshire Healthcare NHS Foundation Trust.
- Physiotherapy and dental services are provided by SSOTP.
- Optician /ophthalmology services are contracted to local providers.

HMP Hewell

- At HMP Hewell there is 24 hour nursing provision, including an emergency response for incidents occurring within the prison that require attendance from a healthcare professional.
- There is 18 bedded inpatient unit which cares for patients with both physical and mental health needs.
- The current primary healthcare provider is Worcestershire Health Care NHS Trust (WHCT)
- The Integrated Substance Misuse Service, incorporating clinical and psychosocial services, is provided by WHCT.
- There is an Integrated Mental Health Service (WHCT)
- A range of primary care clinics are provided by the NHS trust.

HMP Long Lartin

- At HMP Long Lartin there is 24 hour nursing provision, including an emergency response for incidents occurring within the prison that require attendance from a healthcare professional.
- The current primary healthcare provider is Worcestershire Health Care NHS Trust (WHCT)
- There is 10 bedded inpatient unit which cares for patients with both physical and mental health needs.
- HMP Long Lartin has a palliative care suite located on the inpatient unit.
- The current primary healthcare provider is Worcestershire Health Care NHS Trust (WHCT)
- The Integrated Substance Misuse Service, incorporating clinical and psychosocial services, is provided by WHCT.
- There is an Integrated Mental Health Service (WHCT)
- At HMP Long Lartin there is on site x-ray facilities and a mobile MRI unit visits the prison to undertake scans required.

HMP Oakwood

- At HMP Oakwood there is on site nursing presence from 07.00hrs to 20.00hrs Monday to Friday, and from 7.30hrs to 17.30hrs on weekends.
- The current primary healthcare provider is Worcestershire Health Care NHS Trust (WHCT)
- The Integrated Substance Misuse Service, incorporating clinical and psychosocial services, is provided by WHCT.
- There is an Integrated Mental Health Service (WHCT), with Forensic Psychiatry support from Birmingham & Solihull Mental Health NHS Trust.
- Physiotherapy and dental services are provided by WHCT.
- Optician /ophthalmology services are contracted to a local provider.

HMP Stafford

- At HMP Stafford there is a daytime nursing presence, including an emergency response for incidents occurring within the prison that require attendance from a healthcare professional.

- The current primary healthcare provider is Staffordshire and Stoke on Trent NHS Partnership NHS Trust (SSOTP).
- The Drug and Alcohol service (DARS) is provided by Lifeline & Delphi Medical.
- Mental Health In-Reach services are delivered by South Staffordshire & Shropshire Healthcare NHS Foundation Trust.
- Physiotherapy, podiatry and dental services are provided by SSOTP
- Optician/ophthalmology services are contracted to local providers.

HMPYOI Stoke Heath

- At HMPYOI Stoke Heath a range of on-site healthcare services are provided, with clinics delivered on an `outpatient' basis from the healthcare centre, reflecting a community delivery service model.
- There is 24 hour nursing presence, including an emergency response for incidents occurring within the prison that require attendance from a healthcare professional.
- Out Of hours GP services are provided by Shropshire Doctors Co-operative Ltd (Shropdoc)
- The current primary healthcare provider is Shropshire Community Health NHS Trust.
- Substance Misuse Services are provided through a partnership between RAPt (Rehabilitation for Addicted Prisoners Trust) and North Staffordshire Combined NHS Trust.
- Within the above partnership, RAPt are the lead provider and provide the psychosocial element of the substance misuse service, and North Staffordshire Combined Trust are subcontracted to provide clinical substance misuse support.
- Mental Health In-Reach services are delivered by South Staffordshire & Shropshire Healthcare NHS Foundation Trust.
- A number of regular primary healthcare clinics are held including GP and nurse led clinics, physiotherapy, dental, optician/ophthalmology, smoking cessation and sexual health services.

HMPYOI Swinfen Hall

- At HMPYOI Swinfen Hall there is on site nursing presence every day, including an emergency response for incidents occurring within the prison that require attendance from a healthcare professional. Badger, a local social enterprise provider provide the Out of Hours Service for evenings, weekends and bank holidays.
- The current primary healthcare provider is Staffordshire and Stoke on Trent Partnership NHS Trust.
- The Drug and Alcohol services (DARS) is provided by Lifeline & Delphi Medical.
- Mental Health In-Reach services are delivered by South Staffordshire & Shropshire Healthcare NHS Foundation Trust.
- Physiotherapy and dental services are provided by SSOTP, and the optician/ophthalmology service is contracted to a local provider.
- There is a nurse led sexual health service, with support from GUM consultant.

- Counselling services (utilising psychotherapy and cognitive behavioural therapy approaches) are provided by Inside Help.

HMYOI Werrington

- At HMYOI Werrington there is 24 hour nursing presence, including an emergency response for incidents occurring within the prison that require attendance from a healthcare professional.
- Primary care services are provided by SSOTP
- Optician services are provided by a local contracted provider, who is a specialist optometrist and also provides services for HMPs Stafford, Featherstone & HMYOI Brinsford.
- The need for podiatry and physiotherapy services is very low and there are no regularly contracted sessions.
- The Young Persons Drug and Alcohol Support Service (YPDASS) is provided by Lifeline who provide psychosocial services and subcontract to Delphi medical for the clinical element of service provision.
- CAMHS provision is by ENGAGE (South Staffordshire and Shropshire NHS Foundation Trust)

4. Adult Male Prisoners

In considering the health needs of male adult prisons, the cohort analysed comprises of prisoners from

- HMP Birmingham
- HMP Dovegate
- HMP Featherstone
- HMP Hewell
- HMP Long Lartin
- HMP Oakwood
- HMP Stafford
- HMP & YOI Stoke Heath (where 94.8% of the population are over 21 years old)

4.1 Primary Care Clinics

4.1.1. GP Clinics

Figure 7 GP Clinics Adult male prisons

Establishment	Average number of patients seen per month	Waiting times
HMP Birmingham	590	6-15 days
HMP Dovegate	213	8-16 days
HMP Featherstone	210	12-18 days
HMP Hewell	870	11-23 days
HMP Long Lartin	240	9 days
HMP Oakwood	429	23% >10days
HMP Stafford	440	2-7 days
HMP Stoke Heath	207	8-14 days

- Across the adult male estate GP services at HMP Birmingham and Stafford appeared to be currently meeting need.
- At HMP Dovegate there is currently no GP to cover evening reception. Although it is understood that there are plans to recruit to this. The lack of an evening GP currently impacts on first night prescribing for substance misuse clients and needs to be addressed as soon as possible.
- At HMPs Hewell, Long Lartin and Oakwood there is a reliance on locum GPs and recruitment to substantive posts in each of these prisons would be beneficial.
- At HMPYOI Stoke Heath **494** doctors appointments were lost to none-attendance over the 12 months analysed and reduction of this would significantly improve access.

4.1.2. Dental Clinics

Figure 8 Dental clinics adult male prisons

Establishment	Average number of patients seen per month	Waiting times
HMP Birmingham	133	4-6 weeks
HMP Dovegate	250	17–44 days
HMP Featherstone	139	43-80 days
HMP Hewell	241	12 – 24 days
HMP Long Lartin	118	4 – 45 days
HMP Oakwood	153	6 weeks
HMP Stafford	71	31- 96 days
HMP Stoke Heath		

- Dental provision at HMP Dovegate appears to be meeting demand.
- At HMP Birmingham 31% of contracted dental seasons in the 12 months analysed were cancelled. Reduction of cancelled services would improve patient access and waiting times.
- At HMP Featherstone no patients were seen within the six week target time. DNA rates averaged 35% and a reduction in DNA rates is required to improve access and waiting times.
- Services at HMP Hewell, HMP Stafford and HMP& YOI Stoke Heath also require review as waiting times exceed 6 week targets.
- At HMP Oakwood the x-ray machine is not working, necessitating outside appointments for dental extractions. It is understood that there are plans to address this issue by April 2015.
- At HMP Long Lartin a dental decontamination suite is required to ensure the dental facilities are compliant with requirements.

4.1.3 Physiotherapy

Figure 9 Physiotherapy clinics adult male prisons

Establishment	Average number of patients seen per month	Waiting times
HMP Birmingham	54	10 days
HMP Dovegate	59	92 days
HMP Featherstone	35	15 days
HMP Hewell		
HMP Long Lartin	40	33 – 133 days
HMP Oakwood	100	3 weeks
HMP Stafford	13	22 days
HMP Stoke Heath	12	4 weeks

- Physiotherapy services appear to meet need across all sites.
- At HMP Dovegate the new healthcare providers inherited lengthy waiting times but these have reduced following the provision of some additional sessions.

- At HMP & YOI Stoke Heath a period without service provision resulted in long waiting lists, however this has now resolved and waiting times at the time of the HNA were 4 weeks.
- It was noted that the SSOTP physiotherapist provides an extremely comprehensive service linking to GP, nursing and prison physical education officers.
- The addition of an occupational therapist at HMP Stafford would be beneficial to support the increasing requirement for assessments for aids to support activities of daily living in the older population.

4.1.4 Podiatry

Figure 10 Physiotherapy services adult male prisons

Establishment	Average number of patients seen per month	Waiting times
HMP Birmingham	47	10 – 35 days
HMP Dovegate	22	48 days
HMP Featherstone	7	64 days
HMP Hewell	13	
HMP Long Lartin	34	3- 4weeks
HMP Oakwood		
HMP Stafford		

- At HMP Birmingham the service meets need although clinic utilisation ranged from 54% to 87%. It is anticipated that ongoing work at the prison to reduce DNAs will have a positive impact on reducing waiting times.
- At HMP Hewell it was noted that there is no provision for cover for annual leave and this can result in prolonged waiting times. Arrangements to provide extra sessions before or after annual leave are suggested.
- At HMP Oakwood a self- referral system has led to some inappropriate use of the podiatry resource and it is recommended that this is monitored and reviewed,
- At HMP Stafford occasional additional sessions may be required to continue to meet need.
- At HMP & YOI Stoke Heath there is a low level of need and the current arrangement for ad hoc sessions as required appears to work well.

4.1.5 Optician

Figure 11 Opticians services adult male prisons

Establishment	Average number of patients seen per month	Waiting times
HMP Birmingham	43	9- 49 days
HMP Dovegate	38	13 – 28 days
HMP Featherstone	29	18 days
HMP Hewell	28	44 days
HMP Long Lartin	18	106 days
HMP Oakwood	31	56 – 80days
HMP Stafford	No data	15 – 40 days
HMP Stoke Heath	8	4 weeks

- Optician services meet need at HMP Birmingham, HMP Dovegate, HMP Featherstone, HMP Hewell and HMP Stoke Heath.
- At HMP Stafford only 48% of patients were seen within the six week target and it is anticipated that demand may increase due to age related eye conditions such as glaucoma, cataracts and macular degeneration. It has been recommended that a local READ code formulary is agreed for use by the optician to identify presenting eye conditions so that the impact of age related conditions can be assessed and future service provision aligned accordingly.
- At HMP Hewell only 6% of patients were seen within the six week target and a review of contracted sessions required has been recommended.

Regional Recommendations

1. **It is recommended that commissioners and providers develop a task and finish group to consider management of appointment none-attendance (DNA) across the cluster.**

It is suggested that the task and finish group:-

- Agree a consistent and precise definition of DNA to be applied across the cluster to ensure that all sites are reporting consistently, enabling more accurate cross site comparisons to be made.
- Liaise with the SystmOne working party to consider optimising use of SystmOne appointment reporting functionality to produce standardised monthly clinic utilisation reports for each prison within the cluster for evidence towards Health & Justice Indicators of Performance.
- Share ideas and best practice within the region (e.g. joint approach to non-attendance from prison and healthcare providers at HMPYOI Drake Hall) to develop a multi – faceted and robust approach to DNA management that systematically addresses issues and thereby increases efficiency, reduces waiting times and improves patient experience and access to on-site care.
- Utilise health trainers / champions and other peer initiatives across the region to support DNA management and communicate key messages regarding appointment attendance to peers.

2. **It is recommended that primary care clinics are reviewed as summarised within this regional report to ensure provision continues to meet need :-**

GP clinics: Evening reception GP cover to be considered at HMP Dovegate, substantive GP posts to be recruited to at HMP Hewell, Long Lartin & HMP Oakwood, analysis of DNAs for GP appointments required at HMP & YOI Stoke Heath

Dental clinics: Reason for cancelled sessions to be reviewed at HMP Birmingham, review of number of contracted sessions recommended at HMP Featherstone, HMP Hewell, HMP Stafford

and HMP& YOI Stoke Heath. Dental x-ray facilities require repair at HMP Oakwood and a separate dental washing and decontamination area is required at HMP Long Lartin

Podiatry: Review arrangements for annual leave cover at HMP Hewell and monitor effectiveness of self –referral system at HMP Oakwood.

Optician: Review number of contracted sessions at HMP Hewell and HMP Stafford. Develop READ codes to capture need generated by age related eye conditions (Glaucoma, Cataracts and Macular degeneration)

4.2 Management of Long Term Conditions

Each of the prisons within the cluster use SystmOne electronic patient records. The data provided for this section of the regional report has been extrapolated from SystmOne clinical reports and enables comparison of the prevalence of asthma, diabetes, epilepsy and obesity across the adult male prisoner population. Additional data on other long term conditions is provided in local prison HNAs, to which the reader is referred.

