HMP HIGHPOINT
HMP WAYLAND

HEALTH & SOCIAL CARE NEEDS ASSESSMENT

JUNE 2019

Version 1.6

UNSUPPRESSED VERSION

S Squared Analytics

INTRODUCTION

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY OVERVIEW

PRISON POPULATION

Both HMP Highpoint and HMP Wayland are Category C training prisons with relatively large populations. The age demographics of the prisons are very similar. They are characterised by a small proportion of long staying older prisoners[1] (HMP Highpoint – 43 (3.4%); HMP Wayland 35 (3.7%)) as well as a large under 40 population. One point to note about HMP Highpoint, is that it is split into two sites – North and South. This leads to some services being duplicated across the two sites.

Regarding ethnicity, there is a higher rate of the prison population recorded as White ethnicity in HMP Wayland (67.4%) in comparison to HMP Highpoint (57.9%). There is a high Muslim population in both prisons (HMP Highpoint; 26%, HMP Wayland; 18%). Nationally, 16% of prisoners are of Muslim religion. In general, the offending profiles of the two prisons are similar, with violence against the person and drug offences being the most common offences in both prisons.

HMP Wayland has a 72 bed Psychologically Informed Planned Environment (PIPE)[2] Unit and a 24-bed personality disorder treatment unit. These units are staffed by specially trained prison staff and a separately contracted NHS clinical team.[3] The mental health team can also work with patients who are located on this wing and primary care services engage with the population as they would with those in the rest of the prison.

INTRODUCTION

Care UK provide healthcare services in both prisons, with psychosocial services contracted to Phoenix Futures. In HMP Wayland, Care UK began providing a service relatively recently, following a change of provider in April 2019.

In both prisons the primary care team comprises GPs and registered general nurses. Both prisons have struggled to recruit an Advanced Nurse Practitioner (ANP) role. This role is more senior and can see patients in the place of a GP. HMP Highpoint are trying to address the lack of an Advanced Nurse Practitioner role by having a plan to train a senior nurse from within the team. HMP Wayland was taking a similar approach and training a staff member from within the existing healthcare team. Training to become an ANP is a lengthy process that includes being educated to Masters level and suitable practice experience.[4]

In both prisons, healthcare is delivered from a central healthcare unit. Recently, both healthcare areas have begun to have dedicated prison officers assigned to them. This has improved the running of clinics and in the case of HMP Highpoint addressed the smoking of spice in the waiting room. HMP Wayland has tried to run healthcare clinics on the wings, however this was suspended due to clinics being disrupted by other prisoners.

Both prisons could do more to promote health promotion. The CQC report for HMP Wayland[5] in 2018 highlighted that there was work to do regarding the implementation of their health promotion strategy. Since this report, there has been an increase in the uptake of age-related screens and health checks, and Healthcare Champions are

[1] Average length of stay for 60-year-olds and above: HMP Highpoint – 911 days; HMP Wayland – 680 days.
[2] Psychologically Informed Planned Environment - PIPEs are specifically designed environments where staff have additional training to develop an increased psychological understanding of their work. This enables them to create a supportive environment which can facilitate the development of those living there. PIPEs are not treatment but are designed to enable offenders to maintain developments they have previously achieved. In prison, PIPEs are progression units for offenders who have completed high intensity treatment. (National Centre for Social Research)
[3] The staff on the PIPE and personality disorder treatment units are commissioned jointly by HMPPS and NHS England Specialised Commissioning
[4] Royal College of Nursing, (2018), Standards for Advanced Level Nursing Practice.
5 CQC, (2018), HMP Wayland.

recruited. However, there was an opportunity for the further development of the role of Healthcare Champion. There were no Healthcare Champions in HMP Highpoint.

SUBSTANCE MISUSE

In both prisons, Phoenix Futures provide psychosocial services, with Care UK providing clinical services. In HMP Wayland, Phoenix Futures run a 'Recovery Wing' for prisoners who want to abstain from illicit substances. In HMP Highpoint, there was no recovery wing, however Phoenix Futures and the prison were working towards creating a 'Recovery Wing'. In HMP Highpoint, group work is only available to those who reside on the Tempest Unit.

In HMP Wayland, patients with a clinical substance misuse need are seen by a specialist substance misuse nurse on their second day in the prison. In HMP Highpoint, patients can see clinical staff daily when collecting medication. In both prisons, a substance misuse assessment takes place within 7 days of the patient entering the prison.

MENTAL HEALTH

The mental health provision in the two prisons is relatively similar, with the teams consisting of mental health practitioners and support workers. There is also a similar amount of psychiatry provision. The caseloads of the two mental health teams are markedly different, with HMP Wayland having a much higher number of patients on the caseload of the mental health team.

The analysis of the mental health information in the two prisons indicates that there is a higher mental health need in HMP Wayland. In addition to the greater numbers on the mental health team caseload, there have also been a higher number of mental health secure assessments, and mental health issues identified at reception are also higher. Our analysis has explored the possible reasons for this, which include some demographic differences (ethnicity, religion), more foreign national prisoners, and the presence of the PIPE Unit.

There are IAPT services in both prisons, with HMP Highpoint's provision becoming clinically active in October 2018. The two services are provided by different providers and have some differences in their approach. Rethink in HMP Highpoint making a concerted effort to see all new arrivals to the prison. The service attends the prison induction sessions and deliver harm minimisation advice and information about the IAPT service. Both services offer interventions to those on steps 2 and 3 of the mental health stepped care model.

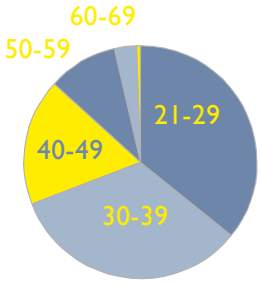
PRIMARY CARE

In both prisons, care is led by nursing staff with support from a GP. Written long-term conditions pathways were available at HMP Wayland, however none were supplied for HMP Highpoint. HMP Highpoint benefited from a visiting diabetes nurse, who provided specialist care to patients. This care included the running of diabetes education classes and upskilling nursing staff in the care of diabetes. This is reflected in the QOF scores for the prison.

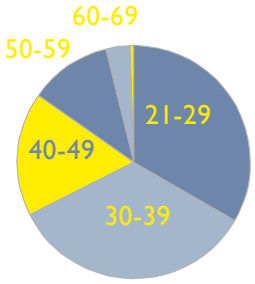
DEMOGRAPHIC OVERVIEW

HMP HIGHPOINT

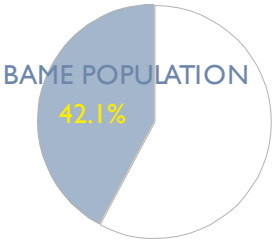
HMP WAYLAND



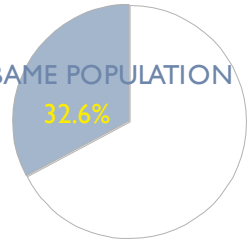
AGE



The age profile of the two prisons are similar in the two prisons. With both prisons having high under 40 populations.



ETHNICITY



There is a larger Black and Minority Ethinc (BAME) population in HMP Highpoint This may impact mental health identification due to issues such as stigma amongst some ethnicities (see page x)

327 days

AVERAGE LENGTH OF STAY

312 days

The average length of stay is similar across both prisons

Older age groups have a longer length of stay, on average.

17%

FOREIGN NATIONAL PRISONERS

7%

There is a higher rate of foreign national prisoners in HMP Highpoint

26% MUSLIM

RELIGION

18% MUSLIM

Both prisons have large Muslim populations Roman Catholic is the next most common religion at 20% in each prison

1. CAPACITY

1.1. The population in HMP Highpoint is slightly lower than both the in-use CNA and the Operational Capacity.

1.2. In HMP Wayland, the population is lower the Operational Capacity, however it is higher than the in-use CNA.

1.3. In terms of population size, both prisons are larger than the national average of 704 prisoners, with HMP Highpoint ranking as the 7th highest across England & Wales.

Figure 1.1.1: Population numbers of HMP Highpoint; June 2019[6].

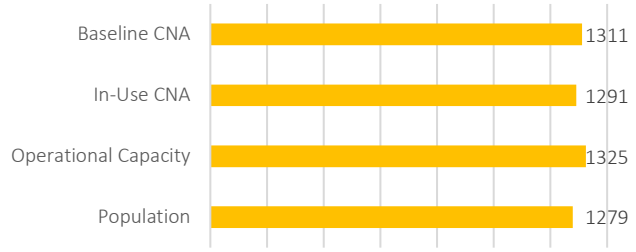
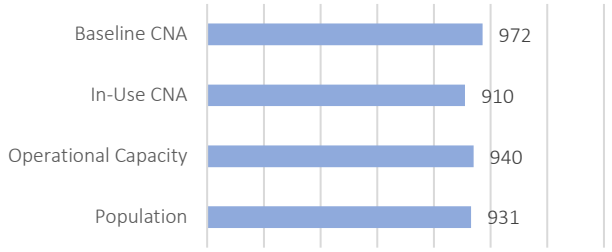


Figure 1.1.2: Population numbers of HMP Wayland; June 2019.



2. LONG-TERM TREND

2.1. In HMP Highpoint, the population has remained stable across the last 8 years.

2.2. In HMP Wayland, there has been a gradual decrease since 2015.

3. OVERCROWDING

3.1. The rates of overcrowding in HMP Highpoint is low in comparison to other male Category C prisons, and has seen a slight decrease since 2003-04.

3.2. In contrast, HMP Highpoint has seen an increase from 8% in 2010-11 to 14% for 2017-18, however this rate does not rank high in comparison to similar role prisons.

Figure 1.1.3: Long-term trend of overcrowding in HMP Highpoint and HMP Wayland (%).

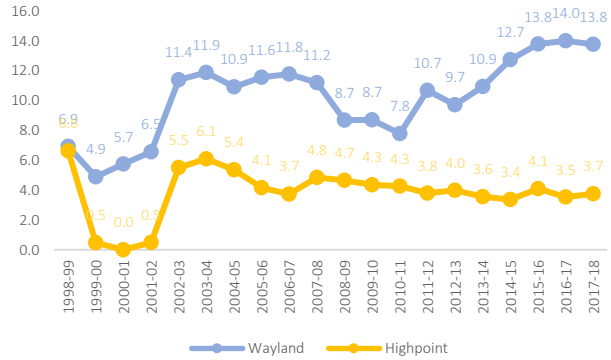
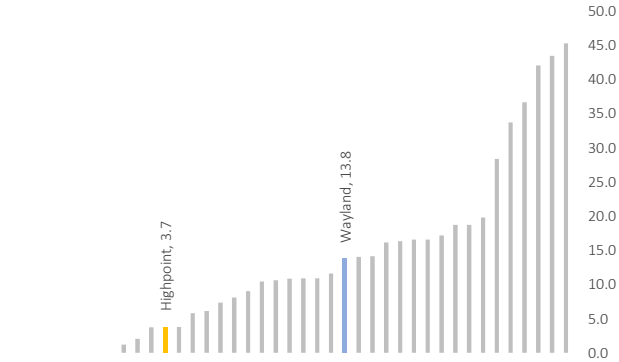


Figure 1.1.4: Overcrowding rates in comparison to other male Category C prisons; 2017-18.



[6] https://www.gov.uk/government/statistics/prison-population-figures-2019.

4. LENGTH OF STAY

4.1. The average length of stay is similar across both prisons, however there is a difference in the median length of stay.

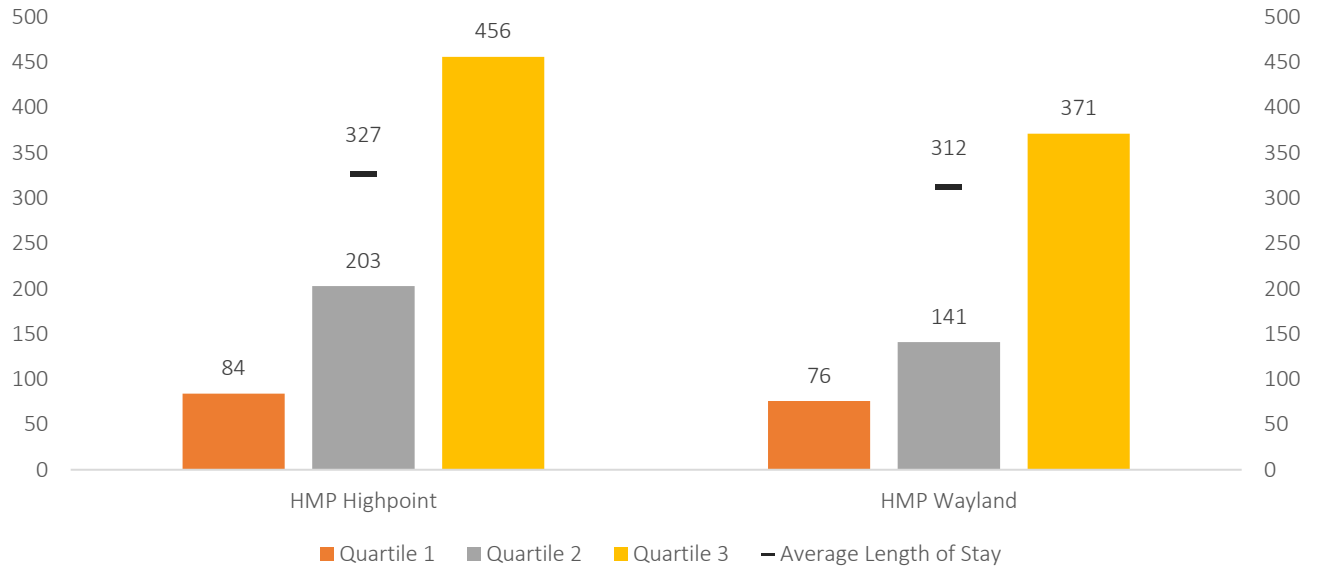
4.2. In HMP Highpoint, half of the prison population have stayed for 203 days or less. This is lower in HMP Wayland at 141 days.

4.3. The disparity in the median length of stay is largely due to the 25% of the longest stays in HMP Wayland having longer stays than HMP Highpoint; additional analysis shows an average of 865 days in HMP Wayland compared to 818 days in HMP Highpoint.

4.4. HMP Wayland also has a higher percentage of prisoners that have stayed in the prison over 3 years compared to HMP Highpoint as illustrated in Figure 1.2.9. This accounts for how the median length of stay is different between the two prisons even though the average length of stay is similar.

4.5. The analysis by age shows that there is a correlation with the length of stay; the older age groups report a longer average length of stay compared to the younger age groups.

Figure 1.1.5: Length of stay; current population.



5. RECEPTIONS AND TURNOVER RATE

5.1. The average length of stay is similar across both prisons, however there is a difference in the median length of stay.

5.2. The turnover rate is the number of times each place (operational capacity) is used per year (number of receptions). The PHE Toolkit states that 'Health needs in a prison that has a turnover of 2 or 3 will have a higher volume of need than would be apparent from a snapshot of the prison population'.

5.3. Across both prisons, the turnover rate has remained low, although there has been a slight increase in HMP Wayland.

Figure 1.1.6: Number of receptions[7] in HMP Highpoint over the past 3 years.

HMP Highpoint	2016-17	2017-18	2018-19
Operational Capacity	1292	1319	1325
Receptions	1403	1484	1476
Turnover Rate	1.1	1.1	1.1

Figure 1.1.7: Number of receptions[8] in HMP Wayland over the past 3 years.

HMP Wayland	2016-17	2017-18	2018-19
Operational Capacity	953	944	890
Receptions	964	1040	1156
Turnover Rate	1.0	1.1	1.3

DEMOGRAPHICS

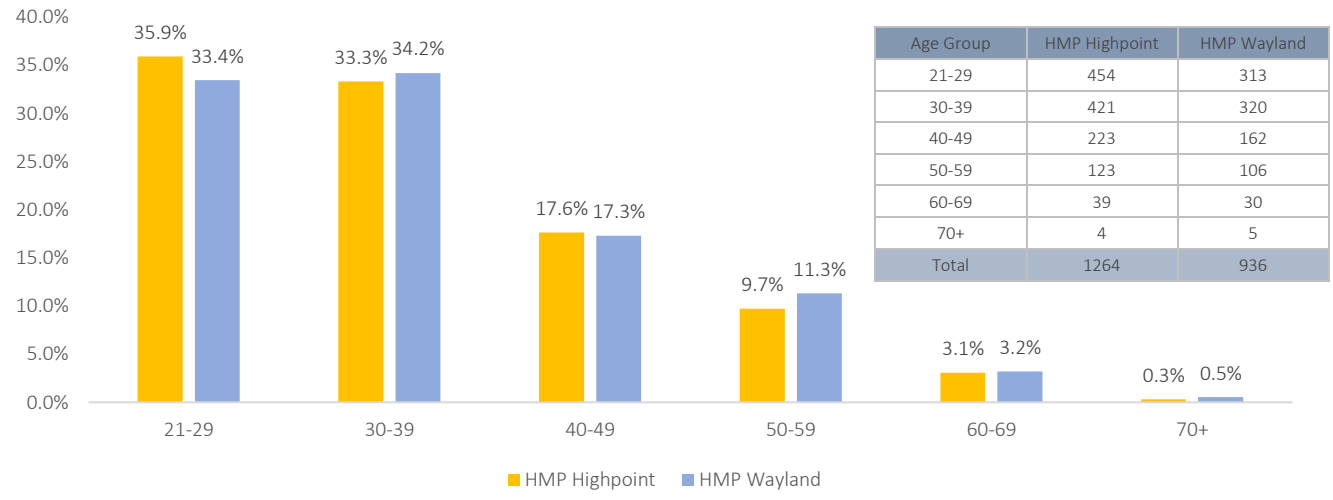
6. AGE

6.1. The age demographics of the two prisons are similar when analysed by 10-year age bands.

6.2. The main notable difference is that there is a slightly higher rate of 50-59-year-olds in HMP Wayland, with HMP Highpoint showing a slightly higher rate of 21-29-year-olds.

6.3. Older prisoners account for 13% of the population in HMP Highpoint, which is slightly lower than the 15% in HMP Wayland.

Figure 1.1.8: Snapshot population as at June 2019; age.



Age Group	HMP Highpoint	HMP Wayland
21-29	454	313
30-39	421	320
40-49	223	162
50-59	123	106
60-69	39	30
70+	4	5
Total	1264	936

[7] Based on registration dates recorded on SystmOne.
[8] Based on registration dates recorded on SystmOne.

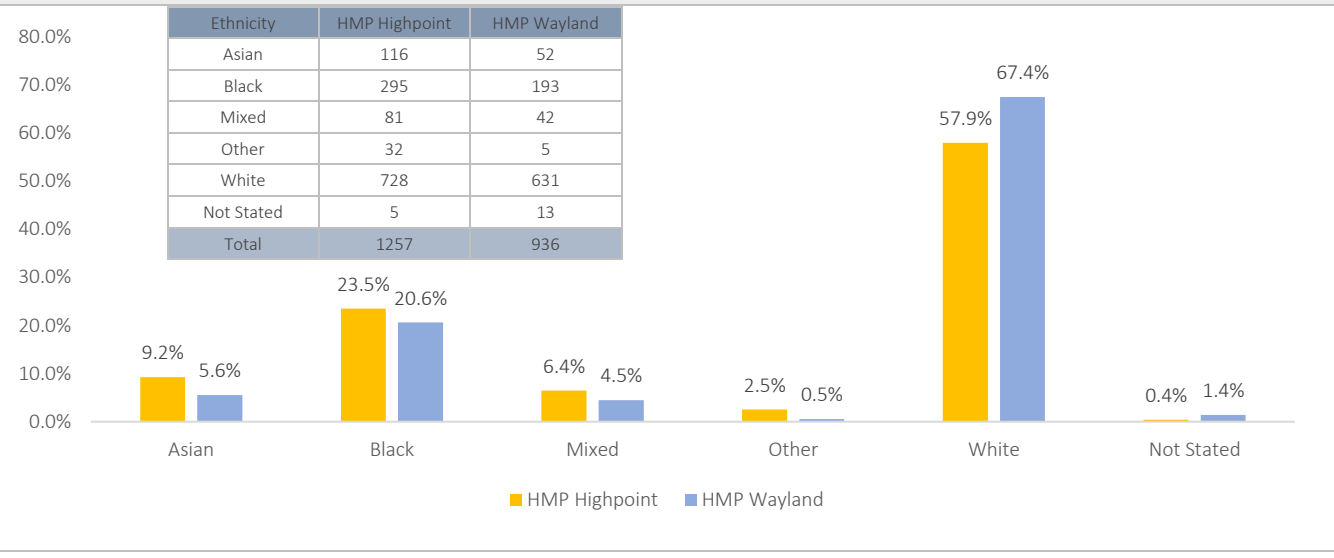
7. ETHNICITY

7.1. There is a higher rate of the prison population recorded as White ethnicity in HMP Wayland in comparison to HMP Highpoint.

7.2. HMP Highpoint has a higher rate of Asian, Black, Mixed, and Other population than HMP Wayland.

Figure 1.1.9: Snapshot population as at June 2019; ethnicity.

Ethnicity	HMP Highpoint	HMP Wayland
Asian	116	52
Black	295	193
Mixed	81	42
Other	32	5
White	728	631
Not Stated	5	13
Total	1257	936



8. FOREIGN NATIONAL PRISONERS

8.1. As at March 2019, the rate of FNPs is higher in HMP Highpoint than HMP Wayland at 17% to 7% respectively.

8.2. The long-term analysis covering December 2015 to March 2019 for HMP Wayland shows that the rate of FNPs has remained relatively stable at around 5-7%. In HMP Highpoint, there was a steady decrease from 21% in December 2015 to 12% in September 2017. Since then, there has been an increase, with the rate remaining at around 17%.

8.3. Nationally, the average is around 10%.

9. NATIONALITIES

9.1. In HMP Highpoint, 83% of the current population are recorded as British, with the remaining population made up of 38 other nationalities. The next largest population are those of Albanian nationality, accounting for 5% (59 prisoners). No other nationality accounted for more than 1% of the population.

9.2. Data for HMP Wayland was not available.

10. RELIGION

10.1. Prisoners recorded as Muslim account for a high percentage of the population, particularly in HMP Highpoint.

Figure 1.1.10: Snapshot population as at June 2019; religion.

Religion	Highpoint #	Highpoint %	Wayland #	Wayland %
Muslim	325	26%	164	18%
Roman Catholic	252	20%	190	20%
No Religion	195	15%	218	23%
Church of England	159	13%	154	16%
Christian	134	11%	128	14%
Other	199	16%	82	9%
Total	1264	-	936	-

10.2. There are no local policies in place relating to the Muslim population. Public Health England has produced a healthy living guide[9] aimed at Mosques which covers strategies of how to approach areas such as physical and mental health with the Muslim community.

10.3. The PHE report highlights issues specific to the Muslim population such as:

- People from minority ethnic groups are at a greater risk; for example, Pakistani, Bangladeshi and Indian men are almost 3 times more likely to be diagnosed with diabetes compared to the general population.
- National data shows that minority ethnic groups have worse levels of physical activity.
- Stigma associated with mental ill health is a barrier in seeking advice and care. Within Muslim communities mental health can be a taboo subject and is misunderstood, which hinders access to help and support.

[9] Public Health England, (2017), Guide to Health Living

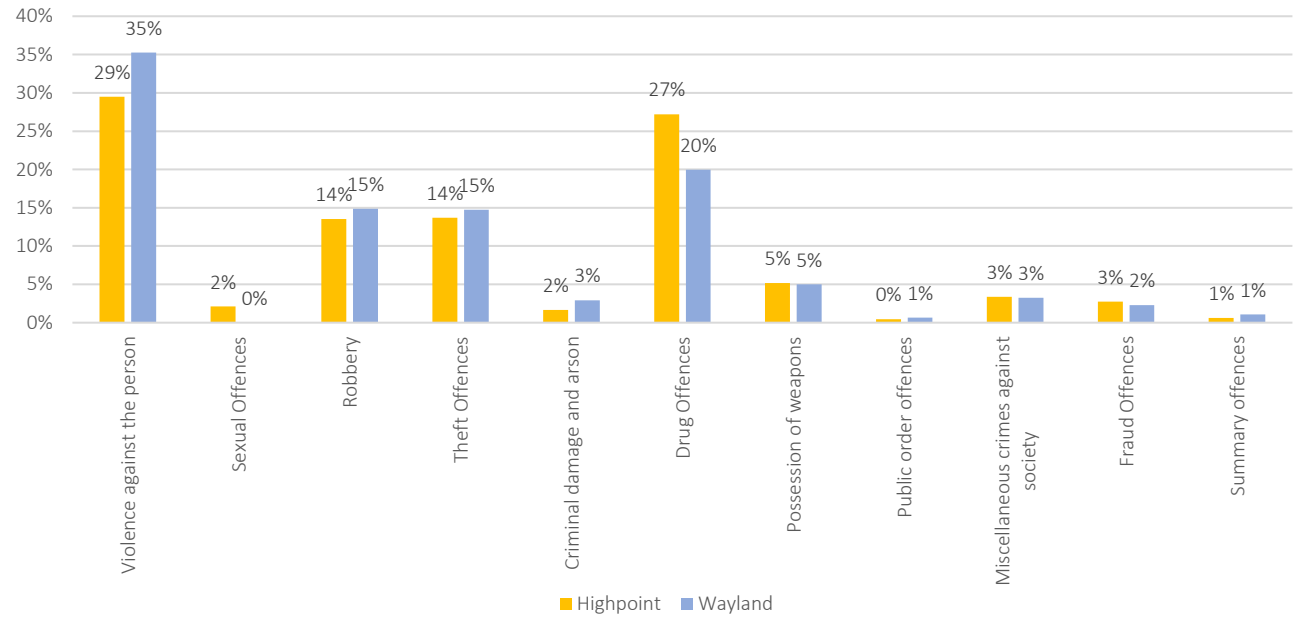
11. OFFENCES

11.1. Broadly speaking, the offending profiles of the two prisons are similar.

11.2. Of note is the higher rate of the population in HMP Highpoint in comparison to HMP Wayland who have an index offence for drug offences (across the whole prison population). In addition, HMP Highpoint has seen an increase in this population.

11.3. Conversely the rate of the population with violence against the person is higher in HMP Wayland than in HMP Highpoint.

Figure 1.1.11: Offending profile as at March 2019.



11.4. The following table provides a summary of the change in the offending profile of the population between March 2016 and March 2019.

Offence	HMP Wayland
Violence Against the Person	Slight increase from 33% to 35%.
Sexual Offences	Has decreased from 1-2% to 0%.
Robbery	Decrease from 20% to 15%.
Theft Offences	Slight decrease from 17% to 15%.
Drug Offences	Has remained stable at around 20-22%.

12. EX-SERVICE PERSONNEL

12.1. Below shows the number of prisoners that have served in the armed forces based on a number of sources.

12.2. Across both prisons, the highest rate is found for READ code '(Ua0T3) Served in armed forces', which has been entered at any establishment, with a rate of 4.2% in HMP Highpoint compared to 2.5% in HMP Wayland.

SOURCE	HMP Wayland
SystmOne - (0912.) Member of armed forces	9 (1.0%) – Recorded in HMP Wayland. 13 (1.4%) – Recorded in any establishment.
SystmOne - (Ua0T3) Served in armed forces	0 (0.0%) – Recorded in HMP Wayland. **23 (2.5%) – Recorded in any establishment.**
SystmOne - (XaX3N) Military veteran	3 (0.3%) – Recorded in HMP Wayland. 12 (1.3%) – Recorded in any establishment.
NOMIS	-

13. NATIONAL SCREENS

13.1. In HMP Highpoint, it was noted by healthcare staff that the atmosphere in the healthcare waiting room on the south site of the prison deterred some of the older patients from attending healthcare. It is possible that this impacts the take-up of some age-related screens.

13.2. There was a lower take-up of retinal eye screens in both prisons compared to the national average, however both prisons had improved coverage in 2018-19 compared to 2017-18.

13.3. Following work completed nationally by Public Health England relating to bowel cancer screening in prisons, it is expected that the proportion of eligible patients screened should be increasing, as it has nationally.

13.4. Coverage of bowel cancer screening had improved greatly in HMP Highpoint, where there was a clear pathway in place. Coverage had improved in HMP Wayland, however was still relatively low compared to HMP Highpoint.

13.5. Coverage of AAA screening in both prisons remains lower than the national and regional average.

13.6. Chlamydia screening coverage in HMP Wayland was higher than the national average, although coverage had reduced in 2018-19 when compared to 2017-18.

13.7. There was excellent coverage for NHS Health Checks in HMP Wayland where a healthcare assistant runs a specific clinic once a week. Coverage rates had improved in HMP Highpoint and were above the national and regional average.

13.8. In 2019-20, East of England Public Health England are planning to complete an audit of age-related screenings in prisons in the East of England region. The audit will be checking to see if current pathways are appropriate for use in prisons.

14. QOF ANALYSIS

14.1. The following analysis looks at the rate of prisons that are not on any of the QOF registers.

14.2. This analysis may indicate the number and rate of the population that are 'healthy' as they are not listed on any of the registers.

14.3. An alternative view may also indicate that a certain number of those in this cohort have not been identified and are classified as unmet need. In these instances, the use of an expected prevalence rate will further inform the analysis. This can be found in the individual chapters for the health conditions.

14.4. The rates across both prisons are similar with around half of the population not on any of the QOF registers.

14.5. The full chapter provides additional detailed analysis including change against the previous HSCNA.

Figure 1.1.14: Rate of prisoners not on any QOF register.

Prison	Number of Prisoners	Number not on any QOF Register	Percentage not on any QOF Register
HMP Wayland	936	436	47%

15. FOCUS GROUP

15.1. The main complaint in both prisons was that waiting times for clinics were too long, however HJIPs indicate that the clinic times were mainly in keeping with those in the community, except for the physiotherapy clinic on the north side of HMP Highpoint.

15.2. In HMP Highpoint, patients reported that the atmosphere in the healthcare waiting area did not encourage patients to attend healthcare. Examples were given of patients smoking spice in the waiting room and of patients diverting and trading medication in the waiting room during the administration of controlled drugs.

15.3. In HMP Highpoint, issues with the appointment system were highlighted with patients saying that they were not notified about appointments.

15.4. There was positive feedback about the IAPT services in both prisons.

16. SURVEYS

16.1. Staff and prisoner surveys were distributed in HMP Highpoint and HMP Wayland.

16.2. Low numbers of surveys were returned in both prisons. The prison survey in HMP Highpoint and the staff survey in HMP Wayland received low responses and are not included in the analysis.

16.3. In the HMP Wayland prisoner survey:

- Drug and alcohol services were seen as easy to access (9; 53%)
- The GP was seen as difficult to access (17; 85%).
- Substance misuse (15; 63%) and housing (12; 50%) were the two most common factors that impacted on respondents health.
- 68% (15) of respondents had physical health concerns.

17. SERVICE PROVISION

17.1. In both prisons mental health provision is provided by an integrated primary and secondary mental health team. There are also IAPT services in both prisons.

17.2. Both mental health teams are made up of mental health practitioners, support workers, and psychiatry provision. There is no psychology provision in either prison.

17.3. There were some noticeable differences in the way the teams in the two prisons received and assessed referrals.

17.4. In HMP Wayland referrals could only be received from healthcare professionals, while in HMP Highpoint, referrals could come from all sources including self-referrals.

17.5. In HMP Highpoint there was target for new referrals to be assessed within 5 days. In HMP Wayland the assessment time was a maximum of 2 days.

17.6. The table below shows the number of patients who were on the caseload of the Mental Health Team, as at June 2018. There were much more patients on the caseload of the team in HMP Wayland. It was thought that the introduction of the IAPT service and the improvements in the referral pathway to the GP was a reason for the low caseload in HMP Highpoint.

Caseload	HMP Wayland
Primary Care Caseload	114
Secondary Care Caseload	60

17.7. The mental health teams in both prisons only offer 1-2-1 interventions. There are no group interventions offered in either prison.

18. IDENTIFICATION

18.1. All new patients are screened for mental health issues as part of the healthcare reception screen.

18.2. Analyses of the mental health-related questions show that there is a higher mental health need in HMP Wayland compared to HMP Highpoint. For example, in HMP Wayland, 20% of patients were identified with a 'history of a mental health problem' compared to 4% in HMP Highpoint.

18.3. A higher proportion of patients were coded with a 'history of depression' in HMP Wayland compared to HMP Highpoint.

18.4. There is also a higher proportion of new prisoners in HMP Wayland who are coded with having 'received medication for mental health problems'. HMP Wayland also has a higher prevalence for the identification of READ codes related to self-harm identified at reception.

19. DUAL DIAGNOSIS

19.1. It is estimated that 18% of prisoners have a dual diagnosis; that is, a mental illness and co-existing drug or alcohol problem. In HMP Highpoint, there were only two patients who were on the caseload of the Mental Health Team and Phoenix Futures. This information was not available for HMP Wayland.

19.2. In HMP Highpoint, the IAPT service worked with Phoenix Futures to deliver some joint groups to patients with dual mental health and substance misuse problems. This does not happen in HMP Wayland. In the past in HMP Wayland, mental health practitioners have attended the 13 week reviews of patients in receipt of opiate substitute medication, however this does not happen at the moment due to staffing issues.

20. TRAUMA INFORMED SERVICES

20.1. 29% of prisoners report having experienced emotional, physical or sexual abuse as a child. Limited availability of trauma, informed mental health services, can lead to poor responses to this client group.[10]

20.2. The number of patients with PTSD was not available for HMP Wayland.

20.3. Neither prison offers high intensity treatment for complex or multiple traumas.

20.4. There is no EMDR treatment offered in either prison.

21. IAPT SERVICES

21.1. The IAPT service in HMP Highpoint is provided by Rethink Mental Illness and went clinically live in October 2018. The service are commissioned to work with patients on steps 1 to 3 of the stepped mental health care pathway.

21.2. There was positive feedback from prison, healthcare, and psychosocial staff on how quickly Rethink had integrated into the prison. In the prisoner focus groups, patients also praised the interventions they had received from Rethink.

