



Five Nations' Health and Justice Collaboration



Figure 1: Female choir members from Hydebank Wood College, Belfast. Courtesy of South Eastern Trust, Northern Ireland.

Since the last edition of Infection Inside there have been two 5 Nations' Health and Justice Collaboration meetings, one in Belfast on the 11 March and most recently in London on 1 July 2016. In Belfast, the meeting was held at Hydebank Wood College, a secure training centre for young male and female offenders.

Collaboration members met to understand the structures and governance of prison healthcare in Northern Ireland and to learn about some of the innovative rehabilitative programmes that are running in the prisons there, including an adapted programme from the Irish Red Cross on peer health volunteers, the power of singing to improve self-reported mental health (Figure 1) and maternity services for Northern Irish prisons.

In London, the 5 Nations' Health and Justice Collaboration met Duncan Selbie, Chief Executive of Public Health England, and Dr Lars Møller from WHO. Both gave a strong endorsement and support for the work of the collaboration in addressing health inequalities in the UK and Republic of Ireland, as well as the collaboration's global leadership on health and justice. The theme of the meeting was the current prison reforms in England and their potential impact on public health and healthcare in prisons, as well as current areas of work in health and justice in England (Figure 2).



Figure 2: Members of the Five Nations' Health and Justice Collaboration in London, July 2016.

WHO Minimum Public Health Dataset for Prisons in Europe

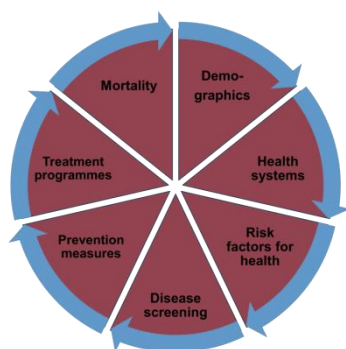


Figure 3: The domains of the WHO Public Health Dataset for Prisons

Work on ‘beta-testing’ the WHO Minimum Public Health in Prisons Dataset has commenced, with England, Scotland, Wales, Northern Ireland and the Republic of Ireland testing the online survey tool that the WHO will be asking member states to complete over the next year.

Currently, the lack of a common minimum public health dataset limits ability to evaluate the quality of care provided in prisons and understand how this varies between member states. WHO Europe, in collaboration with the PHE UK CC, has established an indicator set

that will enable formal collection of data on agreed indicators and metrics at national level consistently across the WHO European region for the first time. This data will inform the understanding of health needs, healthcare provision and research in prisons.

Countries with developed surveillance and healthcare recording systems will be targeted in the first phase. Portugal is also part of the beta-testing programme and initial findings and experiences of the survey are due to be presented at the WHO/PHE Health and Justice conference in November 2016, Copenhagen, Denmark (3–4 November 2016).

The benefits of BBV testing in prison: an example from Wales



Four new HIV diagnoses were found in men across two prisons in South Wales between December 2015 and February 2016. All cases were identified through routine blood-borne virus (BBV) screening using a dried blood spot test (DBST). Exploration of the four cases did not suggest they were linked, however, an awareness-raising campaign followed by a targeted testing program was organised across the prison areas in which the original cases had resided.

Of the 617 men who were subsequently offered testing, 256 received a test. No further cases of HIV were identified. Examination of the records of all men who had declined testing revealed that of the 361 who were not tested, 160 had been tested within the previous six months. A further 45 had been tested more than six months prior to the targeted programme. Testing history is outlined in Figure 4 below.