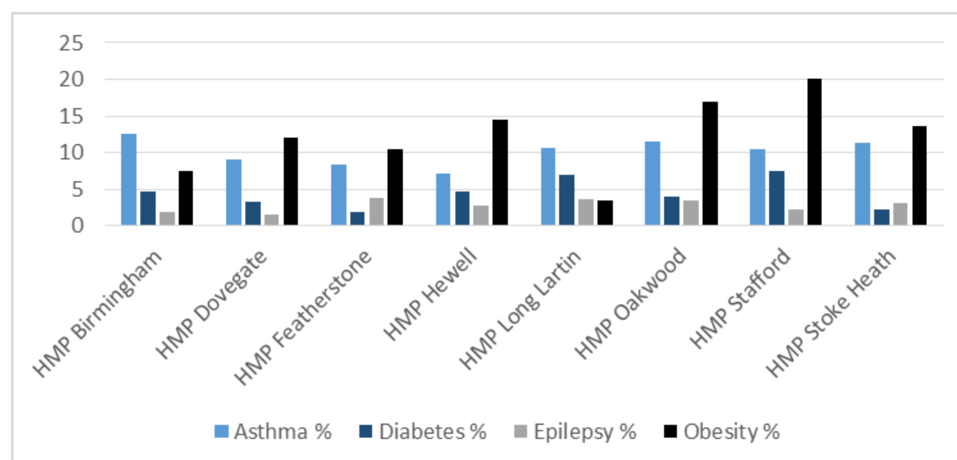
It must be noted that SystmOne provides reporting from complete samples of records, and therefore it is expected will provide a more accurate data set than a sample of paper based records. However, the clinical reporting functionality relies on accurate and consistent data input and confidence in use of SystmOne was variable across the cluster. Work is currently ongoing to standardise templates and data input across the region and recommendations to support this have been made. As with all prevalence data, it is cautioned that apparent increases in prevalence may be due to improvement in recording and data capture rather than a true increase in the prevalence in the population.

Figure 12 Prevalence of Long Term Conditions across the adult male prisons (1)

Prevalence of Long Term Conditions Across the Cluster				
Establishment	**Asthma %**	**Diabetes %**	**Epilepsy %**	**Obesity %**
HMP Birmingham	12.6	4.6	1.8	7.5
HMP Dovegate	9.1	3.35	1.55	12.1
HMP Featherstone	8.35	1.9	3.8	10.4
HMP Hewell	7.2	4.7	2.8	14.5
HMP Long Lartin	10.7	7	3.7	20.1
HMP Oakwood	11.5	4	3.4	17
HMP Stafford	10.4	7.5	2.2	20
HMPYOI Stoke Heath	11.4	2.2	3.1	13.6

The information in the table above is illustrated in the chart below.

Figure 13 Prevalence of Long Term Conditions across the adult male prisons (2)



4.2.1 Asthma

- The prevalence of asthma was higher than the national average (5.9%) in all adult male establishments.
- Highest prevalence was reported at HMP Birmingham (12.6%).
- Lowest prevalence was reported at HMP Hewell (7.2%)
- National trends suggest that prevalence of asthma is decreasing.
- Compared to 2013 HNA's the recorded prevalence of asthma has increased at HMP Birmingham, HMP Hewell and HMP Stafford.
- Prevalence appears to have decreased at HMP Dovegate. HMP Long Lartin and HMP Oakwood.
- There was no data for comparison from previous HNAs for HMPs Featherstone and HMPYOI Stoke Heath.

4.2.2 Diabetes

- The prevalence of diabetes was lower than the national average (6%) in all adult male establishments except at HMP Stafford & HMP Long Lartin.
- Highest prevalence was reported at HMP Stafford (7.5%).
- Lowest prevalence was reported at HMP & YOI Stoke Heath.
- As there is a positive correlation between age and increase in prevalence of diabetes, the above findings are expected and reflect the age profile of these two specific establishments.
- National trends suggest that prevalence of diabetes is increasing.
- Compared to 2013 HNA's the prevalence of diabetes has increased at HMP Birmingham, HMP Long Lartin and HMP Stafford.
- Prevalence appears to have decreased at HMP Dovegate and HMP Hewell.
- There was no data for comparison for HMPs Featherstone, HMP Oakwood and HMPYOI Stoke Heath.

4.2.3 Epilepsy

- The prevalence of epilepsy was higher than the national average (0.9%) in all establishments.
- Highest prevalence was reported at HMP Featherstone (3.8%)
- Lowest prevalence was reported at HMP Dovegate (1.55%)
- Compared to 2013 HNA's the prevalence of epilepsy has increased at HMP Birmingham, HMP Dovegate, HMP Hewell and HMP Oakwood.
- At HMP Long Lartin prevalence was similar to that of the previous year.
- There was no data for comparison for HMP Stafford and HMPYOI Stoke Heath.

4.2.4 Obesity

- The prevalence of obesity was lower than the national average (23%) in all establishments.
- Highest prevalence was reported at HMP Long Lartin (20.1%)
- Lowest prevalence was reported at HMP Birmingham (7.5%)

- Comparative data from previous HNAs is only available for HMP Hewell and Long Lartin and in both cases the prevalence of obesity appears to have decreased at these prisons.
- Although the Health Survey for England 2011 – 2013 suggests that obesity increases with levels of deprivation, in a study of risk factors of non-communicable disease in prisoners by Herbert, Plugge & Foster[4] it was suggested that prisoners are less likely to be obese than the general population.
- The lower levels of obesity may be a contributory factor in the lower than average prevalence of diabetes in most of the adult male establishments.

4.3 Disability

Recording of disabilities was inconsistent across the cluster. All prisons had questions about physical a d learning disability on the reception screening assessment, but on almost all of these the response was a free text or yes / no response.

Figure 14 Physical Disability - Adult Male Prisoners

Establishment	% Prisoners Reporting a Disability (Adult Male Prisons)
HMP Birmingham	11%
HMP Dovegate	12%
HMP Featherstone	21%
HMP Hewell	29%
HMP Long Lartin	27%
HMP Oakwood	2%
HMP Stafford	39%
HMP Stoke Heath	Data incomplete

It is recommended that physical disability data is accurately coded and that a regional approach to identifying and sharing information regarding disability is agreed between commissioners, healthcare providers and prison colleagues to enhance patient safety, care and experience.

Regional Recommendation

3. **It is recommended that within the ongoing work to standardise use of SystmOne across the cluster:**

- All SystmOne clinical templates (including screening templates, clinic templates and care plans) are checked to ensure that background READ codes are consistent and are aligned with HJIP and QOF reporting frameworks.
- Physical disabilities should be accurately recorded and assigned READ codes that enable an up to date and accurate register of patients with disabilities to be held
- A local READ code formulary is produced for each establishment to enable more accurate clinical reporting to support future Health Needs Assessments.

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[4] Herbert K, Plugge E, Foster C. (2012): Prevalence of risk factors for non-communicable diseases in prison populations worldwide: a systematic review, Lancet 379

4.4 Health Promotion

All the adult prisons within the cluster have a health promotion strategy and health promotion events are held. At several of the prisons `health fairs' had been held where healthcare and prison departments (primary care, substance misuse, mental health services, physical education, catering, chaplaincy etc.) had provided information stalls and interactive exhibitions.
At HMP Birmingham a health promotion event was being held at the time of the HNA site visit.

However, it was noted that visitors centres are rarely involved in such initiatives and across the adult male estate there is an opportunity to enhance patient involvement and engage patients, visitors centres and families in health promotion activities.

Regional Recommendation
4. It is recommended that healthcare providers at all prisons across the cluster develop an energetic patient involvement strategy that includes involvement of visitors' centre, family and friends in health promotion and health education campaigns.

4.5 Hepatitis B Vaccination Coverage

The Public Health England target for Hepatitis B vaccination coverage in prisons is 80%. The most recent data provided by PHE for all prisons was for the first three months of 2014, and shows very variable vaccination coverage. In addition, it should be noted that there had been an issue with a Patient Group Direction for vaccinations at HMP Dovegate and vaccinations had been temporarily suspended until the issue was resolved.
However it was also identified during the HNA that there is much inconsistency in the way that vaccinations are recorded on SystmOne, with staff in the same establishment sometimes using several different methods of recording, making it very difficult to gain accurate data.

Figure 15 Hepatitis B Vaccination Coverage - Adult Male Prisons

Establishment	% Vaccination Coverage Adult Male Prisons
HMP Birmingham	11%
HMP Dovegate	0.28%*
HMP Featherstone	65.5%
HMP Hewell	22%
HMP Long Lartin	34%
HMP Oakwood	24%
HMP Stafford	70%
HMPYOI Stoke Heath	78%

* Vaccinations temporarily suspended due to PGD issue –resolved with new healthcare provider

Regional recommendation
5. It is recommended that all vaccinations are recorded using the SystmOne vaccination recording functionality, to enable consistent and accurate recording of all vaccinations offered, administered or declined.
In addition, a cluster wide focus should be agreed and supported through information and education resources to promote increased vaccination uptake.
Healthcare champion / healthcare representative initiatives should be used to harness peer influence and support vaccination campaigns.

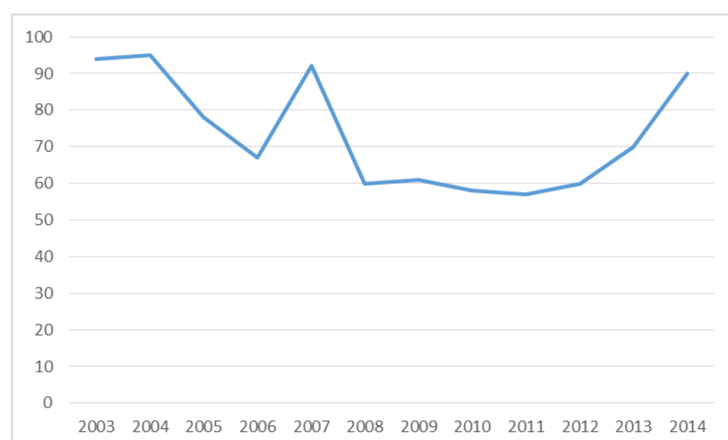
4.6 Mental Health Needs – Adult male population

Ministry of Justice National Statistics: Safety in Custody Statistics England and Wales to June 2014[5] states that that there were 17,681 incidents of self-harm by male prisoners in the 12 months to June 2014, up from 16,888 incidents (5%) in the previous year.

The Ministry of Justice records that " The rate of male self-harm continues to rise and has increased to 217 incidents per 1,000 prisoners compared with 208 in the previous 12 months" and " Since June 2005 male self-harm rates have increased by 52% from 143 incidents per 1,000 prisoners to 217 in the 12 months to June 2014. Of those male prisoners who self-harm, they carry out, on average, 2.9 self-harm incidents in the 12 months to June 2014, unchanged on the previous year."

The Prison and Probation Ombudsmans report for 2014 records that there were 90 apparently self-inflicted deaths, 64% more than the previous year.

Figure 16 Self- Inflicted death in prisons in England & Wales 2003 - 2014



[5] Ministry of Justice National Statistics: Safety in Custody Statistics England and Wales to June 2014 at www.gov.uk/government/uploads/system/uploads/attachment_data/file/368370/safety-in-custody-2014.pdf

Figure 17 Primary Mental Health referrals - adult male prisons

Primary Mental Health Referrals Per Year Adult Male Prisons	
Establishment	**No.**
HMP Birmingham	1500
HMP Dovegate	420*
HMP Featherstone	70
HMP Hewell	1073
HMP Long Lartin	152
HMP Oakwood	
HMP Stafford	175
HMPYOI Stoke Heath	328
***estimated based on monthly average**	

4.6.1 Mental Health - Met Needs

- Mental health needs are assessed through Integrated Mental Health Services at HMP Birmingham. HMP Hewell, HMP Long Lartin, HMP Oakwood and at HMP Dovegate. At HMP Stafford and HMP Stafford and HMPYOI Stoke Heath there are separate primary and secondary (In reach) mental health services.
- All services use the stepped care model. The Threshold Assessment Grid (TAG) is used to support prioritisation of assessment.
- All prisons had appropriate screening and referral mechanisms for identifying prisoners with mental health issues.
- In all prisons the mental health teams liaised closely with prison safer custody teams and supported the ACCT process through attendance at ACCT reviews and input in to care maps.

4.6.2 Mental Health - Unmet Needs

- At some prisons it was reported that due to resource issues primary mental health nurses were utilised for general medicines administration tasks and that this impacted adversely upon the primary mental health provision. This was particularly the case at HMP Hewell and HMP Oakwood.
- Healthcare assistants / mental health support workers were not fully optimised to support low level mental health needs.
- Whilst the advantages of providing mental health awareness training to prison officers was recognised, almost universally there were resource issues with providing such training. In some cases resource issues were with healthcare staff and in other cases (for example with comprehensive mental health awareness training course developed and delivered by South Staffordshire & Shropshire Healthcare NHS Foundation Trust) training had been organised and cancelled due to lack of available prison staff to attend.