21.3. IAPT services in HMP Wayland are provided by Norfolk and Suffolk NHS Foundation Trust. The service provides interventions to patients on steps 2 and 3 of the stepped mental health care pathway.

21.4. Both services are well used and receive between 40 and 60 referrals per month.

21.5. In HMP Wayland, data is collected on the 'most recent primary diagnosis' of patients referred to the team. Referrals mainly had a diagnosis relating to depression or anxiety. 12% had a diagnosis relating to PTSD.

21.6. In HMP Highpoint, Rethink complete work with all new prisoners entering the prison. Some harm minimisation advice is given to new prisoners as well as information on the service.

21.7. At the time of this assessment, assessments are completed within 4 days of being triaged in HMP Highpoint, and 28 days in HMP Wayland.

22. ADDITIONAL ANALYSIS

22.1. A common theme which has emerged from the analysis of the various mental health datasets is the higher prevalence of mental health in HMP Wayland in comparison to HMP Highpoint. The different factors that may impact the prevalence include:

10 PHE Toolkit.

- Age – the two prison population share a similar age profile so this is unlikely to impact the prevalence of mental health need.
- Ethnicity – there is a higher rate of white prisoners in HMP Wayland.
    - In The Lammy Review, it was found that young BAME prisoners are "less likely to be recorded as having problems, such as mental health…"[11]
    - In the community, those identifying as Black are more likely than average to have experienced a common mental health disorder in the last week.[12] This is not reflected in the mental health-related READ codes in either prison, where there is a lower prevalence amongst those of Black ethnicity.
- Religion – there is a higher rate of prisoners recorded as Muslim in HMP Highpoint.
    - A literature review within a recent research report published jointly by Oxfam and the University of the West of Scotland highlighted the stigma of mental illness within the Muslim community; The fear of stigma is exemplified among Muslim communities (and others) by a tendency to avoid seeking help from mental health professionals. Consistent with this, those with mental illness are likely to attract criticism from their community (Gilbert et al. 2007; Haque 2004; Weatherhead and Daiches 2010), which may act as an obstacle to seeking medical help. This may be compounded by the fact that Islamic tradition sometimes emphasises models of what would now be called mental illness, and associated traditional models of therapy, which may conflict with Western medical approaches found that Muslims, particularly those of South East Asian origin, suffer significantly worse health outcomes than the rest of the population in the UK and Scotland. 'Muslim communities… may experience relatively poor mental health outcomes'.[13]
- Foreign national prisoners – there is a higher rate of FNPs in HMP Highpoint.
    - Similar to the above there will be a degree of stigma attached to mental health issues that is related to ethnicity and religion.
- Presence of a PIPE Unit and Personality Disorder Unit in HMP Wayland. There is a 72 bed PIPE Unit and 24 bed Personality Disorder Treatment Unit in HMP Wayland. This will clearly impact the number of patients with a diagnosed personality disorder as the pathway is for patients who 'are likely to have a severe personality disorder'.[14] There may also be an increase in other mental health needs through a co-morbid mental health condition.
- Better identification process – identification processes in both prisons appear to be similar, with the reception screen completed by primary care nursing staff in both prisons.

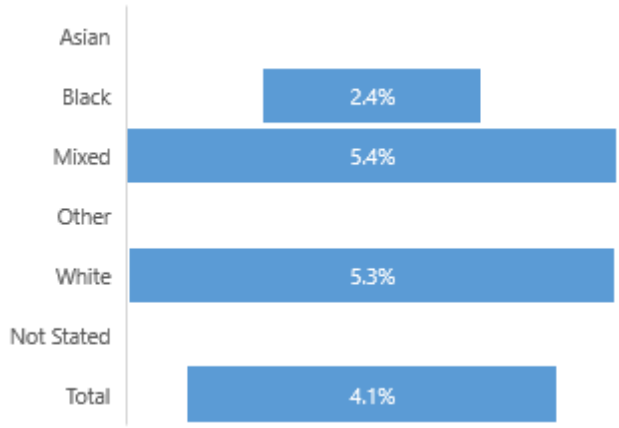
22.2. An area of exploration through data analysis is looking at how the rates vary by ethnicity. Below are presented two of the common READ codes broken down by prevalence for the current population by ethnicity.

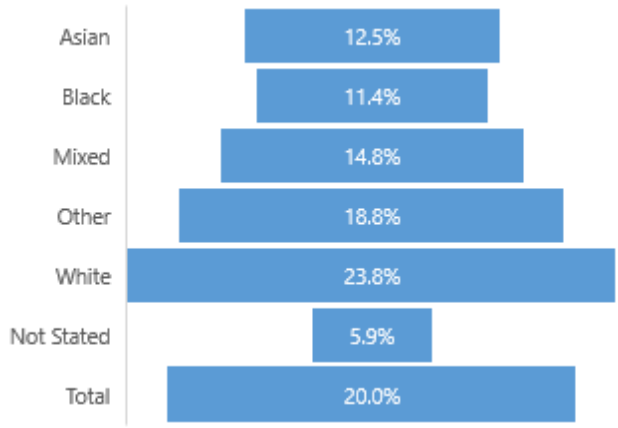
22.3. In HMP Wayland, the rates are higher for those of White ethnicity, which is a pattern often observed in previous HSCNAs. This pattern however is not replicated in HMP Highpoint.

22.4. This may suggest that ethnicity is one of the contributing factors to the lower rates in HMP Highpoint, however there are other factors to consider as the prevalence pattern by ethnicity is not replicated.

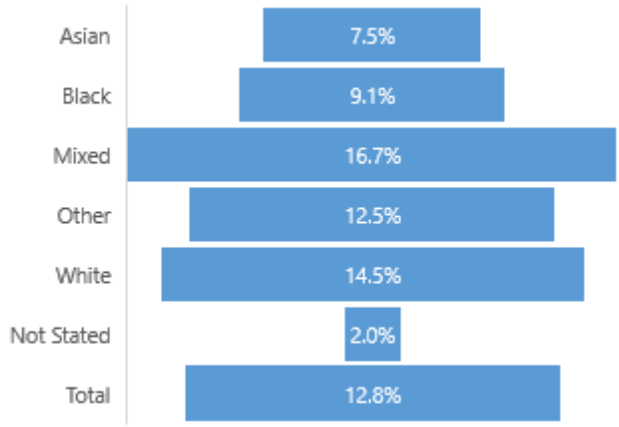
Figure 1.1.6: Further analysis by ethnicity.	
HMP HIGHPOINT	HMP WAYLAND
(YA741) H/O: mental health problem.	

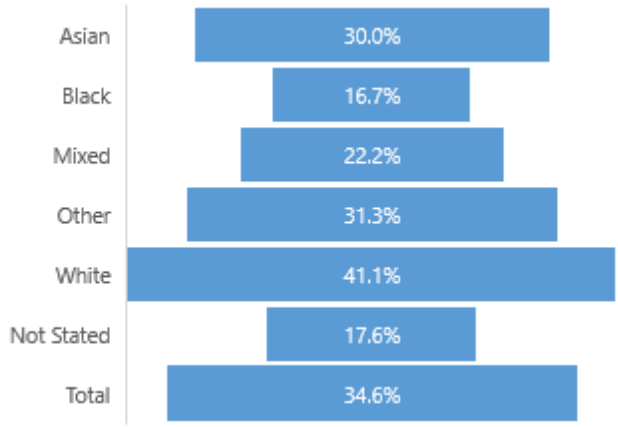
11 Ministry of Justice (2017), The Lammy Review.
12 House of Commons (2018), Mental health statistics for England: prevalence, services and funding.
13 UWS-Oxfam Partnership (2019), Spiritual beliefs and mental health: a study of Muslim women in Glasgow.
14 NHS England, (2015), The Offender Personality Disorder Pathway Strategy.





(YX019) Prisoner has received medication for mental health problems.

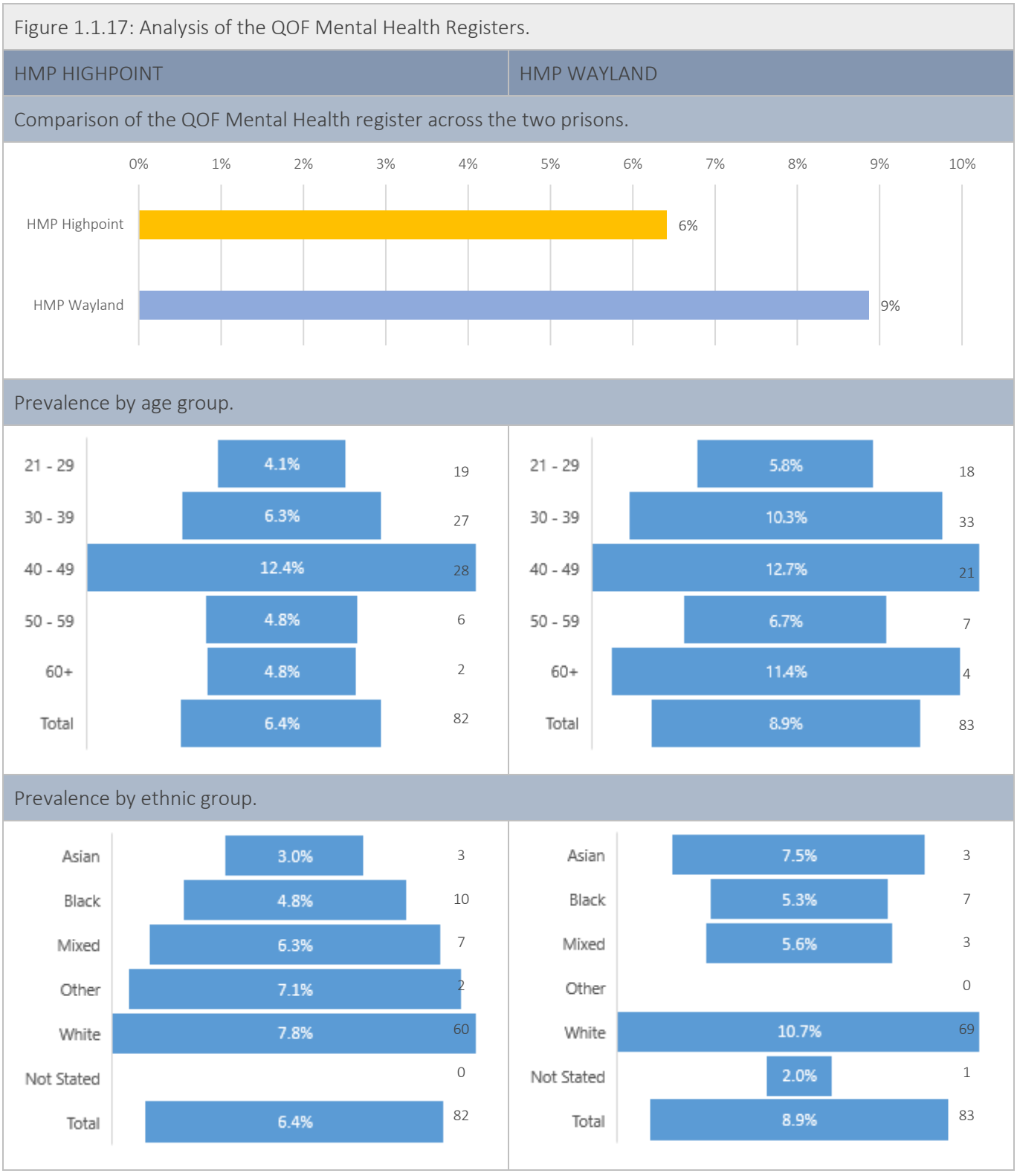




23. QOF REGISTER

23.1. HMP Wayland has a higher rate of the current population on the mental health QOF register. The analysis by age shows a similar pattern across both prisons, with the 40-49 age group showing the highest rates. The analysis by ethnicity also shows a similar pattern, with those of White ethnicity reporting the highest rates.

Figure 1.1.17: Analysis of the QOF Mental Health Registers.



24. MENTAL HEALTH TRANSFERS

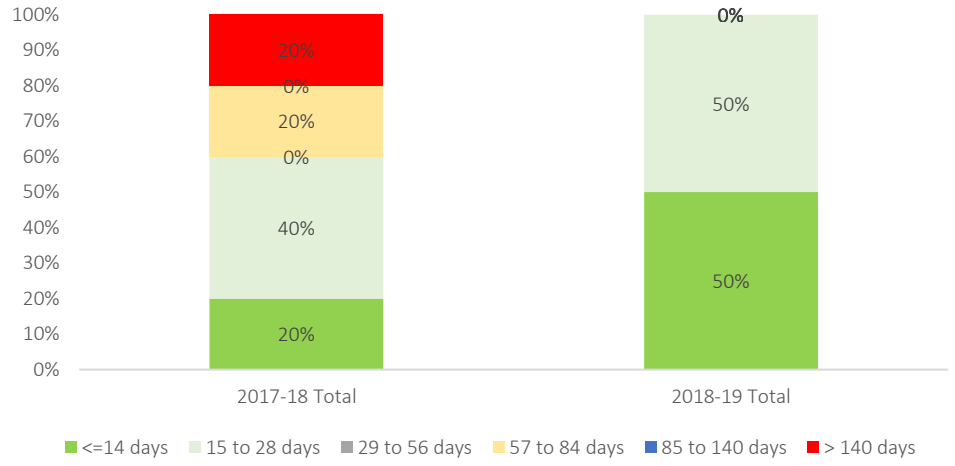
24.1. The number of assessments[15]in HMP Highpoint has remained the same at 4 per year. Despite a decrease in the number of assessments in HMP Wayland from 11 to 7 over the two years, this is still higher than HMP Highpoint.

24.2. As a snapshot for May 2019 there were no patients awaiting second assessment[16] or awaiting transfer[17] in HMP Highpoint. In HMP Wayland, there were 2 patients awaiting second assessment and no patients awaiting transfer.

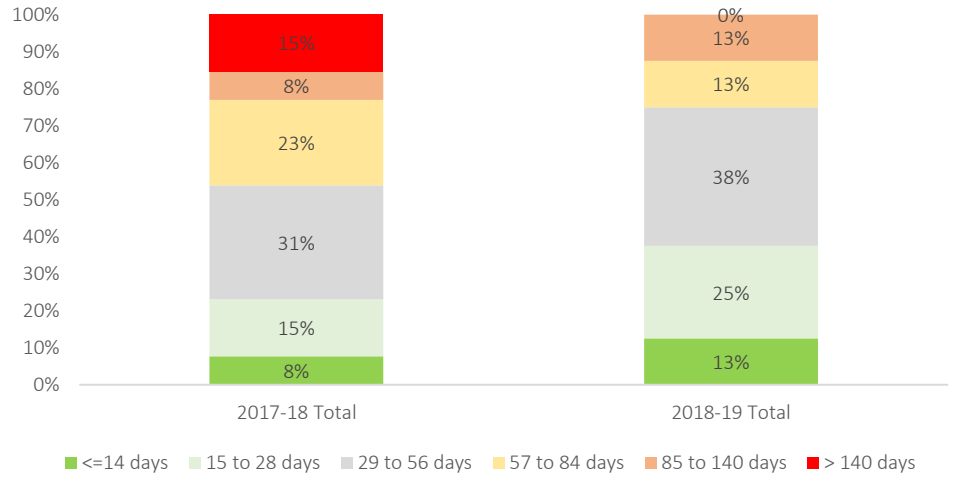
24.3. Although the number of assessments remained the same in HMP Highpoint when comparing 2018-19 against 2017-18, the number of transfers has decreased from 5 to 2. Of the 5 transfers in 2017-18, only 1 was completed within the recommended 14 days. In 2018-19, there were 2 transfers with 1 completed within 14 days, and 1 between 15 to 28 days.

24.4. Mirroring the decrease in mental health secure assessments, the number of transfers has seen a decrease in HMP Wayland. In terms of transfer times, the number of transfers within the recommended 14 days is still low, however there were fewer transfers that were over 57 days.

Figure 1.1.18: Mental health transfers; HMP Highpoint (top) and HMP Wayland (bottom)



Transfer Days	2017-18 Total	2018-19 Total
<=14 days	1	1
15 to 28 days	2	1
29 to 56 days	0	0
57 to 84 days	1	0
85 to 140 days	0	0
> 140 days	1	0
Total	5	2



Transfer Days	2017-18 Total	2018-19 Total
<=14 days	1	1
15 to 28 days	2	2
29 to 56 days	4	3
57 to 84 days	3	1
85 to 140 days	1	1
> 140 days	2	0
Total	13	8

[15] Number of prisoners who received an initial psychiatric assessment, where transfer was deemed appropriate, under the terms of the Mental Health Act. NB. This refers to the number of initial assessments where a decision to create a formal referral was reached. Initial assessment is defined as that occurring in the originating location, prior to any referral decision.
[16] The number of patients awaiting 2nd assessment, where referral has been made, after being deemed suitable by prison assessment.
[17] Number awaiting MH transfer, deemed as appropriate following 2nd assessment.

25. ACCT

25.1. In HMP Highpoint, there were 15 (1 for every 84 prisoners) open ACCT documents compared to 6 (1 for every 156 prisoners) in HMP Wayland.

25.2. In HMP Highpoint, the Safer Custody Lead said that there was good engagement from healthcare in the ACCT review process. The Safer Custody Team said that they try to schedule reviews so that healthcare can attend.

25.3. In HMP Wayland, the Safer Custody Lead said that healthcare attendance at ACCT reviews had improved.

26. INCIDENTS

26.1. In HMP Highpoint, the number of self-harm incidents between 2016 and 2018 ranged between 402 and 422 incidents, equating to an average of 410 a year. This is higher than the previous years.

26.2. In HMP Highpoint, the Safer Custody Lead analysed self-harm data and concluded that there were no real trends relating to self-harm in the prison.

26.3. There is a suicide and self-harm strategy in HMP Highpoint (see page 204). The mental health team did not have any input into the drafting of the document.

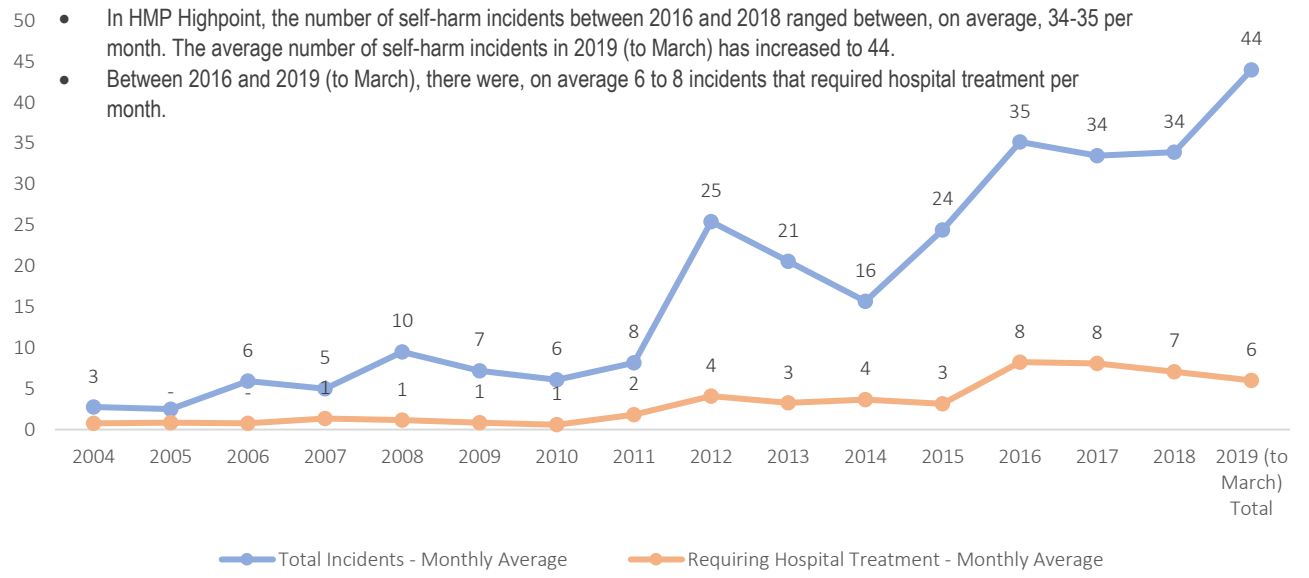
26.4. There is a suicide and self-harm strategy in HMP Wayland (see page 204). Healthcare did not have any input into the drafting of the document.

26.5. Like HMP Highpoint, the number of self-harm incidents between 2016 and 2018 was higher than previous years, although there was a greater deal of fluctuation during this period.

26.6. Although the total number of self-harm incidents in HMP Wayland is greater than those reported in HMP Highpoint, the number and rate of those requiring a hospital attendance is higher in HMP Highpoint.

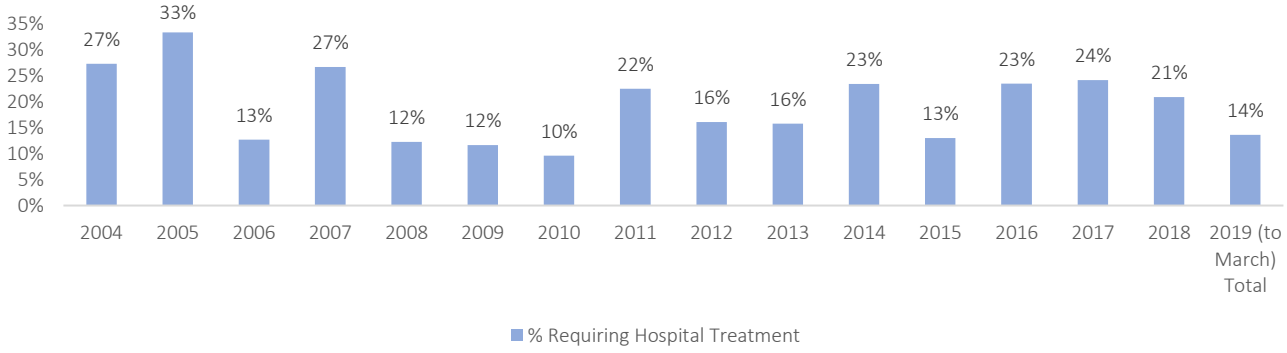
HMP HIGHPOINT

Figure 1.1.19: Self-harm incidents; total number of incidents, and the total number of incidents requiring hospital treatment; monthly average (chart) and yearly total (table)[18].



Yearly Total	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 (to March) Total
Total Incidents	33	30	71	60	114	86	73	98	305	247	188	293	422	402	407	132
Requiring Hospital Treatment	9	10	9	16	14	10	7	22	49	39	44	38	99	97	85	18

Figure 1.1.20: The percentage of self-harm incidents requiring hospital treatment.

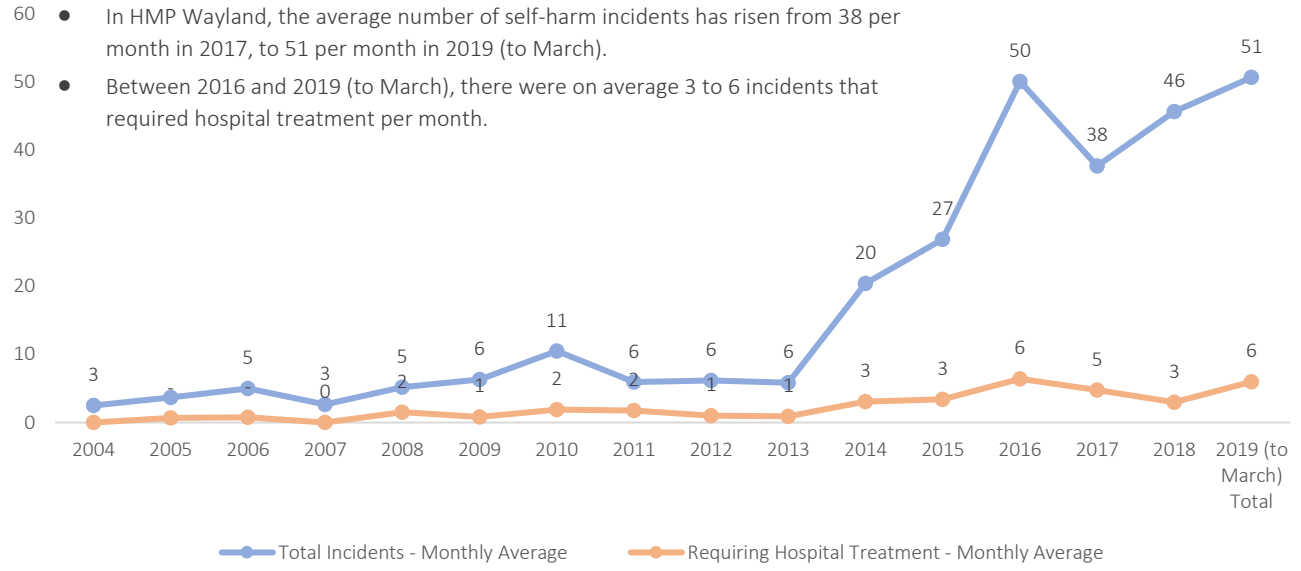


[18] (-) figures of 5 or less and therefore been suppressed.

HMP WAYLAND

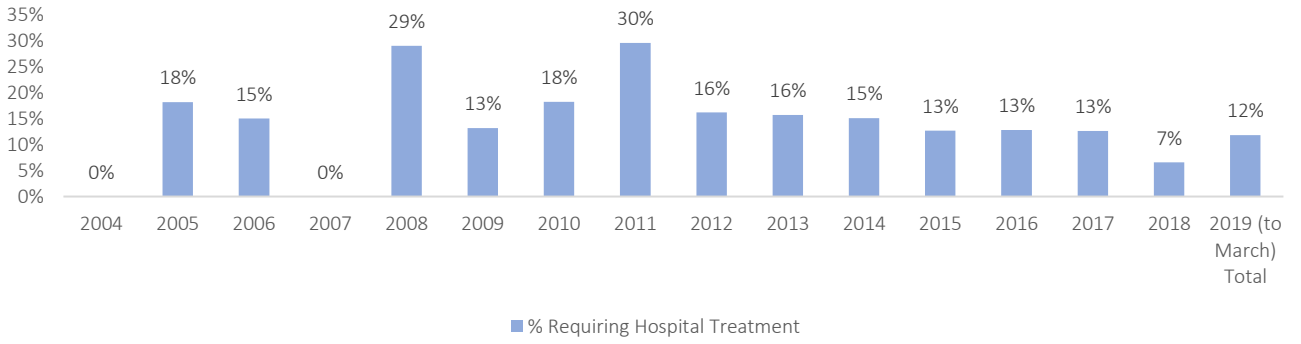
Figure 1.1.21: Self-harm incidents; total number of incidents, and the total number of incidents requiring hospital treatment; monthly average (chart) and yearly total (table)[19].

- In HMP Wayland, the average number of self-harm incidents has risen from 38 per month in 2017, to 51 per month in 2019 (to March).
- Between 2016 and 2019 (to March), there were on average 3 to 6 incidents that required hospital treatment per month.



Yearly Total	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 (to March) Total
Total Incidents	30	44	60	32	62	76	126	71	74	70	245	323	601	452	548	152
Requiring Hospital Treatment	-	8	9	-	18	10	23	21	12	11	37	41	77	57	36	18

Figure 1.1.22: The percentage of self-harm incidents requiring hospital treatment.



[19] (-) figures of 5 or less and therefore been suppressed.

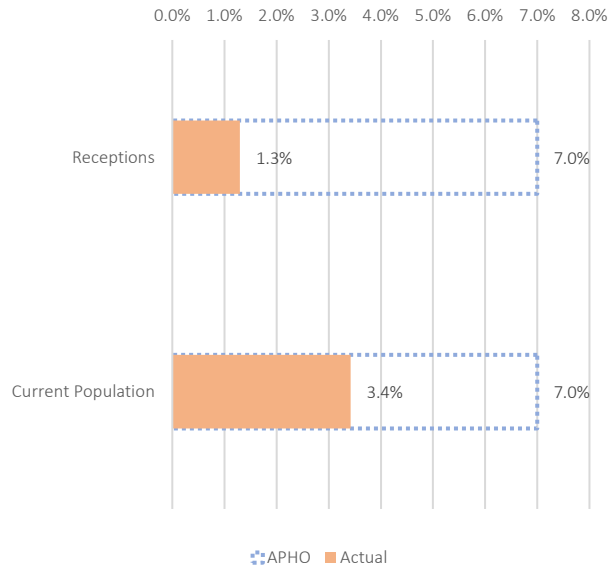
27. PREVALENCE

27.1. Among the prison population, the prevalence of those with learning disabilities is approximately 7%. The number with learning difficulties is higher, with the No One Knows report suggesting that those with either a learning difficulty or a learning disability is between 20-30%. This estimate gives an indication as to the proportion of prisoners who need additional support in their everyday living due to problems with thinking and understanding.

27.2. As part of the reception screen, prisoners are asked if they have 'Learning difficulties (Ongoing Episode)[20]'. In both prisons, only a small rate was recorded with this code during the reception screening process.

27.3. In relation to the current population, the rate in HMP Wayland was below the expected 7%.

Figure 1.2.24: Expected and actual prevalence of learning disabilities in HMP Wayland.



	Expected Prevalence	Actual Prevalence
Reception (2018-19)	81	15
QOF (June 19)	66	32

[20] (13Z4E) Learning difficulties.

29. OVERVIEW

29.1. In both prisons, learning disabilities is managed by the Mental Health Team.

29.2. Both Mental Health Teams have a learning disability nurse.

29.3. There is no specific learning disabilities policy in either prison.

29.4. There is no written learning disability pathway in either prison.

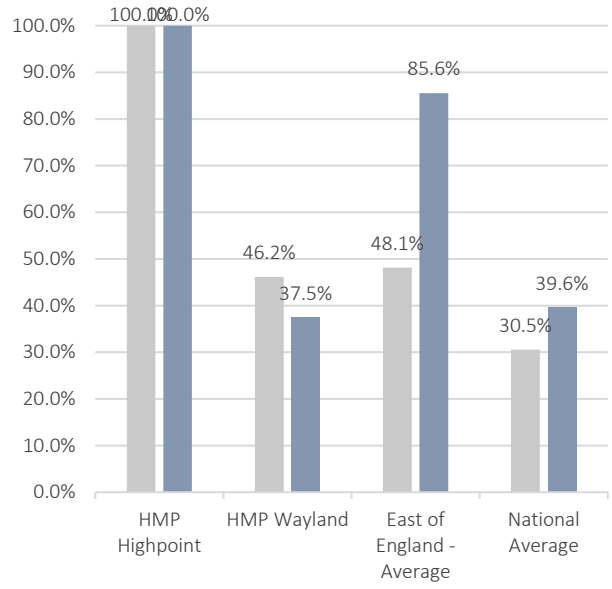
30. DISCHARGE

30.1. The following HJIP indicator looks at the percentage of learning disabilities patients discharged, with a discharge summary recorded.

30.2. When comparing 2018-19 against 2017-18, HMP Highpoint has seen an increase in the number of patients discharged from the LD team. Across both years, HMP Highpoint report good performance with all those discharged receiving a discharge summary.

30.3. In comparison, the number of LD patients discharged from the LD team in HMP Wayland has seen a decrease. In addition, the rate receiving a discharge summary has also seen a decrease and is lower than HMP Highpoint and the regional average.

Figure 1.1.25: The % of LD patients discharged, with a discharge summary recorded.



HMP Wayland		
	2017-18 Total	2018-19 Total
Number of LD patients discharged from the LD Team.	13	8
Number of LD patients discharged from the LD Team with a discharge summary.	6	3

SOCIAL CARE

31. SERVICE PROVISION

31.1. There are developed social care pathways in both prisons. There are social care practitioners in both localities who have been security cleared and who can complete social care assessments in the prisons.

31.2. A Memorandum of Understanding between the prison, Adult Social Care, and healthcare has been drafted in both prisons, but has not yet been signed.

.

31.3. In HMP Wayland, the lead commissioner for social care said that there had been good engagement from Care UK regarding social care. There was more that could be done regarding raising awareness of the social care pathway in the prison.

31.4. There were low numbers of social care referrals in both prisons.. In HMP Wayland there estimated to be 15 referrals per year.

31.5. The majority of referrals are for equipment to assist with activities of daily living. There has only ever been one care package set up in both prisons.

32. PREVALENCE - RECEPTION SCREEN

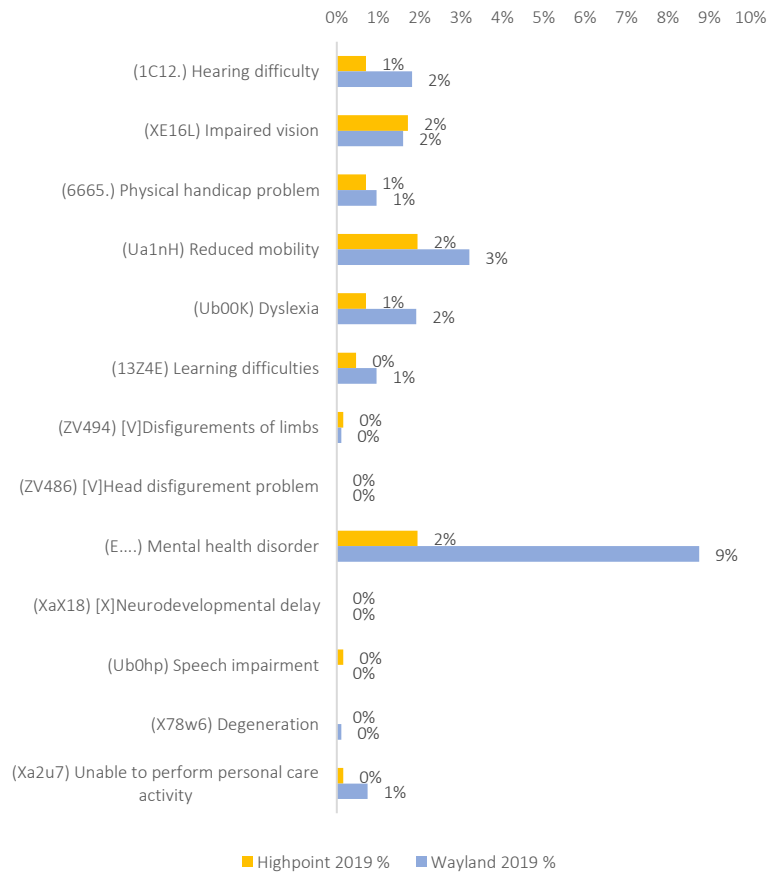
32.1. As part of the reception screen, there is a section which covers 'disabilities'. The following chart shows the rate for the READ codes associated with this area for the current population.