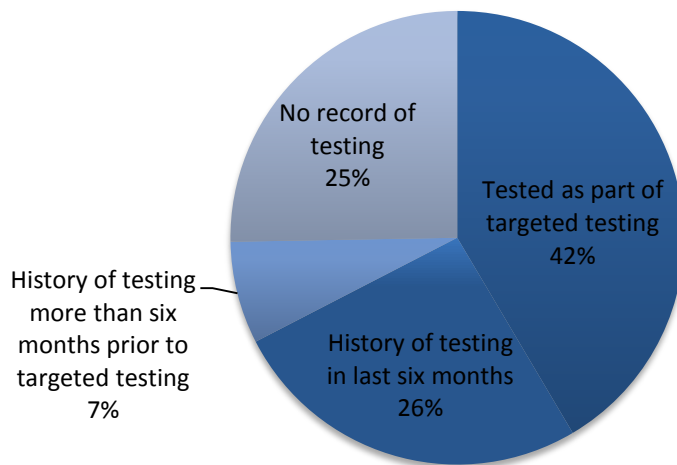


Figure 4: BBV testing history of 617 men offered testing in Welsh prisons following the diagnosis of new HIV cases following routine BBV testing in the prison estate.

Identification of the four HIV cases clearly demonstrates the importance of universal BBV screening in prison settings. Overall, uptake of testing was considered good across both prison sites. Further investigation into the testing history indicates that the BBV screening programme has become rooted into the core health provision of both prisons. Many prisoners had a history of repeated testing in prisons in England and Wales, this is in accordance with guidance recommending repeat testing every six months for those that may continue to be at risk of infection, and demonstrates progress from the move to opt-out BBV screening in English prisons. Ensuring opt-out BBV screening is embedded in prisons across England and Wales will bring confidence that future cases of HIV, hepatitis C or hepatitis B will be swiftly identified,

In-depth: Women in prison by Pauline Fisher

Introduction

Women offenders form a minority within the criminal justice system, accounting for around 15% of the probation caseload and between 4% and 5% of the prison population.¹ In general, their patterns of offending differ significantly from their male counterparts and they often have more complex needs. Because women form a small proportion of those in contact with the criminal justice system and of the prison population, they can be overlooked in criminal justice policy, planning and in service delivery. Ministers in England, Wales and Scotland have all recently committed to reducing women's imprisonment.²

Sentencing and prison population trends

¹ Ministry of Justice, (May 2013) transforming Rehabilitation: A strategy for Reform: MoJ

² Bromley Briefings Prison Factfile Autumn 2015 Prison reform Trust

Despite falling crime rates, the UK shows high rates of imprisonment when compared with other western European countries.³ The greatest year-on-year increases in UK populations were seen between 1993 and 2014. The reasons for such rises were attributed to longer sentences being imposed and the increase in the number of individuals held subject to indeterminate sentences.

Apparently in line with this overall rise, the numbers in the female prison populations nearly trebled between 1993 and 2005. There is evidence of declines in England and Wales, most significantly in the numbers of women entering prison on remand awaiting trial, which fell by more than a quarter between 2009 and 2014. Nonetheless, in 2015, the number of women in prison was more than 2,000 higher than 20 years ago.⁴

It has been suggested that severity of sentencing may have been responsible for the rise in the female prison population. In 2014, 16% of women convicted of an indictable offence were sent to prison (compared to 10% in 1996)⁵ but 58% of sentenced women entering prison were serving six months or less⁶ and females make up a very small number⁷ (less than 2%) of individuals serving indeterminate sentences. Women can be twice as likely as men to be in prison for a first offence.⁸

Most women entering prison under sentence have committed a non-violent offence, with more women sent to prison to serve a sentence for theft and handling than for violence against the person, robbery, sexual offences, burglary, fraud and forgery, drugs, and motoring offences combined.⁹

Prison statistics suggest that while women convicted of crime tend to have committed less serious offences and have lower rates of proven re-offending than men, those who do end up in custody can be challenging to manage, have poorer outcomes than men in relation to prison misconducts, higher rates of self-harm while in custody and increased rates of offending upon release.¹⁰

Characteristics of women in prison

Various reports on women prisoners have shown that more than half¹¹ report having experienced emotional, physical or sexual abuse as a child and that 31%¹² spent time in

³ See www.prisonstudies.org

⁴ Table A1.2, Ministry of Justice (2015) Offender management statistics, Prison population 2015, London: Ministry of Justice