- Counselling services were not offered at some adult prisons and recommendations have been made within local reports to assess this.
- There is an opportunity to consider the introduction of IAPT (Improving Access to Psychological Therapies) services across the adult prisons to support low level mental health need.
- Across the adult prison estate there were problems with obtaining secure hospital beds for patients requiring transfer under the Mental Health Act (specific data and times elapsed between referral and transfer are reported in individual HNA reports). HMP Birmingham provided an example of good practice in the care of patients requiring transfer, as no patients were cared for in the Separation and Care Unit prior to transfer and despite higher numbers of patients being transferred under MHA than other prison, transfer times were shorter than for most other establishments.
- The high workload associated with providing support for patients with personality disorders was evident across the adult estate.

Regional Recommendations – Mental Health
6.A Commissioner led review with the involvement of the specialist commissioner should be undertaken into transfer times for prisoners requiring secure mental health beds and communicated to NHSE to provide information to support national strategic approaches.
7. Within the current economic climate with tensions on both health provider and prison staff resources, consideration should be given to liaising with prison providers to securing joint funding and resources to adapt mental health awareness training for officers and develop online resources that can be made readily available through prison IT systems to support increased awareness raising.
8. It is recommended that consideration is given to the introduction of IAPT services across the adult male prisons to support prisoner access to therapies for low level mental health needs.
9. Innovative approaches to delivering primary mental health support services are required to match the high level of need within this client group. Difficulties in recruiting Registered Mental Health Nurses are compounded in some prisons by the need for primary mental health nurses to undertake general and medicines administration duties. Commissioners and providers may wish to consider alternative resource models that have been successfully implemented in other adult prisons to address this - for example by introducing Band 4 mental health associate practitioner roles to support registered mental health nurses and Band 5 pharmacy technicians to support general medicines administration.
10. The workload associated with management of patients with personality disorders across the region requires continued monitoring, assessment and review.

4.6.3 Learning disabilities and autistic spectrum disorders

The individual HNA reports highlight a significant gap in identification and support of patients with Learning Disabilities and Autistic Spectrum Disorders. This gap is illustrated by the suspected under-reporting of prevalence of learning disability and autistic spectrum disorders on SystmOne patient records (as reported in the specific HNA reports for each establishment) and through interviews with healthcare providers and prison and NOMS colleagues.

The Bradley report suggests `the proportion of people in prison who have learning difficulties or disabilities that interfere with their ability to cope with the criminal justice system has been estimated at 20 to 30%.'[6]

Over half a million people in the UK have autism, yet there remains limited research into the prevalence of autism in the prison population[7]. There are concerns that within the prison population, individuals with autism spectrum disorders are overrepresented but unrecognised. Reported prevalence rates of autism in the general population are estimated at between 0.6 -1.2 %[8]. However, Anckarsater et all estimate the prevalence of autism within the criminal justice system to be as high as 15%[9]. The National Autistic Society points out that people with Asperger's syndrome are seven times more likely to come into contact with the criminal justice system than their peers[10] and research on behalf of Birmingham City Council suggests they are three times more likely to be imprisoned[11].

NICE [12]states that `A significant proportion of adults with autism across the whole autistic spectrum experience social and economic exclusion' and that `there is a wide variation in rates of identification and referral for diagnostic assessment, waiting times for diagnosis, models of multi-professional working, assessment criteria and diagnostic practice for adults with features of autism. These factors contribute to delays in reaching a diagnosis and subsequent access to appropriate services'.

It is therefore suggested in the recommendations made throughout the prison HNAs and in the regional recommendation below that a specific resource is developed to address this need. **This would be a valuable resource and Commissioners may wish to extend its remit to other health and justice services (e.g. police custody healthcare and health and justice diversion services) within the region.**

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[6] The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system; London, Department of Health April 2009
[7] http://www.autismandcjs.org.uk
[8] http://www.autismandcjs.org.uk
[9] http://www.autismandcjs.org.uk
[10] http://www.autismandcjs.org.uk
[11] https://www.birminghambeheard.org.uk/adults-communities/www-birminghamcitycouncil/supporting_documents/Adults%20with%20autism%20and%20the%20criminal%20justice%20system%20final%20report.pdf
[12] NICE: ` Autism: recognition, referral, diagnosis and management of adults on the autism spectrum'
NICE Clinical Guideline 142, June 2012 available at www.nice.org.uk

Regional Recommendation
11. It is recommended that funding is identified to develop a regional resource within Health and Justice for learning disabilities and autistic spectrum disorders to support further research, identification, signposting and support services for the West Midlands Prisons cluster. The Steering group should link with any existing multi-agency autism strategy groups to review, develop, implement and evaluate local care pathways. It is recommended that the regional resource is commissioned to provide: - assessment, treatment and support and referral services for service users whilst in prison - education and awareness raising for healthcare staff and HMPS and NOMS colleagues - a `through the gate' service linking to Community Healthcare Teams, third sector agencies, peer support networks and Community Rehabilitation Companies to support resettlement upon release It is recommended that the regional resource will comprise an appropriate cohort of professionals (for example a Psychologist, Learning Disabilities Nurse & Support Worker) who are able to develop care pathways for children, young people transferring from children's to adult services, and adults. The National Institute for Health and Care Excellence (NICE) has developed two sets of guidelines with toolkits and resources that may be useful in implementing the above recommendations: CG 128: Autism diagnosis in children and young people: Recognition, referral and diagnosis of children and young people on the autism spectrum. CG 142: Autism: recognition, referral, diagnosis and management of adults on the autism spectrum.

4.7 Substance Misuse Needs

Comprehensive substance misuse needs assessments for each of the prisons within the cluster were undertaken in December 2013.

Within the individual prison HNA reports an updated review of substance use for each establishment is provided and comparisons made to highlight any significant changes from the 2013 General and Substance Misuse HNAs.

The table below illustrates comparisons in primary drug use across the adult male prisons within the cluster.

Figure 18 Drug treatment entrants and primary and secondary substances of use - adult male prisoners

Drug Treatment Entrants – Primary Drug Use Adult male prisons			
Establishment	**% Opiate Users**	**% Non-Opiate Users**	**% Alcohol Users**
HMP Birmingham	58.26	13.4	28.3
HMP Dovegate	36.2	24.3	8
HMP Featherstone	48.23	27.64	24.11
HMP Hewell	89	71	93
HMP Long Lartin	52	11	10
HMP Oakwood	50	24	26
HMP Stafford	61	6.4	5
HMP Stoke Heath	33.9	36.5	29.6

Drug Treatment Entrants – Primary and Secondary Drug of Choice Comparison Across the West Midlands Adult Male Prison Population		
Establishment	**Primary Drug**	**Secondary Drug**
HMP Birmingham	Heroin	Crack Cocaine
HMP Dovegate	Alcohol	Heroin
HMP Featherstone	Heroin	Alcohol
HMP Hewell	Cannabis	Heroin
HMP Long Lartin	Cannabis	Cocaine
HMP Oakwood	Cannabis	Heroin
HMP Stafford	Alcohol	Crack
HMP Stoke Heath	Alcohol	Cannabis

The change in the population following the re-roll of HMP Stafford is likely to reduce referrals and the workload of the team at this prison. Data for 2013 – 2014 indicates that 93% of referrals to the team were under 45 years of age, with only 7% being over 45 years old. In June 2013 approximately 72% of the population was in this catchment group. By December 2014, the number of men aged under 45 had reduced to approximately 50% of the population, therefore a reduction in referral rate and caseload is likely. This will need to be monitored and reviewed and resources adjusted accordingly.

The designation of HMPs Birmingham, HMP Dovegate, , HMP Featherstone, HMP Hewell, HMP Oakwood & HMPYOI Stoke Heath as resettlement prisons will also increase liaison required with community drugs services and `through the gate' resettlement services to ensure continuity of care upon release.

4.7.1 Substance Misuse - Met Needs

- Each prison has a substance misuse service incorporating both clinical and psychosocial elements to support reduction and recovery.
- At each adult male prison within the cluster screening assessments identify substance misuse issues and there are immediate referral pathways to substance misuse services.
- All services offer clinical support and a combination of 1:1 psychosocial support and group work.
- At HMP Featherstone the service was particularly responsive to client need. An initial assessment is undertaken upon engagement with the service and an individual recovery plan agreed, which may include any combination of clinical interventions, group work, 1:1 support, peer support and mutual aid, delivered as a tailored package.
- There are also many examples of good practice in the use of peer mentors across the cluster. At HMP Birmingham, peer support is provided and promoted by wing based recovery champions. At HMP Featherstone the team employ three recovery champions and engages seven voluntary champions who support peers. At HMP Hewell staff have been working with prison based peer mentors in order to facilitate the setting up of drug recovery communities. At HMP Oakwood staff are training prisoner mentors in SMART Recovery techniques.
- Some establishments have developed dual diagnosis pathways. At HMP Birmingham there is a Band 7 dual diagnosis nurse and dual diagnosis pathways are in place to support those with complex co-existing mental health and substance use issues. At HMP Long Lartin the Clinical Lead and a GP run a specific dual diagnosis clinic once every two weeks to review patients with a dual diagnosis.
- There are examples of best practice in discharge planning. At HMP Birmingham there are strong links with community drug services for continuity of prescribing and care. Where required, meetings with DIP workers are arranged pre-release to encourage post release attendance and engagement. At HMYOI Stoke Heath good discharge processes were in place to maintain support in community. Patients receiving pharmacological support are given the choice to transfer from Methadone to Subutex one week prior to release. At HMP Oakwood the Substance Misuse Team run a pre-release group called Kickstart and have also started to collect data around DIP Teams that visit the prison, however, there are currently no shared targets with the community teams. For prisoners that may not have an address until close to release, the team will refer to the Single Point of Contact Teams for community substance misuse interventions.
- At HMP Featherstone the team regularly attend the visitors centre and offer family work and support. This is reported to be well received and helps involve families in offenders' recovery.

- The 2014 HNA conducted by S Squared Analytics reports that “At HMP Oakwood the Community Engagement Worker is based in the Family Pathways Centre for two days a week. While in the Pathways Centre the worker tries to get families to engage with the Substance Misuse Team”

4.7.2 Substance Misuse – Unmet Needs

- At HMPYOI Stoke Heath and HMP Dovegate access to first might prescribing requires review to ensure that prisoners have access to first night prescribing to meet their substance misuse needs. At HMP Dovegate there is no on site GP cover for evening receptions, although staff reported that there were plans to recruit an evening GP. Currently there is no provision for first night prescribing of methadone or other opiate substitutes and prisoners are provided with symptomatic relief until they can be seen by the GP the following day. At HMPYOI Stoke Heath clinical services are available to remand prisoners until 15:30 daily, thus most will not be prescribed any first night Methadone / Subutex until the following morning as they arrive later than this. These issues have been addressed in recommendations in the local prison HNA reports.

- At HMP Long Lartin there are currently no mutual aid groups run at the prison. The Substance Misuse Service are currently looking to design their own mutual aid group. At HMPYOI Stoke Heath peer mentors are going to be implemented shortly. These issues have been addressed in recommendations in the local prison HNA reports.

- At HMPYOI Stoke Heath the team liaise with the prison In Reach team but there is no formal dual diagnosis pathway for patients with complex and co-existing mental health and substance misuse problems. At HMP Hewell there is a Mental Health Nurse that attends the substance misuse team meetings. The team manager would like this nurse to be permanently based on the Substance Misuse Unit, but at present resources do not allow this. At HMP Oakwood there are not currently any staff members that lead on dual diagnosis. These issues have been addressed in recommendations in the local prison HNA reports.

- **All prisons reported the emergence of the use of New Psychoactive Substances (NPS) as a significant concern**. There have been cases across the cluster of prisoners becoming extremely unwell following use of NPS, displaying bizarre, challenging and sometimes aggressive behaviour and encountering acute clinical crises requiring urgent hospitalisation. There are examples of some proactive work to educate service users via information leaflets, information giving at induction, service user awareness groups and focus groups. At HMP Featherstone the prison has very recently agreed their New Psychoactive Substance strategy. A regional recommendation has been made regarding this issue.

Regional Recommendations

12. It is suggested that a multi-disciplinary regional task force comprising commissioners, providers, prison colleagues and representatives from local A&E and police custody healthcare providers is formed to develop a Health &Justice approach to the management of New Psychoactive Substances It would be useful to capture more specific statistical data for use of New Psychoactive Substances to inform strategies for addressing this area of misuse. Commissioners and providers should continue to liaise closely with prison colleagues regarding use of NPS and misuse of prescribed medications, ensuring that appropriate information sharing and intelligence sharing policies are in place to facilitate a cohesive approach to creating a safer substance environment.
13. It is recommended that that prisons that do not currently have peer support and peer mentoring initiatives utilise the experience of the prisons that have successfully implemented the approach to expand this to all prisons within the cluster.

4.8 Older Prisoners

The National Offender Management Service and Her Majesty's Inspectorate of Prisons define older prisoners to be those aged fifty and above, as research suggests that prisoners age by up to 10 years more than their biological age[13], due to co-morbidities associated with sometimes chaotic lifestyles and complex physical and mental health needs. However, definitions of older age vary and many NHS Guidelines refer to older adults as those aged over 60 or 65 years of age. NHS prescriptions and sight tests are free to those aged 60 years and over, and eligibility for age related national screening programmes for bowel cancer screening (60 years) and abdominal aortic aneurysm (65 years) suggest similar definitions. Within this report, where possible, figures are provided for both the over 50 years old cohort of the population in the West Midlands Prisons and the over 60 years old cohort.