32.2. Across the majority of codes, the prevalence is higher in HMP Wayland in comparison to HMP Highpoint.

32.3. Excluding code '(E....) Mental health disorder', '(Ua1nH) Reduced mobility' is the most used code. Figure 1.1.27 shows READ code 'Ua1nH) Reduced mobility' entered in 2018-19 broken down by age group. This table highlights that reduced mobility is not limited to the older age groups.

32.4. Of note is the relatively higher rates of READ code '(Xa2u7) Unable to perform personal care activity' in HMP Wayland in comparison to HMP Highpoint.

Figure 1.1.26: Prevalence of READ codes associated with the disabilities section of the reception screen.



Read code	Wayland 2019 #
(1C12.) Hearing difficulty	17
(XE16L) Impaired vision	15
(6665.) Physical handicap problem	9
(Ua1nH) Reduced mobility	30
(Ub00K) Dyslexia	18
(13Z4E) Learning difficulties	9
(ZV494) [V]Disfigurements of limbs	1
(ZV486) [V]Head disfigurement problem	0
(E....) Mental health disorder	82
(XaX18) [X]Neurodevelopmental delay	0
(Ub0hp) Speech impairment	0
(X78w6) Degeneration	1
(Xa2u7) Unable to perform personal care activity	7

Figure 1.1.27: Code '(Ua1nH) Reduced mobility' entered in 2018-19 broken down by age group.

Age Group	HMP Highpoint	HMP Wayland
21 - 29	8	7
30 - 39	17	15
40 - 49	7	10
50 - 59	7	5
60+	4	4
Total	43	41

33. SERVICE PROVISION

33.1. Psychosocial services in both prisons is provided by Phoenix Futures.

33.2. In HMP Wayland, Phoenix Futures run a 'Recovery Wing' for prisoners who want to abstain from illicit substances. A six-week programme of group work is run on the wing.

33.3. There is no 'Recovery Wing' in HMP Highpoint, however the prison and Phoenix Futures were working together to establish one in the prison.

33.4. In HMP Highpoint, group work was only available to prisoners who resided on the Tempest Unit. In HMP Wayland group work is available to all prisoners.

33.5. In HMP Highpoint, the group work offering includes groups jointly run between Rethink and Phoenix Futures. These groups focus on issues specific to substance misuse and address stress, trauma, and anxiety issues.

34. MANDATORY DRUG TESTING

34.1. A summary of mandatory drug testing information in the two prisons is shown below:

HMP Wayland
• The number of tests has seen year-on-year decreases from 617 for 2012-13 to 533 for 2018-19. • The positive test rates for traditional drugs[21] has remained stable over the past few years. • The 7.1% positive rate for traditional drugs is relatively low in comparison to other prisons of a similar role. • With the introduction of testing for psychoactive substances in 2017-18, the total positive test rate has increased. • Looking at the positive test rate for psychoactive substances, the 21% is high, especially considering the low rate for traditional drugs. • The positive test rate in 2017-18 for all drugs was 26.5%. • Those who test positive for a mandatory drug test are referred to Phoenix Futures for an assessment.

[21] Excludes psychoactive substances.

35. DRUG FINDS

35.1. A summary is provided in the following table. The full data analysis can be found in the substance misuse chapter.

HMP Wayland
• Following a large increase between 2014-15 and 2015-16,between 2014-15 and 2015-16 the total number of drug finds remained stable. • The increase between 2014-15 and 2015-16 between 2014-15 and 2015-16was due to the number of finds for psychoactive substances. • 2018-19 saw the highest number of psychoactive substance finds. • The number of finds for Diamorphine (Heroin) has increased from 2 in 2016-17 to 8 in 2018-19. • Finds for cannabis over the past 4 years ranges between 12 and 18 finds per year.

36. CLINICAL SUBSTANCE MISUSE

36.1. In HMP Wayland, a CSMS GP visits the prison three times per week. The GP sees all new prisoners with a clinical substance misuse need. The GP also attends patients' 13-week clinical reviews.

36.2. The table below shows the number of patients in receipt of opiate substitute medication at the tie of this assessment:

	HMP WAYLAND
Methadone	72
Methadone (maintained)	18
Buprenorphine	9
Buprenorphine (maintained)	7

36.3. In HMP Wayland, patients were still receiving buprenorphine in the form of crushed Subutex. Healthcare were using up their stock of Subutex before changing to Espranor, an opiate-based medication that can be taken orally.

36.4. Norfolk County Council fund take home Naloxone under the new substance misuse contract but Suffolk County Council does not.

36.5. In HMP Wayland, patients in receipt of opiate-based medication are offered Naloxone. Healthcare report a relatively high take up of Naloxone, however not many patients want to use Naltrexone.

37. CONTINUITY OF CARE

37.1. For transfers to the community, the treatment commencement rate for both prisons is lower than prisons of a similar role, and both the regional and national averages.

37.2. In HMP Highpoint, referrals were made to 41 different partnerships, with 30 of these partnerships only receiving the single referral. A high number of referrals were made to Essex, with the commencement rate at 32%.

37.3. Similar to HMP Highpoint, the partnership receiving the most referrals from HMP Wayland was Essex. The total number of partnerships receiving a referral from HMP Wayland totalled 15, which is much lower than the 41 in HMP Highpoint. The treatment commencement rate was low at 17%.

37.4. Of the 132 referred from HMP Highpoint to another prison, 54 (41%) commenced treatment, which is lower than prisons of a similar role, and both regional and national averages. The commencement rate in HMP Wayland was lower at 35%.

37.5. Nearly half of the referrals from HMP Highpoint were to 4 prisons. The commencement rate was poor in HMP Peterborough.

37.6. A high number of referrals from HMP Wayland were to HMP Highpoint, with a reasonable commencement rate of 43%. Similar to HMP Highpoint, a high number of referrals from HMP Wayland were to HMP Peterborough, with a low rate commencing treatment.

38. INTRODUCTION

38.1. In both prisons, care is led by nursing staff, with support from a GP.

38.2. Care UK have been unable to recruit Advanced Nurse Practitioners (ANP) in both prisons. It is envisaged that the advanced nurse practitioner role will be able to lead on long-term condition management and reduce some of the reliance on the GP.

38.3. Instead of recruiting an ANP, healthcare in both prisons would like to upskill staff from within their teams. This is already happening in HMP Wayland, where one nurse was completing a nursing practitioner's course.

38.4. In both prisons, healthcare is delivered from a central healthcare unit. Recently, both healthcare areas have begun to have dedicated prison officers detailed to them. This has improved the running of clinics and in the case of HMP Highpoint addressed the smoking of spice in the waiting room.

38.5. HMP Wayland has tried to run healthcare clinics on the wings, however this was suspended due to clinics being disrupted by other prisoners.

38.6. Long-term condition pathways were supplied for HMP Wayland, however none were supplied for HMP Highpoint.

39. HEALTH PROMOTION

39.1. There were opportunities to develop health promotion in both prisons. In HMP Wayland, following on from a CQC report in 2018, Healthcare Champions had been recruited and there had been an uptake in age-related screens and health checks.

39.2. There was an opportunity to further develop the Healthcare Champion role, for example, to have more responsibilities relating to health promotion in the prison. The HMIP cite the Health and Wellbeing Champions in HMP The Mount as a good practice example.[22]

22 HMIP (2018), Inspection of HMP The Mount.

40. ASTHMA

40.1. Patients with asthma are managed by nursing staff in both prisons. Patients with more complex needs are seen by the GP.

40.2. The nursing staff can complete spirometry in both prisons.

40.3. The expected prevalence is calculated using the PHE Toolkit and is based on age. This means other factors that affect asthma prevalence such as smoking, ethnicity, and exercise were not included in the calculation.

40.4. The expected prevalence across both prisons are similar, however the actual prevalence is lower in HMP Highpoint than in HMP Wayland.

Asthma		HMP Wayland	
		Expected Prevalence	Actual Prevalence
Receptions (2018-19)	#	148	162
	%	12.8%	14.0%
QOF (June 2019)	#	110	112
	%	11.8%	12.0%

40.5. Based on QOF data, patients receiving reviews in HMP Wayland show poor performance.

41. CANCER

41.1. In both prisons, patients with cancer are managed between the GP, nursing staff, and secondary care specialists.

41.2. Bowel cancer screening is completed in both prisons.

41.3. Since the last needs assessment there had been three patients in HMP Highpoint who had required end-of-life care in the prison. Healthcare had managed the patients jointly with the MacMillan community nurses and the healthcare manager was commended for the palliative care and clinical leadership provided in the prison.23

41.4. In HMP Wayland, in the last 12 months, there had been no patients who had received end-of-life care in the prison. It is possible for specialist nurses to visit the prison to see patients requiring end-of-life care.

42. CARDIOVASCULAR DISEASE

42.1. As with other long-term conditions, cardiovascular diseases are led by nursing staff in both prisons.

42.2. NHS Health Checks are completed in both prisons, however there are opportunities for more health promotion work to be completed.

43. COPD

[23] Prisons and Probation Ombudsman (2018), independent investigation into a death in the prison.

43.1. COPD is managed in a similar way to asthma. Nurses complete reviews on patients, who can be referred to community teams as required.

43.2. Care UK in HMP Wayland were exploring starting a visiting specialist nurse service, although there is no time frame for this.

44. DIABETES

44.1. Prevalence rates relating to diabetes can be found in the PHE Toolkit. It is understood that the true rates of prevalence are higher, as the expected prevalence was based on community data for 1996, and the UK rate has increased since then.

44.2. An alternative estimate is provided by the APHO (now part of PHE) Diabetes Prevalence Model Estimates. The aim of the model is to 'provide robust estimates of the total prevalence of diabetes (including undiagnosed) in England to support effective planning and delivery of services'. The model takes into account ethnicity and age. The model also factors in deprivation of the population, which assumptions were made for the prison population.

44.3. The following table includes the expected prevalence rates calculated from both the PHE Toolkit and the APHO model. The key points from the analysis are:

- The expected prevalence calculated from the APHO model is significantly higher than the PHE Toolkit.
- The expected prevalence across the two prisons is similar.
- The expected prevalence of the current populations is higher than those coming through reception, which is due to the difference in the age profiles and turnover rates.
- The actual rate of diabetes is higher in HMP Wayland in comparison to HMP Highpoint, despite having a slightly lower expected prevalence rate.

Diabetes		HMP Wayland		
		Expected Prevalence (PHE Toolkit)	Expected Prevalence (APHO)	Actual Prevalence
Receptions (2018-19)	#	10	59	20
	%	0.9%	5.1%	1.7%
QOF (June 2019)	#	11	64	32
	%	1.1%	6.8%	3.4%

44.4. Nursing staff oversee care for patients with diabetes.

44.5. In HMP Highpoint, there is a visiting specialist nurse who sees more complex patients. The nurse also has a role to upskill nursing staff. The visiting specialist nurse is accompanied by a dietician and together they have worked with the prison kitchens and completed education classes in the prison. There is no visiting specialist nurse service in HMP Wayland.

45. EPILEPSY

45.1. The expected for both prisons is 2.0%. Looking at the actual prevalence in HMP Highpoint, both those identified at reception and those on the QOF register at 1.4% is lower than the expected 2.0%, and is also lower than the rates in HMP Wayland.

Epilepsy		HMP Wayland	
		Expected Prevalence	Actual Prevalence
Receptions (2018-19)	#	23	30
	%	2.0%	2.6%
QOF (June 2019)	#	19	24
	%	2.0%	2.6%

45.2. Patients with epilepsy are managed by the GP in both prisons.

45.3. All medication is checked upon a patient's arrival into the prison. GPs in both prisons can review medication if they are not following up-to-date guidelines.

45.4. Appropriate referrals to secondary services are made in both prisons.

45.5. There are no written protocols regarding where to locate patients who are identified as having epilepsy at reception.

46. OBESITY

46.1. Of the 1279 current prisoners in HMP Highpoint, 1202 (94%) had a BMI recorded after their arrival at the prison.

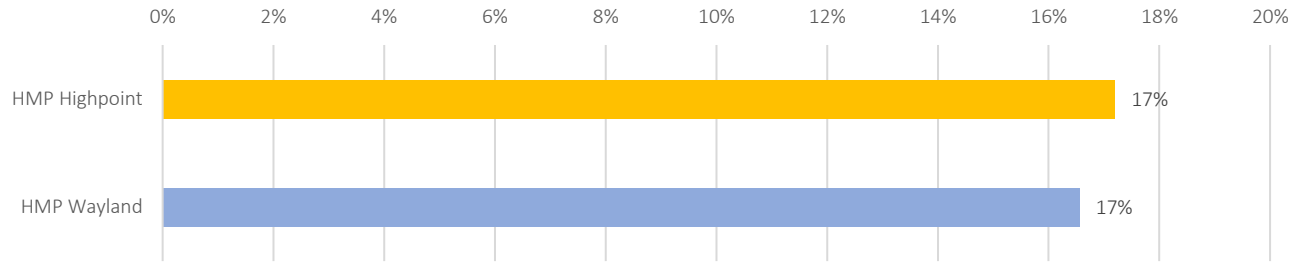
46.2. In HMP Wayland, only 549 (59%) of the 936 had a BMI recorded after their arrival at the prison.

46.3. The analysis of the QOF register shows that the rate of obesity is similar across both prisons, however the low rate of BMI recorded in HMP Wayland may mean the true rate of obesity is higher.

Figure 1.1.32 Analysis of the QOF Obesity Register.

HMP Highpoint	HMP Wayland

Comparison of the QOF Mental Health register across the two prisons.



47. OVERVIEW

47.1. In HMP Highpoint, an internal pharmacy supplies medication to the prison.

47.2. There is no pharmacy in HMP Wayland. Instead, medication is dispensed by a private provider, Sigma Pharmaceuticals. Medication is delivered Monday to Saturday, with the cut-off for next day delivery being 2pm. Initially, there were some problems related to the delivery of the medication, with deliveries not arriving. These challenges have been addressed.

47.3. The pharmacy in HMP Wayland do not complete any medication reconciliation of new patients. This is one of the Royal Pharmaceutical Society Standards for optimising medicines for people in secure environments. (Standard 1.1)[24]

47.4. There are no pharmacy led clinics in either prison. This is another RPS standard. (Standard 8.3)[25]

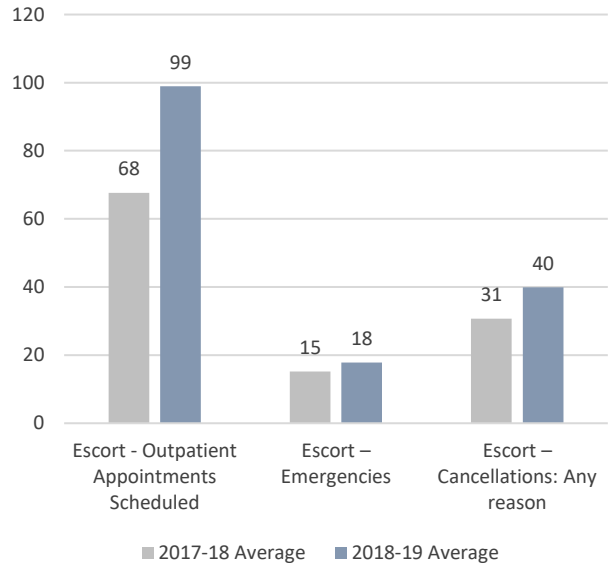
[24] RPS (2017), Professional Standards for optimising medicines for people in secure environments.
[25] RPS (2017), Professional Standards for optimising medicines for people in secure environments.

48. ESCORTS

48.1. Both prisons have seen an increase in the number of appointments scheduled, however this trend was more prominent in HMP Wayland.

48.2. Both prisons have seen a high increase in the number of cancellations. As a rate of cancellations against appointments scheduled, the rate was higher in HMP Wayland (40%) compared to HMP Highpoint (12%).

Figure 1.1.34: Average number of escorts per month; HMP Wayland.



49. SECONDARY CARE REFERRALS

49.1. The following information provides a summary of the analysis of the locally compiled 'Secondary Care Referral' spreadsheet and covers 2017-18. The spreadsheet records a range of information, however there were issues with data quality, therefore the analysis has been limited to which department the referrals were to. Across both prisons, A&E and Radiology accounted for a high percentage of referrals. In HMP Highpoint, a high percentage were for oral surgery, however this was lower in HMP Wayland.

Figure 1.1.36: Secondary Care Referrals by Department; 2018-19; HMP Wayland.

Department	Total	%
Radiology	223	16%
Accident & Emergency	213	16%
Trauma & Orthopaedics	181	13%
ENT	125	9%
Oral & Maxillo Facial Surgery	72	5%
Ophthalmology	70	5%
Gastroenterology	60	4%
Total	1372	100%

CLINICS

50. WAITING TIMES

50.1. Dental waiting times were long in both prisons. At the time of this assessment, there was a 16 week wait for a follow up appointment in both prisons.

50.2. There were some refurbishment and equipment updates required for the suite in the south site of HMP Highpoint.

50.3. The physiotherapy waiting time for patients on the North site in HMP Highpoint was 48 weeks. The South site of HMP Highpoint, and HMP Wayland had more appropriate waiting times (7 and 4 weeks respectively).

51. BLOOD-BORNE VIRUSES

51.1. In HMP Wayland, all patients are offered a dried blood spot test at their secondary health screening in HMP Wayland. Results are available within 15 minutes, so can be given to the patient during their secondary health screen. The screen tests for hepatitis B and C, and HIV.

51.2. There are robust hepatitis C pathways in place in both prisons. In HMP Highpoint, there will be a visiting Hepatitis C service three times per week from the end of July 2019. This is part of the NHS England strategy to eradicate hepatitis by 2025.

52. SEXUAL HEALTH

52.1. There was no visiting service in HMP Wayland. Patients were seen by nurses or referred to the local iCASH clinic.

52.2. Healthcare staff relayed instances of some HIV positive patients in HMP Wayland not wanting to attend external appointments due to lack of confidentiality; patients do not want to share their information with prison officers, who escort patients to appointments.

PRISON OVERVIEW	
	HMP WAYLAND
YEAR BUILT	1985 (Opened)
PRISON TYPE INCLUDING ROLE	HMP Wayland is a category C training establishment located in rural Norfolk near Thetford.
WHERE THE PRISONERS ARE RECEIVED FROM	For HMP Wayland, the majority of prisoners were from the South East Region (53%), and the London Region (33%).
HISTORICAL CHANGES	The prison is based on an old RAF base. This site has been added to on a number of occasions. The last addition was in 2008, when 300 spaces were added across five new units.
RESIDENTIAL UNITS AND DESCRIPTION	A: Induction and high-risk cell sharing risk assessment (CSRA) – mostly single cells B: Normal location, high-risk CSRA – mostly single cells C: Normal location, high-risk CSRA – mostly single cells and safe cell D: Integrated drug treatment system and normal location, high-risk CSRA – mostly single cells E: Wensum enabling environment; personality disorder pathway service and progression; psychologically informed planned environment (PIPE) – single cells and safe cell F: Enhanced unit, lowered security risk – single cells G: Phoenix Futures (psychosocial); 'Recovery Wing'; over-50s – single cells H: Enhanced unit, lowered security risk – single cells J–M: Normal location – double cells N: Normal location, enhanced unit – double cells Segregation unit

FUTURE CHANGES

The table below shows a number of factors that may impact on the future population for each establishment, which may lead to subsequent impacts on health and social care needs.

HMP HIGHPOINT	HMP WAYLAND
CAPACITY OF THE PRISON – CAN THE PRISON PHYSICALLY HOLD ANY MORE PRISONERS?	
There are a number of factors that could increase the capacity of a prison. Firstly, is there capacity within the existing units for more prisoners to be housed? There was a mixture of single and double cells in both prisons. It was possible that the single cells could be converted to double cells; however, there were no plans for this to happen at the time of this HSCNA. Secondly, is there any opportunity for the prison to expand? Both prisons have a large amount of external space which could conceivably be built upon; however, there were no plans for this to happen. Any increase in capacity would depend on NOMS policy, funding, and planning approval.	
PRISON RECONFIGURATION	
A reconfiguration of the prison could lead to changes in the demographics of the population. Prison reconfiguration can be driven by wider prison reorganisation plans. Reconfiguration can change the function of prisons, which in turn will impact on the demographics of the population. At the time of this HSCNA, there were no plans to change the roles of the prisons.	

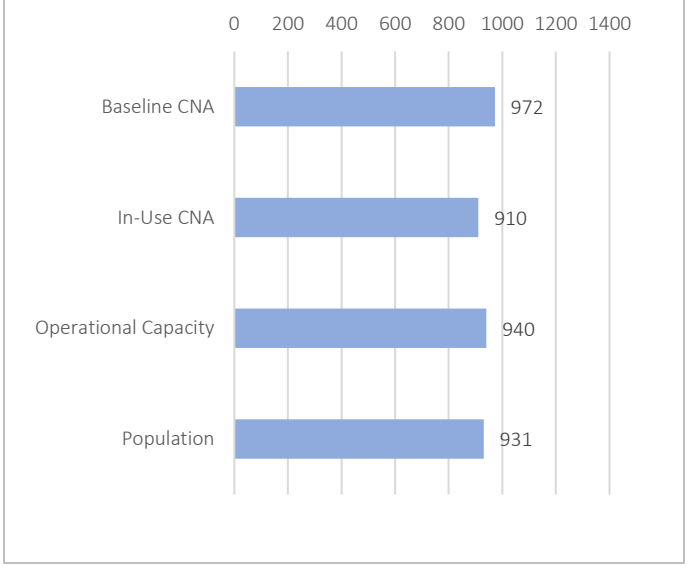
CAPACITY

Figure 1.2.1 and 1.2.2 provides a summary of the Certified Normal Accommodation (CNA[26]), the operational capacity, and the population as at June 2019 for HMP Highpoint and HMP Wayland.

The population in HMP Highpoint is lower than both the in-use CNA and the Operational Capacity. In HMP Wayland, the population is lower the Operational Capacity, however it is higher than the in-use CNA.

In terms of population size, both prisons are larger than the national average of 704 prisoners, with HMP Highpoint ranking as the 7th highest across England & Wales.

Figure 1.2.2: Population numbers of HMP Wayland; June 2019.



LONG-TERM TREND

The following shows the long-term population trends across HMP Highpoint and HMP Wayland. In HMP Highpoint, the population has remained stable across the last 8 years. In HMP Wayland, there has been a gradual decrease since 2015.

Figure 1.2.4: The long-term population trend in HMP Highpoint.

[26] Certified Normal Accommodation (CNA), or uncrowded capacity, is the Prison Service's own measure of accommodation. CNA represents the good, decent standard of accommodation that the Service aspires to provide all prisoners.

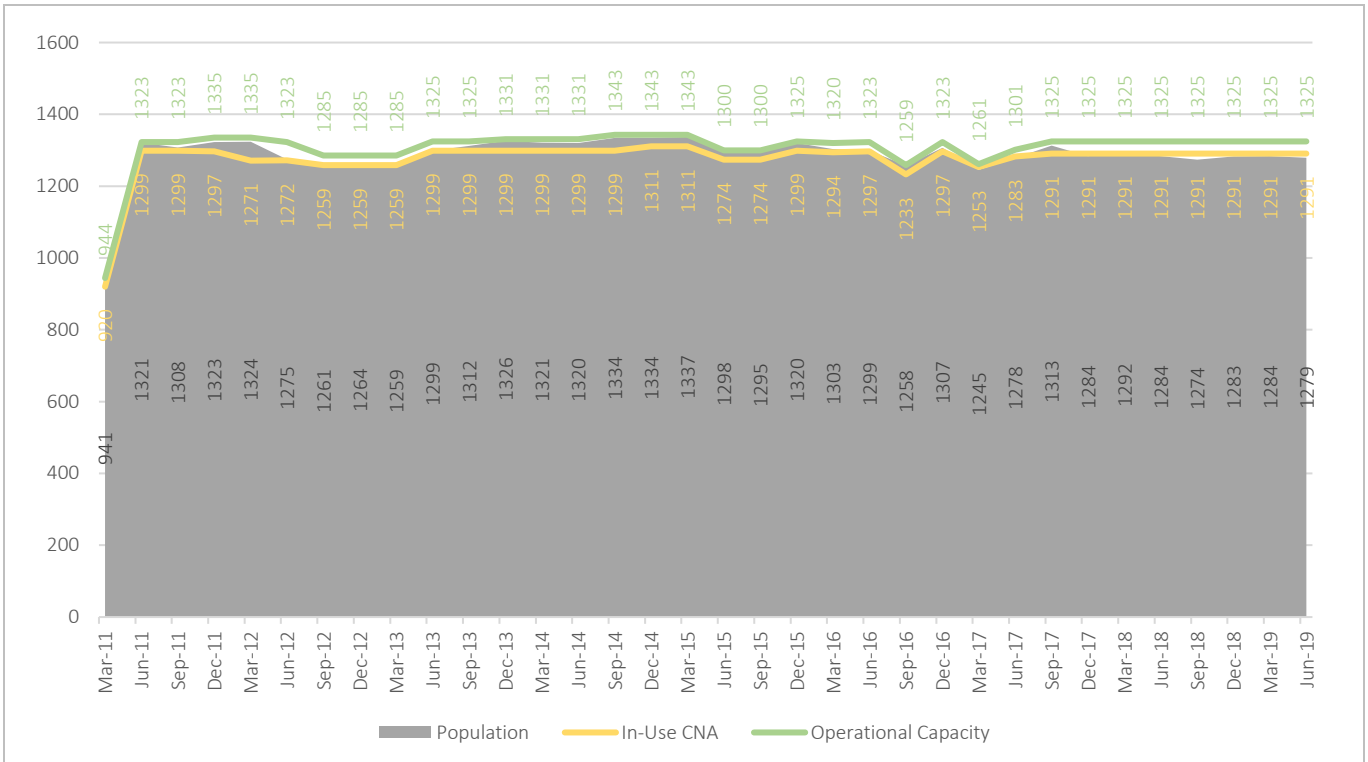
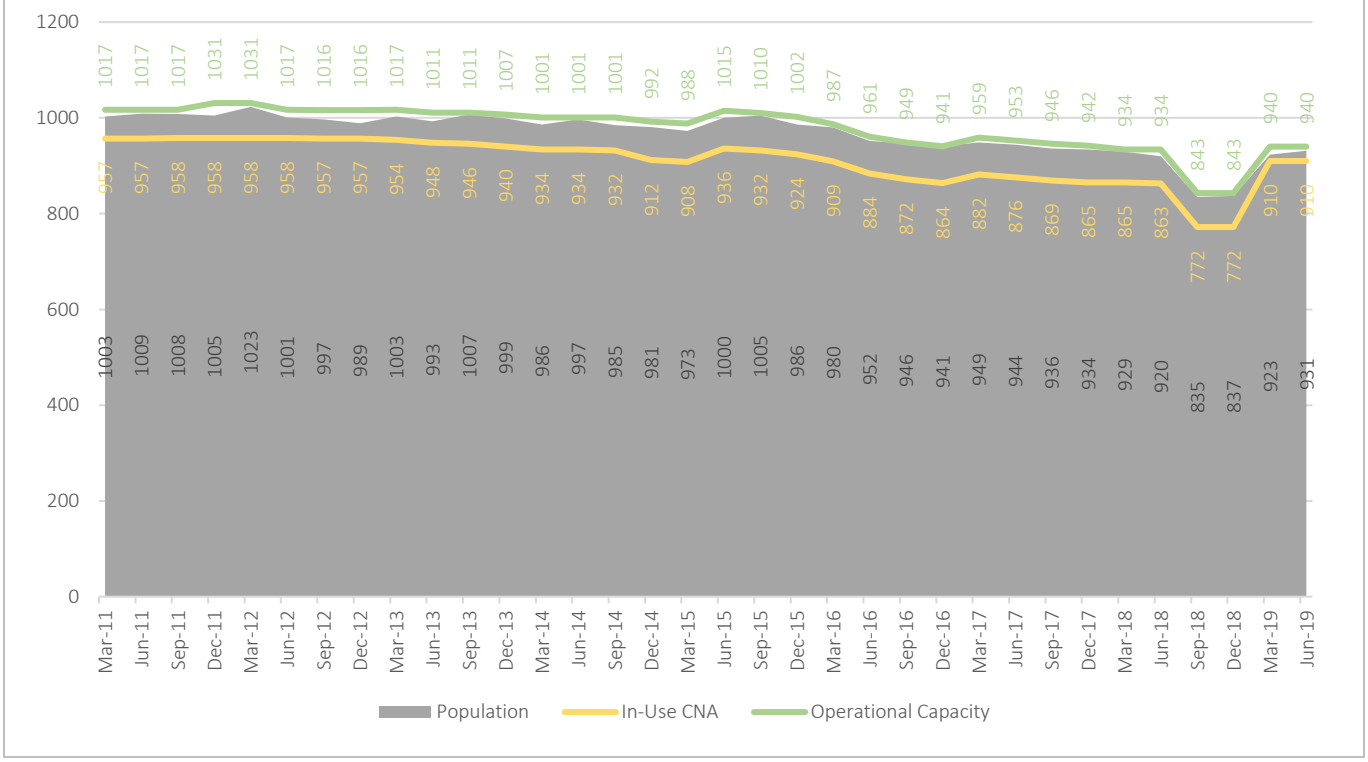


Figure 1.2.5: The long-term population trend in HMP Wayland.



OVERCROWDING

The rates of overcrowding in HMP Highpoint is low in comparison to other male Category C prisons, and has seen a slight decrease since 2003-04. In contrast, HMP Highpoint has seen an increase from 8% in 2010-11 to 14% for 2017-18, however this rate does not rank high in comparison to similar role prisons.

Figure 1.2.6: Long-term trend of overcrowding in HMP Highpoint and HMP Wayland (%).

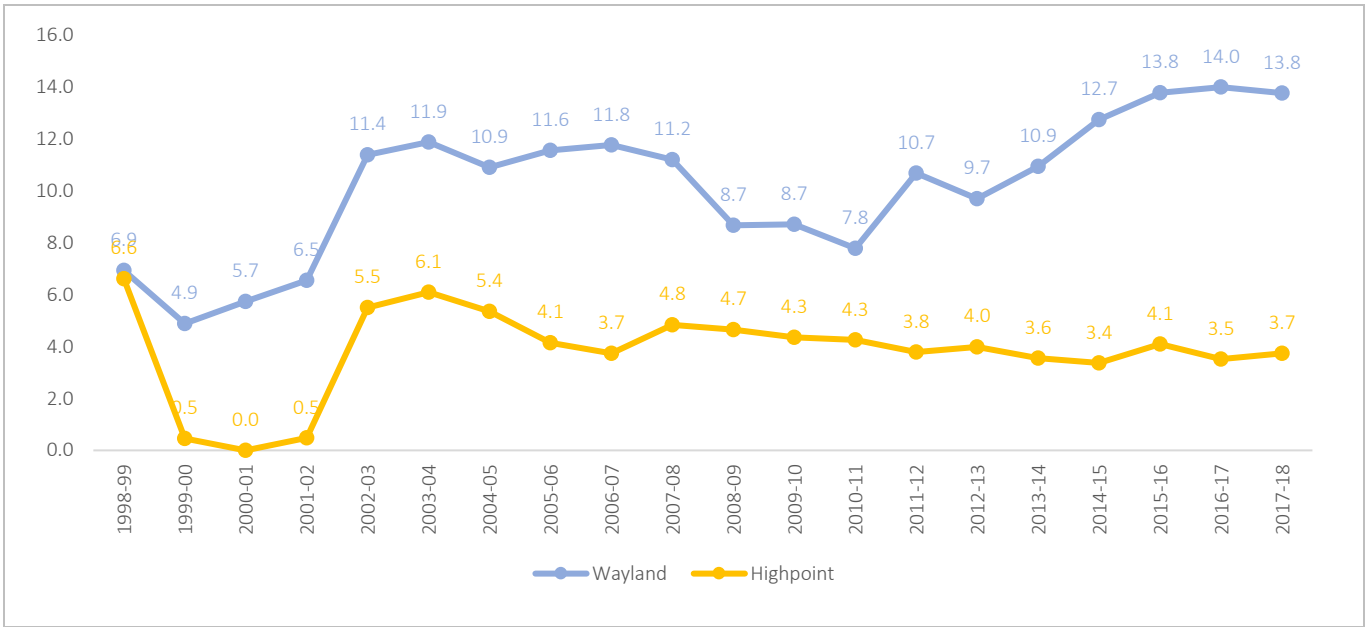
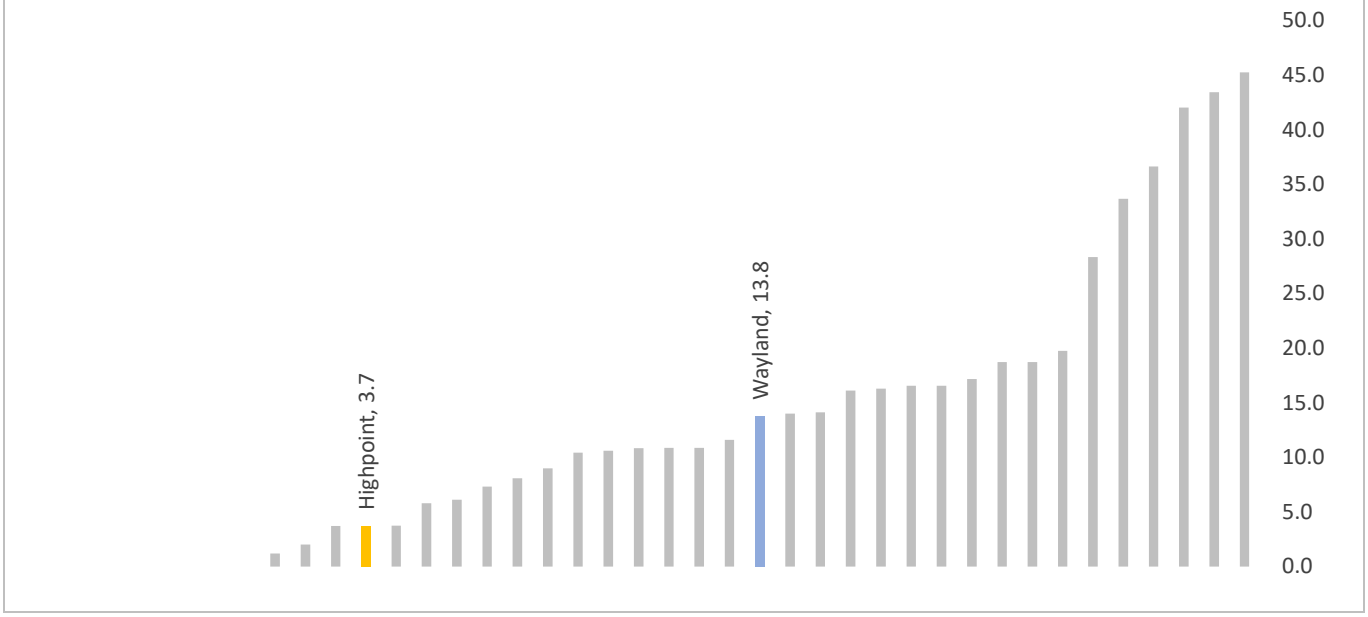


Figure 1.2.7: Overcrowding rates in HMP Highpoint and HMP Wayland in comparison to other male Category C prisons in England and Wales; 2017-18.