⁵ Sentencing data tool, Ministry of Justice (2015) Criminal justice statistics quarterly to December 2014, London: Ministry of Justice and Table 1.8, Ministry of Justice (2007) Sentencing Statistics 2006, London: Ministry of Justice

⁶ Table A2.1, Ministry of Justice (2015) Offender management statistics, Prison receptions 2014, London: Ministry of Justice

⁷ Table A1.14, Ministry of Justice (2015) Offender management statistics, Prison population 2015, London: Ministry of Justice

⁸ Table A1.18 Prison Population 2015 Ministry of Justice (2015) Offender management statistics quarterly: January to March 2015 London:MoJ

⁹ Table A2.2b, Ministry of Justice (2015) Offender management statistics annual tables 2014, London: Ministry of Justice

¹⁰ Tables 8.9 and 8.10, Ministry of Justice (2014) Women and the criminal Justice system 2013, London: Ministry of Justice

¹¹ Ministry of Justice (2012) *Prisoners' childhood and family backgrounds*, London: MoJ

care as children (this compares with 27% and 24%, respectively, for men.) In public health prevention terms, we know that adverse childhood experiences of abuse, neglect and household dysfunction before the age of 18 years, can have major influences on an adult's health and social functioning.¹³

Women are more likely to report needing help with a drug problem on reception to prison (49%¹⁴ to 29% of men) and to state that alcohol was a significant driver of their offending, with 42%¹⁵ of women prisoners drinking in excess of government guidelines prior to imprisonment compared with 22% of the adult female population.

Women are more than twice as likely as male prisoners to have depression (and three times more likely to have this condition than women in the general population¹⁶) and 30% of women in custody had a psychiatric admission prior to entering prison.¹⁷

Women prisoners are more likely to experience violence and abuse through inter-partner violence and by being involved in sex work. Female offenders were more likely to be on out-of-work benefits, both before and after their caution/conviction or prison sentence, than male offenders¹⁸ and less likely to enter employment upon release from prison than men.¹⁹

While information on the children of prisoners is not routinely collected in a standardised way, it was estimated in 2010 that 17,240 children were separated from their mothers because of imprisonment and only half of the women who had lived, or were in contact with, their children prior to imprisonment had received a visit since going to prison.²⁰

What works

There remain gaps in the evidence as to 'what works' in addressing female offending but the following are seen to be priorities which can reduce re-offending, keep women safe and enable them to create better lives.²¹

¹² Ministry of Justice (2012) *Prisoners' childhood and family backgrounds*, London: MoJ

¹³ Bellis, Hughes, Leckonby, Lowey. National Household Survey of adverse childhood experiences and their relationship with resilience to health harming behaviours in England. BMC Medicine 2014.

¹⁴ Light, M. et al (2013) *Gender differences in substance misuse and mental health amongst prisoners* London: MoJ

¹⁵ Home Office (2007) *The Corston Report* London: Home Office

¹⁶ [www.gov.uk/government/publications/gender-differences-in-substance-misuse-and-mental-health-amongst-prisoners—2](http://www.gov.uk/government/publications/gender-differences-in-substance-misuse-and-mental-health-amongst-prisoners-2)

¹⁷ Department of Health Conference report: *Sharing good practice in prison health* 4/5 June 2007 available at

http://webarchive.nationalarchives.gov.uk/20080814090248/http://dh.gov.uk/en/Publicationsandstatistics/Publications/PolicyAndGuidance/DH_078070?IdcService=GET_FILE&dID=147615&Rendition=Web

¹⁸ www.gov.uk/government/statistics/experimental-statistics-from-the-2013-moj-dwp-hmrc-data-share.