As detailed in the first section of this report, on 31st December 2014, 10.9% (n=1031) of the population of the West Midlands prisons cluster were aged over 50 years old, and 4% (n= 375) aged over 60 years old. Approximately 28% of prisoners aged over 50 years old and 40% of the over 60 years old cohort are held at HMP Stafford, which has recently re-rolled to being a sex offender prison.

Incidence and prevalence of many long term conditions increases with age. The Offender Health Research Network, found high rates of chronic illness among older prisoners[14]. 80% of those aged 60–64 had at least one moderate or severe disorder, rising to 91% of those aged 65–69; and 92% of

[13] Wahidin, A. & Cain, M , Ageing, crime and society. Willan Publishing: Devon. 2006

[14] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/331628/Health_Needs_Assessment_Toolkit_for_Prescribed_Places_of_Detention_Part_2.pdf

those over the age of 70[15]. Older prisoners have significant hearing and eyesight problems and 70% take medication compared with 44% of the prison population as a whole[16]. In their briefing paper the healthcare challenges of older prisoners, the prison research network found that `The older prison population is at higher risk of hypertension and its related diseases compared with the older community population. The reasons given for this include previous poor lifestyle, smoking, substance misuse and the stress caused by being in prison'[17]

Glaucoma, cataracts and macular degeneration are all conditions of the eye known to increase with age. Tuck and Crick, estimated that prevalence of primary open angle glaucoma (POAG) for age 40-89 years was 1.2%, rising from 0.2% for those in their 40s to 4.3% for those in their 80s. [18]

Within the West Midlands prison cluster, HMP Stafford was re-rolled to become a sex offender prison in autumn 2014, and with this experienced a significant shift in the age of the population.
Early trend information for HMP Stafford clearly suggests an associated increase in prevalence of long term conditions as the graphs extrapolated from the local HNA and illustrated below show.

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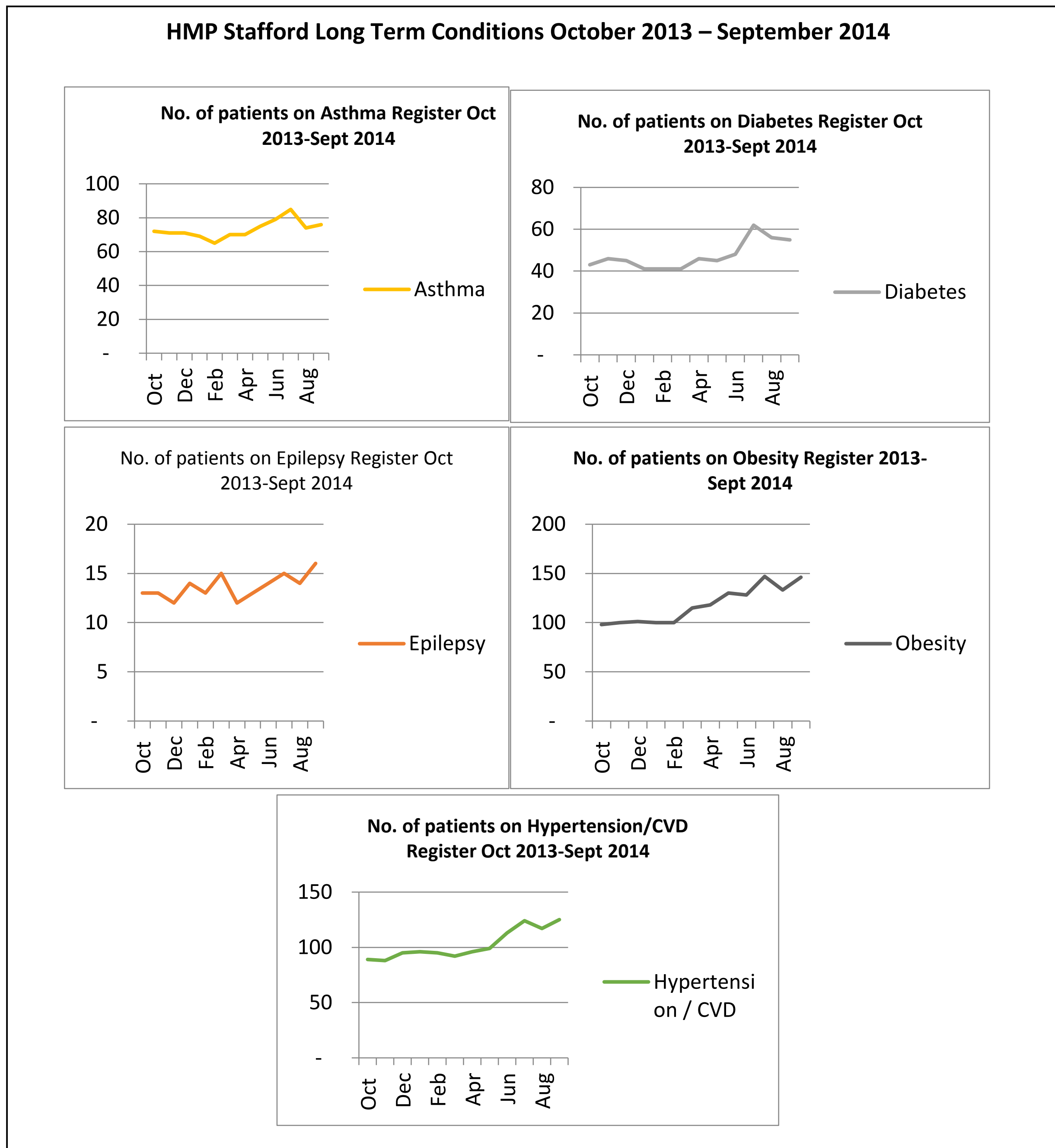
[15] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/331628/Health_Needs_Assessment_Toolkit_for_Prescribed_Places_of_Detention_Part_2.pdf

[16] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/331628/Health_Needs_Assessment_Toolkit_for_Prescribed_Places_of_Detention_Part_2.pdf

[17] Prison Health Research Network - The Healthcare Challenges of Older People in Prisons – a briefing paper at http://www.ohrn.nhs.uk/resource/Research/OlderPrisonersReview.pdf

[18] Tuck, M.W, Crick,R.P The Age Distribution of Primary Angle Glaucoma in Ophthalmic Epidemiology 1999 Mar;6(1):84

Figure 19 HMP Stafford Long Term Conditions October 2013 and 2014



From April 2015 local authorities will be responsible for assessing and meeting the social care needs of adult prisoners. Social care is not an NHS commissioning responsibility and is therefore outside of the remit of this NHS England commissioned HNA. However, across all adult prisons within the cluster, healthcare providers and prison colleagues expressed concern regarding the level of social care need and the essential need for discussions with the local authority regarding what they are able to provide.

The social care needs of older prisoners that arise from old age and the particularly high incidence of disability are significant. The 2004 thematic report 'No problems – old and quiet': Older prisoners in England and Wales'[19] found that `there was little 'social care' available outside healthcare.

The Department of Health accept 'the difficulties that older prisoners face in the physical environment have been exacerbated by social care that is described variously as variable, sparse and non-existent; there has been a deplorable absence of basic personal social care, for example for prisoners with serious mobility problems, and no one seems sure who has been responsible for its provision'. They also comment that 'an ad hoc system means that too often older prisoners have to rely on the goodwill of officers and their fellow inmates to fulfil the most basic of care needs'[20].

The Health Impact Assessment report[21] undertaken immediately prior to the re-roll of HMP Stafford captures concerns regarding the lack of connected thinking with social services in the local authority and describes the social care of prisoners as `not on the 'radar of CCG's'. In addition it has been commented that it will be challenging to make the connections required with local authorities in other areas to arrange social care assessments for older prisoners prior to release.

A 2014 government briefing paper to local authorities[22] suggests `As the actual numbers of prisoners requiring support is likely to be limited in most prisons, local authorities may wish to explore the feasibility of developing an integrated health and social care service with the specialist Health and Justice NHS England Commissioners for their area'.

Whilst it is accepted that decisions regarding prisoner location are complex, it is tentatively suggested within this HNA that discussions are held between senior prison service and Local Authority representatives and NHSE Health and Justice Commissioners regarding the location of older prisoners with significant social care needs. It is recommended that a specific location is identified that can be adapted to meet the needs of this population group where social care provision can be readily arranged, for example through on duty carers. This recommendation will need to be considered alongside recommendations made from the regional inpatient review.

Regional recommendation
14. It is recommended that senior HMPS, NOMS and Local Authority representatives and NHSE Health and Justice Commissioners develop a strategic group to consider identification of a specific location within the West Midlands prions cluster that can be adapted to meet the needs of older prisoners with significant social care needs, where social care provision can be readily arranged. This recommendation will need to be considered alongside recommendations made from the regional inpatient review.

[19] Her Majesty's Inspectorate of Prisons (2004) 'No problems – old and quiet': Older prisoners in England and Wales - A thematic review by HM Chief Inspector of Prisons
[20] http://www.parliament.uk/documents/commons-committees/Justice/Older-prisoners.pdf
[21] Public Health England : HMP STAFFORD - Re-role of population - Health Impact Assessment July 2014
[22] http://www.local.gov.uk/documents/10180/5756320/Care+Act+and+Prisons+-+Briefing

4.9 Planned and unplanned secondary care

Recommendations regarding planned and unplanned secondary care visits to hospital are made in the individual prison HNAs and are not repeated here. However, within this section the main themes relating to planned and unplanned care for the adult male prisons will be summarised, and based upon these, two key regional recommendations are made.

The commissioner led Health & Justice Secondary Care Activity Report (unpublished) analysed escort and bedwatch activity for all prisons across the cluster from August 2013 to August 2014 and found that there had been an increase of 12% in A&E attendances within the period.

HMP Hewell had the highest number of A&E Attendances (426) followed by HMP Oakwood (379).

The highest cost for scheduled care appointments across the region was incurred by HMP Dovegate (£76,355), attributing to 16.37% of the total costs of outpatient activity. The 2014 – 2015 HNA has identified that this remains an issue and a total of 21 recommendations regarding this have been made in the local HNA report for HMP Dovegate. Many of these recommendations could be applied to other prisons within the cluster to reduce the number of hospital appointments without compromise to patient care.

General themes across the cluster are:

- The management of planned and unplanned visits to secondary care facilities requires close liaison with prison colleagues within secure environments.
- With recent benchmarking exercises and the efficiencies required across all public sector services, it has become essential that this element of healthcare service provision is robustly managed and that innovations to reduce hospital escorts and bedwatches are considered in order to continue to meet healthcare needs.
- In stakeholder interviews, hospital escorts and bedwatches were identified as a concern by most Governors / Directors and Heads of Healthcare.
- Improving the management of planned and unplanned hospital visits is cost effective, reduces extensive administration time spent in reallocating appointments, makes best use of human resources from both healthcare and prison provider perspectives and most importantly improves patient access and waiting times, patient safety and patient experience.
- Many prisoners find attending hospital in handcuffs/ escort chains and accompanied by a prison officer embarrassing and undignified, with a prisoner recently describing to the author how he felt `like a monster' when a mum in the outpatients department moved her daughter away from sitting near him.
- Robust escort and bedwatch data analysis is required to understand patterns and trends and make evidence based recommendations for reducing the number of planned and unplanned hospital visits.

- To enable analysis, accurate and readily available records of all hospital activity need to be maintained – not all prisons were able to provide the required data and where appropriate local recommendations have been made regarding this.

- Utilising a multi- faceted approach with a combination of mobile (or on site) x-ray and diagnostic facilities, visiting consultants, and telemedicine / tele technology, it is estimated that hospital appointments could be reduced significantly. However, each of these options requires a detailed cost – benefit analysis to be undertaken. This is outside the remit of this HNA, but has been included within the recommendations made. HMP Birmingham and HMP Long Lartin already utilise on site x-ray facilities and some visiting consultant clinics.

- In addition to the cost –benefit analysis, a `patient safety and benefit' analysis should also be undertaken to assess the potential advantages and disadvantages to patient care , and it would be particularly useful to draw upon the experiences of other prisons that have utilised mobile diagnostics, visiting consultants, telemedicine and tele technology successfully.

- Where analysis has been undertaken, the findings of the Health & Justice Secondary Care Activity Report are endorsed, with visits to hospital for trauma and orthopaedics being the most frequent. The secondary care report found that "Trauma & Orthopaedics accounts for nearly a quarter of outpatient activity (23.79%) resulting in £90,343 hospital costs to Commissioners (19.37% of total costs)"

- Recommendations made within local HNA reports include improvements to appointment management and administration processes, liaison with OMU prison colleagues, enhanced communication with local outpatient departments and A&E directorates, staff training to improve on site management of minor injuries, and others as detailed in individual reports.

Regional Recommendations
15. Mobile x-ray and diagnostic facilities **It is recommended that a cost benefit analysis is undertaken to establish the potential for use of mobile x-ray and diagnostic facilities across the cluster.** HMP Birmingham has recently recommenced using on site x-ray facilities and is already experiencing a reduction in hospital escorts. HMP Long Lartin has on site x-ray facilities and a mobile MRI unit visits the prison to undertake scans. For other prisons within the cluster the analysis should consider to what extent mobile (or on-site) x-ray and diagnostic facilities could be utilised to reduce the cost of escorts to secondary care appointments. The experiences of secure environments already utilising mobile x-ray and diagnostic facilities extensively should be sought.