The following table shows the actual number of prisoners held in crowded accommodation as a snapshot at year-end, 2011-12 to 2017-18.

Figure 1.2.8: The number of prisoners held in crowded accommodation as a snapshot at year-end, 2011-12 to 2017-18.

	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
HMP Highpoint	46	47	46	45	53	45	48
HHMP Wayland	108	97	109	126	137	133	129

LENGTH OF STAY

AVERAGE LENGTH OF STAY

The average length of stay is similar across both prisons, however there is a difference in the median length of stay. In HMP Highpoint, half of the prison population have stayed for 203 days or less. This is lower in HMP Wayland at 141 days.

The disparity in the median length of stay is largely due to the 25% of the longest stays in HMP Wayland having longer stays than HMP Highpoint; additional analysis shows an average of 865 days in HMP Wayland compared to 818 days in HMP Highpoint.

HMP Wayland also has a higher percentage of prisoners that have stayed in the prison over 3 years compared to HMP Highpoint as illustrated in Figure 1.2.9. This accounts for how the median length of stay is different between the two prisons even though the average length of stay is similar.

Figure 1.2.9: Length of stay; current population.

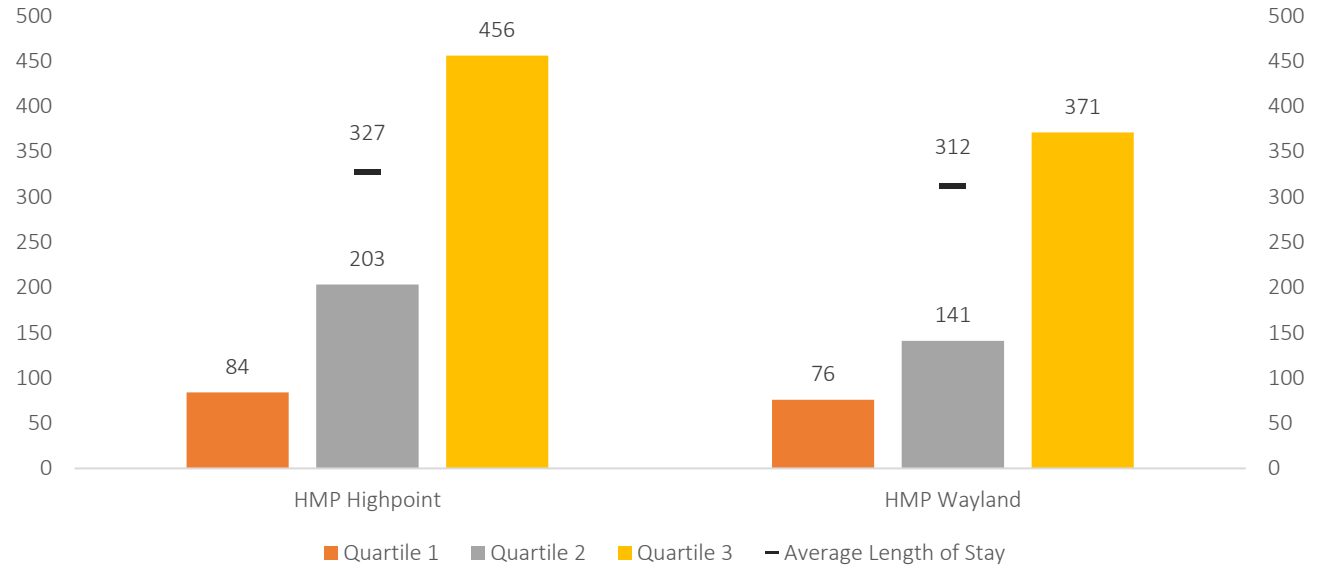
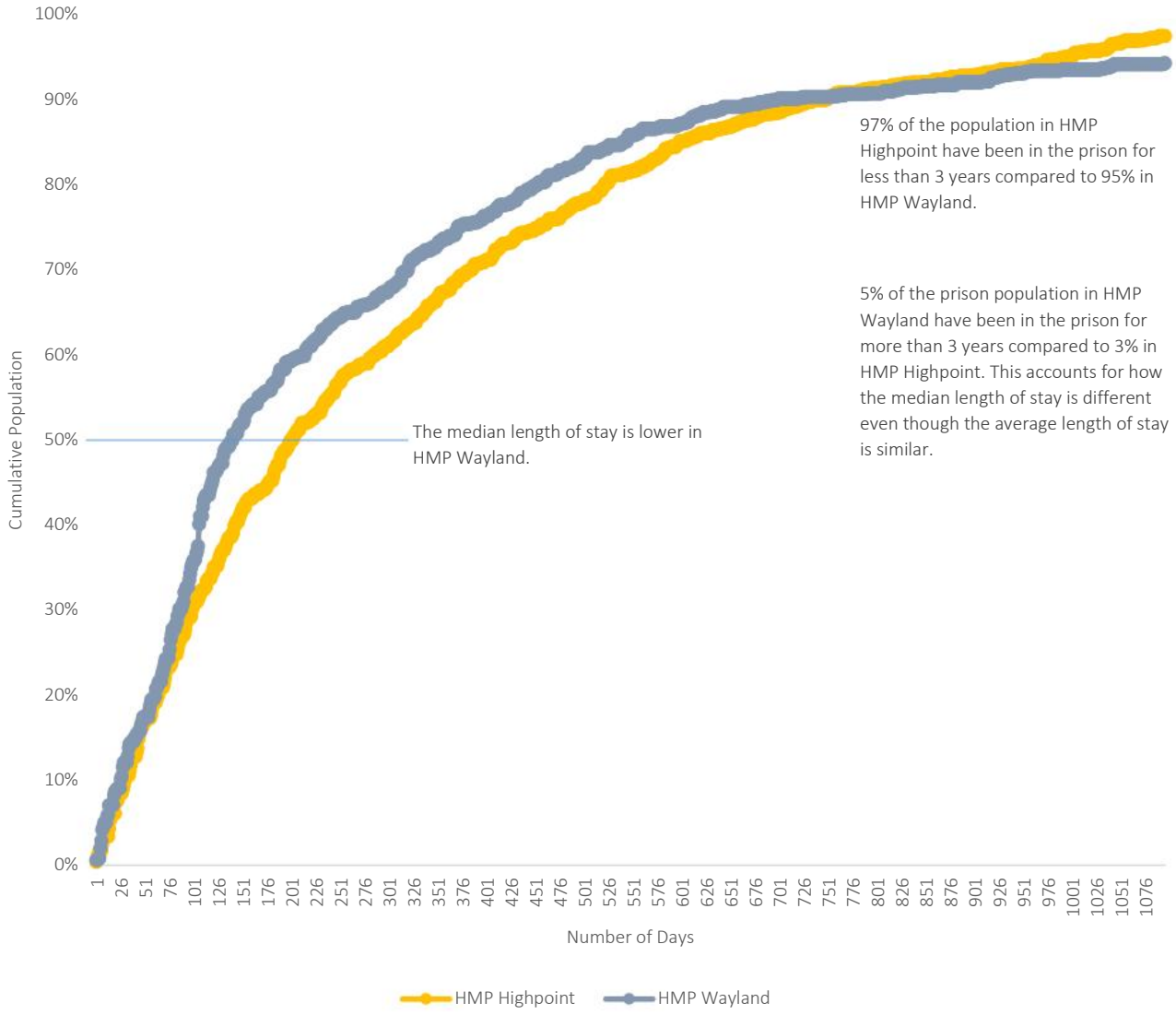


Figure 1.2.10: Length of stay; current population by cumulative distribution.



The analysis by age shows that there is a correlation with the length of stay; the older age groups report a longer average length of stay compared to the younger age groups.

An alternative method of analysing the average length of stay is looking at those that left the establishment. This method shows that the average length of stay is less than the average length of stay of the current population. In HMP Highpoint, the average length of stay has remained stable over the past 3 years.

Figure 1.2.11: Average length of stay; current population by age.

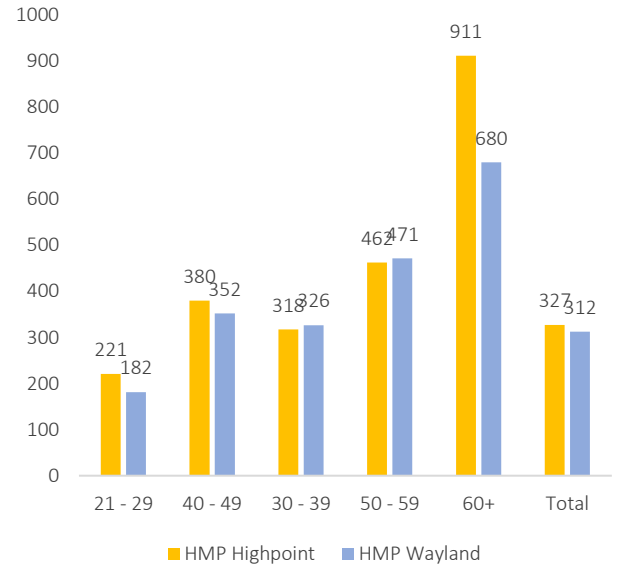


Figure 1.2.12: Average length of stay; current population by ethnicity.

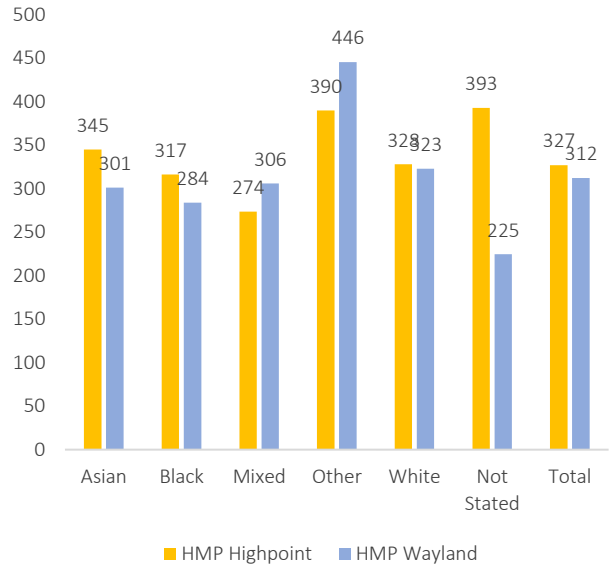


Figure 1.2.13: Average length of stay; deductions by year in HMP Highpoint.

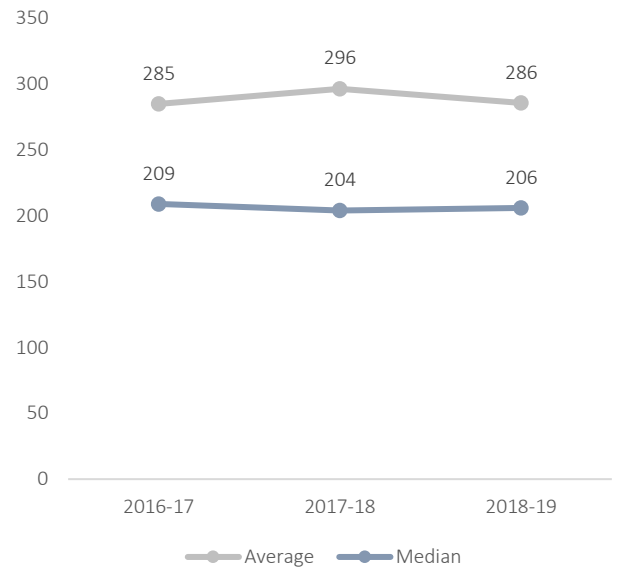
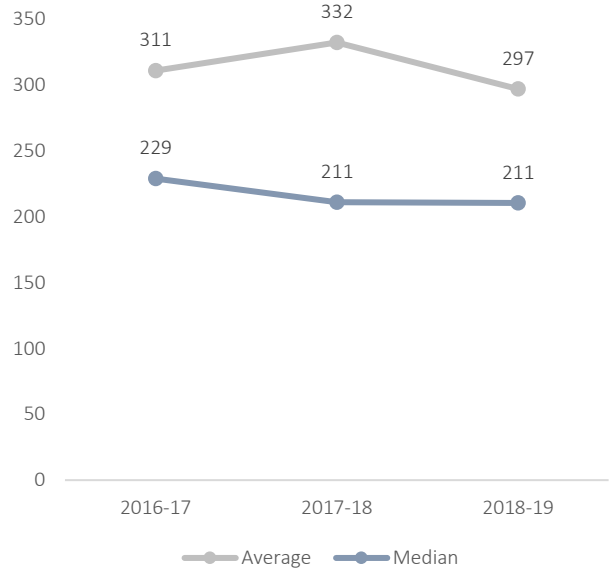


Figure 1.2.14: Average length of stay; deductions by year in HMP Wayland.



RECEPTIONS AND TURNOVER RATE

The turnover rate is the number of times each place (operational capacity) is used per year (number of receptions). The PHE Toolkit states that 'Health needs in a prison that has a turnover of 2 or 3 will have a higher volume of need than would be apparent from a snapshot of the prison population'.

Across both prisons, the turnover rate has remained low, although there has been a slight increase in HMP Wayland.

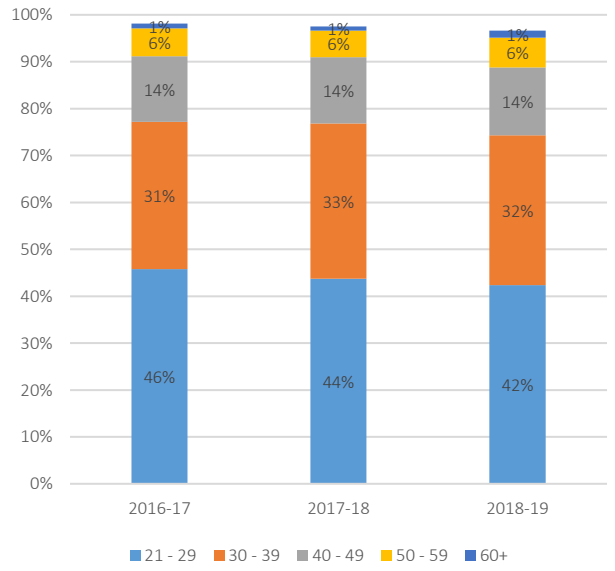
Figure 1.2.16: Number of receptions[27] in HMP Wayland over the past 3 years.

HMP Wayland	2016-17	2017-18	2018-19
Operational Capacity	953	944	890
Receptions	964	1040	1156
Turnover Rate	1.0	1.1	1.3

The following charts show the receptions over the past 3 years broken down by age and ethnicity. Comparing the two prisons by age show similar patterns. In terms of ethnicity, and meaningful analysis is not possible due to the high rate of those recorded as 'not stated'.

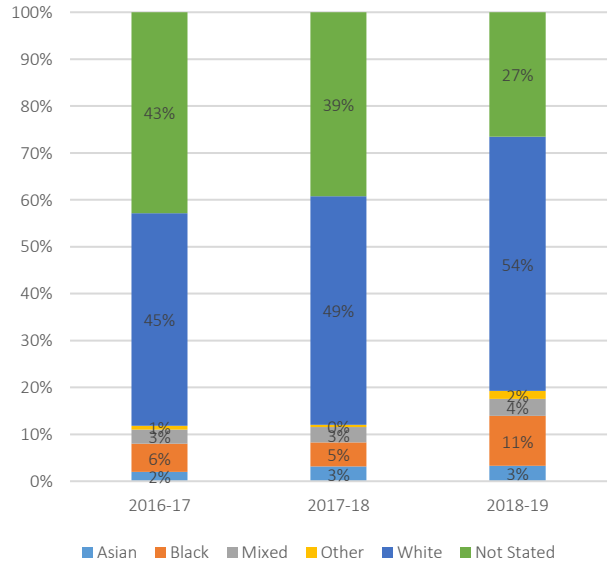
[27] Based on registration dates recorded on SystmOne.

Figure 1.2.18: Receptions by age; HMP Wayland.



	2016-17	2017-18	2018-19
21 - 29	441	455	490
30 - 39	303	344	369
40 - 49	135	147	167
50 - 59	57	59	74
60+	10	9	17
Total	964	1040	1156
Average Age	32	32	33

Figure 1.2.20: Receptions by ethnicity; HMP Wayland.



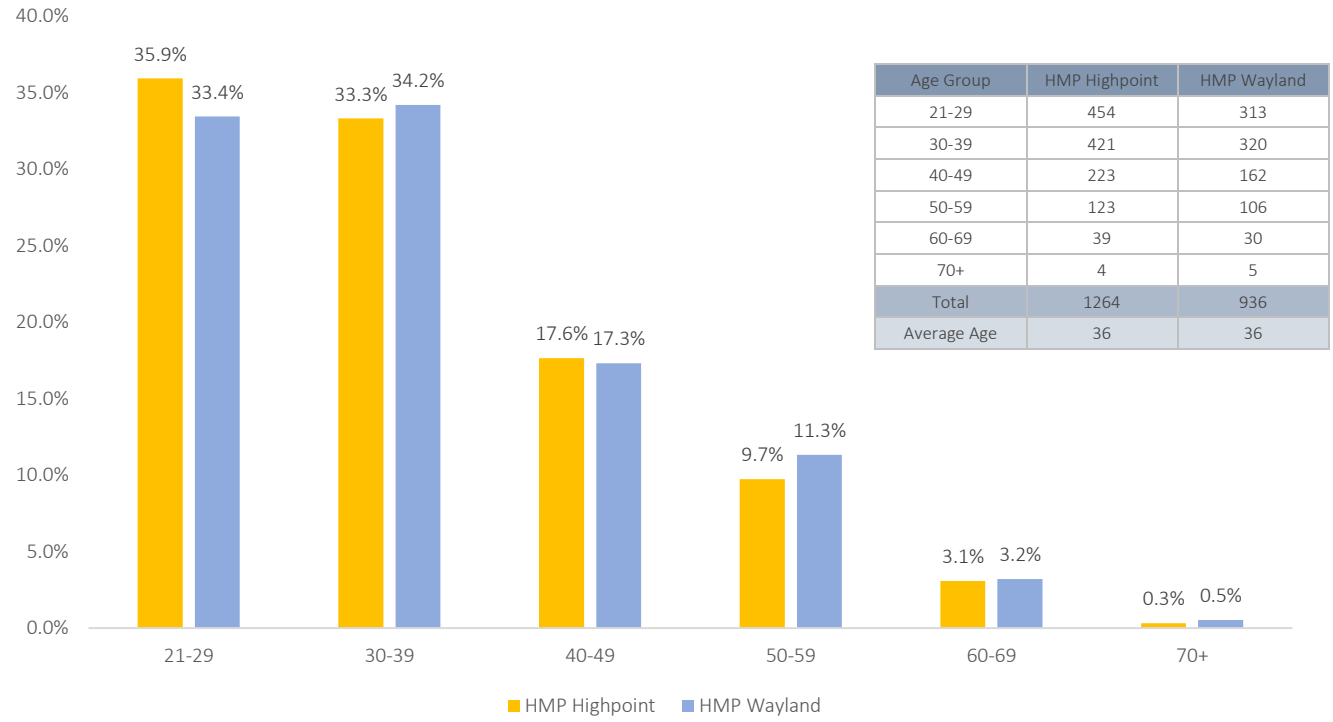
	2016-17	2017-18	2018-19
Asian	19	33	38
Black	58	53	123
Mixed	29	34	42
Other	8	5	20
White	437	507	626
Not Stated	413	408	307
Total	964	1040	1156

DEMOGRAPHIC ANALYSIS

AGE

The age demographics of the two prisons are similar when analysed by 10-year age bands. The main notable difference is that there is a slightly higher rate of 50-59 years olds in HMP Wayland, with HMP Highpoint showing a slightly higher rate of 21-29 year olds. Older prisoners account for 13% of the population in HMP Highpoint, which is slightly lower than the 15% in HMP Wayland.

Figure 1.2.21: Snapshot population as at June 2019.



Age Group	HMP Highpoint	HMP Wayland
21-29	454	313
30-39	421	320
40-49	223	162
50-59	123	106
60-69	39	30
70+	4	5
Total	1264	936
Average Age	36	36

In HMP Highpoint, the age demographics has not seen any significant changes. In HMP Wayland, there has been a notable increase in the number of 60-69 year olds.

Figure 1.2.22: Change in age demographics when comparing 2019 against 2016[28].

Age Group	HMP Highpoint				HMP Wayland			
	2016 S1	2019 NOMIS	# Change	% Change	2016 S1	2019 NOMIS	# Change	% Change
21-29	463	454	-9	-2%	350	313	-37	-11%
30-39	393	421	28	7%	297	320	23	8%
40-49	252	223	-29	-12%	179	162	-17	-9%
50-59	112	123	11	10%	105	106	1	1%
60-69	39	39	0	0%	11	30	19	173%
70+	10	4	-6	-60%	7	5	-2	-29%
Total	1269	1264	-5	0%	949	936	-13	-1%

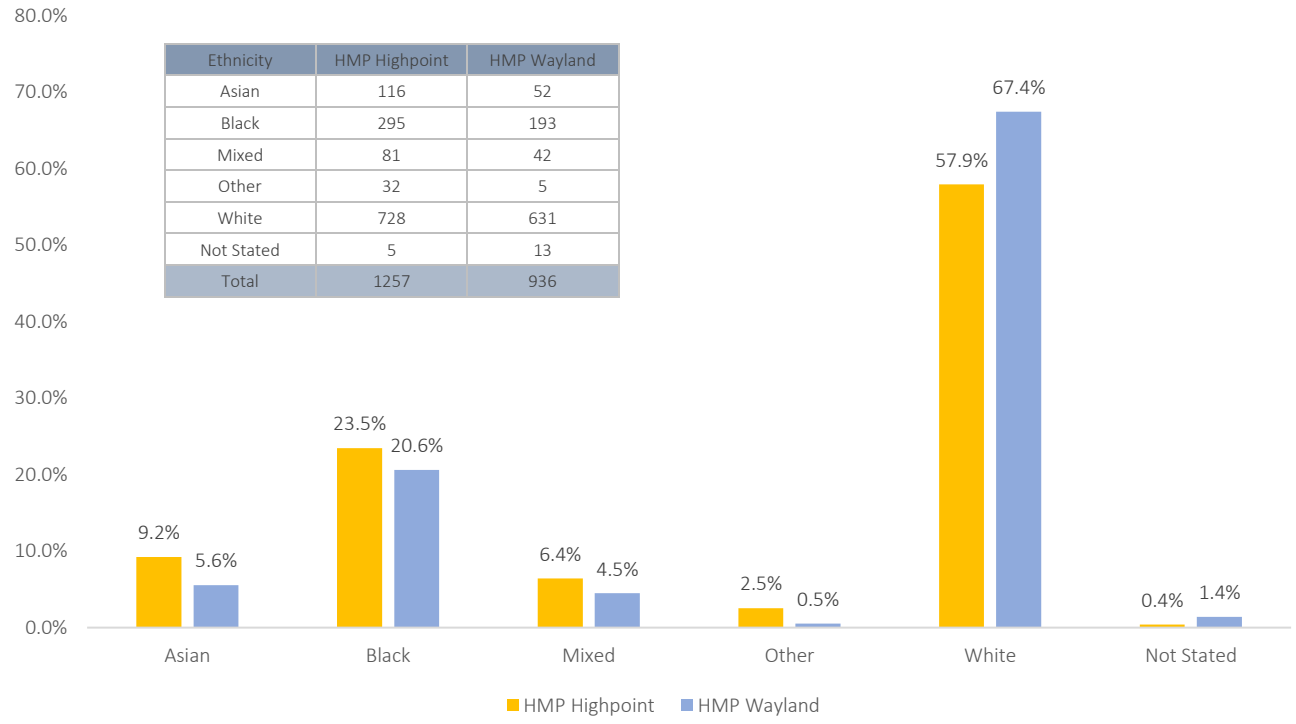
[28] The 2016 data used SystmOne data as no NOMIS data was available.

ETHNICITY

There is a higher rate of the prison population recorded as White ethnicity in HMP Wayland in comparison to HMP Highpoint. HMP Highpoint has a higher rate of Asian, Black, Mixed, and Other population than HMP Wayland.

Figure 1.2.23: Snapshot population as at June 2019.

Ethnicity	HMP Highpoint	HMP Wayland
Asian	116	52
Black	295	193
Mixed	81	42
Other	32	5
White	728	631
Not Stated	5	13
Total	1257	936



The following table shows the change in ethnicity demographics when comparing 2019 against 2016. The data for 2016 was taken from SystmOne, which usually has a higher rate of those recorded as Not Stated, therefore caution should be taken when comparing the two years.

Figure 1.2.24: Change in ethnicity demographics when comparing 2019 against 2016[29].

Ethnicity	HMP Wayland			
	2016 S1	2019 NOMIS	# Change	% Change
Asian	67	52	-15	-22%
Black	131	193	62	47%
Mixed	55	42	-13	-24%
Other	20	5	-15	-75%
White	662	631	-31	-5%
Not Stated	25	13	-12	-48%
Total	960	936	-24	-3%

[29] The 2016 data used SystmOne data as no NOMIS data was available.

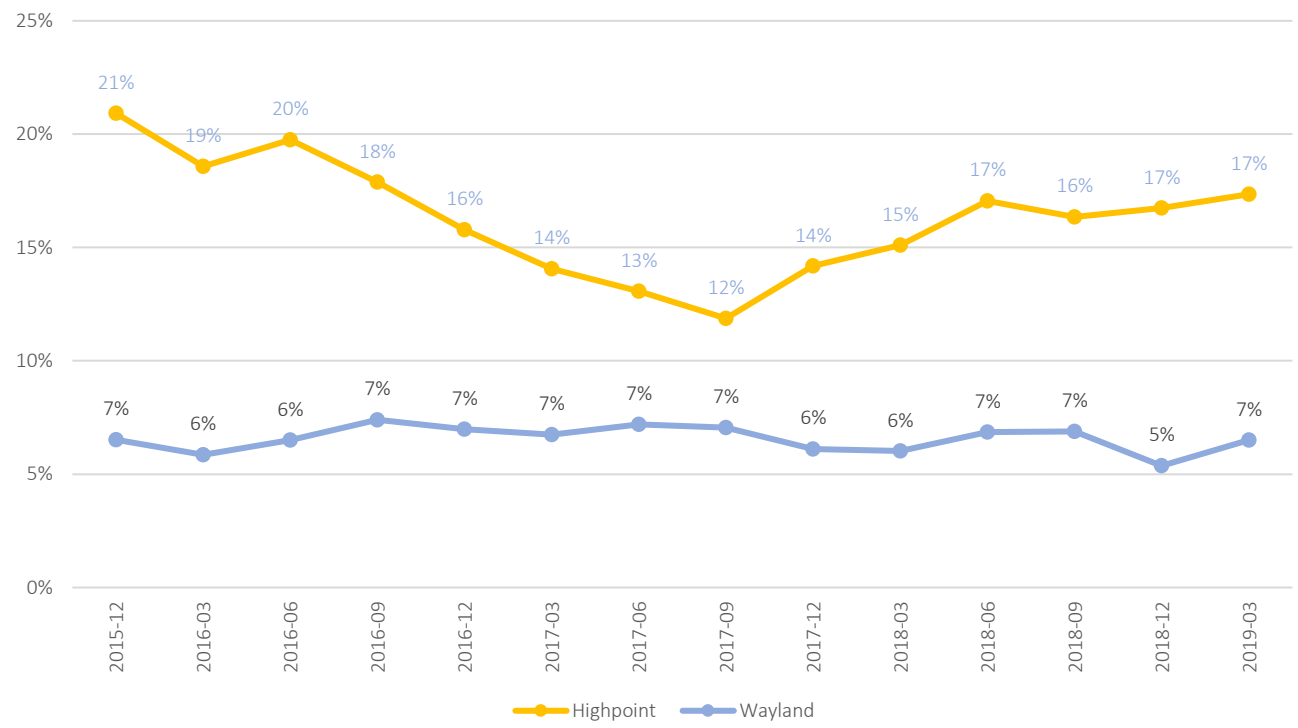
FOREIGN NATIONAL PRISONERS[30]

As at March 2019, the rate of FNPs is higher in HMP Highpoint than HMP Wayland at 17% to 7% respectively.

The long-term analysis covering December 2015 to March 2019 for HMP Wayland shows that the rate of FNPs has remained relatively stable at around 5-7%. In HMP Highpoint, there was a steady decrease from 21% in December 2015 to 12% in September 2017. Since then, there has been an increase, with the rate remaining at around 17%.

Nationally, the average is around 10%.

Figure 1.2.25: Long-term trend of the FNP population.



Wayland	2015-12	2016-03	2016-06	2016-09	2016-12	2017-03	2017-06	2017-09	2017-12	2018-03	2018-06	2018-09	2018-12	2019-03
British National	918	917	891	876	877	885	876	869	875	873	855	771	793	862
Foreign National	64	57	62	70	66	64	68	66	57	56	63	57	45	60
Not Recorded	0	0	1	0	1	0	0	0	0	0	0	0	0	0
Total	982	974	954	946	944	949	944	935	932	929	918	828	838	922

[30] https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-october-to-december-2018.

NATIONALITIES

In HMP Highpoint, 83% of the current population are recorded as British, with the remaining population made up of 38 other nationalities. The next largest population are those of Albanian nationality, accounting for 5% (59 prisoners). No other nationality accounted for more than 1% of the population.

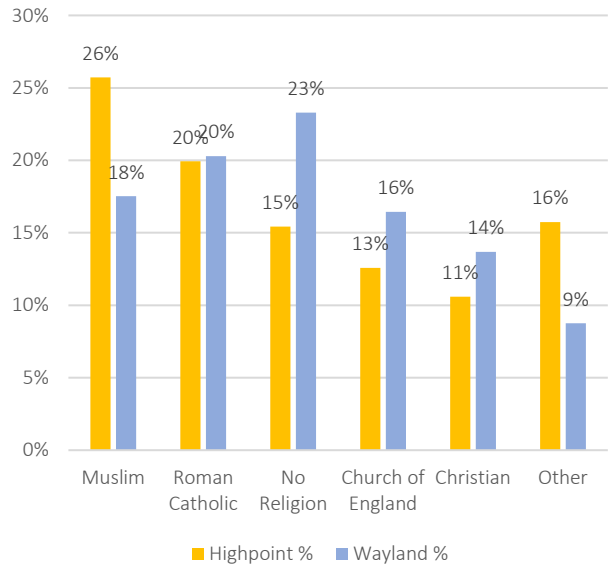
Data for HMP Wayland was not available.

RELIGION

Below shows the prison population by recorded religion. Of note is the high percentage of the population recorded as Muslim, particularly in HMP Highpoint.

In HMP Highpoint, the prison distributes information on Ramadan to healthcare staff. Healthcare have historically worked loosely with the Imam to speak to patients who are worried about taking medication during the fast period. Anecdotal information from mental health staff was that the Imam did not make as many referrals to the mental health team as other religious leaders. This is highlighted due research highlighting the possible under-identification of Muslim patients with a mental health need.

Figure 1.2.26: The prison population by religion[31].