¹⁹ Table 2, Ministry of Justice (2013) NOMS Offender equalities annual report 2012–13, London: Ministry of Justice

²⁰ Social Exclusion Unit (2002) *Reducing reoffending by ex-prisoners*, London: Social Exclusion Unit

²¹ NOMS Better Outcomes for Women September 2015

- interventions that address substance misuse, with a focus on class A drug use, binge and chronic drinking patterns
- interventions with a trauma focus for issues of mental health and for managing the effects of being a victim of violence and abuse
- enhancing a belief in ability to achieve personal goals and establishing a pro-social identity
- sustaining or facilitating supportive family contacts
- finding stable accommodation and meaningful employment, which in turn can help gain financial independence

All of these support mechanisms and interventions were seen to work best if provided within a safe environment where women did not feel vulnerable, were not at risk of victimisation and in settings where self-efficacy and self-reliance were encouraged.

Policy direction

A series of inquiries and reports in recent decades have all concluded that prison is rarely a necessary, appropriate or proportionate response to women who get caught up in the criminal justice system. The Justice Select Committee, which reported in 2013 following its inquiry into women offenders, concluded that “prison is an expensive and ineffective way of dealing with many women offenders who do not pose a significant risk of harm to public safety” and called for more women to be dealt with in the community. A follow-up report published in March 2015²² noted that progress had been made in implementing a cross-government approach to dealing with women offenders by setting up the Advisory Board on Female Offenders:

The greater energy with which the Government has begun to address the issue of women offenders needs to be...continued...this applies to matters such as reliable funding of women’s centres, the effectiveness of rehabilitation provision for women by Community Rehabilitation Companies, and the potential of smaller custodial units. We want to see more effective provision for women offenders, making it possible for there to be a substantial fall in the women’s prison population in the coming months and years.

More recent initiatives have included the encouragement from the Ministry of Justice for local areas to adopt a ‘whole system approach’ to dealing with female offenders, building on work undertaken in Wales and Manchester.²³

There is a current government focus upon prison reform, and while none of the pathfinder prisons are in the female estate, in a speech in February 2016 the Prime Minister indicated there would be alternative ways to dealing with women offenders with

²² <http://www.parliament.uk/business/committees/committees-a-z/commons-select/justice-committee/news/women-offenders-report-published1/>

²³ Evaluation of the whole system approach for women offenders. Interim report November 2015. Hallam Centre for Community Justice, Sheffield Hallam University

babies including the use of tagging, problem solving courts and alternative resettlement units.

News

International exchange from Down Under



Louise Southalan of the Mental Health Commission of Western Australia recently spent a week with the UKCC for the WHO HIPP, and also visited the Porto men's prison. This is an example of the ongoing international engagement undertaken by the Collaborating Centre. Louise commented on her experience:

Figure 5:

Louise
Southalan

“As part of my work in Australia I’ve been looking at inter-agency prison health governance arrangements, and comparative international prison health indicators, systems and processes. In my trawling of the literature and of examples of good practice, my interest had been piqued by the work of the Collaborating Centre, the WHO (Europe) Health in Prisons Programme and Public Health England. A couple of things were clear – they’d been thinking about these issues deeply and they were committed to sharing their thinking with others.

“I made contact on a whim and was invited to attend their October 2015 prison health conference in Kyrgyzstan. This was an excellent introduction to the work of the Collaborating Centre as well as a fascinating insight into the range of challenges in prison health internationally, including in the former Soviet countries. As well as lots of food for thought and handy documents, at the end of the conference I was left with the happy sense of having stumbled into a supportive international community of practice and research. I left Kyrgyzstan with geeky visions of carrying out future European forays into prison health services, emboldened by the welcome shown to me already.

“Six months later, following on from contacts from the conference, I had the opportunity to pay a fascinating visit to the Porto men’s prison in the company of Dr Lars Moller, director of the WHO (Europe) Health in Prisons Programme. The generosity of our hosts, the Portuguese prison service, the prison governor, and in particular the Porto medical co-ordinator, Dr Rui Ramos Morgado, was extraordinary. We were able to visit all parts of the prison, ask any questions and speak to any prisoners and staff we wished to, in an unrushed, day-long visit. This was truly an impressive commitment to international exchange and openness.