16. Telemedicine & Visiting Consultants

It is recommended that a cost benefit analysis is undertaken to establish the potential for use of telemedicine and /or a more embedded visiting consultant rota across the cluster.

For each prison within the cluster the analysis should consider the specialities where consultations could be conducted by teleconsultation or alternatively by the establishment of regular visiting consultant clinics to reduce the cost of escorts to secondary care appointments.

The experiences of secure environments already utilising telemedicine extensively should be sought and utilised to identify clinical specialities that could adopt teleconsultation as an alternative to face to face consultation.

The likely cost of each initiative should be explored and compared to current escort and bedwatch expenditure to identify options for alternative delivery, and the associated potential efficiencies in cost and improvements to patient experience.

Based upon the Health Needs Assessment, areas where it is suggested telemedicine may potentially be used are:
HMP Birmingham - a combination of on-site x-ray and tele- consultations could be used to reduce fracture clinic and orthopaedic appointments.
HMYOI Brinsford – Dermatology, ENT
HMP&YOI Drake Hall -Dermatology, Gastroenterology, Orthopaedics
HMP Hewell - Reduction of unplanned escorts to A&E
HMP Long Lartin - Reduction of unplanned escorts to A&E, trauma and orthopaedics, haematology reviews (where required blood samples could be taken on site, forwarded to hospital for analysis and results obtained prior to consultation)
HMP Oakwood ENT, Cardiology, combination of on-site x-ray and tele- consultations could be used to reduce fracture clinic and orthopaedic appointments, reduction of unplanned escorts to A&E
HMP Stafford – ENT, Dermatology
HMP&YOI Stoke Heath – Dermatology. ENT, Reduction of unplanned escorts to A&E
HMP&YOI Swinfen Hall - Reduction of unplanned escorts to A&E, trauma and orthopaedics
HMYOI Werrington – limited use of telemedicine – potential for tele technology use as below.

It is also recommended that if telemedicine is to be utilised, the installed tele technology is optimised to add value in other areas such as:-
- Staff training by tele-technology link (negates the necessity for staff to leave the prison site to join in some training activities and could be useful for Statutory and Mandatory training, Long Term Conditions updates, specific clinical conditions training, training to support introduction of new Patient Group Directions etc.)
- Prison In reach team/ psychiatry / psychology linking via teleconsultation to input in to ACCT reviews
- Specialist nurses from within the cluster linking to support colleagues with long term conditions reviews and offer patient advice.
- Use of tele-technology to link to out of hours services to enable more comprehensive information gathering and assessment to inform out of hours care decisions.

17. All prisons across the cluster should develop and implement a standardised system for reporting planned and unplanned hospital activity that supports accurate analysis and continued identification of potentials for improvement.

In addition to the regional recommendation made within this section, readers are also referred to the local HNA reports below:

Report No. 2 **HMP Birmingham**, which makes 57 recommendations.
Report No. 4 **HMP Dovegate**, which makes 43 local recommendations.
Report No. 6 **HMP Featherstone**, which makes 43 local recommendations.
Report No. 7 **HMP Stafford,** which makes 57 local recommendations.
Report No. 8 **HMP&YOI Stoke Heath**, which makes 50 local recommendations.
S Squared Analytical HNA Report December 2014 **HMP Oakwood,** which makes 97 local recommendations
S Squared Analytical HNA Report December 2014 **HMP Hewell**, which makes 126 local recommendations
S Squared Analytical HNA Report December 2014 **HMP Long Lartin**, which makes 87 local recommendations

5. Young Adults – HMYOI Brinsford & HMPYOI Swinfen Hall

5.1 Primary Care Clinics

Figure 20 Primary Care Clinics - young adults

	HMYOI Brinsford		HMYOI Swinfen Hall	
	Average number of patients seen per month	**Waiting times**	**Average number of patients seen per month**	**Waiting times**
GP	128	5 days	203	2 days
Dentist	52	10 – 19 days	68	8 – 56 days
Physiotherapy	6	15 days	19	No data
Optician	11	4- 36 days	12	No data
Sexual Health	35	17 days	17	No data

- Access to services for young adults in prison in the West Midlands was good.
- Effective out of hours provision was in place for both establishments.
- Although waiting times for physiotherapy, optician and sexual health services were not recorded on performance spreadsheets for HMPYOI Swinfen Hall, at the time of the HNA site visits all waiting times were well within target.
- Young adults had access to a peripatetic podiatry services at each establishment as demand for podiatry services was very low, with less than one young adult per month requiring this service at each.

5.2 Physical Health & Wellbeing Needs

Figure 21 Prevalence of long term conditions - young adults

Long Term Conditions – Young Adults		
Establishment	HMYOI Brinsford	HMPYOI Swinfen Hall
Asthma	8.04%	10.9%
Diabetes	0.50%	0.51%
Epilepsy	0.50%	0.85%
Obesity	5.7%	9%

5.2.1 Physical Health - met needs

- At both establishments applications to see a nurse are made via the health application system and access to nurse led clinics (General Nurse Clinic, vaccinations, venepuncture, dressings, and general advice) is good.
- At HMYOI Brinsford, asthma is identified at reception screening and young adults are referred to the nurse led asthma clinic. There were 19 young men on the asthma clinic waiting list at the time of the HNA
- At HMPYOI Swinfen Hall a nurse with an asthma diploma conducts asthma review clinics.

- At both establishments young adults could readily access treatment for minor injuries and minor ailments.
- An accurate breakdown of reasons for nurse triage and G.P consultations would be useful in order to accurately plan delivery against need and consider where demand can be met by other resources (e.g. by non- medical prescriber, or by more efficient use of triage and Patient Group Directions)
- All young adults are screened for Tuberculosis and asked questions about symptomology and contact.
- There have been no cases of active TB at either establishment
- Both establishments have communicable disease policies developed in liaison with Public Health England and an Infection Control Policy and plan.
- Hepatitis C screening and referral pathways are in place at both establishments.
- At HMPYOI Swinfen Hall Hepatitis B vaccination coverage was excellent (86%) and exceeded PHE target (80%).

Figure 22 Sexually Transmitted Conditions - Young Adults

	HMYOI Brinsford	HMPYOI Swinfen Hall
New referrals	256	111
Chlamydia	22	1
Gonorrhoea	3	0
Genital warts	6	11
Genital herpes	0	0
HIV	0	0
Syphilis	0	0
Hepatitis B	0	0
Hepatitis C	1	1

- Chlamydia remains the most common sexually transmitted disease in this young adult population with approximately 6.26% (N=23) of all new referrals across both establishments being positive to chlamydia. Genital warts were the second most common STI.
- This reflects national profiles as Public Health England report that of the 446,253 new STI diagnoses made in 2013, the most commonly diagnosed STIs were chlamydia (208,755; 47%), and genital warts (73,418; 17%). It was also found that STI rates remain highest in under 25 year olds.

5.2.2 Physical health- unmet needs

HMYOI Brinsford Hepatitis B vaccination coverage was consistently above 60%, but throughout the 12 months analysed remained below the PHE target of 80%, which is addressed in the local recommendations made.

5.3 Mental Health Needs

Although the ONS survey `Psychiatric Morbidity among Young Offenders in England and Wales' [23] dates from 1997, it is nevertheless the most recent comprehensive survey of morbidity in young offenders aged 16 -20 years old.

The survey found that `a high proportion of all young offenders had evidence of several mental disorders. In all sample groups, at least 95% were assessed as having one or more disorders and a very large proportion, about 80%, were assessed as having more than one'.

A summary of prevalence rates (young male offenders) from the survey is provided in the table below.

Mental Health Disorder	Prevalence Remand population	Prevalence sentenced population	Comparator: Private household age 16 - 19 years
Any functional psychosis	8%	10%	No data
Psychotic disorder	6%	4%	No data
Schizophrenia	2%	4%	No data
Suicidal thoughts at any time in life	38%	28%	No data
Attempted suicide at some time	20%	15%	No data
Self harm without thoughts of suicide	7%	9%	No data
Fatigue	40%	31%	12%
Sleep problems	60%	52%	22%
irritability	46%	41%	23%
Depression	51%	36%	6%
Mild anxiety	25%	16%	5%
Obsessions	26%	20%	7%
Compulsions	28%	24%	7%
Phobias	17%	15%	4%
Panic	13%	9%	2%
Worry	50%	39%	11%

With regard to self-inflicted deaths amongst 18–24-year-olds in prison in England and Wales. the 2014 Prison & Probation Ombudsman's report comments `…we have investigated 13 self-inflicted deaths of young adults aged between 18 and 24, compared to nine the year before. While such deaths in this age group are not disproportionate in relation to their representation in the prison population, it is alarming that so many young people take their own lives'.[24]

[23] Deborah Lader, Nicola Singleton and Howard Meltzer 2000: Psychiatric Morbidity among Young Offenders in England and Wales Further analysis of data from the ONS survey of psychiatric morbidity among prisoners in England and Wales carried out in 1997 on behalf of the Department of Health. ONS

[24] Prisons and Probation Ombudsmans Report 2013 -2014 @ www.ppo.gov.uk

At both HMYOI Brinsford and HMPYOI Swinfen Hall primary mental health services are provided by Staffordshire and Stoke-on-Trent Partnership NHS Trust (SSOTP) and Mental Health In-Reach services are delivered by South Staffordshire & Shropshire Healthcare NHS Foundation Trust.

Figure 23 Primary mental health referrals - young adults

Primary Mental Health Referrals Comparison – Young Adults	
Establishment	**No.**
HMYOI Brinsford	327
HMPYOI Swinfen Hall	184

At HMYOI Brinsford the primary mental health case load is higher than at HMPYOI Swinfen Hall. At HMYOI Brinsford the primary mental health team assessed between 19-47 new referrals each month, with an average of 27.25 new referrals seen per month over the year, compared to an average of 15 new referrals seen per month at HMPYOI Swinfen Hall.

At HMYOI Brinsford the Primary Mental Health caseload ranged from 18-36, with a mean average monthly caseload of 27.41, whereas at HMPYOI Swinfen Hall the caseload ranged from 3-10, with a mean average monthly caseload of 6 patients.

The difference in workload is also reflected in the number of ACCT documents opened and ACCT reviews attended. According to data provided, at HMYOI Brinsford between April 2013 and April 2014 there was a total of 341 ACCT documents opened and Primary Mental Health attended 246 ACCT reviews. At HMPYOI Swinfen hall over a 12 month period (October 2013 to September 2014) there was a total of 101 ACCT documents opened and Primary Mental Health attended 183 ACCT reviews.

Figure 24 in reach caseload - young adults

In Reach Caseload at time of HNA Comparison – Young Adults	
Establishment	**No.**
HMYOI Brinsford	20*
HMPYOI Swinfen Hall	34
***estimated monthly average**	

The In reach team caseload at HMPYOI Swinfen Hall was much higher than at HMYOI Brinsford. At HMPYOI Swinfen Hall Schizophrenia (n=7) and ADHD (n=7) were the most common primary diagnoses, with personality disorder (n=4) being the most common secondary diagnoses. HMPYOI Swinfen Hall is a national sex offender centre. Incidents of self -harm are high, which staff felt could be partly attributed to the nature of offences that had been committed and some of the emotions

associated with coming to terms with this and of longer term prison sentences. The July 2014 HMIP inspection report[25] states:-

> 'There had been 250 incidents of self-harm in the previous six months, which was high, and the prison was managing several prolific self-harmers. Care for prisoners in crisis was good; prisoners on open Assessment Care in Custody and Teamwork (ACCT) case management for prisoners at risk of suicide or self-harm said they were well supported by staff'.

At HMPYOI Swinfen Hall a comprehensive counselling service is provided by `Inside Help'. The service has the capacity to accommodate 34 counselling sessions per week. Two counsellors are available four days per week, each seeing up to four young men per day. An additional session on Friday accommodates a further two counselling appointments. The counsellors employ both psychotherapy and cognitive behavioural therapy approaches.

The inpatient unit at HMYOI Brinsford is a regional resource, and therefore young men aged between 18 – 21 years old requiring inpatient support due to mental health concerns from HMPYOI Swinfen Hall and HMPYOI Stoke Heath could be transferred to the inpatient unit if required.
Young adults aged between 21- 25 years old requiring inpatient care would need to be transferred to HMP Birmingham, HMP Dovegate or HMP Hewell.

5.3.1 Mental Health - met needs

- Mental health needs are assessed through Primary and Prison Mental Health In Reach services
- Both prisons had appropriate screening and referral mechanisms for identifying prisoners with mental health issues.
- Both services use the stepped care model. The Threshold Assessment Grid (TAG) is used to support prioritisation of assessment.
- In both establishments the mental health teams liaised closely with prison safer custody teams and supported the ACCT process through attendance at ACCT reviews and input in to care maps.
- The counselling service at HMPYOI Swinfen Hall is a valuable service that complements the work of the mental health team and psychology based sex offender programmes.
- The inpatient unit at HMYOI Brinsford provides an appropriate environment to look after young adults with complex mental health issues and avoids inappropriate location of mentally unwell young men in separation and care units (segregation)

5.3.2 .Mental Health - unmet needs

- Although it was reported that mental health and substance misuse services collaborate on patient care for young adults with complex mental health and substance use problems, dual diagnosis pathways require formalising.
- In 2014 there were a total of 4 patients transferred out of HMPYOI Swinfen Hall, and 12 transferred from HMYOI Brinsford under the provisions of the Mental Health Act 1983.