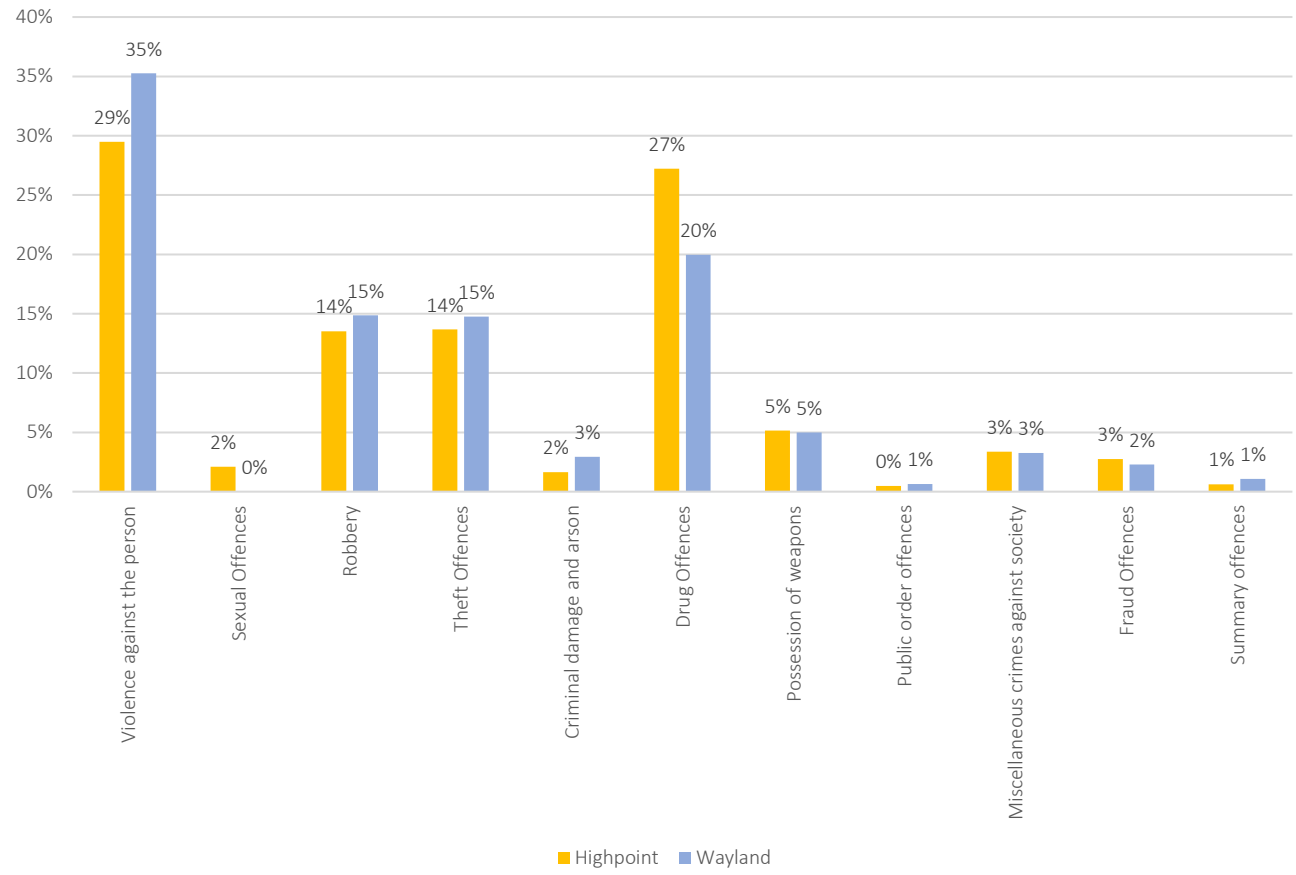
Religion	Highpoint #	Wayland #
Muslim	325	164
Roman Catholic	252	190
No Religion	195	218
Church of England	159	154
Christian	134	128
Other	199	82
Total	1264	936

[31] NOMIS.

OFFENCES[32]

Figure 1.2.27 shows the offending profile of the two prisons as at March 2019. Broadly speaking, the offending profile of the two prisons are similar. Of note is the higher rate of the population in HMP Highpoint in comparison to HMP Wayland who have an index offence for drug offences. In addition, HMP Highpoint has seen an increase in this population. Conversely the rate of the population with violence against the person is higher in HMP Wayland than in HMP Highpoint.

Figure 1.2.27: Offending profile as at March 2019.



Figures 1.2.29 and 1.2.30 show change in the offending profile of the population between March 2016 and March 2019. A summary of the changes can be found in the following table.

Figure 1.2.28: Summary of the change in offending profile between March 2016 and March 2019.

Offence	HMP Highpoint	HMP Wayland
Violence Against the Person	Has remained stable at around 28-29%.	Slight increase from 33% to 35%.
Sexual Offences	Has remained stable at around 2%.	Has decreased from 1-2% to 0%.
Robbery	Decrease from 17% to 14%.	Decrease from 20% to 15%.
Theft Offences	Slight decrease from 16% to 14%.	Slight decrease from 17% to 15%.
Drug Offences	Increase from 23% to 27%.	Has remained stable at around 20-22%.

[32] https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-october-to-december-2018.

Figure 1.2.29: Change in offending profile between March 2016 and December 2019; HMP Highpoint.

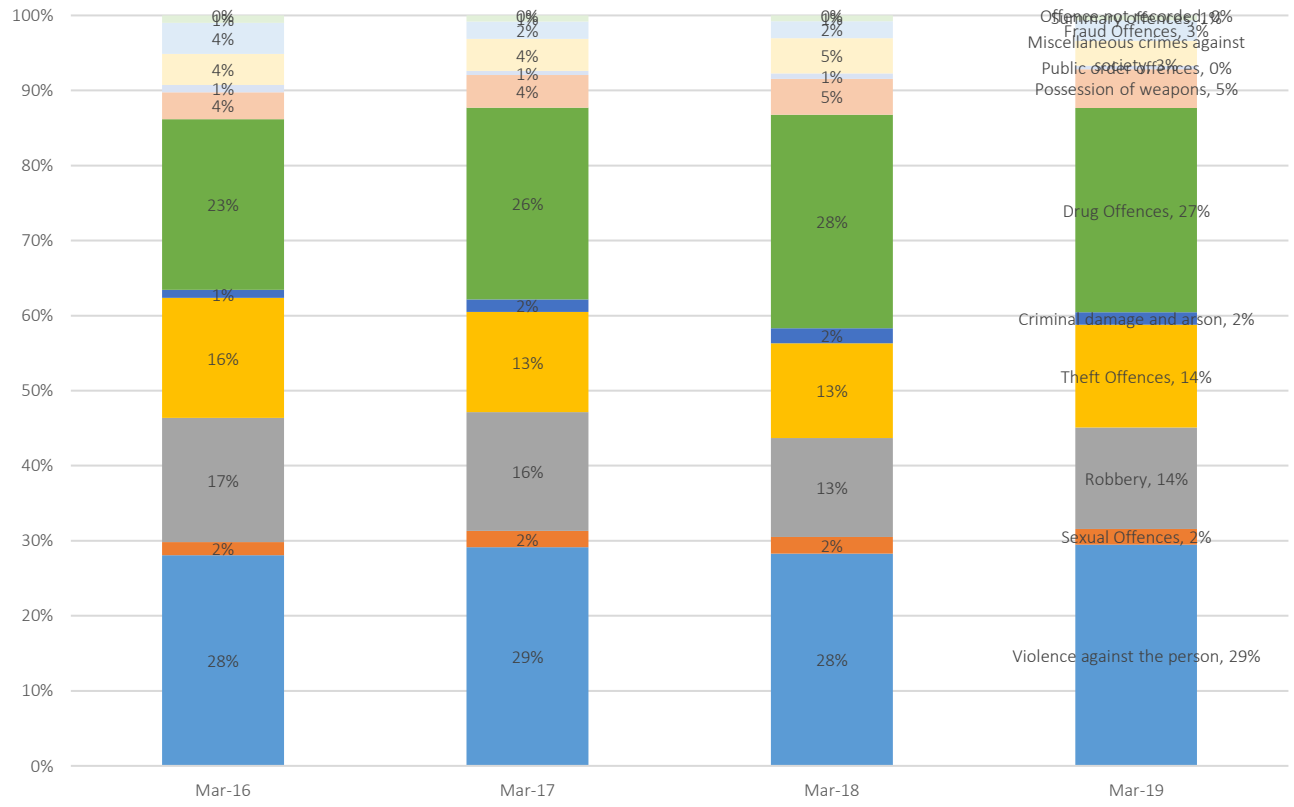
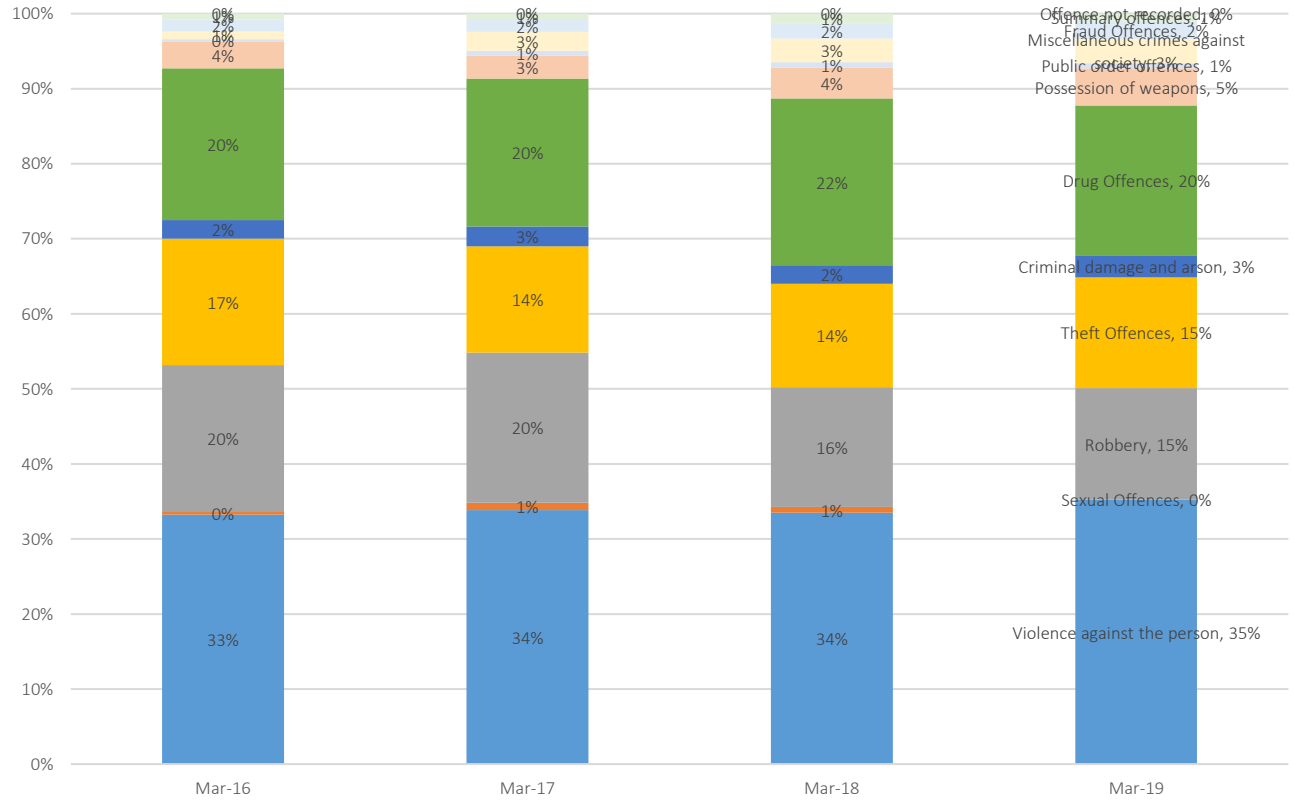


Figure 1.2.30: Change in offending profile between March 2016 and December 2019; HMP Wayland.



EX-SERVICE PERSONNEL

As highlighted in the HMIP Report *People in prison: Ex-service personnel*[33]," The number of ex-Service personnel in prison is a contentious issue; accurate figures have proven notoriously difficult to ascertain and the exact number of ex-Service personnel in custody is currently unknown".

The survey data from the HMIP Report revealed that out of 4,731 adult male prisoners in 2012–13 the average proportion of prisoners identifying themselves as ex-Service personnel was 7% (n=318). The review by Stephen Phillips QC MP titled 'Former Members of the Armed Forces and the Criminal Justice System', quotes that "The data that presently exist are based upon this definition. As I have noted, those data indicate that somewhere between 3.5% and 7% of the current prison population is comprised of former service personnel."

Other key findings from these reports that are relevant to this HSCNA are:

- Analysis of the Defence Analytical Services Agency (DASA) data showed that older ex-Service personnel were also overrepresented in the prisoner population: 29% of ex-Service personnel in prison were over 55 compared to 9% of the general prisoner population.
- Service in the Armed Forces may, in some cases, also lead to an increased risk of alcohol misuse and mental health difficulties, including anxiety, depression and post-traumatic stress disorder (PTSD). Therefore, it is likely that those ex-Service personnel who do come into contact with the criminal justice system may be affected by one or more of these vulnerabilities.
- Ex-Service personnel were more likely to be serving longer sentences: 63% reported that their sentence was over 4 years (compared with 53% of the general prisoner population); 39% reported that their sentence was over 10 years (compared with 26% of the general prisoner population).
- On arrival into prison, ex-Service personnel were as likely as the general prisoner population to report problems around issues such as alcohol (17%) and mental health (15%).
- Ex-Service personnel were more likely to report feeling depressed or suicidal on arrival into prison (18% compared with 14%).
- The incidence of physical health problems on arrival into prison was higher among ex-Service personnel than the general prisoner population (24% compared with 13%).
- A higher proportion of prisoners identifying as ex-Service personnel stated that they had a disability (34% compared with 19% of the general prisoner population).
- Identification is not, presently, routine, and even in those places where it is common practice, many who have served in the Armed Forces have reservations about self-identifying, both because of a feeling of shame at behaviour contrary to the ethos of the Armed Forces and because of fears for personal safety given high-profile attacks on former service personnel.

Figure 1.2.32 shows the number of prisoners that have served in the armed forces based on a number of sources. Across both prisons, the highest rate is found for READ code '(Ua0T3) Served in armed forces', which has been entered at any establishment, with a rate of 4.2% in HMP Highpoint compared to 2.5% in HMP Wayland.

SOURCE	HMP Wayland
SystmOne - (0912.) Member of armed forces	9 (1.0%) – Recorded in HMP Wayland. 13 (1.4%) – Recorded in any establishment.
SystmOne - (Ua0T3) Served in armed forces	0 (0.0%) – Recorded in HMP Wayland. **23 (2.5%) – Recorded in any establishment.**

[33] HM Inspectorate of Prisons (2014), *People in prison: Ex-service personnel*.

SystmOne - (XaX3N) Military veteran	3 (0.3%) – Recorded in HMP Wayland. 12 (1.3%) – Recorded in any establishment.
NOMIS	-

ORIGINATING AREA

No data was provided for HMP Highpoint.

For HMP Wayland, the majority of prisoners were from the South East Region, and the London Region.

Figure 1.2.33: Originating area of prisoners in HMP Wayland.

HMP Wayland	Count	%
Unknown	2	0%
South East	498	53%
London	311	33%
East of England	0	0%
South West	25	3%
Wales	2	0%
East Midlands	0	0%
West Midlands	50	5%
North West	18	2%
North East	26	3%
Yorks & Humberside	4	0%
Total	936	

SEXUALITY

No data was provided for HMP Highpoint.

Below shows the recorded sexuality of those in HMP Wayland. Those that identified as gay accounted for 0.2% of the population, with those identifying as bisexual accounting for 0.5%.

Figure 1.2.34: Sexuality of prisoners in HMP Wayland.

HMP Wayland	Count	%
Heterosexual	790	84.4%
Gay/Lesbian	2	0.2%
Bisexual	5	0.5%
Not disclosed	35	3.7%
No Data	104	11.1%
Total	936	

HEALTHCARE OVERVIEW

This chapter provides an overview of healthcare services in the prisons.

HMP WAYLAND
Monday to Friday – 8.30am – 7.30pm Saturday, Sunday and holidays – 8.30am – 5.30pm
Patients see a triage nurse prior to seeing the GP. There was previously a long wait for patients to be seen by GPs The waiting times have reduced from 5 weeks to 3 weeks. GPs are currently working four days a week. Wing-based care is only available on E-wing at the moment. The head of healthcare reported that wing-based care led to less DNAs. Wing-based care is being revisited for the other wings of the prison, however wing-based care places demands on prison staff as the clinics need to be supervised. At the time of this assessment, there were no nurse clinics run on the wings.
Patients can book healthcare applications via the in cell phones.
Care UK would like to progress the use of telemedicine. At the moment, the prison are reviewing the security impacts of the use of telemedicine in the prison.
The prison receives new prisoners Monday to Friday. The prison see every patient who is discharged. Patients receive a GP summary and those who require it receive naloxone.

NUMBER	ROOM
HEALTHCARE	
5	Treatment rooms
1	Mental health room
1	Pharmacy
DISPENSARIES	
1	A-wing
1	B-wing

1	C-wing
1	D-wing
1	E-wing (also a dispensary for F and H-wings)
1	Healthcare (shared by G, J, K, L, M, N-wings)

Wing-based care is only available on E-wing at the moment. The head of healthcare reported that wing-based care led to fewer DNAs. Wing-based care is being revisited for the other wings of the prison, however wing-based care places demands on prison staff as the clinics need to be supervised.

At the time of this assessment, there were no nurse clinics run on the wings.

SCREENS

The following table provides an overview of the screens listed in the PHE Toolkit. The charts include the performance in HMP Highpoint and HMP Wayland, with additional information covering the performance of the regional and national average.

RETINAL SCREENING UPTAKE

Definition: The % of patients that underwent screening of the total patients eligible during the reporting period.

Parity with prior outcomes: Yes.

Indicator Status 2018-19: Guidance enhanced.

Provision

In HMP Highpoint, the retinopathy service visits twice a year. The increase in coverage is related to changes in processes. Healthcare now liaise directly with the screening hub prior to them coming to the prison. Healthcare admin check eligible patients and see if they had been previously been screened or if they require screening. Information is sent to the patient advising them of the importance of the screen. In addition, healthcare contact the prison wing prior to the appointment, advising them of the importance of the patient being seen.

In HMP Wayland, the retinopathy service visits twice a year.

In 2019-20, East of England Public Health England are planning to complete an audit of age-related screenings in prisons in the East of England region. The audit will be checking to see if current pathways are appropriate for use in prisons.

Figure 1.3.2: Comparison.

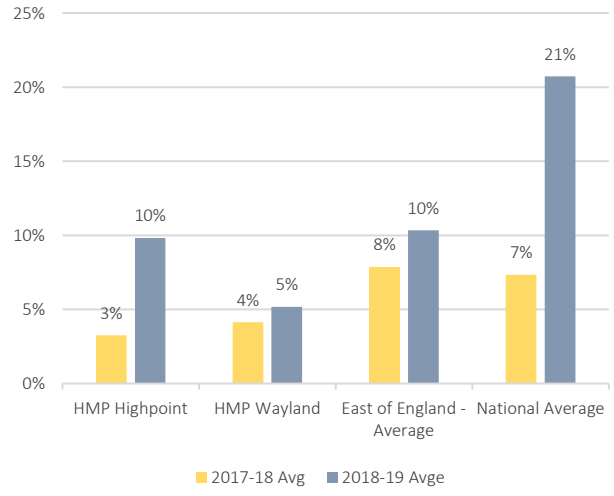


Figure 1.3.3: Actual Numbers.

HMP Wayland				
	2017-18 Total	2017-18 Average	2018-19 Total	2018-19 Average
Denominator	338	28	251	20.9
Numerator	14	1	13	1.1
%	4.1%		5.2%	

BOWEL CANCER SCREENING

Definition: The % of patients that underwent screening of the total patients eligible during the reporting period.

Parity with prior outcomes: Yes.

Indicator Status 2018-19: Guidance enhanced.

Provision

Both prisons have provisions for the bowel cancer screening to be completed. There are much lower numbers of eligible patients in HMP Wayland, which has a much lower coverage than HMP Highpoint.

In both prisons, healthcare liaises directly with the screening hub on a monthly basis, confirming the eligible patients who have consented to be screened. Literature is sent out to patients advising them of the importance of the screen. Patients are invited to healthcare to discuss the screening test with a clinician Units are advised prior to the appointment that the patient needs to attend.

Figure 1.3.4: Comparison.

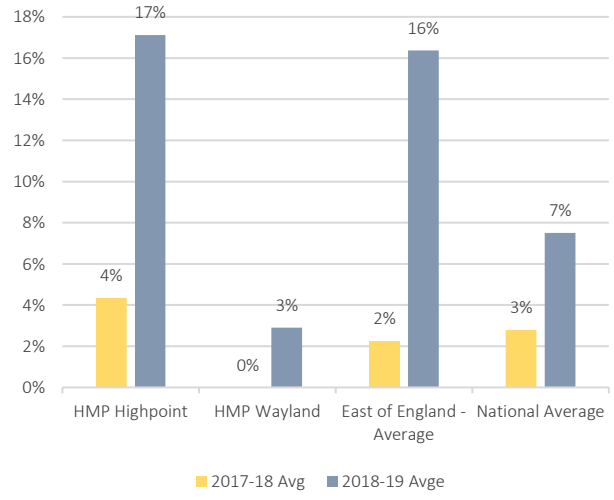


Figure 1.3.5: Actual numbers.

HMP Wayland				
	2017-18 Total	2017-18 Average	2018-19 Total	2018-19 Average
Denominator	181	15	69	5.8
Numerator	0	0	2	0.2
%	0.0%		2.9%	

ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING UPTAKE

Definition: The % of patients that underwent screening of the total patients eligible during the reporting period.

Parity with prior outcomes: Yes.

Indicator Status 2018-19: Guidance enhanced.

Provision

There is one scheduled visit from the AAA service per year in HMP Highpoint.

In HMP Wayland, the AAA screening is run by the Norfolk and Norwich University Hospital. The service visit the prison once a year.

Figure 1.3.6: Comparison.

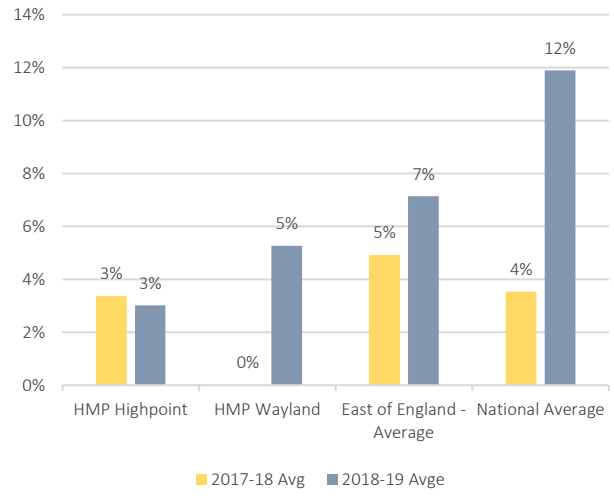


Figure 1.3.7: Actual numbers.

HMP Wayland				
	2017-18 Total	2017-18 Average	2018-19 Total	2018-19 Average
Denominator	113	9	95	7.9
Numerator	0	0	5	0.4
%	0.0%		5.3%	

CHLAMYDIA SCREENING UPTAKE

Definition: The % of patients that underwent screening of the total patients eligible during the reporting period.

Parity with prior outcomes: Yes.

Indicator Status 2018-19: Guidance enhanced.

Provision

A much lower proportion of HMP Wayland's population are eligible for chlamydia screening compared to HMP Highpoint.

In both prisons, patients are offered the chlamydia screen at the secondary health screen. In HMP Highpoint, the secondary screen is asked at the same time as the first reception screen. This may have an impact on the number of patients taking up the screen.

In HMP Wayland, healthcare said that the reduction in the coverage of chlamydia screening from 2018-18 to 2018-19 is due to issues beyond their control such as prison roll checks or staff absences.

Figure 1.3.8: Comparison.

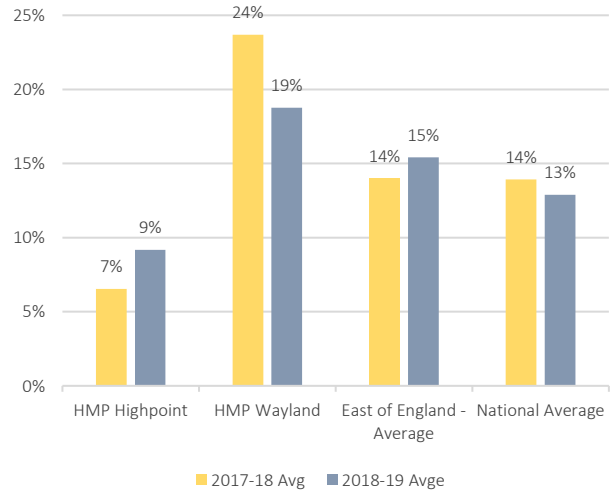
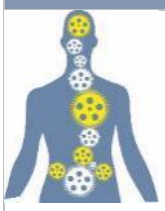


Figure 1.3.9: Actual Numbers.

HMP Wayland[34]				
	2017-18 Total	2017-18 Average	2018-19 Total	2018-19 Average
Denominator	266	22	261	21.8
Numerator	63	5	49	4.1
%	23.7%		18.8%	

[34] Commentary from HJIPS: "4 Declined, 6 still to be completed".

NHS PHYSICAL HEALTH CHECK SCREENING UPTAKE



Definition: The % of patients that underwent screening of the total patients eligible during the reporting period.

Parity with prior outcomes: Yes.

Indicator Status 2018-19: Guidance enhanced.

Provision

In HMP Highpoint, NHS Health Checks are managed by a healthcare assistant. There were big increases in coverage in 2018-19 compared to 2017-18. In HMP Highpoint, all new residents aged 35 and over are invited to an NHS Health Check. Information relating to the screen is sent with the appointment slip. Units are advised prior to the appointment that the patient needs to attend.

In HMP Wayland there is a healthcare assistant who runs the NHS Health Checks clinics once a week. This includes a weekly check on which patients are due a screen.

Figure 1.3.10: Comparison.

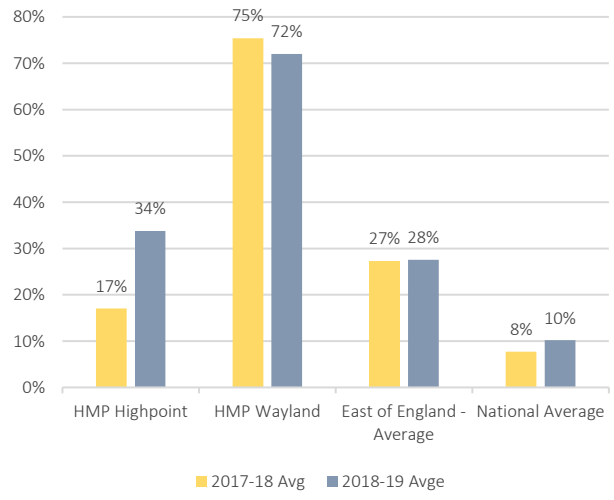


Figure 1.3.11: Actual Numbers.

HMP Wayland				
	2017-18 Total	2017-18 Average	2018-19 Total	2018-19 Average
Denominator	244	20	200	16.7
Numerator	184	15	144	12.0
%	75.4%		72.0%	

RECEPTION SCREENS

Below shows the performance for 1st and 2nd reception screens. Performance in HMP Highpoint is good for both the 1st and 2nd screens. HMP Wayland YTD performance for 2nd receptions screen was on 88%, however the last quarter has shown good performance.

Figure 1.3.12: Reception screen performance.

Prison	Indicator Description	East of England - Average	National Average	Jan-19	Feb-19	Mar-19	Average performance - 2018/19 Q4	Average performance - 2018/19 Q3	YTD Performance
HMP Wayland	1st Reception screens	100%	99%	97%	100%	100%	99%	100%	100%
	2nd Reception screens	99%	68%	97%	98%	96%	97%	95%	88%

QOF ANALYSIS

The following chapter contains a series of analyses relating to the QOF registers, providing an overview of the prevalence across a number of health conditions. As both prisons uses the same framework, the analyses provide a good baseline for comparisons.

The first area of analysis looks at the rate of prisons that are not on any of the QOF registers. This analysis may indicate the number and rate of the population that are 'healthy' as they are not listed on any of the registers. An alternative view may also indicate that a certain number of those in this cohort have not been identified and are classified as unmet need. In these instances, the use of an expected prevalence rate will further inform the analysis. This can be found in the individual chapters for the health conditions.

Figure 1.3.13: Rate of prisoners not on any QOF register.

Prison	Number of Prisoners	Number not on any QOF Register	Percentage not on any QOF Register
HMP Wayland	936	436	47%

Figure 1.3.14 on the following page shows the prevalence across the two prisons as at June 2019. The chart on the right shows the percentage point difference of the QOF registers between the two prisons.

In general, the prevalence across most registers are similar. There are no conditions that have a notably higher rate in HMP Highpoint compared to HMP Wayland. There is a higher rate of depression and mental health in HMP Wayland.

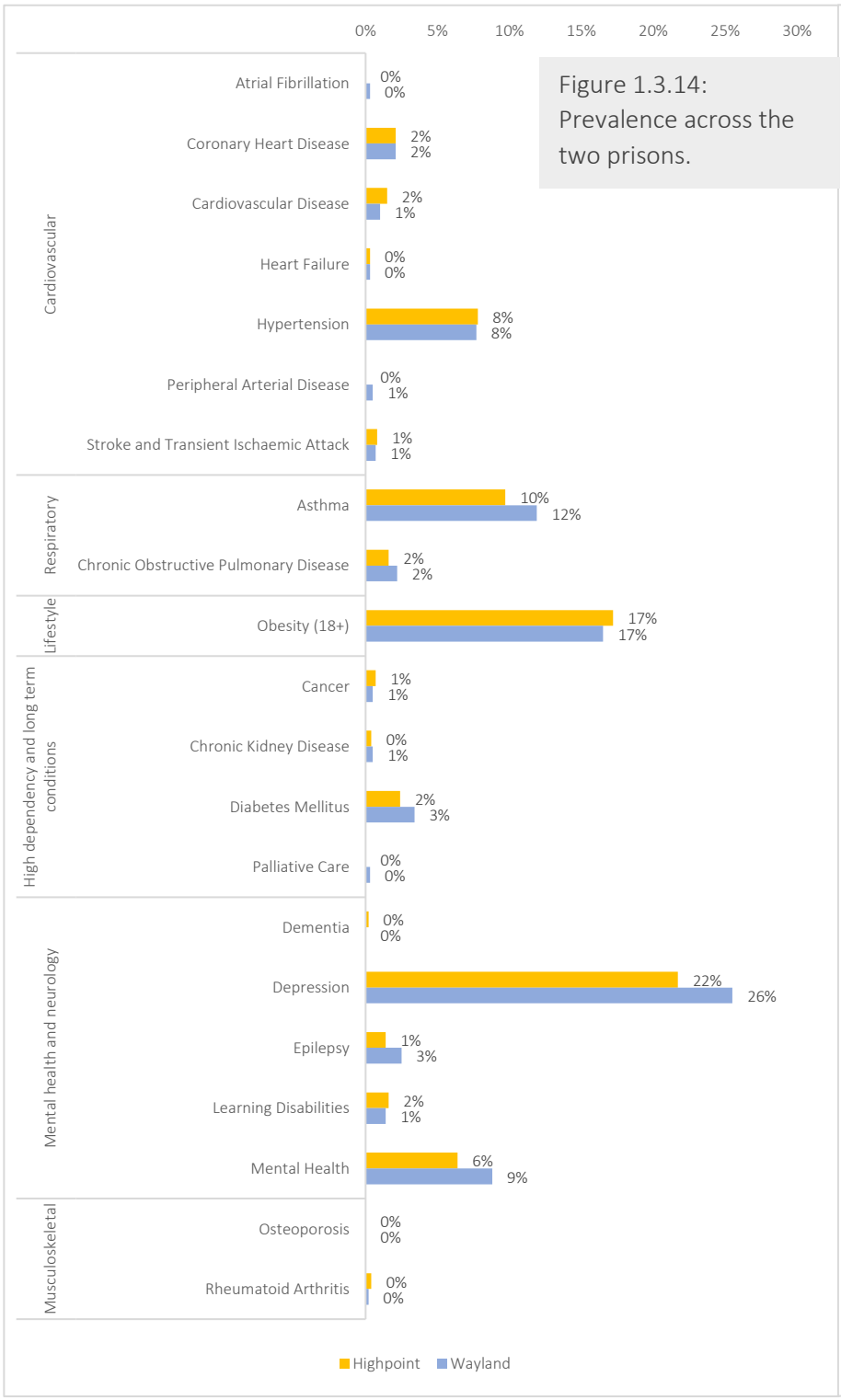
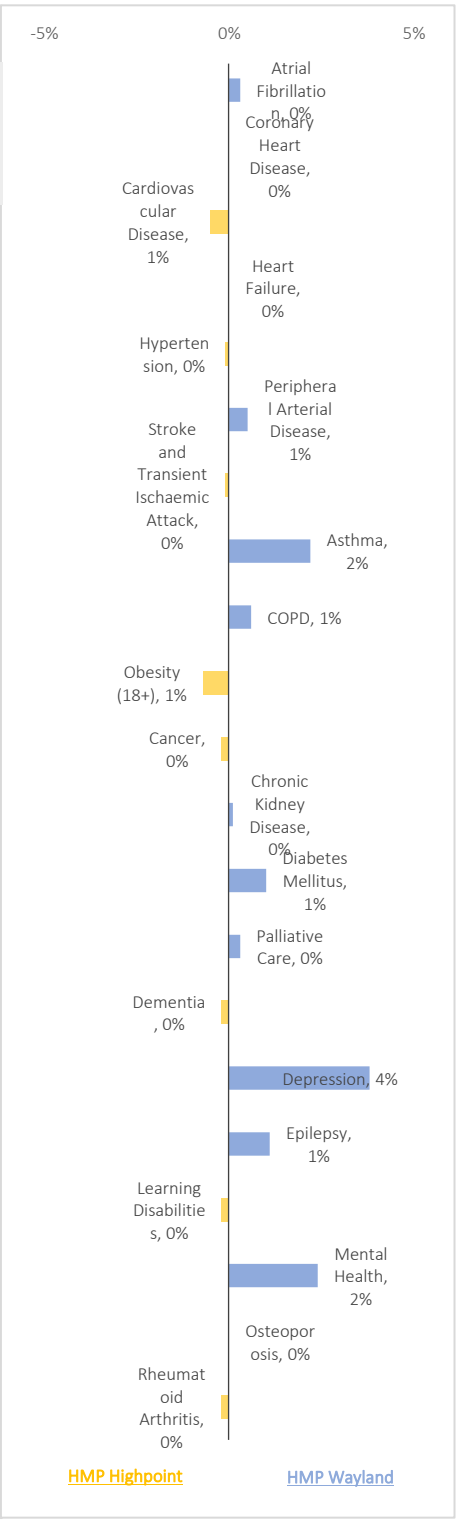


Figure 1.3.14: Prevalence across the two prisons.