“Naturally, this only spurred further additions to my already fairly extensive list of prison health governance questions. And so it was that I was more question than human when I arrived in Reading soon after to spend a week with the UK Collaborating Centre/Public Health England. Very happily for me, the Centre proved to be a nirvana for the insatiably curious about all aspects of prison health. I was welcomed to sit in on a range of thought-provoking discussions and meetings, which ranged across the latest research, new developments on novel psychoactive substances, innovative uses of data, the development and implementation of new cross-agency performance indicators, and the role of specialist offender health programmes within a broader public

health setting. I met lots of people, had great discussions and laughs, and had a thoroughly invigorating week, which stretched my brain and left me wishing I could stay longer. The entire team was generous with their time and lots of fun. I would particularly like to thank Dr. Éamonn O'Moore and Sunita Stürup-Toft for making my visit so useful and enjoyable. I would recommend the experience to all prison health geeks, wherever you currently find yourself.”

The Health & Justice Team welcomes engaging with, and learning from, our international colleagues and our experience of working with Louise has been fruitful in developing research plans in her region and learning about health and justice in Australia. If you are interested in professional and personal development opportunities with us please make contact through health&justice@phe.gov.uk

WHO Health in Prisons Programme Steering Group – 19-20 May, Lisbon (Portugal).

The WHO brought together the Health in Prisons Programme (HIPP) Steering Group members across the European region at the offices of the European Monitoring Centre for Drugs and Drug Addiction in Lisbon. The purpose of the meeting was to bring steering group members up to speed with current work programmes and enlist their help in shaping the future work programme. The Minimum Public Health Dataset for Prisons was a key topic, as well as the launch of the WHO Europe Prison Health Research and Engagement Network (see below) and how we can collaborate on research across the European region and beyond. Members also heard from the Portuguese prison service to give a local flavour to the agenda and the current work of the EMCDDA in relation to health and justice. The work of WHO HIPP can be found at <http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health>

Publications

PHE Health & Justice Annual Report 2016/17: COMING SOON!

The Health & Justice Team's Annual Report for the 2016/17 financial year is in the final stages of preparation and expected to be published online within the first week of October. Keep an eye out for this document at:

<https://www.gov.uk/government/publications/prison-health-health-and-justice-annual-report>

Rapid review of evidence of the impact on health outcomes of NHS commissioned health services for people in secure & detained settings to inform future health interventions and prioritisation: COMING SOON!

This rapid review undertaken by the Health & Justice Team will be published online in early October. More details to follow closer to publication date.

Hepatitis C Trust Publications – March 2016:

Guidance: Hepatitis C prevention, diagnosis and treatment in prisons in England

<http://hcvaction.org.uk/resource/guidance-hepatitis-c-prevention-diagnosis-and-treatment-prisons-england>

The blood-borne virus opt-out testing policy for prisons in England: An analysis of need towards full implementation

<http://hcvaction.org.uk/resource/blood-borne-virus-opt-out-testing-policy-prisons-england-analysis-need-towards-full>

Guidance for 2015 to 2016 on responding to cases or outbreaks of seasonal flu in prisons and other prescribed places of detention, including those held in the Children and Young People's Secure Estate in England

Details on responding to individual cases or outbreaks of seasonal flu: vaccination, recommendations, and managing outbreaks.

<https://www.gov.uk/government/publications/seasonal-flu-in-prisons-and-detention-centres-in-england-guidance-for-prison-staff-and-healthcare-professionals>

Research

WHO Europe Prison Health Research and Engagement Network (WEPHREN)



Figure 6:
Dr. Emma
Plugge

WEPHREN is hosted by PHE's UK Collaborating Centre (UKCC) with the WHO Health in Prisons Programme and in April welcomed Dr Emma Plugge (Figure 4) from the University of Oxford to lead the research network, which will bring together academic researchers, policy makers, prison healthcare staff and prisoners to develop the international research

strategy for Health and Justice. The UKCC has an ambition to hold an international research meeting in the near future to support this work stream and encourages those with a research interest to make contact with WEPHREN. Dr Plugge says "WEPHREN is a fantastic opportunity to improve the health and wellbeing of people in the justice system across the European Region and beyond. We hope to inspire and engage all those interested in the health of people in contact with criminal justice to work collaboratively to shape the research agenda so that it informs not just policy, but everyday practice too."