[25] HMYOI Swinfen Hall Unannounced Inspection by HMIP 23rd June-3rd July 2014, p22

- At HMPYOI Swinfen Hall none of the young men referred were transferred out of the establishment within 14 days as recommended for prisoners with acute and severe mental illness, or within the 60 days recommended by the Royal College of Physicians for those not deemed as requiring urgent treatment.
- At HMYOI Brinsford Only 2 out of 12 (16.6%) transfers were made within 14 days. A total of 7 out of 12 (58.3%) of referrals from HMYOI Brinsford were transferred within 2 months. 4 transfers (33.3%) exceeded 60 days, with the longest transfer taking approximately 5 months (151 days).
- The time taken to transfer out acutely unwell young adults is clearly concerning and an area where the needs of vulnerable young adults are not being met
- A transition pathway is required for young adults transferring from CAMHS to adult mental health services.
- Staff interviewed felt that the young adults at HMYOI Brinsford may benefit from access to psychology services.
- It would be beneficial to collate both quantitative and qualitative data to identify how psychology services could specifically support not only mental health services, but also learning disabilities, and autistic spectrum and conduct disorders. Recommendations regarding this have been made in the local HNA report.
- A separate Inpatient Analysis was undertaken in parallel with the Health Needs Assessment and therefore the HNA did not consider inpatient utilisation in detail. However, it is noted that the inpatient unit at HMYOI Brinsford appears to be regularly used to locate young men with challenging behaviour who are not clinically unwell. This may be detrimental to the care of other young men on the inpatient unit

5.4 Substance Misuse Needs

Figure 25 Drug treatment entrants - young adults

Drug Treatment Entrants – Primary Drug Use Young Adults			
Establishment	**% Opiate Users**	**% Non-Opiate Users**	**% Alcohol Users**
HMYOI Brinsford	5.28%	75.4%	19.3%
HMPYOI Swinfen Hall	4.3%	60.3%	35.3%

At both establishments cannabis was most frequently reported as the primary substance of use and alcohol the most common secondary substance.

In comparison with the previous year, at HMPYOI Swinfen Hall of those entering treatment, the percentage of opiate users has reduced from 8% to 4.3%.The percentage of non-opiate users has also decreased from 74% to 60.3%. The percentage of primary alcohol users has almost doubled, increasing from 18% to 35.3%

5.4.1 Substance Misuse - Met Needs

- At both establishments the service is open to all young adults, who can either self- refer, be referred via the screening process or can be referred by other members of the multi-disciplinary team.
- Referrals are usually seen within one or two days.
- At HMYOI Brinsford there were 39 young adults on the clinical caseload for drug use between April 2014 and January 2015.Over this same period there were 19 young adults on the clinical caseload for alcohol use. 13 young adults had received opiate substitution, and 5 stabilisation.14 young adults had received opiate maintenance programmes, of which 13 had been prescribed methadone and one had received Buprenorphine. 12 young adults received pharmacologically supported alcohol detoxification
- At HMPYOI Swinfen Hall, only a small number of service users require prescribed medication, but for those that do, prescribing is individually tailored according to need
- A range of groups are held at each site, including: substance use awareness, motivation & change, anger and emotional management, family & relationships, problem solving, anabolic steroid awareness, health lifestyles, legal high awareness positive change and confidence and self-esteem.
- At both establishments awareness sessions have been recently held focussing on the dangers of NPS / legal highs.
- The team at HMYOI Brinsford also identify ` recovery champions' who are able to encourage and support peers through their own experiences.
- The team take part in family days and link to families to leverage support for the recovery agenda.
- The team link to local community drug teams to facilitate continuity of care on release.

5.4.2 Substance Misuse – unmet needs

The regional recommendation regarding NPS strategy made in section 4.7 applies to all prisoners across the cluster including the young adults at HMYOI Brinsford and HMPYOI Swinfen Hall and is therefore not repeated here.

The substance misuse needs of young adults appear to be fully met by the services delivered.
Service user feedback at both establishments was positive.
At HMYOI Swinfen Hall it was commented ` you're never on your own - always a drug worker or DARS mentor around' and ` Alcohol workers are motivated and good at what they do'.
At HMYOI Brinsford ` they help you get ready for release and inform you with the dangers of certain drugs' and ` It helps you stop and think what you're doing to yourself'.

5.5 Planned and unplanned secondary care

At both establishments appointments are well managed and young adults have access to secondary health care services.
At HMYOI Brinsford: -

- A third of two week urgent referrals (N=2) did not meet the two week referral to appointment target.
- A small number (1.4%, N=3) of routine referrals exceeded 18 weeks for referral to appointment.
- On occasion, hospital appointments have been delayed due to insufficient resources to provide the necessary escorts.
- Increasing efficiencies in public sector resources indicate that in order to continue to meet need, commissioners, service providers and prison colleagues need to consider efficiencies and innovations that will transform the management of secondary care appointments and reduce escorts and bedwatches significantly.
- In 2014 the total number of appointments for x-ray and ultrasound = 75 (31.9% of all appointments).
- 16 (6.8%) appointments were for ENT, 14 (5.9%) for fracture clinic, 12 (5.1%) for maxillo-facial and 11 (4.6%) respectively for orthopaedics and pre-operative assessments.
- Outpatient visits to most frequently accessed specialities combine to account for approximately 58.9% of all appointments.

At HMPYOI Swinfen Hall

- The healthcare department are currently allocated 3 appointment slots per day by the prison for planned hospital escort.
- In the 12 months reviewed, there were 153 planned hospital outpatient appointments at a cost of £17,740.
- The percentage of the prison population attending A &E (6.88%) was the second lowest in the region, with HMP Long Lartin, a high security dispersal prison having the lowest.
- Data was not provided to enable detailed analysis of hospital appointment activity, however recommendations have been made that detailed analysis is undertaken to provide more specific and targeted actions.
- Regional recommendations for planned and unplanned activity are encompassed in recommendations made in section 4.9 of this report.

6. Children in Custody – HMYOI Werrington

Children and young people in contact with the Youth Justice System have more – and more severe – unmet health and well-being needs than other children of their age. They have often missed out on early attention to health needs. They frequently face a range of other, often entrenched, difficulties, including school exclusion, fragmented family relationships, bereavement, unstable living conditions, and poor or harmful parenting that might be linked to parental poverty, substance misuse and mental health problems[26].

6.1 Population Summary

At the time of undertaking this Health and Well-Being Needs Assessment there were 113 young people in the establishment.

- 1.6% were aged 15 years old
- 21.6% were aged 16 years old
- 70.8% were aged 17 years old
- 5.8 % were 18 years old

89% were UK nationals and 11% were foreign nationals.

Nationally, there is an over-representation of Black children and Black young people in custody. These ethnic groups comprise 17% of those in custody compared with 3% of the general 10-17 population. At HMYOI Werrington 58% of the young people were of white ethnicity, 17% were Black / Black British, 13.3% were Asian / Asian British and the remaining 11.7% were of mixed or other ethnicities.

The national over-representation of young people from Black Minority Ethnic groups in the secure estate is reflected at HMYOI Werrington.

6.2 Primary Care Clinics

Figure 26 Primary care clinics HMYOI Werrington

	HMYOI Werrington	
	Average number of patients seen per month	**Average Waiting times**
GP	146	1 day
Dentist	14	35 days
Optician	5	27 days
Sexual Health	6	43 days

[26] Ryan, Tunnard.J, Evidence of needs paper 2011

Nursing staff visit the wings several times daily. Access to G.P clinics is excellent. Access to all other services is at least equal to, and on occasions better than, access times for the wider community. There are no regularly commissioned podiatry or physiotherapy services as need is very low. These services are therefore accessed on an as needs basis.

6.3 Physical Health & Wellbeing Needs

- The Comprehensive Health Assessment Tool (CHAT) is utilised to undertake comprehensive health screening of all young people received in to the establishment.
- The prevalence of asthma (8% from SystmOne data) is higher than national prevalence of 5.9% and also higher than prevalence estimates in the Birmingham toolkit (7%).
- There are no young people with diabetes or epilepsy.
- The World Health Organization (WHO) regards childhood obesity as one of the most serious global public health challenges for the 21st century.
- Nationally in England and Wales, the prevalence of overweight and obesity is lowest in the 16-24 age group where 24.3% males are overweight and 12.1% obese.
- Levels of obesity amongst the current population at HMYOI Werrington are below the national average.
- There is a commitment to national vaccination programmes; however, significant numbers of young people decline vaccinations.
- Of the 79 young people received into HMYOI Werrington during the period April 2013- March 2014, 24% were already vaccinated against Hepatitis B and a further **35.4%** declined vaccination.
- Of the remaining 32 young men, 31 received Hepatitis B vaccination within a month of coming into the establishment.
- Between October 1st 2013 and September 30th 2014, **63.75%** of eligible young people declined the MMR vaccination.

6.3.1 Physical Health - Met Needs

- Access to the G.P is good – there is no waiting list and young people can be seen within a few days for routine appointment and on the same day for more urgent needs.
- Access to nurses is excellent.
- Asthma reviews are undertaken by a Registered General Nurse within the healthcare team who has a diploma in Asthma. At the time of the Health and Well-Being Needs Assessment all asthma reviews were up to date.
- Hospital appointments for secondary care are facilitated when required.
- Dental and optician waiting lists are well managed.
- All services are at least comparable to those that would be received in the community and young people are very positive about services received.

6.3.2. Physical health- Unmet Needs

- The number of young people declining vaccinations is high.

- It is suggested that the healthcare team source or develop age appropriate, innovative and appealing materials to encourage vaccination uptake.
- The prevalence of type I diabetes and epilepsy is very low and there have been no young people presenting with these conditions in recent years.
- Should a young person be received into the establishment who has epilepsy or diabetes, staff will require refresher training to ensure employment of up to date evidence based practice and care, and knowledge and understanding of current medication regimes and approaches.

6.4 Emotional and Mental Health Needs

- Young males in custodial settings are 18 times more likely than those in the general population to take their own lives[27].
- There have been 16 deaths of young people in secure care since 2000[28]. The death rate for this group is higher than in equivalent age groups who have a diagnosis of schizophrenia or eating disorder[29].
- Drug use, suicide, and non-intentional injury are the leading causes of death among young offenders.
- Nearly three quarters of young people in custody have been assessed as having some form of speech, language or communication need[30].
- Initial studies looking at rates of traumatic brain injury in young offenders also suggest higher incidence in this population[31].
- Between April 2013 and March 2014 there were 144 ACCTS opened (mean average of 12 per month) at HMYOI Werrington.
- A total of 521 ACCT reviews were undertaken.
- The CAMHS case load averages 20 – 25 young people at any one time.
- Medium secure adolescent Mental Health Inpatient Beds have been found difficult to access with only one referred young person being accepted in four years.
- On average one or two referrals to medium secure beds are declined per year.

6.4.1 Emotional and Mental Health - Met Needs

- Young people receive good levels of support from Primary Mental Health and CAMHS teams.
- Links with the prison are good with weekly Multi Agency Meetings held to discuss vulnerable young people.

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[27] Fazell, D. (2008) 'Mental disorders among adolescents in juvenile detention and correction facilities: a systematic review and metaregression analysis of 25 surveys', *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(9): 1010-19.
[28] Youth Justice Board (2014) *Youth Justice Statistics 2012/2013 England and Wales*. London: Youth Justice Board.
[29] Coffey, C.F. Veit, F. Wolfe, R. Cini, E. and Patton, G.C. (2003) 'Mortality in young offenders: retrospective cohort study', *British Medical Journal*, 326: 1064-7.
[30] Bryan, K., Freer, J. and Furlong, C. (2007) 'Language and communication difficulties in juvenile offenders', *International Journal of Language and Communication Disorders*, 42: 505-20.
[31] Williams, W.H., Cordan, G., Mewse, A., Tonks, J. and Burgess, C.N. (2010) 'Self-reported traumatic brain injury in male young offenders: A risk factor for re-offending, poor mental health and violence?', *Neuropsychological Rehabilitation*, 20(6): 801-12.

- Although a small multi-disciplinary team, CAMHS provide a broad range of evidence based interventions appropriate to the age and complexity of the client group.

6.4.2 Emotional and Mental Health - Unmet Needs

- It is recommended that a programme of child focussed skills and knowledge training is developed to include a wide range of physical and mental & emotional health training from CAMHS, Looked After Children's Team, Paediatric Nurse Specialists and Specialist Children's Charities.
- Interventions do not include Speech and Language Therapy or Occupational Therapy as recommended in the Healthcare Standards.
- There is no capacity to provide group work approaches and this is an area for development.
- A constant watch protocol should be jointly agreed between the healthcare department and prison colleagues.

6.5 Substance Misuse Needs

- Over the five months for which figures are recorded there were 95 new referrals to the service of which 9 were transfers in to the establishment and 2 were re-referrals/ relapses.
- This provides a mean average of 19 new referrals per month - an estimate of approximately 228 new referrals per annum.
- Only one of the referrals to the service required clinical / pharmacological interventions.
- 97 received psychosocial interventions.
- Cannabis was the most popular primary substance of choice, with alcohol being second.
- No young people cited heroin or benzodiazepines as primary substances.
- A small number of young people had already experienced legal highs and mephedrone.