This chart shows the prevalence of the QOF registers across the two prisons.



This chart shows the percentage point difference of the QOF registers between the two prisons.

In general, the prevalence across most registers are similar.

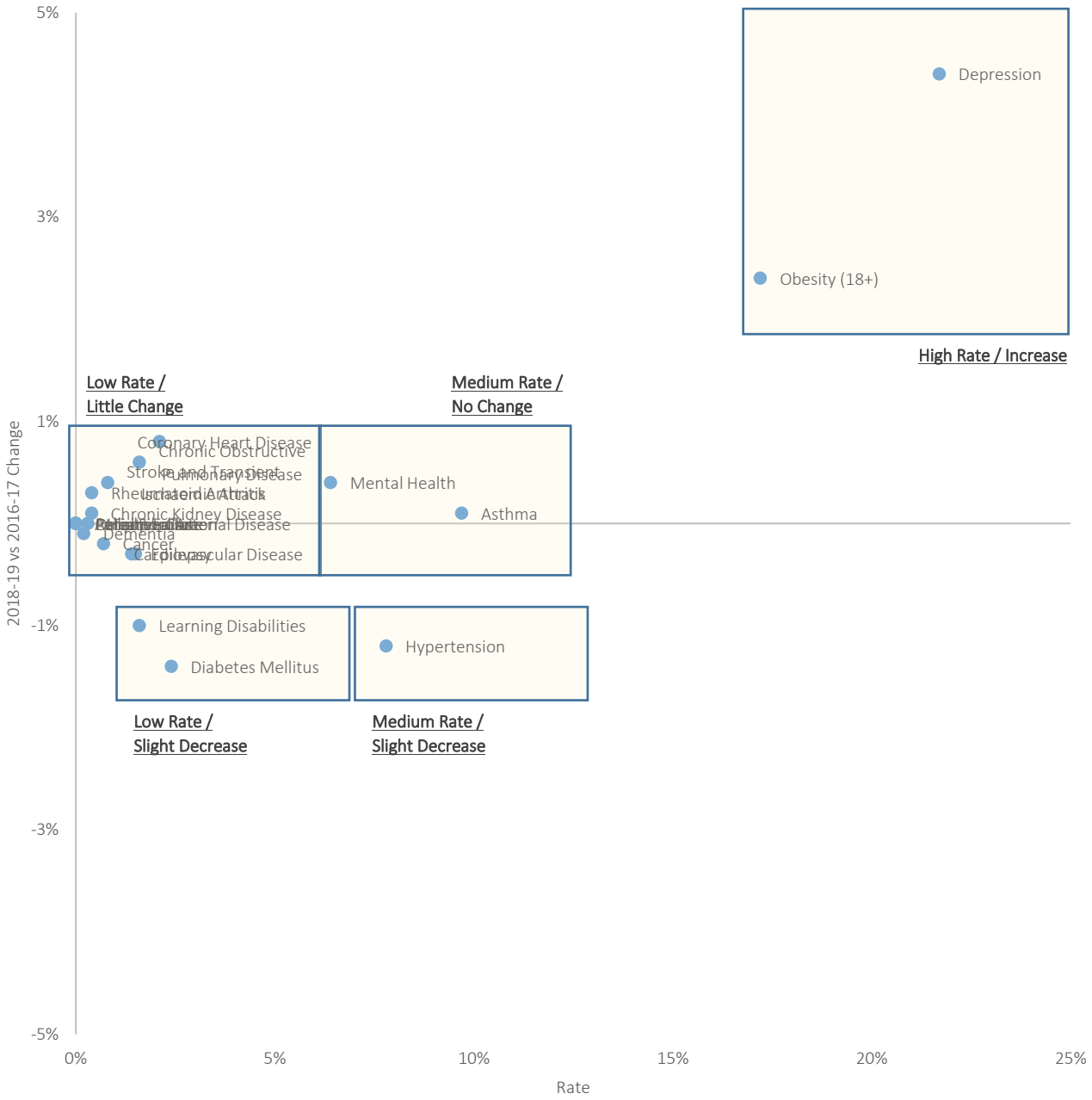
There are no conditions that have a notably higher rate in HMP Highpoint compared to HMP Wayland.

Of note is the higher rate of depression and mental health in HMP Wayland.

The following illustrates how the HMP Highpoint QOF register has changed since the 2016 HSCNA. The X-axis shows the rate[35] with the Y-axis showing the change since the last HSCNA. This presents the findings into a visual format which highlights a number for areas:

- Obesity and depression have both seen an increase since the last HSCNA, and there is a high percentage of the population on these registers.
- Learning disabilities and diabetes have both seen a slight decrease, and there is a low percentage of the population on these registers.
- A high number of the registers has seen little change, and there is a low percentage of the population on these registers.

Figure 1.3.15: Rate and change since the last HSCNA: HMP Highpoint.

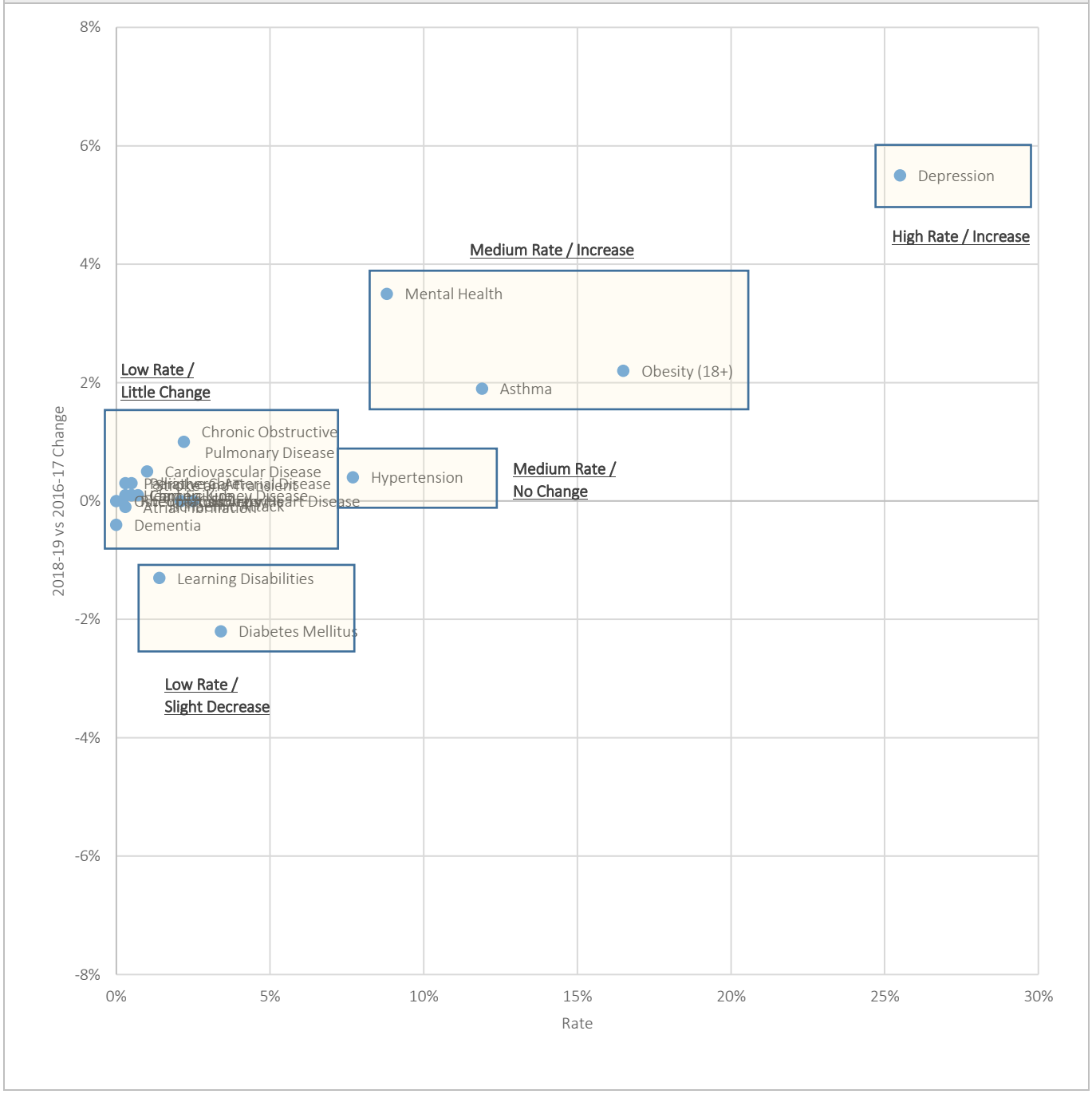


[35] The percentage of the population on the register.

The following illustrates how the HMP Wayland QOF register has changed since the 2016 HSCNA. The X-axis shows the rate[36] with the Y-axis showing the change since the last HSCNA. This presents the findings into a visual format which highlights a number for areas:

- Depression has seen an increase since the last HSCNA, and there is a high percentage on this register.
- Mental health, asthma, and obesity account for a sizable proportion of the population, and have seen an increase.
- Learning disabilities and diabetes have both seen a slight decrease, and there is a low percentage of the population on these registers.
- A high number of the registers has seen little change, and there is a low percentage of the population on these registers.

Figure 1.3.16: Rate and change since the last HSCNA: HMP Wayland.



[36] The percentage of the population on the register.

DATA OVERVIEW			
Area	Data Source	Time Period	Comments
Reception Screen and Secondary Screen.	SystmOne	2016-17, 2017-18, 2018-19 financial years.	Healthcare use the new national screening template with all new arrivals.
QOF	SystmOne	Snapshot as at June 2019.	The QOF data was used for the registers of different conditions. In addition, the information in the QOF was used to provide details of the management of these conditions.
HJIPs	HJIPs	2017-18 and 2018-19.	The HJIPs is used to provide performance background to the different health areas. Comparisons against regional and national averages have been included. The comparisons also include the comparator prisons. One of the main issues with the HJIPs is that a number of the indicators have been changed for 2018-19. This meant that long-term analysis was not possible for some areas.
Population and Demographic Data	C-NOMIS SystmOne MoJ Statistics	Various	A number of data sources were used. In general, SystmOne was used when analysis of health conditions was involved. Analysis of general demographic information used data from C-NOMIS and MoJ Statistics. This is due to limitations in SystmOne around some areas such as religion, ethnicity, and sentence type.
Substance Misuse	NDTMS	2016-17, 2017-18, 2018-19 financial years.	Used to provide substance misuse treatment information.
Other	Various		
Surveys	S Squared	June and July 2019	Prisoner and staff surveys were distributed in the two prisons. Response rates for the prisoner survey was poor in HMP Highpoint.
Interviews	Healthcare and prison staff	June and July 2019.	Staff from the prison, healthcare, and other providers were interviewed in face to face and telephone interviews. The views of commissioners were also sought.

ENGAGEMENT

HMP WAYLAND
Healthcare organised a focus group with 5 patients that took place in the Chaplaincy.
Patients unanimously agreed that the healthcare services had worsened since the change in provider. The main complaints were related to long waiting times to see the GP. Dental waiting times were also cited as being lengthy. Patients said that they had been waiting a long time for medication. Patients did not understand why medication could not be repeat prescribed automatically.
-
Patients said that they did not understand why they had to see nursing staff before being seeing services such as the GP.
Patients said that there were long waiting times to see the optician, with one patient saying that they waited 2 months. Patients went on to say that when they did see the opticians, the service was good and responsive.
Patients who had been to external hospital appointments felt that there was not good communications between the hospital and healthcare in the prison. Patients had experienced being prescribed medication in the hospital that were not allowed in hospital.
A patient with PTSD said that he received good help from the wellbeing team. Patients agreed that the Wellbeing Service was advertised well in the prison.

SURVEYS

INTRODUCTION

For this HNA, the Researchers designed prisoner and staff surveys that were distributed across both prisons. The surveys included questions on respondents' physical and mental health and a section focussing on areas for improvement. The surveys also included opportunities for respondents to leave free text comments.

RESPONSE RATE

Low numbers of surveys were returned in both prisons. The prison survey in HMP Highpoint and the staff survey in HMP Wayland received low responses and are not included in the analysis. There were 24 responses to the prisoner survey in HMP Wayland and 18 responses to the staff survey in HMP Highpoint.

KEY POINTS

In the HMP Wayland prisoner survey:

- Drug and alcohol services were seen as easy to access (9; 53%)
- The GP was seen as difficult to access (17; 85%).
- Substance misuse (15; 63%) and housing (12; 50%) were the two most common factors that impacted on respondents health.
- 68% (15) of respondents had physical health concerns.

In the HMP Highpoint staff survey:

- Security issues were a concern, with 13 respondents (59%) wanting tighter security measures.
- There were improvements to be made in the information available to prison staff (14; 78%), waiting times (17;75%), and information on healthcare services for patients (17; 95%).

SPECIALIST PATHWAYS

MENTAL HEALTH

OVERVIEW

INTRODUCTION

Mental health is covered in the PHE Toolkit. The Toolkit provides an overview, prevalence rates, and suggested data sources. [37]

The key points are:

- "...a recent Audit Office report shows that just 7% of short sentence prisoners accessed help from mental health services while nearly 60% of remand prisoners have a common mental disorder and 10% a psychotic disorder".
- "In a study of prisoners, 72% of male, and 71% of female prisoners were found to suffer from 2 or more mental disorders (including personality disorder, psychosis, neurosis, alcohol misuse and drug dependence), 20% suffered from 4."
- "Presence of concurrent mental health and substance misuse problems can lead to difficulties in accessing support from either service."
- "The 2007 adult psychiatric morbidity survey shows that male remand prisoners are 20 times more likely to suffer psychosis and 20 times more likely to entertain suicidal thoughts than the general population."
- "Many people in contact with the criminal justice system have experience of interpersonal trauma, particularly women offenders. This has been linked to the onset of a range of mental health problems including post-traumatic stress disorder, depression, anxiety disorders and substance misuse."
- "29% of prisoners report having experienced emotional, physical or sexual abuse as a child, with the percentage much higher among women prisoners."
- "Limited availability of trauma informed mental health services can lead to poor responses to this client group."

ADDITIONAL LITERATURE

Published in 2009, the Bradley Review[38] looked specifically at diverting people with learning disabilities and mental health problems away from the criminal justice system.

The Bradley Review used a number of existing research papers for evidence, including *Too Little Too Late: An Independent Review of Unmet Mental Health Need in Prison*[39], *Bromley Briefings Factfile*[40], *No One Knows*[41], and the *Survey for the Office for National Statistics on Psychiatric Morbidity among Prisoners*.[42]

Some of the key facts taken from these research papers include:

- At any one time, 10% of the prison population have serious mental health problems.

[37] Public Health England (2014), *Health and Justice Health Needs Assessment Template: Adult Prisons (part 2).*
[38] Department of Health (2009), *The Bradley Report*.
[39] Prison Reform Trust (2009), *Too Little Too Late: An Independent Review of Unmet Mental Health Need in Prison*.
[40] Prison Reform Trust (2009), *Bromley Briefings Factfile*.
[41] Prison Reform Trust (2008), *No One Knows*.
[42] ONS (1998), *Survey for Psychiatric Morbidity among Prisoners*.

- 96% of prisoners with mental disorders returned to the community without supported housing, including 80% of those who had committed the most serious offences; more than three quarters had been given no appointment with outside carers.
- There are now more people with mental health problems in prison than ever before.
- Self-harm and suicide rates are significantly higher in the prison population compared to the general population.
- People from black, Asian and minority ethnic (BAME) communities with mental health problems represent about 10% of the UK population, but in prison, this rises to approximately 20%.
- There is conflicting research on the effect of prison on the mental health of prisoners. A paper released by Advances in Psychiatric Treatment[43] argued that imprisonment is detrimental to mental health. However, in 2010, the results of a study by the Offender Health Research Network (OHRN[44]) indicate that prison does not have a universally detrimental effect on mental health.

Coid et al. (2002)[45] found less mental ill-health among Afro-Caribbean prisoners than among white prisoners, although these findings may partially be explained by a failure to recognise mental illness in Afro-Caribbean prisoners by healthcare staff[46] and a reluctance to seek help for mental health problems among these prisoners. This reflects the difficult relationship between Afro-Caribbean communities and mental health services (SCMH, 2002). [47]

The Sainsbury Centre for Mental Health Report suggests that treatment of people from BAME communities is hampered by mutual mistrust between professionals in mental health and people from BAME groups. The study concludes that too often, black people come to the attention of mental health services at a late stage and are often severely ill before they begin to receive treatment.

POLICY AND GUIDANCE

In February 2016 an Independent Mental Health Taskforce published *The Five-Year Forward View for Mental Health*[48]. This made a series of recommendations for the NHS and government to improve outcomes in mental health by 2020-21, including ending the practice of sending people out of their local area for inpatient care and increasing access to talking therapies.

In October 2017, the government commissioned a review of the Mental Health Act 1983, in response to concerns about rising rates of detention and the disproportionate use of the Act among people from black, Asian and minority ethnic (BAME) groups. An interim report was published in May 2018 and flags several areas for change, such as 'advance planning' decisions so patients' preferences about their care receive suitable consideration. The review is also gathering evidence on the use of the Act among people from BAME groups.[49]

The full set of NICE guidelines for mental health conditions can be found on the following link:

https://www.nice.org.uk/guidancemenu/conditions-and-diseases/mental-health-and-behavioural-conditions

[43] Birmingham, L., 'The Mental Health of Prisoners', *Advances in Psychiatric Treatment*, (2003, 9 (3) pp191-199).
[44] OHRN (2010), *The pathway of prisoners with mental health problems through prison health services and the effect of the prison environment on the mental health of prisoners*.
[45] Coid, J., 'Ethnic differences in prisoners', *The British Journal of Psychiatry*, Dec 2002.
[46] Knight, L. and Stephens, M., 'Mentally Disordered Offenders in Prison: A Tale of Neglect', *International Journal of Criminology*, 2009.
[47] The Sainsbury Centre for Mental Health (2002), *Breaking the Circles of Fear*.
[48] Mental Health Taskforce to the NHS in England (2016), *The Five-Year Forward View for Mental Health*.
[49] House of Commons Library (2018), *Mental Health Policy in England*

PREVALENCE

RECEPTION SCREEN

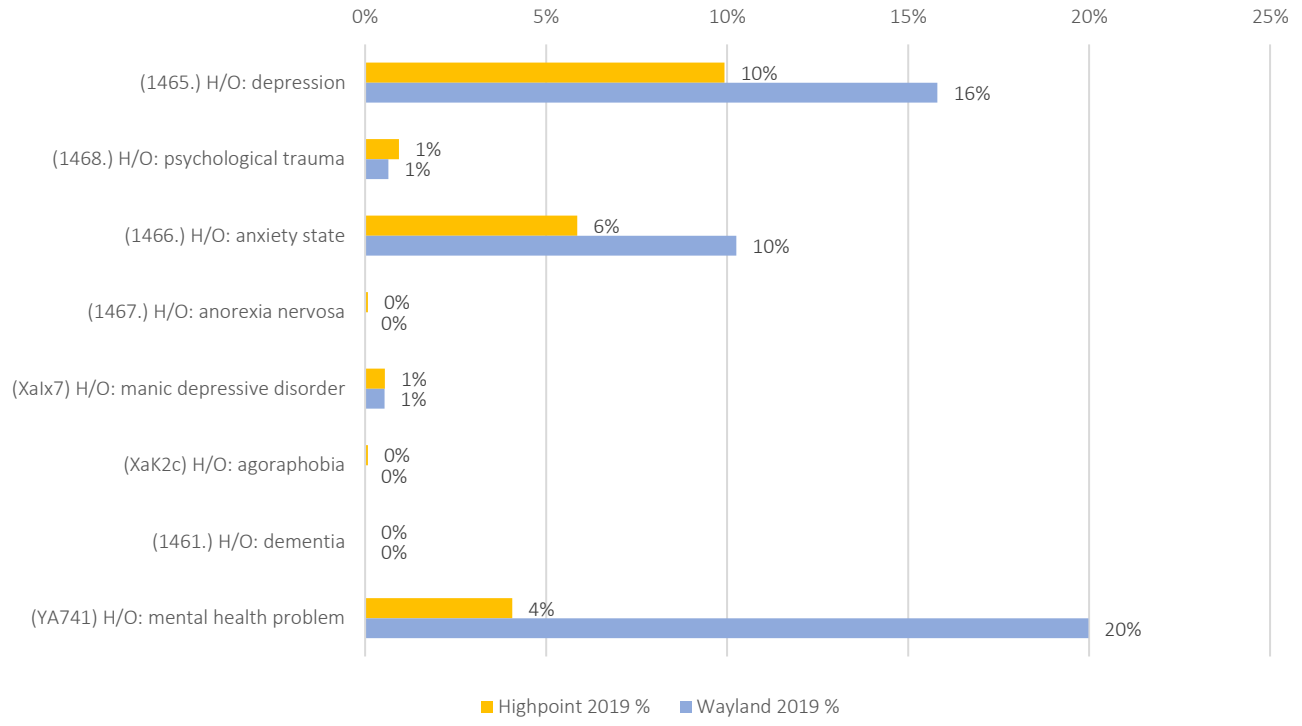
In both prisons, the reception screen is completed by a primary care nurse. In HMP Highpoint, the nurse also completes the secondary health screen at the same time. Referrals can be made from reception to the mental health team.

The following analysis is broken down into the separate areas of the mental health section of the reception screen.

Page 1

- The rates are for the current population.
- Higher rates in HMP Wayland than HMP Highpoint across a number of codes.
- These codes were not used in previous HSCNA, therefore no comparisons can be made.

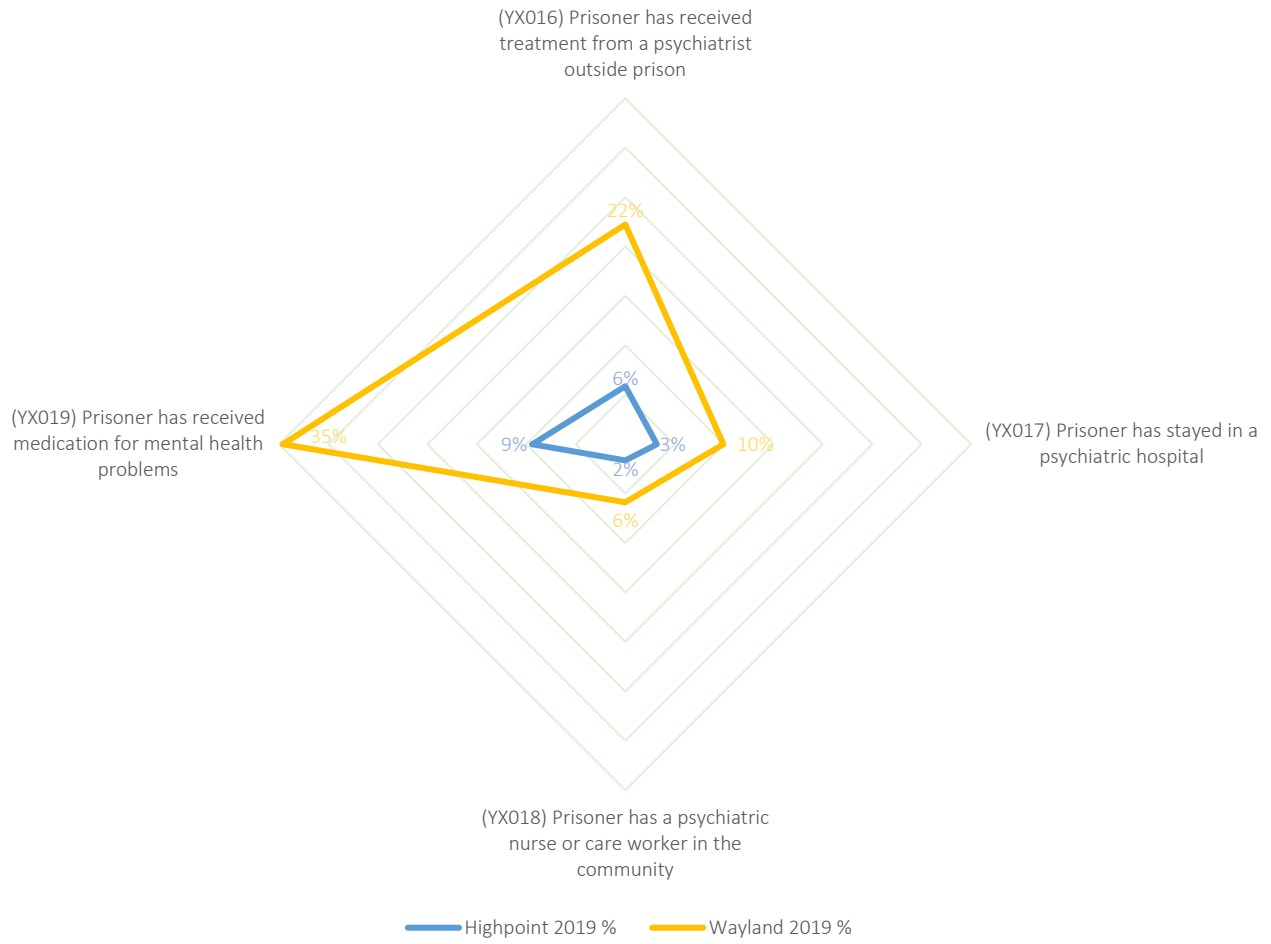
Figure 3.1.1: Prevalence for the current population; READ codes collected at reception screen. Page 1.



Read code	Highpoint 2019 #	Wayland 2019 #
(1465.) H/O: depression	127	148
(1468.) H/O: psychological trauma	12	6
(1466.) H/O: anxiety state	75	96
(1467.) H/O: anorexia nervosa	1	0
(XaIx7) H/O: manic depressive disorder	7	5
(XaK2c) H/O: agoraphobia	1	0
(1461.) H/O: dementia	0	0
(YA741) H/O: mental health problem	52	187

- The rates are for the current population.
- Higher rates in HMP Wayland than HMP Highpoint across a number of codes.
- For HMP Wayland, there has been an increase in prevalence since the last HSCNA.

Figure 3.1.2: Prevalence for the current population; READ codes collected at reception screen. Page 2 – Section A.



Read code	Highpoint 2016 #	Highpoint 2016 %	Highpoint 2019 #	Highpoint 2019 %	Highpoint % Point Change	Wayland 2016 #	Wayland 2016 %	Wayland 2019 #	Wayland 2019 %	Wayland % Point Change
(YX016) Prisoner has received treatment from a psychiatrist outside prison	56	4%	75	6%	1%	75	8%	208	22%	14%
(YX017) Prisoner has stayed in a psychiatric hospital	38	3%	41	3%	0%	56	6%	93	10%	4%
(YX018) Prisoner has a psychiatric nurse or care worker in the community	9	1%	21	2%	1%	4*	0%*	55	6%	5%
(YX019) Prisoner has received medication for mental health problems	233	18%	120	9%	-9%	322	34%	324	35%	1%

*Not collected in 2016.

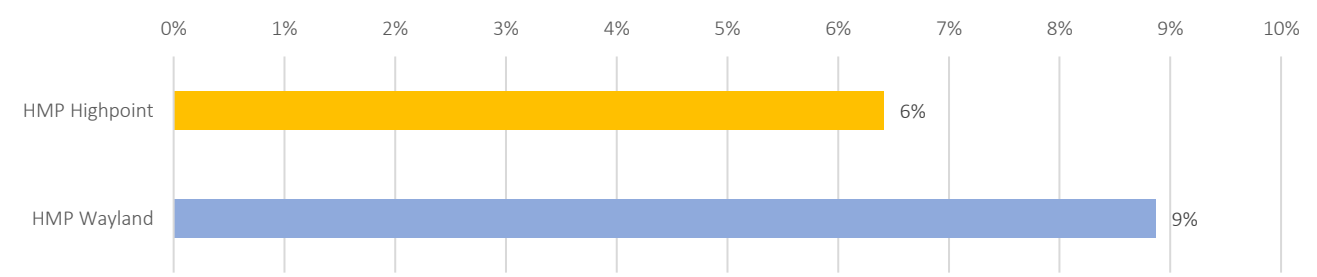
QOF REGISTER

HMP Wayland has a higher rate of the current population on the mental health QOF register. The analysis by age shows a similar pattern across both prisons, with the 40-49 age group showing the highest rates. The analysis by ethnicity also show a similar pattern, with those of White ethnicity reporting the highest rates.

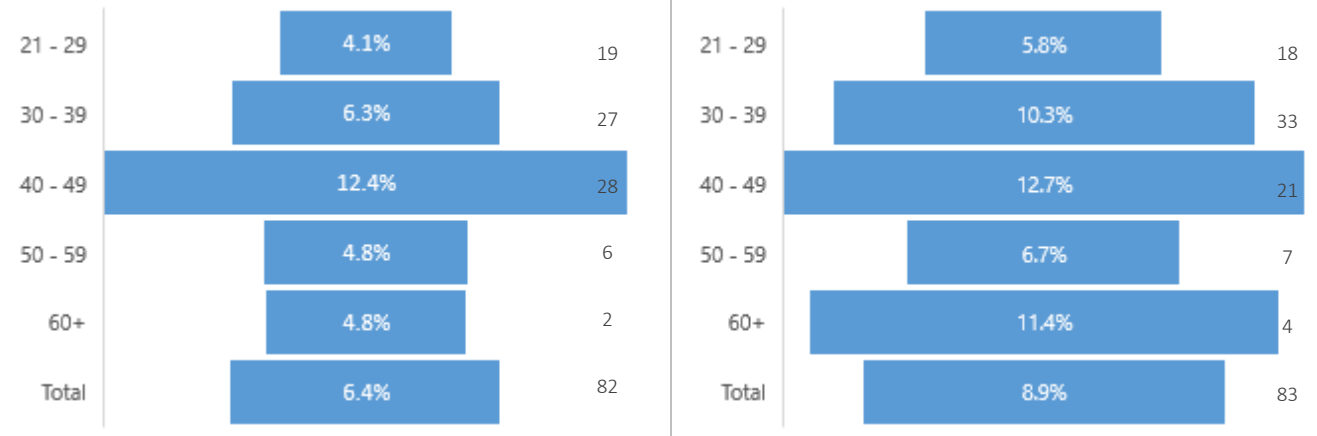
Figure 3.1.3: Analysis of the QOF Mental Health Registers.

HMP HIGHPOINT	HMP WAYLAND

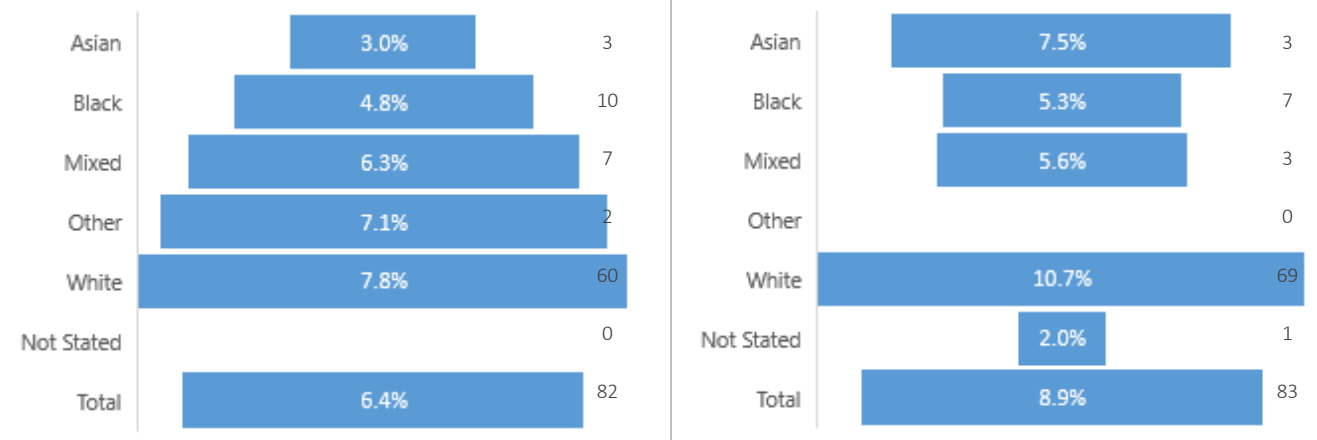
Comparison of the QOF Mental Health register across the two prisons.



Prevalence by age group.



Prevalence by ethnic group.