Relevant Original Research Articles:

Referral of newly diagnosed chronic hepatitis B and C patients in six EU countries: results of the HEPscreen Project.

Explored the frequency of referral of patients to secondary care from the health services involved in screening. Levi et al, European Journal of Public Health, Volume 26, Issue 4, pages 561-569, August 2016.

New treatments for hepatitis C virus (HCV): scope for preventing liver disease and HCV transmission in England

A dynamic model was used to determine the impact on incidence and prevalence of chronic HCV infection in people who inject drugs (PWID), the main risk group in England. Harris et al, Journal of Viral Hepatitis, Volume 23, Issue 8, pages 631–643, August 2016.

Events (upcoming)

5th International Symposium on Hepatitis Care in Substance Users

Wednesday 7 to Friday 9 September, Radisson Blu Scandinavia Hotel, Oslo, Norway
<http://www.inhsu2016.com/ehome/149095/340064/>

Public Health England Annual Conference 2016

13 and 14 September 2016, University of Warwick, Gibbet Hill Road, Coventry CV4 7AL
<https://www.phe-events.org.PublicHealthEnglandAnnualConference2016uk/hpa/frontend/reg/thome.csp?pageID=211482&eventID=544&traceRedir=4&eventID=544>

Self-harm in Women's Prisons: Is Collaborative Care and Self-Management the Future?

15 and 16 September 2016, Manchester University, Manchester, UK. For more information contact: kerry.guttridge@manchester.ac.uk

Prison Reform and Offender Management Conference

29 September 2016, University of Salford, Salford, Manchester, UK.
<http://www.salford.ac.uk/onecpd/courses/prison-reform-and-offender-management-conference>

3rd International Conference on Law Enforcement and Public Health

2–5 October 2016, De Meervaart Conference Centre, Amsterdam, The Netherlands
<http://www.leph2016.com/>

Overcoming Prisoner Re-Offending Rates through Prison Reform Exploring the New Role of Prison Governors and the Impact on Treatment and Behavioural Change of Prisoners

20 September 2016, Strand Palace Hotel, London WC2R 0JJ, UK
<http://www.publicpolicyexchange.co.uk/events/GI20-PPE3>

WHO/PHE Health and Justice Conference



The next WHO Health in Prisons Conference, organised with PHE, is set to draw people from across the globe to discuss current challenges and share good practice on health and justice in the UN City of Copenhagen on 3–4 November. The final agenda is yet to be announced but the conference has a history of showcasing innovative practice which has subsequently been adopted in other jurisdictions as well

as attracting researchers to share their insights in this field. There is usually a prison visit organised the day before the conference for international delegates. PHE will be hosting the registration for the conference so please look out for further details. To ensure you are on our distribution list for the event, please contact:

health&justice@phe.gov.uk, and look out for more information on

<http://www.euro.who.int/en/media-centre/events/events/2016/11/health-in-the-criminal-justice-system-annual-conference>

4th Health & Justice Summit: Improving patient experience in secure environment healthcare

Thursday 10 and Friday 11 November 2016, Mercure Cardiff Holland House Hotel and Spa, Cardiff CF24 0DD

<http://www.centrevents.co.uk/healthandjustice.html>

Innovation and role developments of Healthcare Support Workers

15 November 2016, 30 Euston Square, London, UK.

https://www.mkupdate.co.uk/conferences/innovation_and_role_developments_of_healthcare_support_workers

Thank you to all those who contributed to this issue: Pauline Fisher (Public Health England), Dr Stephanie Perrett (Public Health Wales).

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