6.5.1 Substance Misuse - Met Needs

- The service is accessible and responsive to young people's needs.
- Young people are positive about the services received.
- All planned releases (100%) received information prior to release, had a pre-discharge risk assessment completed and had necessary information supplied to the Youth Offending Service.

6.5.2 Substance Misuse – Unmet Needs

- With the closure of juvenile places at HMYOI Hindley, need should be closely monitored and evaluated, as depending upon emerging needs, it may be necessary to review and reflect on resource, skill mix and facilities available. Additional funding or resource may be required to adapt premises, raise staff awareness, and provide additional training for staff groups who may not have experienced looking after young people undergoing clinical detoxification before.
- YPDASS and Primary Care providers will need to liaise with prison partners to identify appropriate locations where young people can be safely monitored and supported whilst receiving clinical interventions for stabilisation or detoxification.

- Monitoring of young peoples' experience and exposure to New Psychoactive Substances is essential to gauge emerging use and provide intelligence upon which to base information and advice.

6.6. Planned and unplanned secondary care

- Due to the age and relative fitness of young people at HMYOI Werrington, hospital appointments are not as problematic as they can be in very busy, big prisons.
- Analysis of prison escort and bedwatch spreadsheets indicate that in the eleven months from April 2014 to February 2015 there was a total of 165 hospital appointments (mean average of 13.75 per month) and 6 inpatient hospital stays.
- 36 hospital visits and two overnight stays were attributed to the same young person, therefore figures would potentially have been even lower.

6.7 Additional key considerations

- As the governments `Transforming Youth Custody' agenda is embedded, young people will spend significantly more time in education and training. Innovative ways in which healthcare engage with young people and maximise available face to face contact time will be required. Healthcare commissioners and providers will need to liaise closely with prison colleagues to assess the impact of Transforming Youth Custody and to consider ways in which to maximise access time available and consider alternative ways to delivering healthcare within the setting.
- The HMYOI Brinsford Health Needs Assessment identified that 19 out of 22 juveniles transferring to the establishment in 2014 were from HMYOI Werrington. Healthcare teams at HMYOI Brinsford & HMYOI Werrington have an opportunity to develop a transition pathway for young adults transferring between the two establishments.
- It is suggested that the transition pathway recommended above is piloted and refined between HMYOI's Werrington and Brinsford and then extended to support young people transferring to other `out of area' juvenile establishments.

Regional Recommendations
18. There is a need to monitor the population at HMYOI Werrington closely to assess the impact of the re-roll of HMYOI Hindley on the presenting health needs of the population at HMYOI Werrington. It is recommended that the next Health and Well Being Needs Assessment refresh gives particular consideration to this.
19. It is recommended that healthcare provider teams at HMYOI Werrington (primary care and CAMHS services) liaise with the healthcare teams at HMYOI Brinsford, HMP & YOI Stoke Health and HMP & YOI Swinfen Hall to develop comprehensive transition pathways for young people transferring from the juvenile estate to Young Offender and Young Adult prisons. The transition pathways developed should be piloted and tested within the region and once finalised can then be adapted for use for young people transferring out of region.

Readers are also referred to the local HNA report (Report No.**10** of this series) which makes 30 recommendations for HMYOI Werrington.

7. Women in Prison – HMPYOI Drake Hall

Drake Hall is a closed prison for women and a nominated Foreign National Centre with a certified normal holding capacity of 315. The prison is situated in rural Staffordshire.

Repeatedly, studies have found that there is an enormous social impact associated with imprisonment of women, who are often primary carers within their family unit.

The Oxford Health Study of Women in Prison in 2004[32] suggested that:-

- 70 percent of women in prisons were mothers.
- 55% were teenage mums
- 27% were single mums prior to prison, compared to 8% of the general population

A 1994 Home Office study[33] of mothers held in prison indicated that:-

- 35% percent had been in care at some point
- 15% had been in a children's homes
- 25% of those with a care history had at least one child in care at the time of their imprisonment (compared with 6% who had no care history)

33% of women surveyed in the Oxford study and 41% in the Home Office Study had children who were being looked after by other relatives (usually grandparents) and it was reported that 23% of children were separated from siblings following their mothers' imprisonment.

In 2013 National Offender Management Service undertook a Womens Custodial Review (2013)[34].
The recommendations from the Womens Custodial Review aim to

- Reconfigure the female custodial estate to facilitate closeness to home.
- Create a system for managing women offenders through the prison system without the need for open prisons.
- Provide opportunities for women in custody to maintain better contact with their children and families, where appropriate.
- Increase opportunities for female offenders to work in custody and to gain employment through the gate and beyond; and ensure that education in prisons is more directly focussed on preparing women for employment.
- Improve support for female prisoners to maintain contact, where appropriate, with their children and families Improving support for female offenders to obtain appropriate housing on release from custody, which will allow them to be re-united with their children, where appropriate

[32] Plugge, E. Douglas, N, & Fitzpatrick, R. The Health of Women in Prison: Study Findings, University of Oxford, 2006
[33] Caddle and Crisp, Imprisoned Women and Mothers, Home Office Research Study 162, Home Office, 1997
[34] Robinson.C, Women's Custodial Estate Review: National Offender Management Service 2013

As a result of the review, a strategic hub has been created between HMPs Styal, Foston Hall, and Drake Hall .The creation of the strategic hub provides

- Access to a wider range of regime opportunities for women while remaining in their home region
- A progression route to Drake Hall for women who are suitable for less secure conditions
- Opportunities to sequence the interventions within the three prisons by enabling women to move between them as required by their sentence plans
- Flexibility in the use of prison places to maximise effective use of the estate within the region and
- As a result of this an additional 25 places are being created in a unit placed immediately outside of the perimeter fence of Drake Hall to support resettlement of women to their home communities.

7.1 Population Summary

At the time of undertaking this Health Needs Assessment there were 314 women in the establishment.

Figure 27 Population summary by age HMPYOI Drake Hall

Population by Age Group	30 Jun 2013	30 Jun 2014	31 Dec 2014
18-20	*	8	16
21-24	37	34	25
25-29	62	54	49
30-39	92	107	118
40-49	58	70	68
50-59	21	33	27
60 +	*	7	11
All	283	313	314

93% were UK nationals and 7% were foreign nationals.
78% were of white ethnicity, 11.6% were Black / Black British & 5.3% Asian / Asian British. The remainder were of mixed or other ethnicity.

7.2 Primary Care Clinics Summary

Figure 28 Primary care clinics HMPYOI Drake Hall

Clinic	Average number of patients seen per month	Waiting times
GP	277	1-5 days
Dentist	65	22 – 71 days
Physiotherapy	37	18 – 33 days
Podiatry	11	64 days
Optician	16	55 days
Sexual Health	11	22 days

7.3 Physical Health & Wellbeing Needs

- The actual prevalence of treated asthma (16.24% from SystmOne data) is much higher than national prevalence of 5.9%[35], and also higher than prevalence estimates for treated asthma in the Birmingham toolkit (7%).
- The current prevalence of obesity (18%) is below national prevalence (23%)[36].
- Prevalence of type I diabetes (0.63%) is lower than the 1.1% prevalence for type 1 diabetes in prison provided in the PHE toolkit for HNAs in prescribed places of detention.
- Prevalence of epilepsy (3.18%) is above national general population prevalence[37]. In comparison, prevalence in 2010 was similar (3.5%)
- The Offender Management Unit (OMU) at HMP & YOI Drake Hall estimate that at any time, the percentage of women at the prison who are, or who have been sex workers is at least 20%, therefore need for sexual health services is high.
- 199 secondary care appointments had been attended in the four month period reviewed for hospital escort. The highest number of outpatient appointments were for x ray (n=21), ultrasound scans (n=18) and gynaecology (n=13)

7.3.1 Physical Health - Met Needs

- Access to the G.P is good – women can be seen within a few days for routine appointments and on the same day for more urgent needs.
- Women can choose to see a female doctor if they prefer to do so.
- Access to the dentist and physiotherapist was comparable with community services.
- (91%) of women on the asthma register have had an asthma review (including reversibility testing) within the last 12 months.

[35] Asthma prevalence by CCG area at http://fingertips.phe.org.uk/search/ASTHMA#gid//pat/44/ati/19/page/0/par/E40000002/area
[36] www.yhpho.org.uk/
[37] Joint Epilepsy Council, 2005. Epilepsy prevalence, incidence and other statistics. https://www.**epilepsy**.org.uk/ Accessed 23.01.15

- Of the current 11 patients with diabetes, 9 had recent blood pressure recordings, 7 had Cholesterol and HbA1c levels, 9 had received seasonal influenza vaccine and 6 had received a diabetic foot examination within the last 12 months.
- 93.8% of the eligible population had received cervical screening in the previous 5 years.
- Long term conditions are very well managed through nurse led clinics.
- Hepatitis B vaccination coverage was above target at 90%.
- During the four months of hospital appointments reviewed 4 women had been referred to hospital on urgent 2 week referral pathways and all had met the referral to appointment time target.
- DNA's were very well managed, enabling good clinic utilisation and hence enabling access.
- Women attend the local hospital for breast screening appointments. During 2014 SystmOne reports indicate that 155 women would have been within the eligibility age range. However, without trawling individual patient records it has not been possible to identify what percentage of those eligible had attended for screening.
- There were 14 women with physical disabilities who had Personal Emergency Evacuation Plans (PEEPs) in place.
- 81% of the population are smokers, which is similar to the percentage of smokers reported in the 2013 HNA (83%).
- The QOF 'How Am I Driving' Report indicates that 92.5% of women have been offered support.
- Health promotion was excellent – a health promotion event was taking place in the gym on the day of the HNA visit.

7.3.2Physical Health- Unmet Needs

- At the time of the HNA site visit (21st January 2015) the waiting time to see the optician was 45 days.
- Bowel cancer screening is not currently routinely offered. During 2014 there had been 25 women who would have been eligible.
- National CVD risk assessment screening is not yet offered. At the time of the HNA 106 women fell within the eligible age range
- The sexual health nurse had left at the end of November and not yet been replaced. Clinics were being held on an interim basis but a permanent replacement is required.

7.4 Mental Health Needs

- **30%** of women have had a previous psychiatric admission before they entered prison.
- **25%** of women in prison reported symptoms indicative of psychosis. The rate among the general public is about 4%.
- **26%** of women said they had received treatment for a mental health problem in the year before custody.
- **57%** of female sentenced prisoners have a personality disorder.
- **49%** of women in a Ministry of Justice study were assessed as suffering from anxiety and depression. In the general UK population 19% of women are estimated to be suffering from different types of anxiety and depression.

- **46%** of women prisoners reported having attempted suicide at some point in their lives. This is more than twice the rate of male prisoners (21%) and higher than in the general UK population amongst whom around 6% report having ever attempted suicide[38].
- At the time of the HNA there were 20 women on the primary care case load and 39 on the In reach team case load.
- 16 of the women on the In reach caseload had Emotionally Unstable Personality Disorder, contributing significantly to the workload of the team.
- 32 (82 %) of the 39 patients on the caseload had co-existing substance misuse issues.

7.4.1 Emotional and Mental Health - Met Needs

- Between October 2013 and September 2014, the primary mental health team assessed 133 new referrals with an average of 11 new referrals seen per month over the year.
- The team attend ACCT reviews and contribute to ACCT caremaps. Between October 2013 and September 2014 there was a total of 89 ACCT documents opened and Primary Mental Health attended 115 ACCT reviews.
- Urgent referrals to the In reach team are followed up within 2 days.
- In December 2014 there were 39 patients on the In Reach Case Load. This equates to 12.4% of the population and is disproportionately high. The In Reach Provider report for January 2015 suggests that the limited primary care mental health nurse capacity appears to be impacting upon the secondary care caseload.

7.4.2 Emotional and Mental Health - unmet needs

- There was no formal transition pathway for young women transferring from CAMHS services.
- The service provided is comprehensive and appears to meet needs at present. However the primary / secondary care balance needs to be monitored.

7.5 Substance Misuse Needs

- From April 2013 to April 2014 there was a total of 414 new receptions of whom 214 (36.7%) began treatment episodes at HMP & YOI Drake Hall.
- Of the total 228 new treatment entrants at the prison 52.6% (n=120) were opiate users, 17.5% (n=40) were non-opiate new treatment entrants and 29.8% (n=68) were primary alcohol new treatment entrants.
- Over the 12 months reviewed Heroin was reported as the primary main drug by 44% of women (n=131), followed by alcohol (n=93).
- Crack was reported by 67 women as the most widely used secondary drug.
- Interviews with the DARS Lead and DARS Clinical Manager suggested that misuse of Subutex is an issue within the establishment.

7.5.1 Substance Misuse - Met Needs

- With the consent of clients, DARS actively engage in family work.
- 78 women accessing the service engaged in psychosocial therapy and 60 in structured intervention work.

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[38] http://www.prisonreformtrust.org.uk/projectsresearch/mentalhealth Accessed 07.03.15

- 3 women underwent opioid reduction and 34 were prescribed opioid maintenance regimes.
- All planned releases (100%) received information prior to release and had a pre-discharge risk assessment completed.

7.5.2 Substance Misuse – Unmet Needs

- DARS would like to offer a Drop-In Recovery Café but there is no available space for this.
- It was stated that there was no evidence of prolific use of Black Mamba / New Psychoactive Substances but there had been three cases where women had become unwell and had to be sent to hospital and it was suspected that this may have been the cause.
- There have been suggestions of bullying with some more vulnerable women allegedly being tricked and bullied into trying substances first for others and being told "you've been mamba'd.
- There is concern that use may escalate and become more problematic.