ADDITIONAL ANALYSIS

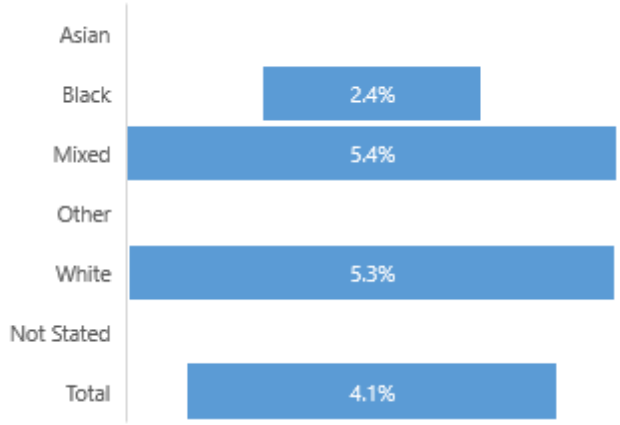
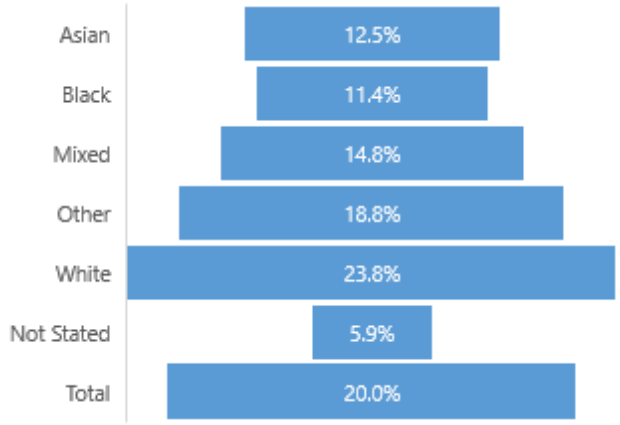
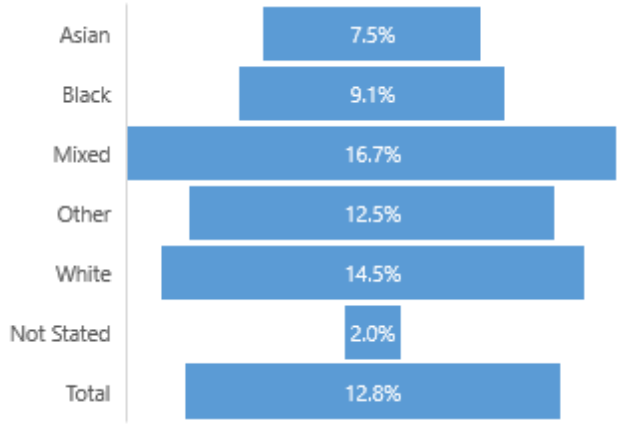
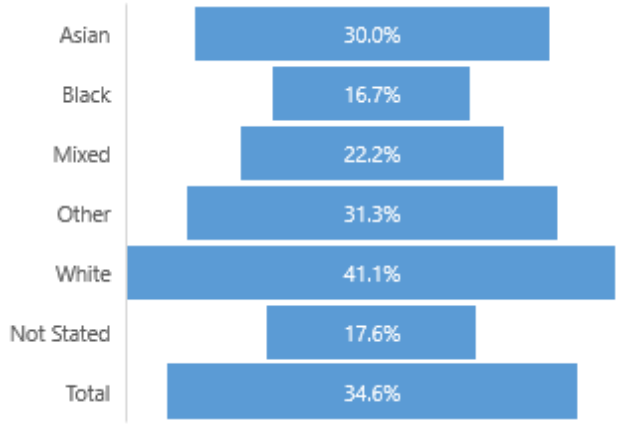
A common theme which has emerged from the analysis of the various mental health datasets is the higher prevalence of mental health in HMP Wayland in comparison to HMP Highpoint. Considering the different factors that may impact the prevalence include:

- Age – the two prison populations share a similar age profile.
- Ethnicity – there is a higher rate of white prisoners in HMP Wayland.
    - In The Lammy Review, it was found that young BAME prisoners are 'less likely to be recorded as having problems, such as mental health…'[50]
    - In the community, those identifying as Black are more likely than average to have experienced a common mental health disorder in the last week.[51] This is not reflected in the mental health-related READ codes in either prison, where there is a lower prevalence amongst those of Black ethnicity.
- Religion – there is a higher rate of prisoners recorded as Muslim in HMP Highpoint.
    - A literature review within a recent research report published jointly by Oxfam and the University of the West of Scotland highlighted the stigma of mental illness within the Muslim community; The fear of stigma is exemplified among Muslim communities (and others) by a tendency to avoid seeking help from mental health professionals. Consistent with this, those with mental illness are likely to attract criticism from their community (Gilbert et al. 2007; Haque 2004; Weatherhead and Daiches 2010) which may act as an obstacle to seeking medical help. This may be compounded by the fact that Islamic tradition sometimes emphasises models of what would now be called mental illness, and associated traditional models of therapy, which may conflict with Western medical approaches found that Muslims, particularly those of South East Asian origin, suffer significantly worse health outcomes than the rest of the population in the UK and Scotland. 'Muslim communities… may experience relatively poor mental health outcomes'.[52]
    - Anecdotally in HMP Highpoint, it was mentioned that the Mental Health Team do not receive as many referrals from the Imam as the other religious leaders.
- Foreign national prisoners – there is a higher rate of FNPs in HMP Highpoint.
    - Similar to the above there will be a degree of stigma attached to mental health issues that is related to ethnicity and religion.
- Presence of a PIPE Unit and Personality Disorder Unit in HMP Wayland. There is a 72 bed PIPE Unit and 24 bed Personality Disorder Treatment Unit in HMP Wayland. This will clearly impact the number of patients with a diagnosed personality disorder as the pathway is for patients who 'are likely to have a severe personality disorder'.[53] There may also be an increase in other mental health need through a co-morbid mental health condition.
- Better identification process – identification processes in both prisons appear to be similar, with the reception screen completed by primary care nursing staff in both prisons.

An area of exploration through data analysis is looking at how the rates vary by ethnicity. Below are presented two of the common READ codes broken down by prevalence for the current population by ethnicity. In HMP Wayland, the rates are higher for those of White ethnicity, which is a pattern often observed in previous HSCNAs. This pattern however is not replicated in HMP Highpoint. This may suggest that ethnicity is one of the contributing factors to the lower rates in HMP Highpoint, however there are other factors to consider as the prevalence pattern by ethnicity is not replicated.

[50] Ministry of Justice, (2017), The Lammy Review
[51] House of Commons, (2018), Mental health statistics for England: prevalence, services and funding
[52] UWS-Oxfam Partnership, (2019), Spiritual beliefs and mental health: a study of Muslim women in Glasgow
[53] NHS England, (2015), The Offender Personality Disorder Pathway Strategy

Figure 3.1.4: Further analysis by ethnicity.

HMP HIGHPOINT	HMP WAYLAND
(YA741) H/O: mental health problem.	
	
(YX019) Prisoner has received medication for mental health problems.	
	

CURRENT PROVISION

HMP WAYLAND
Mental health services in HMP Wayland are provided by Care UK. Care UK began providing a service in the prison in April 2019. IAPT services are provided by Norfolk and Suffolk NHS Foundation Trust. The Mental Health Team is an integrated primary and secondary mental health service. HMP Wayland has a 72 bed PIPE Unit and a 24-bed personality disorder treatment unit. These units are staffed by specially trained prison staff and a separately contracted NHS clinical team. The mental health team can also work with patients who are located on this wing.

Figure 3.1.6: HMP Wayland Mental Health Service.

Job Title	Number
Mental Health Lead	1
Senior Social Worker/ MH Practitioner	1
Learning Disability Practitioner	1
Mental Health Practitioner	2 (2 vacancies)
Senior Support Worker	1
Support Worker	1
Psychiatrist	0.4

SUMMARY OF PROVISION RELATING TO NEED

	HMP WAYLAND
NEED	
PROVISION	Patients with a functional psychosis are likely to be held on the secondary mental health caseload. Patients can see the

	HMP WAYLAND
	psychiatrist as clinically necessary and agreed. Mental health practitioners organise health checks for patients in receipt of anti-psychotics for those on their caseloads. Healthcare Assistants run clinics to conduct the monitoring.
NEED	
PROVISION	Depending on how patients present and any co-morbidities, patients with a personality disorder may be managed on the caseload of the Mental Health Team. The Mental Health Team also work with patients who have suspected or diagnosed personality disorders who present with self-harm issues/dysregulation issues. E-wing is a PIPE & Personality Disorder unit. This unit is run/managed by NSFT and is separate to the Mental Health Team. At times, patients may be joint worked if clinically required.
NEED	
PROVISION	Mild to moderate mental health issues, including depression, anxiety, low-level PTSD, and mood management are managed on the primary mental health case load. Patients can be held on this caseload if they are waiting for an intervention from the Wellbeing Team, who offer IAPT therapies.
NEED	
PROVISION	The chaplaincy offer a counselling service which is run by volunteers and is not religion based. There is no counselling provision within the Mental Health Team.
NEED	

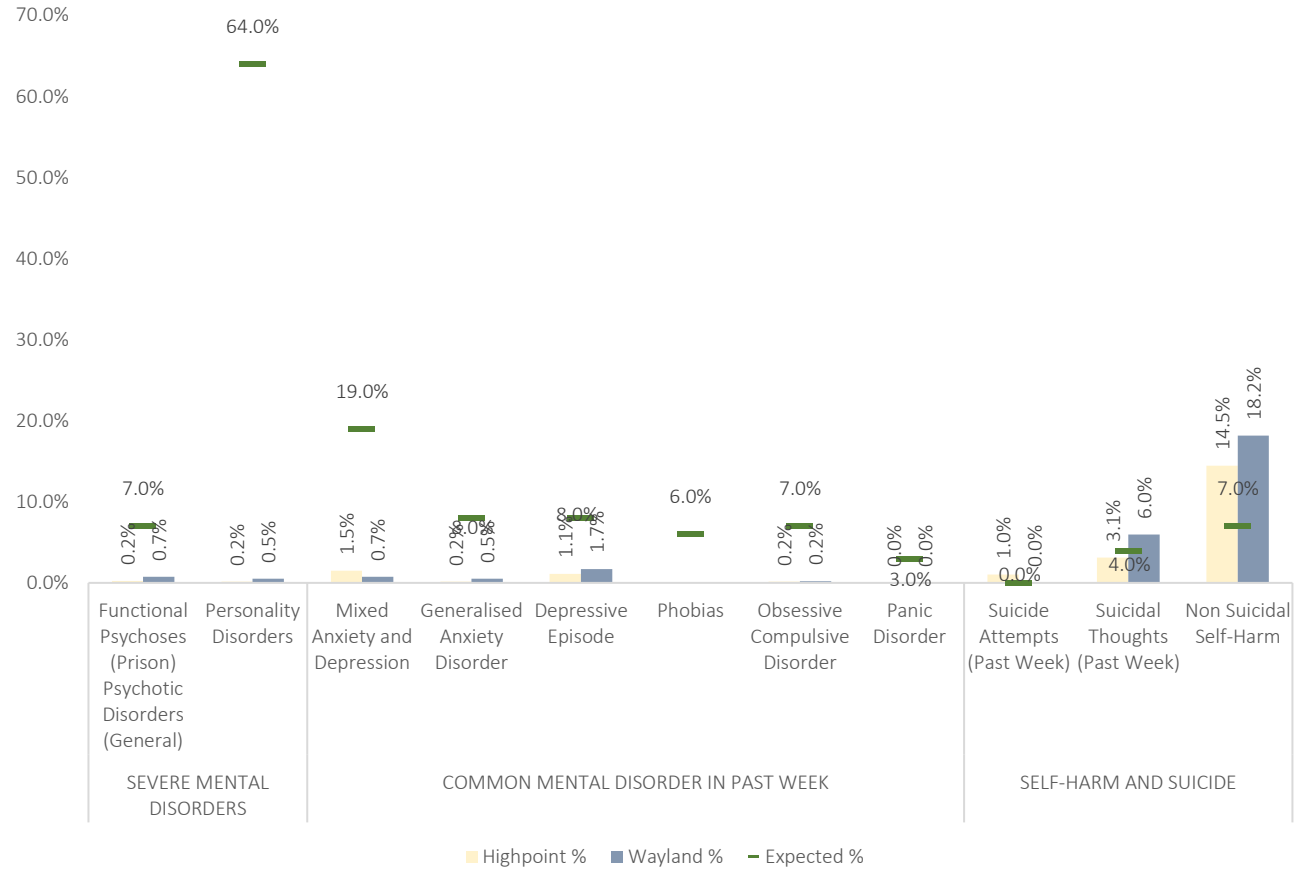
	HMP WAYLAND
PROVISION	Mental health practitioners work with Phoenix Futures regarding patients who are on the caseload of both services. Mental health practitioners have attended the 13-week reviews of patients in receipt of opiate substitute medication, however this does not happen at the moment.
NEED	
PROVISION	At the time of this assessment, there were 12 Listeners in the prison.
NEED	
PROVISION	There are two days of psychiatry provision a week in the prison. There is no waiting list for the psychiatrist.
NEED	
PROVISION	The Mental Health Team practice a CBT approach to self-help, although practitioners are not trained in CBT. The service does not offer an in-depth treatment for trauma. The Wellbeing Service offer some trauma focussed interventions. There are no practitioners trained in EMDR.
NEED	
PROVISION	The Mental Health Team offer three sessions of mental health awareness sessions per year to the prison training dept – they allocate spaces to staff.
NEED	
PROVISION	There is no psychology provision in the prison.
NEED	
PROVISION	

	HMP WAYLAND
	Despite a decrease in the number of assessments in HMP Wayland from 11 to 7 over the two years, this is still higher than HMP Highpoint. In HMP Wayland, there were 2 patients awaiting second assessment and no patients awaiting transfer.
NEED	
PROVISION	As at June 2019, there were 0 prisoners on the QOF dementia register. The Mental Health Team can screen patients for dementia. There is a low dementia need in the prison. Patients in this category would also be assessed by Psychiatry.

PHE TOOLKIT

The following information relates to the expected prevalence rates found in the PHE Toolkit, and the actual prevalence for the current population using the most relevant READ codes. Across the Severe Mental Disorders and Common Mental Disorder in Past Week, the actual prevalence across both prisons is lower than the expected rate. For Self-Harm and Suicide, the rates appear high, however this is likely to be due to no direct comparable READ code being used.

Figure 3.1.9: Expected prevalence in comparison to actual prevalence.



COMMON MENTAL DISORDER IN PAST WEEK		HMP Highpoint				HMP Wayland			
		Expected #	Expected %	READ #	READ %	Expected #	Expected %	READ #	READ %
SEVERE MENTAL DISORDERS	Functional Psychoses (Prison) Psychotic Disorders (General)	88	7.0%	3	0.2%	66	7.0%	7	0.7%
	Personality Disorders	809	64.0%	2	0.2%	599	64.0%	5	0.5%
COMMON MENTAL DISORDER IN PAST WEEK	Mixed Anxiety and Depression	240	19.0%	19	1.5%	178	19.0%	7	0.7%
	Generalised Anxiety Disorder	101	8.0%	2	0.2%	75	8.0%	5	0.5%
	Depressive Episode	101	8.0%	14	1.1%	75	8.0%	16	1.7%
	Phobias	76	6.0%			56	6.0%		
	Obsessive Compulsive Disorder	88	7.0%	2	0.2%	66	7.0%	2	0.2%
	Panic Disorder	38	3.0%	0	0.0%	28	3.0%	0	0.0%
SELF-HARM AND SUICIDE	Suicide Attempts (Past Week)	0	0.0%	13	1.0%	0	0.0%	0	0.0%
	Suicidal Thoughts (Past Week)	51	4.0%	40	3.1%	37	4.0%	56	6.0%
	Non Suicidal Self-Harm	88	7.0%	185	14.5%	66	7.0%	170	18.2%

TREATMENT PATHWAY

The diagram below shows the mental health treatment pathway.

Figure 3.1.10: Mental health pathway in the prisons.

HMP WAYLAND
The Mental Health Team recently began to accept referrals from all sources, including self-referrals. The Mental Health Team assess all patients who are referred to the team from reception. This includes all those on mental health medication, those who had seen a mental health service in the community, and those with a history of self-harm.
Routine referrals are assessed within 48 hours. Urgent referrals are assessed within 4 hours. Patients with a mild to moderate mental health need are discussed at the discharge meeting. These meetings are attended by the Wellbeing Team who receive referrals from this meeting. Patients with a severe and enduring mental health need, such as those known to community teams, are discussed at clinical team meetings (1 per week). Patient treatment pathways are formulated at these meetings. The Mental Health Team have daily handover meetings.
The Mental Health Team complete 1-2-1 reviews and supervised self-help work. The self-help work covers: • Hearing voices • Medication compliance • Low mood/anxiety • Work around management of risk to self Practitioners also liaise with custody colleagues regarding the management of patients. Release planning is organised with community services. The Mental Health Team do not run any group work sessions in the prison.

In March 2017, NICE released guidance for the treatment of adults with mental health problems in contact with the criminal justice system.[54] The document does not give specific recommendations for interventions, but instead refers practitioners to existing NICE guidance. The new guidance makes the point that there is a need 'to modify

[54] NICE (2017), *Mental health of adults in contact with the criminal justice system* [NG66]

the delivery of psychological interventions in the criminal justice system' and 'to ensure continuity of the psychological intervention (for example, transfer between prison settings or on release from prison)'.[55]

Prevalence figures indicate that there is a high need in prison relating to all mental health disorders (see page 53). The table below is taken from NICE guidelines and shows the stepped care model for people with common mental health disorders including the recommended interventions. The table also includes a column showing how the provisions are met in the two prisons.

Focus of the intervention	Nature of the intervention	Provision		
Step 3: Persistent subthreshold depressive symptoms or mild to moderate depression that has not responded to a low-intensity intervention; initial presentation of moderate or severe depression; GAD with marked functional impairment or that has not responded to a low-intensity intervention; moderate to severe panic disorder; OCD with moderate or severe functional impairment; PTSD.	**Depression:** CBT, IPT, behavioural activation, behavioural couples therapy, counselling*, antidepressants, combined interventions, collaborative care**, self-help groups.		HMP Highpoint	HMP Wayland
		CBT		CBT interventions are offered by the IAPT service.
		IPT	This is not offered in the prison.	
		Counselling	There is no counselling provided by the mental health teams.	
		Antidepressants	The psychiatrist and GP can prescribe medication where necessary.	
		Self-help groups	There are no group work sessions for those on step three of the stepped care model.	
	GAD: CBT, applied relaxation, drug treatment, combined interventions, self-help groups.	CBT		CBT interventions are offered by the IAPT service.
		Applied relaxation/ Self-help groups	There are no group work sessions for those on step three of the stepped care model.	
		Drug treatment	The psychiatrist and GP can prescribe medication where necessary.	
	Panic disorder: CBT, antidepressants, self-help groups.	CBT		CBT interventions are offered by the IAPT service.
		Antidepressants	The psychiatrist and GP can prescribe medication where necessary.	
		Self-help groups	There are no group work sessions for those on step three of the stepped care model.	
	OCD: CBT (including ERP), antidepressants, combined interventions and case management, self-help groups.	CBT including ERP		CBT interventions are offered by the IAPT service.
		Antidepressants	The psychiatrist and GP can prescribe medication where necessary.	
		Self-help groups	There are no group work sessions for those on step three of the stepped care model.	
	PTSD: Trauma-focused CBT, EMDR, drug treatment.	Trauma-focused CBT	The IAPT services run some limited group work interventions.	
		EMDR	This is not run in the prisons.	

[55] NICE (2017), *Mental health of adults in contact with the criminal justice system* [NG66]

		Drug treatment	The psychiatrist and GP can prescribe medication where necessary.	
	All disorders: Support groups, befriending, rehabilitation programmes, educational and employment support services; referral for further assessment and interventions.	Support groups	There are no group work sessions for those on step three of the stepped care model.	
Step 2: Persistent subthreshold depressive symptoms or mild to moderate depression; GAD; mild to moderate panic disorder; mild to moderate OCD; PTSD (including people with mild to moderate PTSD).	**Depression:** Individual facilitated self-help, computerised CBT, structured physical activity, group-based peer support (self-help) programmes**, non-directive counselling delivered at home†, antidepressants, self-help groups.	Individual facilitated self-help	The IAPT services and the Mental Health Teams facilitate self-help.	
		Group-based peer support programmes	The IAPT services run some limited group work interventions.	
		Antidepressants	The psychiatrist and GP can prescribe medication where necessary.	
		Self-help groups	The IAPT services run some limited group work interventions.	
	GAD and panic disorder: Individual non-facilitated and facilitated self-help, psychoeducational groups, self-help groups.	Individual facilitated/ non-facilitated self-help	The IAPT services and the Mental Health Teams facilitate self-help.	
		Psychoeducational groups/Self-help groups	The IAPT services run some limited group work interventions.	
	OCD: Individual or group CBT (including ERP), self-help groups.	Individual/group CBT	There are CBT-based interventions.	
		Self-help groups	The IAPT services run some limited group work interventions.	
	PTSD: Trauma-focused CBT or EMDR.	Trauma-focused CBT	The IAPT run interventions for patients with trauma issues.	For patients with trauma, the IAPT service runs CBT-based interventions.
		EMDR	This is not offered in the prison.	
	All disorders: Support groups, educational and employment support services; referral for further assessment and interventions.	Support groups	The IAPT services run some limited group work interventions.	
Step 1: All disorders – known and suspected presentations of common mental health disorders.	**All disorders:** Identification, assessment, psychoeducation, active monitoring; referral for further assessment and interventions.	In both prisons, patients on step 1 of the stepped care model are managed by the GP.		

* Discuss with the person the uncertainty of the effectiveness of counselling and psychodynamic psychotherapy in treating depression.

** For people with depression and a chronic physical health problem.

† For women during pregnancy or the postnatal period.

CBT, cognitive behavioural therapy; ERP, exposure and response prevention; EMDR, eye movement desensitisation and reprocessing; GAD, generalised anxiety disorder; OCD, obsessive compulsive disorder; IPT, interpersonal therapy; PTSD, post-traumatic stress disorder.

IAPT SERVICES

HMP WAYLAND

IAPT services are provided by Norfolk and Suffolk NHS Foundation Trust. The service is commissioned separately to the wider healthcare provision.

The IAPT service provide interventions to those on Step 2 and Step 3 on the mental health stepped care model. The IAPT team predominantly offer one-to-one interventions.

Previously, the IAPT service covered the three Norfolk prisons, with practitioners working across all three prisons. Now, there are dedicated staff members in each of the prisons. This has reduced the amount of time lost travelling between establishments.

Figure 3.1.12: HMP Wayland IAPT Service staffing.

Job Title	Number
Psychological Therapist	1
Practitioner	2

Referrals can be received from any source including self-referrals. In HMP Wayland prisoners can self-refer using the in-cell terminals. Patients can also use the terminals to message IAPT for an appointment.

In 2018-19 the Wellbeing Team received 717 referrals (approximately 60 per month).

- Referral sources:
    - 54% Mental and physical health staff
    - 22% Prison induction (self-referrals)
    - 14% Self-referrals
    - 8% Non-healthcare staff (e.g. prison)
    - 2% Other

Of the 717 referrals, 186 had the field 'Most recent primary diagnosis' completed. Below is a summary of the most recent primary diagnoses:

- 29% Depressive episode

- 26% Generalised anxiety disorder
- 13% Adjustment disorders
- 12% Post-traumatic stress disorder
- 4% Social phobias
- 4% Recurrent depressive disorder
- 12% Other

Assessments are aimed to be completed within 28 days. If there are high numbers of referrals, this time frame can be breached.

The IAPT service provide interventions to those on Step 2 and Step 3 on the mental health stepped care model. The IAPT team predominantly offer one-to-one interventions.

The group work offering is in the process of being updated. The same groups will be offered between the three Norfolk prisons to aid continuity of care.

There are 9 workbooks that are used in one-to-one interventions:

- First steps to your wellbeing
- Get active feel good
- Anxiety workbook
- Developing skills to meet your needs
- Worry workbook
- Learning to relax
- New to prison
- Adjustment – leaving prison
- Problem solving

For patients with trauma, the IAPT service runs CBT-based interventions.

There are no joint groups with the psychosocial team, however this is being considered by the Wellbeing Team.

There are no interventions for new prisoners.

Figure 3.1.13: Mental health pathway in the prisons.

IAPT SERVICES

HMP HIGHPOINT

PROVIDER: Rethink Mental Illness.

REFERRALS

40-50 referrals per month

Step 1:

Rethink run sessions in the prison induction p rogramme to introduce their service to new prisoners. Rethink deliver information and self-help work to new patients.

Step 2:

Rethink offer 6 to 8 sessions on a 1-2-1 basis.

Step 3:

Rethink offer 12 to 20 hour long sessions dependent on clinical presentation.

HMP WAYLAND

PROVIDER: NHS Norfolk and Suffolk NHS Foundation Trust

REFERRALS

c.60 referrals per month

Referrals were mainly related to depression, anxiety, adjustment disorders, and PTSD

Step 1:

The IAPT service do not work with patients on Step 1 of the mental health stepped care model.

Step 2:

The IAPT service offer 6 to 8 sessions on a 1-2-1 basis.

Step 3:

The IAPT service offer 12 to 20 hour long sessions dependent on clinical presentation.

MENTAL HEALTH TRANSFERS

Below shows the number of mental health secure assessments[56] in 2018-19 in comparison to 2017-18 as taken from the HJIPs. The number of assessments in HMP Highpoint has remained the same at 4 per year. Despite a decrease in the number of assessments in HMP Wayland from 11 to 7 over the two years, this is still higher than HMP Highpoint.

As a snapshot for May 2019 there were no patients awaiting second assessment[57] or awaiting transfer[58] in HMP Highpoint. In HMP Wayland, there were 2 patients awaiting second assessment and no patients awaiting transfer.

Figure 3.1.14: Number of mental health secure assessments.

	HMP Highpoint		HMP Wayland	
Key Performance Indicator/Information Measure	2017-18 Total	2018-19 Total	2017-18 Total	2018-19 Total
Mental Health Secure Assessment	4	4	11	7

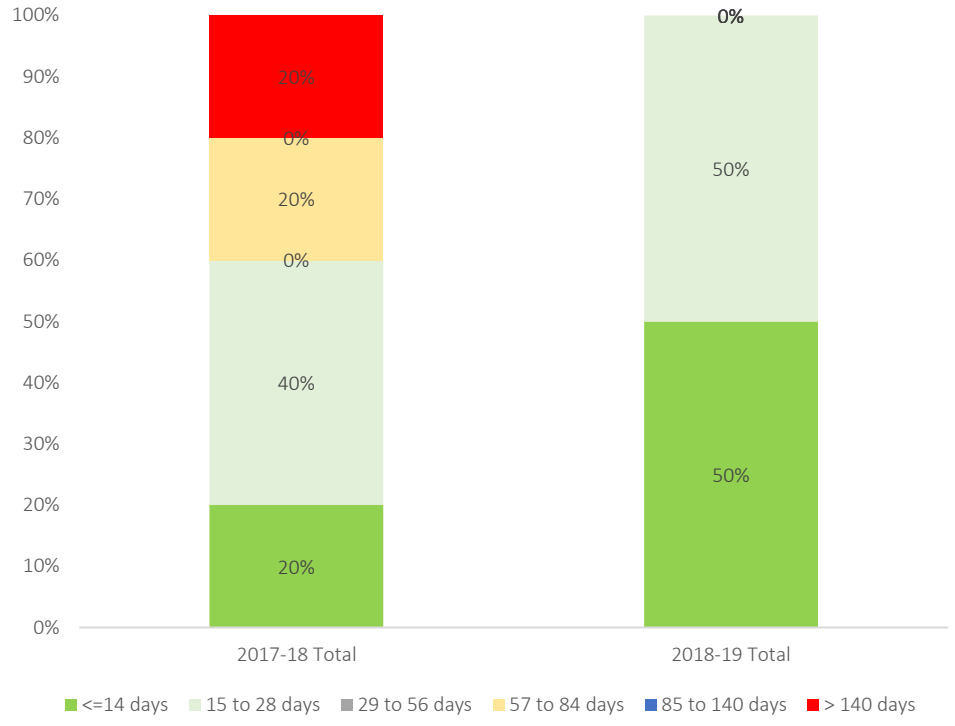
Figure 3.1.15 and 3.1.16 show the number of mental health transfers in 2017-18 and 2018-19, broken down by waiting time from first identification as suitable for transfer under the Mental Health Act (initial assessment), to actual transfer.

Although the number of assessments remained the same in HMP Highpoint when comparing 2018-19 against 2017-18, the number of transfers has decreased from 5 to 2. Of the 5 transfers in 2017-18, only 1 was completed within the recommended 14 days. In 2018-19, there were 2 transfers with 1 completed within 14 days, and 1 between 15 to 28 days.

Mirroring the decrease in mental health secure assessments, the number of transfers has seen a decrease in HMP Wayland. In terms of transfer times, the number of transfers within the recommended 14 days is still low, however there were fewer transfers that were over 57 days.

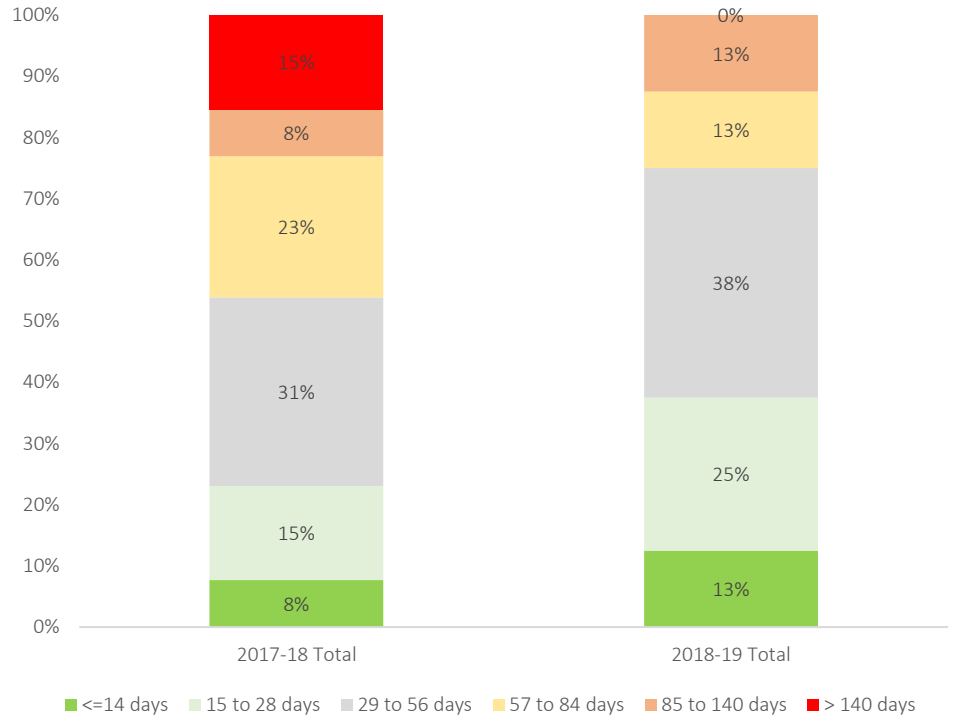
[56] Number of prisoners who received an initial psychiatric assessment, where transfer was deemed appropriate, under the terms of the Mental Health Act. NB. This refers to the number of initial assessments where a decision to create a formal referral was reached. Initial assessment is defined as that occurring in the originating location, prior to any referral decision.
[57] The number of patients awaiting 2nd assessment, where referral has been made, after being deemed suitable by prison assessment.
[58] Number awaiting MH transfer, deemed as appropriate following 2nd assessment.

Figure 3.1.15: Mental health transfers from HMP Highpoint.



Transfer Days	2017-18 Total	2018-19 Total
<=14 days	1	1
15 to 28 days	2	1
29 to 56 days	0	0
57 to 84 days	1	0
85 to 140 days	0	0
> 140 days	1	0
Total	5	2

Figure 3.1.16: Mental health transfers from HMP Wayland.



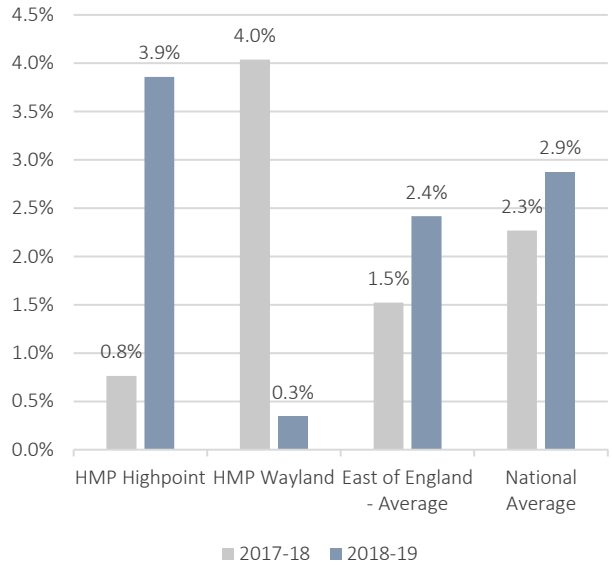
Transfer Days	2017-18 Total	2018-19 Total
<=14 days	1	1
15 to 28 days	2	2
29 to 56 days	4	3
57 to 84 days	3	1
85 to 140 days	1	1
> 140 days	2	0
Total	13	8

PERFORMANCE

The following section provides an overview of the performance indicators relating to mental health taken from the HJIPs.

Figure 3.1.17: The % of new arrivals, with a pre-existing CPA plan.

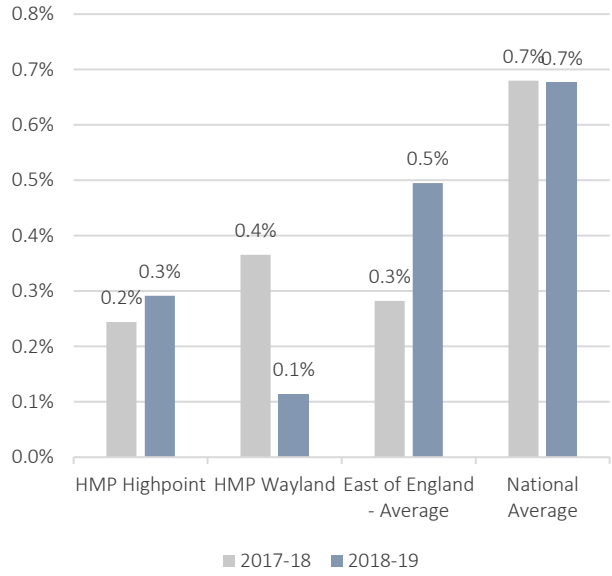
Commentary: In HMP Highpoint, the Mental Health Team Lead has completed a lot of work to make sure that patients are coded accurately as having a CPA. There has been occasions where patients have been inaccurately recorded as having a pre-existing CPA plan. This impacts the HJIPs. In HMP Wayland, the Mental Health Team Manager acknowledged that there had been a reduction in patients with a CPA.



HMP Wayland		
	2017-18 Total	2018-19 Total
Arrivals	1115	1164
Number of patients on CPA at reception	45	4

Figure 3.1.18: The % of CPA plans initiated in prison.

Commentary: The % of CPA plans initiated in prison is low and comparable across the two prisons.