7.6 Planned and unplanned secondary care

- The highest number of outpatient appointments were for x ray (n=21), ultrasound scans (n=18) and gynaecology (n=13).
- Outpatient visits to these three most frequently accessed specialities combine to account for approximately 31% of all appointments.
- Based upon data for this four month period, it is estimated that up to 117 x-ray and ultrasound appointments per year could be saved if all of these appointments could be done on site. It is acknowledged that some appointments are urgent and patients would still need to attend hospital.
- 50% of x-ray and ultrasound scan appointments on site would equate to approximately 60 saved appointments per year.
- A mobile diagnostic unit with the capability to provide x-ray and sonography would have a significant impact on the number of escorts to outpatient appointments.
- 12 appointments were for pre- assessment appointments. Liaison with local hospital s to agree a shared care protocol to enable nurses at the prison to undertake pre-operative assessments would negate the need for most patients to go to hospital for this.
- Visiting gynaecology, orthopaedic and breast clinic consultants could further reduce escorts very significantly.
- It would be beneficial for the Healthcare Department to develop strong links with Directorate Leads at Stafford District General Hospital and to develop ongoing dialogue to identify and address actions that can be taken to reduce the numbers of hospital escorts and duration of bedwatches.

7.7 Additional Key Considerations

- The creation of a strategic hub between HMPs Styal, Foston Hall and Drake Hall, provides an opportunity for enhanced liaison between healthcare providers to develop shared care

pathways, streamline sharing of healthcare information, and promote efficiencies in the transfer process to support continuity of care.

- As only approximately 5% of the population are serving sentences of less than 12 months, there is an excellent opportunity to foster engagement with healthcare services, promote personal responsibility for health, and develop a culture that seeks to consistently support and prepare women for discharge and resettlement throughout their term of imprisonment.
- As HMP & YOI Drake Hall is a designated resettlement prison, healthcare providers will need to build links with community providers and with Community Rehabilitation Companies to support `through the gate initiatives' and continuity of care on resettlement.

Readers are referred to the local HNA report (Report No.**5** of this series) which makes 36 recommendations for HMPYOI Drake Hall:-

8. Summary of key recommendations

The table below collates the regional recommendations that have been made following the summary of themes in this report.
It is emphasised that in addition to these regional recommendations, a number of local recommendations have been made within individual HNA reports and it is anticipated that local recommendations will serve to inform and support local prison healthcare action plans, whereas regional recommendations have more strategic implications for commissioners.

Regional Recommendations	
1. Appointments	It is recommended that commissioners and providers develop a task and finish group to consider management of appointment none-attendance (DNA) across the cluster. It is suggested that the task and finish group:- • Agree a consistent and precise definition of DNA to be applied across the cluster to ensure that all sites are reporting consistently, enabling more accurate cross site comparisons to be made. • Liaise with the SystmOne working party to consider optimising use of SystmOne appointment reporting functionality to produce standardised monthly clinic utilisation reports for each prison within the cluster for evidence towards Health & Justice Indicators of Performance. • Share ideas and best practice within the region(e.g. joint approach to non-attendance from prison and healthcare providers at HMPYOI Drake Hall) to develop a multi – faceted and robust approach to DNA management that systematically addresses issues and thereby increases efficiency, reduces waiting times and improves patient experience and access to on-site care. • Utilise health trainers / champions and other peer initiatives across the region to support DNA management and communicate key messages regarding appointment attendance to peers.

2. Primary Care Clinic Provision	It is recommended that primary care clinics are reviewed as summarised within this regional report to ensure provision continues to meet need :- GP clinics: Evening reception GP cover to be considered at HMP Dovegate, substantive GP posts to be recruited to at HMP Hewell, Long Lartin & HMP Oakwood, analysis of DNAs for GP appointments required at HMP & YOI Stoke Heath Dental clinics: Reason for cancelled sessions to be reviewed at HMP Birmingham, review of number of contracted sessions recommended at HMP Featherstone, HMP Hewell, HMP Stafford and HMP& YOI Stoke Heath. Dental x-ray facilities require repair at HMP Oakwood and a separate dental washing and decontamination area is required at HMP Long Lartin Podiatry: Review arrangements for annual leave cover at HMP Hewell and monitor effectiveness of self –referral system at HMP Oakwood. Optician: Review number of contracted sessions at HMP Hewell and HMP Stafford. Develop READ codes to capture need generated by age related eye conditions (Glaucoma, Cataracts and Macular degeneration)
3. SystmOne	It is recommended that within the ongoing work to standardise use of SystmOne across the cluster: • All SystmOne clinical templates (including screening templates, clinic templates and care plans) are checked to ensure that background READ codes are consistent and are aligned with HJIP and QOF reporting frameworks. • Physical disabilities should be accurately recorded and assigned READ codes that enable an up to date and accurate register of patients with disabilities to be held • A local READ code formulary is produced for each establishment to enable more accurate clinical reporting to support future Health Needs Assessments.
4. Patient involvement	It is recommended that healthcare providers at all prisons across the cluster develop an energetic patient involvement strategy that includes involvement of visitors' centre, family and friends in health promotion and health education campaigns.
5. Vaccination recording	It is recommended that all vaccinations are recorded using the SystmOne vaccination recording functionality, to enable consistent and accurate recording of all vaccinations offered, administered or declined.

	In addition, a cluster wide focus should be agreed and supported through information and education resources to promote increased vaccination uptake. Healthcare champion / healthcare representative initiatives should be used to harness peer influence and support vaccination campaigns.
6. Transfers under MHA	A Commissioner led review with the involvement of the specialist commissioner should be undertaken into transfer times for prisoners requiring secure mental health beds and communicated to NHSE to provide information to support national strategic approaches.
7. Mental Health Awareness Training	Within the current economic climate with tensions on both health provider and prison staff resources, consideration should be given to liaising with prison providers to securing joint funding and resources to adapt mental health awareness training for officers and develop online resources that can be made readily available through prison IT systems to support increased awareness raising.
8. Introduction of IAPT Services	It is recommended that consideration is given to the introduction of IAPT services across the adult male prisons to support prisoner access to therapies for low level mental health needs.
9. Staffing Models and Skill Mix	Innovative approaches to delivering primary mental health support services are required to match the high level of need within this client group. Difficulties in recruiting Registered Mental Health Nurses are compounded in some prisons by the need for primary mental health nurses to undertake general and medicines administration duties. Commissioners and providers may wish to consider alternative resource models that have been successfully implemented in other adult prisons to address this - for example by introducing Band 4 mental health associate practitioner roles to support registered mental health nurses and Band 5 pharmacy technicians to support general medicines administration.
10. Personality Disorder Services	The workload associated with management of patients with personality disorders across the region requires continued monitoring, assessment and review.
11. Regional LD & ASD Resource	It is recommended that funding is identified to develop a regional resource within Health and Justice for learning disabilities and autistic spectrum disorders to support further research, identification, signposting and support services for the West Midlands Prisons cluster. The Steering group should link with any existing multi-agency autism strategy groups to review, develop, implement and evaluate local care pathways.

	It is recommended that the regional resource is commissioned to provide: - assessment, treatment and support and referral services for service users whilst in prison - education and awareness raising for healthcare staff and HMPS and NOMS colleagues - a `through the gate' service linking to Community Healthcare Teams, third sector agencies, peer support networks and Community Rehabilitation Companies to support resettlement upon release It is recommended that the regional resource will comprise an appropriate cohort of professionals (for example a Psychologist, Learning Disabilities Nurse & Support Worker) who are able to develop care pathways for children, young people transferring from children's to adult services, and adults. The National Institute for Health and Care Excellence (NICE) has developed two sets of guidelines with toolkits and resources that may be useful in implementing the above recommendations: CG 128: Autism diagnosis in children and young people: Recognition, referral and diagnosis of children and young people on the autism spectrum. CG 142: Autism: recognition, referral, diagnosis and management of adults on the autism spectrum.
12. NPS Strategy	It is suggested that a multi-disciplinary regional task force comprising commissioners, providers, prison colleagues and representatives from local A&E and police custody healthcare providers is formed to develop a Health & Justice approach to the management of New Psychoactive Substances It would be useful to capture more specific statistical data for use of New Psychoactive Substances to inform strategies for addressing this area of misuse. Commissioners and providers should continue to liaise closely with prison colleagues regarding use of NPS and misuse of prescribed medications, ensuring that appropriate information sharing and intelligence sharing policies are in place to facilitate a cohesive approach to creating a safer substance environment.
13. Peer Mentoring	It is recommended that that prisons that do not currently have peer support and peer mentoring initiatives utilise the experience of the prisons that have successfully implemented the approach to expand this to all prisons within the cluster.
14. Older prisoners	It is recommended that senior HMPS, NOMS and Local Authority representatives and NHSE Health and Justice Commissioners develop a strategic group to consider identification of a specific location within the West Midlands that can be adapted to meet the needs of older

	prisoners with significant social care needs, where social care provision can be readily arranged. This recommendation will need to be considered alongside recommendations made from the regional inpatient review.
15. Mobile x-ray & diagnostics	**Mobile x-ray and diagnostic facilities** It is recommended that a cost benefit analysis is undertaken to establish the potential for use of mobile x-ray and diagnostic facilities across the cluster. HMP Birmingham has recently recommenced using on site x-ray facilities and is already experiencing a reduction in hospital escorts. HMP Long Lartin has on site x-ray facilities and a mobile MRI unit visits the prison to undertake scans. For other prisons within the cluster the analysis should consider to what extent mobile (or on-site) x-ray and diagnostic facilities could be utilised to reduce the cost of escorts to secondary care appointments. The experiences of secure environments already utilising mobile x-ray and diagnostic facilities extensively should be sought.
16. Telemedicine & Visiting Consultants	**Telemedicine & Visiting Consultants** It is recommended that a cost benefit analysis is undertaken to establish the potential for use of telemedicine and /or a more embedded visiting consultant rota across the cluster. For each prison within the cluster the analysis should consider the specialities where consultations could be conducted by teleconsultation or alternatively by the establishment of regular visiting consultant clinics to reduce the cost of escorts to secondary care appointments. The experiences of secure environments already utilising telemedicine extensively should be sought and utilised to identify clinical specialities that could adopt teleconsultation as an alternative to face to face consultation. The likely cost of each initiative should be explored and compared to current escort and bedwatch expenditure to identify options for alternative delivery, and the associated potential efficiencies in cost and improvements to patient experience.

	Based upon the Health Needs Assessment, areas where it is suggested telemedicine may potentially be used are: HMP Birmingham - a combination of on-site x-ray and tele- consultations could be used to reduce fracture clinic and orthopaedic appointments. HMYOI Brinsford – Dermatology, ENT HMP&YOI Drake Hall -Dermatology, Gastroenterology, Orthopaedics HMP Hewell - Reduction of unplanned escorts to A&E HMP Long Lartin - Reduction of unplanned escorts to A&E, trauma and orthopaedics, haematology reviews (where required blood samples could be taken on site, forwarded to hospital for analysis and results obtained prior to consultation) HMP Oakwood ENT, Cardiology, combination of on-site x-ray and tele- consultations could be used to reduce fracture clinic and orthopaedic appointments, reduction of unplanned escorts to A&E HMP Stafford – ENT, Dermatology HMP&YOI Stoke Heath – Dermatology. ENT, Reduction of unplanned escorts to A&E HMP&YOI Swinfen Hall - Reduction of unplanned escorts to A&E, trauma and orthopaedics HMYOI Werrington – limited use of telemedicine – potential for tele technology use as below. It is recommended that further more detailed analysis is undertaken as part of the cost benefit analysis. It is also recommended that if telemedicine is to be utilised, the installed tele technology is optimised to add value in other areas such as:- • Staff training by tele-technology link (negates the necessity for staff to leave the prison site to join in some training activities and could be useful for Statutory and Mandatory training, Long Term Conditions updates, specific clinical conditions training, training to support introduction of new Patient Group Directions etc.) • Prison In reach team/ psychiatry / psychology linking via teleconsultation to input in to ACCT reviews • Specialist nurses from within the cluster linking to support colleagues with long term conditions reviews and offer patient advice. • Use of tele-technology to link to out of hours services to enable more comprehensive information gathering and assessment to inform out of hours care decisions.
17. Reporting Hospital Activity	All prisons across the cluster should develop and implement a standardised system for reporting planned and unplanned hospital activity that supports accurate analysis and continued identification of potentials for improvement.

18. Population monitoring - juvenile estate.	There is a need to monitor the population at HMYOI Werrington closely to assess the impact of the re-roll of HMYOI Hindley on the presenting health needs of the population at HMYOI Werrington. It is recommended that the next Health and Well Being Needs Assessment refresh gives particular consideration to this.
19. Transition pathways	It is recommended that healthcare provider teams at HMYOI Werrington (primary care and CAMHS services) liaise with the healthcare teams at HMYOI Brinsford, HMP & YOI Stoke Health and HMP & YOI Swinfen Hall to develop comprehensive transition pathways for young people transferring from the juvenile estate to Young Offender and Young Adult prisons. The transition pathways developed should be piloted and tested within the region and once finalised can then be adapted for use for young people transferring out of region.