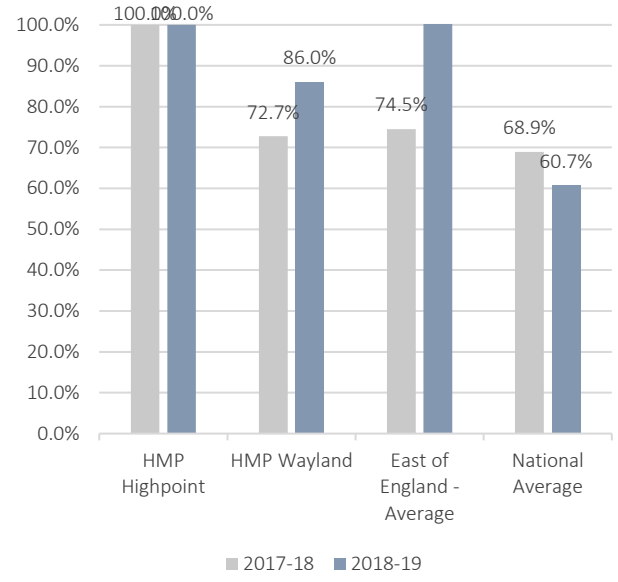


HMP Wayland		
	2017-18 Total	2018-19 Total
Prison Population[59]	935	877
Number of Patients on CPA at Reception	41	12

[59] Average of end of month snapshot.

Figure 3.1.19: The % of patients that received a 6mth review of those which were due a 6-month review during the reporting period (includes all pre-existing CPAs arriving into the site).

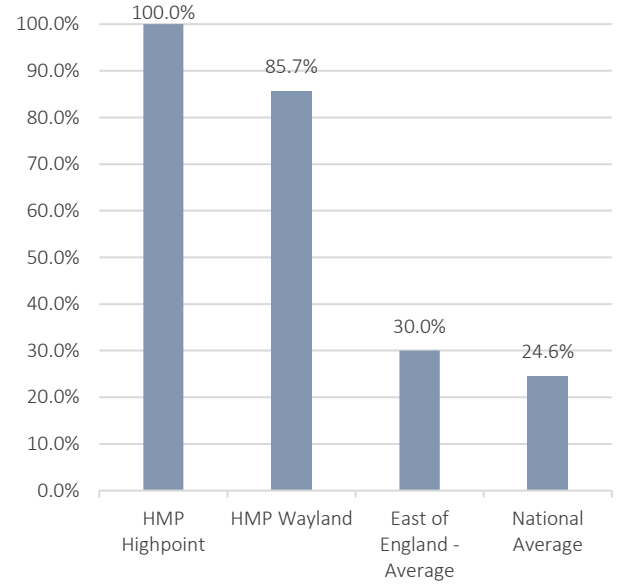
Commentary: In HMP Highpoint, the decrease in CPA reviews can be partially attributed to the Mental Health Team lead ensuring that only appropriate patients are being managed on the CPA approach.



HMP Wayland		
	2017-18 Total	2018-19 Total
Number of CPA 6-month reviews due	44	43
Number of patients receiving a 6-month review	32	37

Figure 3.1.20: The % of patients that received an MH annual physical review of those which were due an annual review during the reporting period.

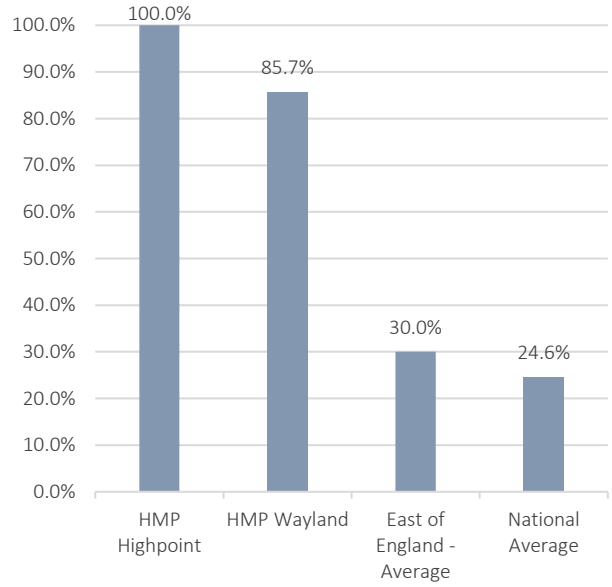
Commentary: It is possible that the difference in figures is related to a difference in the way the indicator is recorded in the two prisons. In HMP Wayland, only those with a CPA are added to this indicator, while in HMP Highpoint, all patients are included.



HMP Wayland		
	2017-18 Total	2018-19 Total
Number of MH annual physical health examinations due	-	7
Number of MH annual physical health examinations completed	-	6

Figure 3.1.21: The % of MH patients discharged, with a discharge summary recorded.

Commentary: It is possible that the difference in figures is related to a difference in the way the indicator is recorded in the two prisons. In HMP Highpoint, patients who are transferred to a team in the community, or who are transferred to another prison do not count as being discharged. This is not the case in HMP Wayland, where all patients being transferred are discharged from the service.



HMP Wayland		
	2017-18 Total	2018-19 Total
Number of MH patients discharged from the MH caseload/ service.	-	908
Number of MH patients discharged from the service with a discharge summary.	-	845

The following table provides an overview of mental health activity in 2018-19.

KPI Description	HMP Wayland
Number of patient assessments, for MH issues, during the reporting period	965
N umber of patient treatments for MH issues, during the reporting period	1752
Number of patients transferred to other MH teams (other prison or secure unit*)	122

SELF-HARM

HMP HIGHPOINT	HMP WAYLAND
GENERAL	
In both prisons, the Safer Custody team worked with healthcare to maximise attendance at ACCT reviews.	
INCIDENTS	
In HMP Highpoint, the number of self-harm incidents between 2016 and 2018 ranged between 402 and 422 incidents, equating to an average of 410 a year. This is higher than the previous years. Similar to HMP Highpoint, the number of self-harm incidents between 2016 and 2018 was higher than previous years, although there was a greater deal of fluctuation during this period. Although the total number of self-harm incidents in HMP Wayland is greater than those reported in HMP Highpoint, the number and rate of those requiring a hospital attendance is higher in HMP Highpoint.	
AN UP-TO-DATE POLICY IS IN PLACE	
There are up-to-date suicide and self-harm policies in both prisons.	

INTRODUCTION

The incidence of self-harm in prison is rising across the prison estate, particularly among older adult males.[60] A 2018 HMPPS rapid evidence assessment[61] on self-harm by adult men in prison was completed in order to understand:

- Why do adult men in prison self-harm?
- What works to reduce and/or manage self-harm among adult men in prison?

The report reiterated a number of risk factors for men who self-harm in prison. It also found that there is "very little evidence on protective factors and limited research exploring the relationships between risk and protective factors."[62] Risk factors for men who self-harm include:

Socio-demographic factors:

- Age – younger men have a higher rate of self-harm than older men in prison, but older men (30+) who self-harm tend to do so in ways that result in more serious injury
- Ethnicity – self-harm rates are higher among white men
- Educational background – increased risk of self-harm among those lacking in formal education
- Relationship status – increased risk of self-harm among those who are single and/or have experienced a recent breakdown of relationship
- Accommodation – increased risk of self-harm among those who have no fixed abode

Custodial/prison-related factors:

- People are at increased risk of self-harm in their early days in prison
- There are higher rates of self-harm in prisoners who are on remand or unsentenced and those serving a life sentence
- Higher rates of self-harm are seen in local prisons, high security prisons, and Young Offender Institutes
- There are higher rates of self-harm in prisoners who have a high number of disciplinary infractions

Psychological/psychiatric factors:

- History of self-harm – having a history of self-harm is a good predictor of future self-harming behaviour both prior to and in custody
- Depression/hopelessness
- Borderline personality disorder (BPD)
- Substance misuse

In December 2013, the results of the largest ever study of self-harm and suicide in prison was published by *The Lancet*.[63] The report found that in England and Wales, standardised mortality ratios for suicide are five times higher in male prisoners than in the general population.

Another key finding from the report is that approximately 50% of people who kill themselves in prison have a history of self-harm, which increases the odds of suicide in custody by between 6 and 11 times.

Reducing and managing self-harm is a priority across the prison system. The "Safer Custody" Prison Service Instruction (PSI) 64/2011 came into force from 1 April 2012 and is effective until 31 January 2016.

The PSI replaced several Prison Service Orders (PSO) including PSO 2700 (Suicide and Self-Harm), PSO 2750 (Violence Reduction), and PSO 2710 (Follow up to Deaths in Custody).

[60] HMMPS (2018), *Self-harm by adult men in prison: A rapid evidence assessment (REA)*
[61] HMMPS (2018), *Self-harm by adult men in prison: A rapid evidence assessment (REA)*
[62] HMMPS (2018), *Self-harm by adult men in prison: A rapid evidence assessment (REA)*
[63] Royal College of Psychiatrists (2011), *Prison transfers*.

HMP WAYLAND
At the time of this assessment, there were 6 ACCT documents opened in the prison. The Safer Custody Lead reported that ACCT processes have changed in the prison. There is now better attendance at ACCT reviews from healthcare staff, however healthcare staff are not attending all reviews that they are required at. The prison is trying to schedule reviews to fit with healthcare's schedule. Mental health staff also attend ACCT reviews and offer advice and support to patient's being managed on an open ACCT document. The Safer Custody lead reported that the use of care maps has improved and healthcare are responding to relevant actions.
There is a suicide and self-harm policy, however healthcare were not involved in the drafting of the document.

RECEPTION SCREEN

As part of the reception screen, questions relating to self-harm form part of the mental health section. The following analysis looks at the rate of the current population with one of the relevant self-harm codes available at the reception screen.

Across all codes, the rates in HMP Wayland is higher than HMP Highpoint. In addition, 3 of the 4 codes experienced an increase when compared to the previous HSCNA.

Figure 3.2.2: Prevalence for the current population; READ codes collected at reception screen. Page 2 – Section B.

Read code	Highpoint 2016 #	Highpoint 2016 %	Highpoint 2019 #	Highpoint 2019 %	Highpoint % Point Change	Wayland 2016 #	Wayland 2016 %	Wayland 2019 #	Wayland 2019 %	Wayland % Point Change
(1BD1.) Suicidal thoughts	54	4%	40	3%	-1%	43	4%	56	6%	2%
(Xalux) Thoughts of deliberate self-harm	51	4%	32	3%	-2%	75	8%	99	11%	3%
(146A.) H/O: attempted suicide	0	0%	16	1%	1%	104	11%	85	9%	-2%
(Xa0EN) Self-inflicted injury	0	0%	26	2%	2%	2	0%	35	4%	4%
(YX020) Prisoner has tried to harm themselves (in prison)	195	15%	185	14%	-1%	14*	1%*	170	18%	17%
(YX021) Prisoner has tried to harm themselves (outside prison)	168	13%	164	13%	0%	11*	1%*	141	15%	14%

*Not collected in 2016.

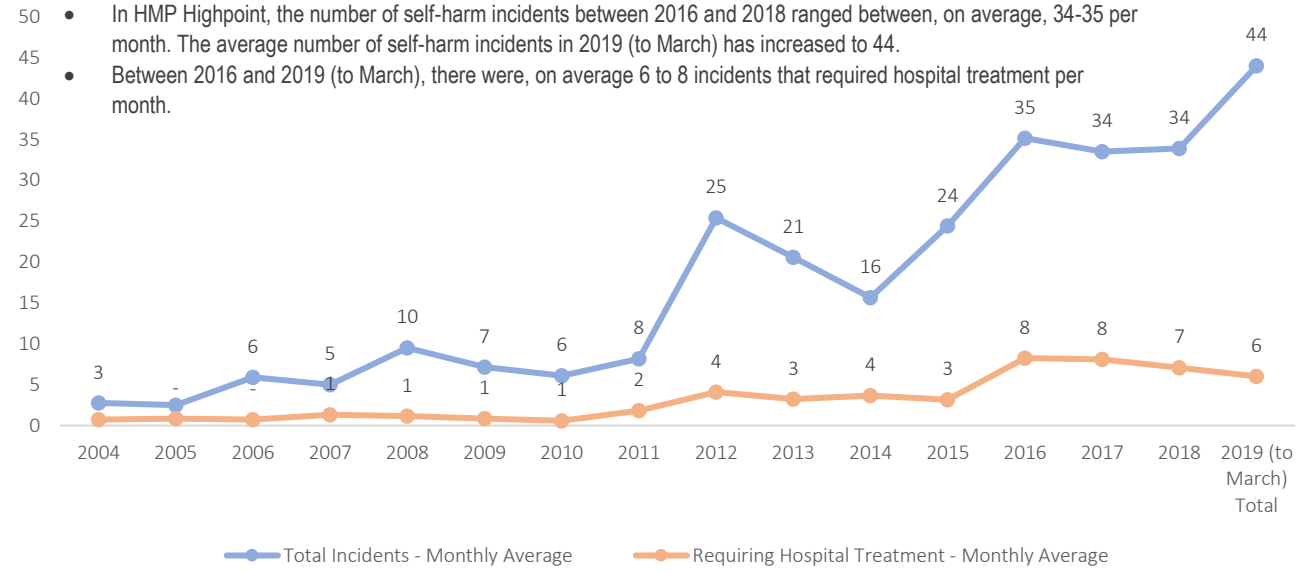
STATISTICS

Safety in Custody quarterly: update to March 2019

As part of the Ministry of Justice Safety in Custody Statistical bulletin[64], the analysis covers January 2004 to March 2019, and shows the number of incidents, and the number of incidents that required hospital treatment. Incidents under 5 are supressed which make the monthly analysis not possible. The analysis therefore is based on the monthly average using the year total.

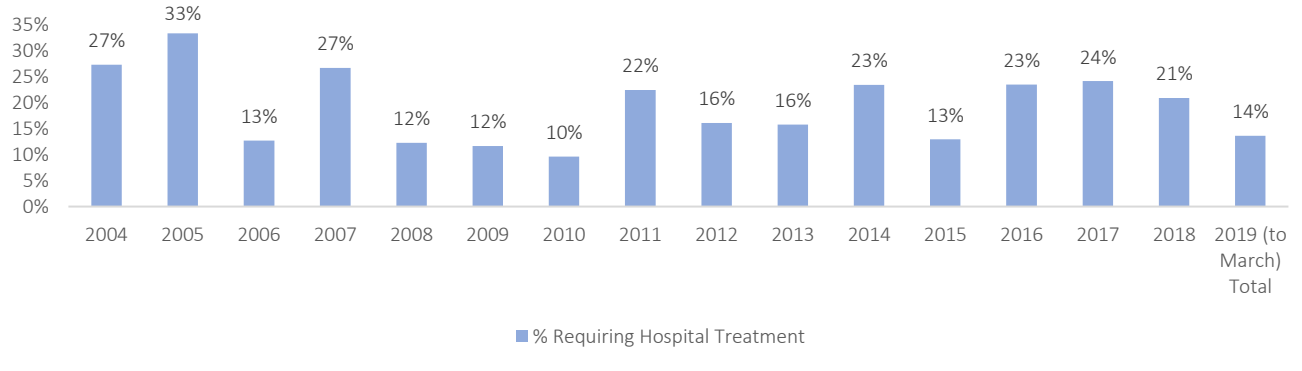
HMP HIGHPOINT

Figure 3.2.3: Self-harm incidents; total number of incidents, and the total number of incidents requiring hospital treatment; monthly average (chart) and yearly total (table)[65].



Yearly Total	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 (to March) Total
Total Incidents	33	30	71	60	114	86	73	98	305	247	188	293	422	402	407	132
Requiring Hospital Treatment	9	10	9	16	14	10	7	22	49	39	44	38	99	97	85	18

Figure 3.2.4: The percentage of self-harm incidents requiring hospital treatment.

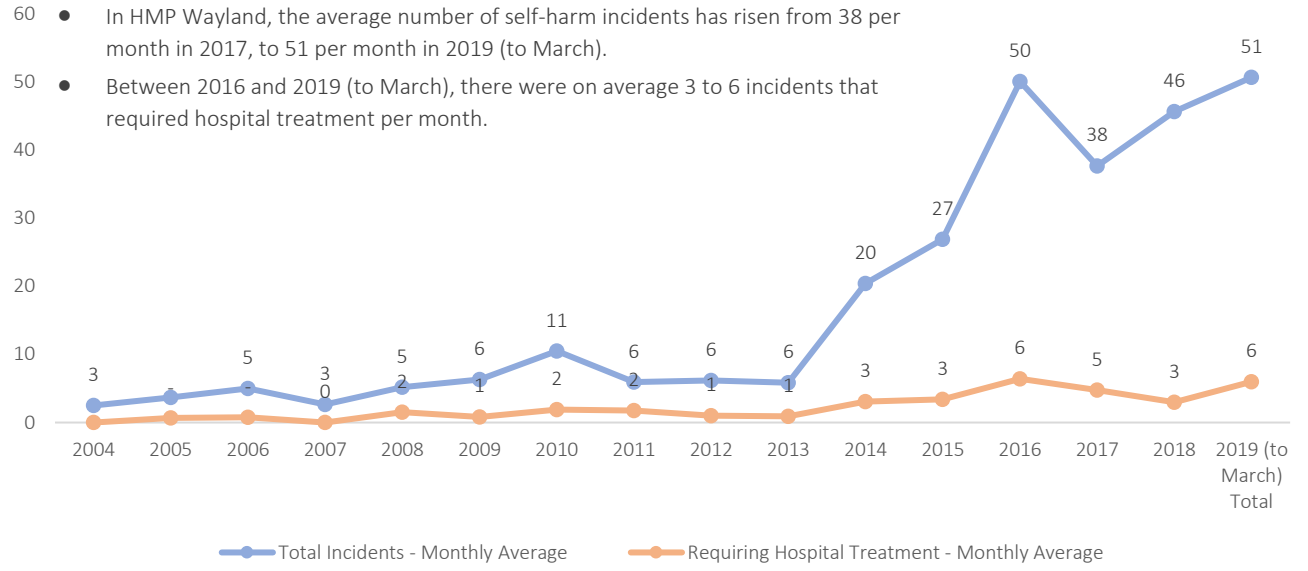


[64] https://www.gov.uk/government/collections/safety-in-custody-statistics
[65] (-) figures of 5 or less and therefore been suppressed.

HMP WAYLAND

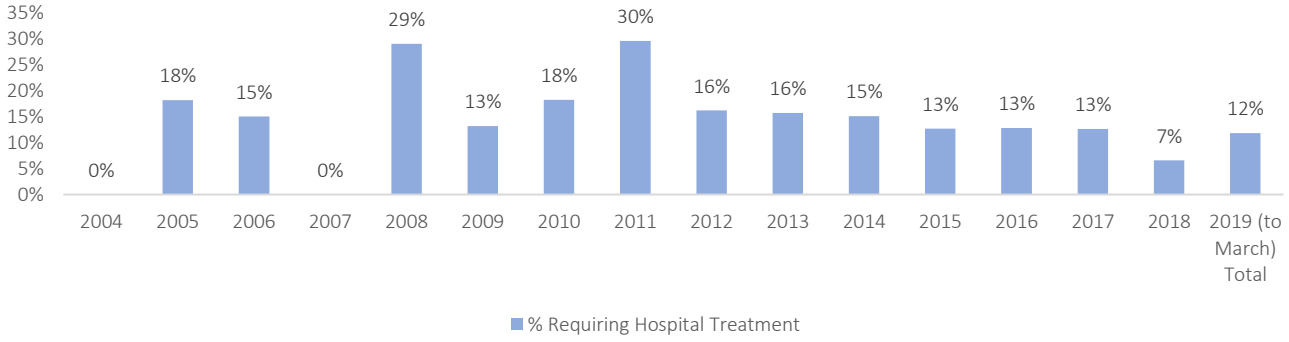
Figure 3.2.5: Self-harm incidents; total number of incidents, and the total number of incidents requiring hospital treatment; monthly average (chart) and yearly total (table)[66].

- In HMP Wayland, the average number of self-harm incidents has risen from 38 per month in 2017, to 51 per month in 2019 (to March).
- Between 2016 and 2019 (to March), there were on average 3 to 6 incidents that required hospital treatment per month.



Yearly Total	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 (to March) Total
Total Incidents	30	44	60	32	62	76	126	71	74	70	245	323	601	452	548	152
Requiring Hospital Treatment	-	8	9	-	18	10	23	21	12	11	37	41	77	57	36	18

Figure 3.2.6: The percentage of self-harm incidents requiring hospital treatment.



[66] (-) figures of 5 or less and therefore been suppressed.

Annual Prison Performance Ratings[67]

The Annual Prison Performance Ratings are derived from the Prison Performance Tool (PPT), which was introduced in April 2018 for the 2018/19 reporting year, replacing the Custodial Performance Tool used in 2017/18. All prison performance ratings reflect performance between 1st April 2018 and 31st March 2019.

The performance measure is based on self-harm incidents reported as a rate per 1,000 prisoners. Self-harm is defined as any act where a prisoner deliberately harms or injures themselves[68]. The target is locally set with the ratings based on a 1-4 scale as summarised below.

Figure 3.2.7: Definition of prison performance measures.

Performance Measure	Measure Rating			
	1	2	3	4
Self-harm incidents – rate per 1,000 prisoners	Greater than 125% of target	Greater than 100% and less than or equal to 125% of target	Less than the target and greater than 75% of target.	Less than or equal to 75% of target
Key	Performance is of serious concern.	Performance is of concern.	Performance is acceptable.	Performance is exceptional.

The 2018/19 comparator groups of prisons can be found below. A statistical methodology is used to calculate the comparator groups. A number of contextual variables are used to determine a statistical score for each prison.

HMP Highpoint and HMP Wayland share 7 of the 8 comparator prisons. The prisons that do not appear on both lists are highlighted in red.

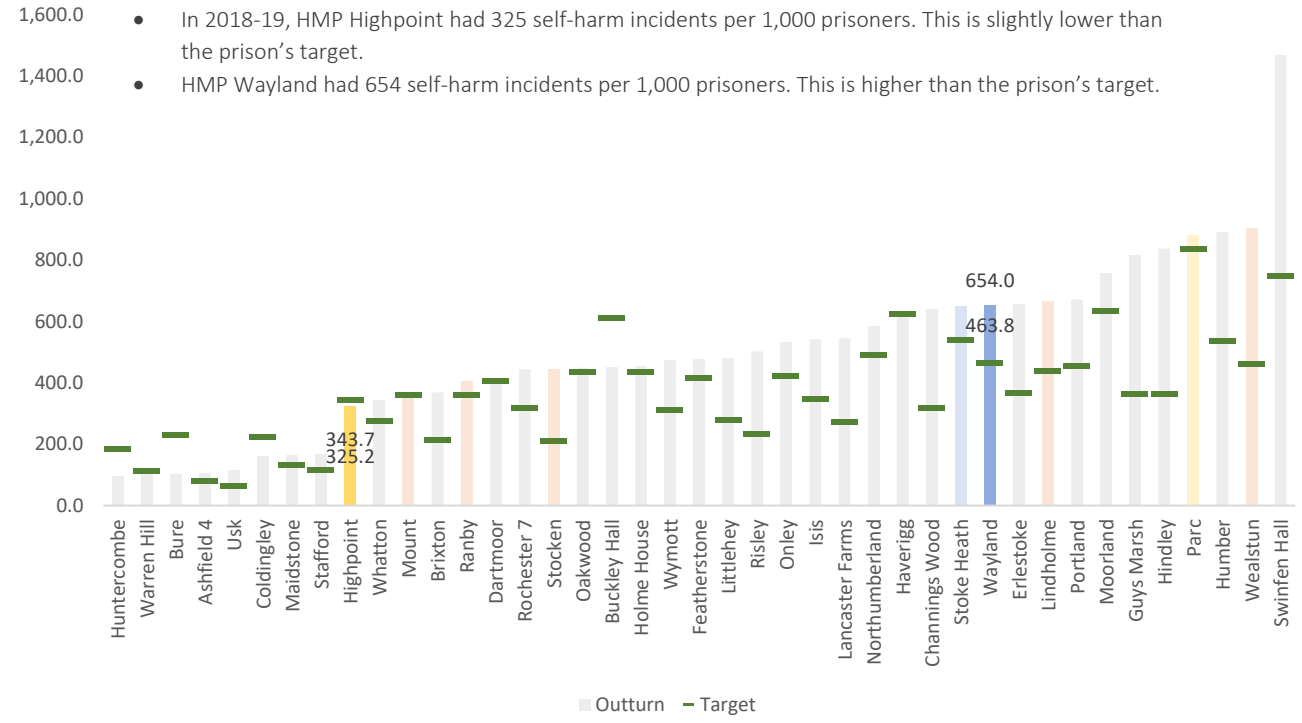
Figure 3.2.8: HMP Highpoint and HMP Wayland comparator prisons.

Prison	Comparator Prison							
	1	2	3	4	5	6	7	8
Highpoint	Lindholme	Mount	Berwyn	Ranby	Parc	Stocken	Wayland	Wealstun
Wayland	Stocken	Wealstun	Stoke Heath	Lindholme	Berwyn	Mount	Ranby	Highpoint

[67] https://www.gov.uk/government/statistics/prison-performance-ratings-2018-to-2019
[68] Data source = prison NOMIS.

Figure 3.2.9: Self-harm performance taken from the Annual Prison Performance Ratings; 2018-19. Chart shows performance against prisons of a similar function with comparator prisons highlighted in yellow. Table shows performance against comparator prisons.

- In 2018-19, HMP Highpoint had 325 self-harm incidents per 1,000 prisoners. This is slightly lower than the prison's target.
- HMP Wayland had 654 self-harm incidents per 1,000 prisoners. This is higher than the prison's target.



Comparator prisons to both HMP Highpoint and HMP Wayland

Comparator prisons to HMP Highpoint

Comparator prisons to HMP Wayland

Prison	Comparator Prison							
	1	2	3	4	5	6	7	8
Highpoint	Lindholme	Mount	Berwyn	Ranby	Parc	Stocken	Wayland	Wealstun
3	1	2	-	2	2	1	1	1
Prison	Comparator Prison							
	1	2	3	4	5	6	7	8
Wayland	Stocken	Wealstun	Stoke Heath	Lindholme	Berwyn	Mount	Ranby	Highpoint
1	1	1	2	1	-	2	2	3

This is a subset of records reviewed as part of the Incident Reporting System Audit, looking specifically at self-harm incidents. If a prison does not meet the target of 85% of self-harm incidents correctly recorded, the maximum rating they can achieve for the self-harm rate performance measure is a 2. Both prisons score the maximum of 4.

Figure 3.2.10: Self-Harm checks.

Performance Measure	Description	Prison	Target	Outturn
Incident Reporting System – self-harm checks	Percentage of self-harm incidents checked in the Incident Reporting System Data Quality Audit recorded on Prison-NOMIS.	HMP Highpoint	National: 85%	100%
		HMP Wayland	National: 85%	100%

LISTENERS

HMP WAYLAND
At the time of this assessment, there were 12 Listeners in the prison. The prison were actively recruiting Listeners. Listeners were trained by the Samaritans. Listeners attend the regular Safer Custody meetings. Prisoners have access to Samaritan phones in their cells.

HMP WAYLAND
There is a learning disabilities nurse based in the Mental Health Team. There is also a learning disabilities post within the primary care team. The learning disabilities nurse liaises with the occupational therapist regarding social care assessments. They also liaise with other prison departments. The nurse completes a learning disability-specific annual health check.

INTRODUCTION

LEARNING DISABILITIES OR LEARNING DIFFICULTIES?

The World Health Organisation (WHO) defines learning disabilities as a state of arrested or incomplete development of mind. Somebody with a general learning disability is said to have a significant impairment of intellectual, adaptive, and social functioning. A learning disability is not acquired in adulthood and is evident from childhood.

The Foundation for People with Learning Disabilities defines learning difficulties as follows: "Unlike a learning disability, a learning difficulty does not affect general intelligence (IQ). An individual may often have more than one specific learning difficulty (for example, dyslexia and dyspraxia are often encountered together), and other conditions may also be experienced alongside each other." [69]

The *No One Knows*[70] report recommends that no strict classification is adopted. Instead, the focus should be on those who have difficulties with certain activities that involve thinking and understanding and who need additional help and support in their everyday living.

There have been a number of national research papers and reports that have investigated how those with learning disabilities interact with the criminal justice system and the prison environment.

Recent reports include the *Bradley Report*[71] and the *No One Knows* report. Both reports highlighted the need to identify and support the prison population with learning disabilities and learning difficulties.

69 http://www.learningdisabilities.org.uk

70 Prison Reform Trust (2008), *No One Knows*.

71 Department of Health (2009), *The Bradley Report*.

Some of the key findings include:

- This cohort will need additional support during their time in prison. For example, support for daily living such as filling in forms, communicating with prison staff, and reading prison information.
- The *No One Knows* report also highlighted that prisoners with learning disabilities have higher levels of anxiety, depression, victimisation, and bullying.
- Prisons have a lack of resources, and inadequately trained staff to deal with prisoners with learning disabilities.
- Children with learning disabilities and other impairments are more likely to go to prison than other young people because the youth justice system is failing to recognise their needs, according to a major survey of youth offending team (YOT) staff.
- This group of offenders are at risk of re-offending because of unidentified needs and subsequent lack of support and services.
- This group of offenders are targeted by other prisoners when in custody.

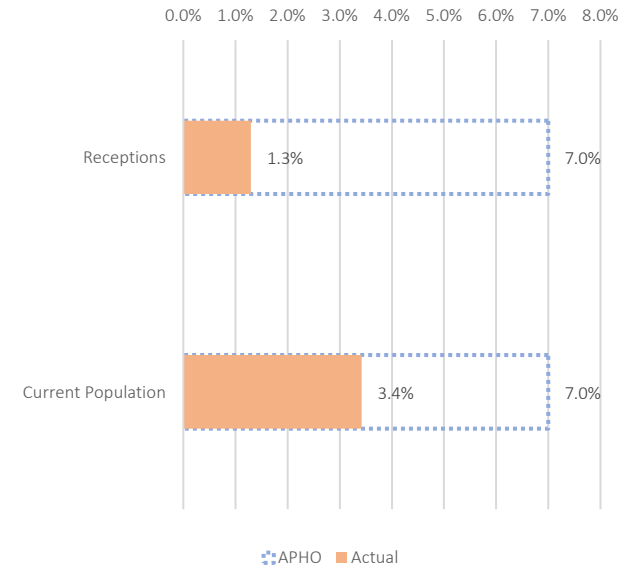
PREVALENCE

Among the prison population, the prevalence of those with learning disabilities is approximately 7%. The number with learning difficulties is higher, with the No One Knows report suggesting that those with either a learning difficulty or a learning disability is between 20-30%. This estimate gives an indication as to the proportion of prisoners who need additional support in their everyday living due to problems with thinking and understanding.

Prisoners with learning disabilities are particularly vulnerable to bullying and predation so may require safeguarding and orientation work. The recent joint inspection report by prison and probation inspectorates found that there were gaps in the identification of those with learning disabilities throughout the criminal justice pathway. In light of these gaps, it is important for prisons to have robust identification procedures in place to ensure that those with learning disabilities are not missed when they enter prison.

As part of the reception screen, prisoners are asked if they have 'Learning difficulties (Ongoing Episode)[72]'. In both prisons, only a small rate was recorded with this code during the reception screening process. In relation to the current population, the rate in HMP Wayland was higher than HMP Highpoint, although both were below the expected 7%.

Figure 3.3.2: Expected and actual prevalence of learning disabilities in HMP Wayland.



	Expected Prevalence	Actual Prevalence
Reception (2018-19)	81	15
QOF (June 19)	66	32

[72] (13Z4E) Learning difficulties.

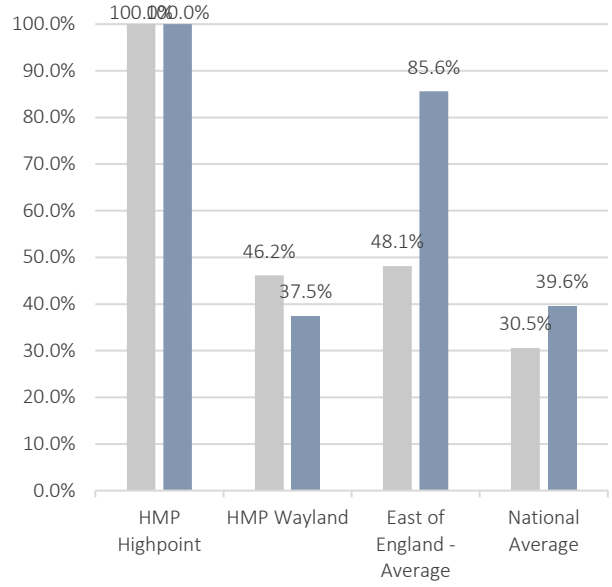
HJIPS

The following indicator looks at the percentage of learning disabilities patients discharged, with a discharge summary recorded.

When comparing 2018-19 against 2017-18, HMP Highpoint has seen an increase in the number of patients discharged from the LD team. Across both years, HMP Highpoint report good performance with all those discharged receiving a discharge summary.

In comparison, the number of LD patients discharged from the LD team in HMP Wayland has seen a decrease. In addition, the rate receiving a discharge summary has also seen a decrease and is lower than HMP Highpoint and the regional average.

Figure 3.3.3: The % of LD patients discharged, with a discharge summary recorded.



HMP Wayland		
	2017-18 Total	2018-19 Total
Number of LD patients discharged from the LD Team.	13	8
Number of LD patients discharged from the LD Team with a discharge summary.	6	3

SOCIAL CARE

INTRODUCTION

THE CARE ACT

RESPONSIBILITY

The Care Act sets out new responsibilities for local authorities for arranging and funding services to meet the care and support needs of adults who are detained in prison or who are resident in approved premises. The Care Act addresses the existing social care provision in prisons, which has been described as "variable, sparse and non-existent"[73].

The Department of Health describes the importance of social care services for people in the criminal justice system:

"Social care services are important for people in the criminal justice system who have care and support needs. It supports their rehabilitation and may positively impact on the likelihood of reoffending and the person's ability to rebuild their lives on release". [74]

The Care Act states that it will be the local authority where the prison or approved premises is located which is responsible for assessing the care and support needs of prisoners. The local authority will be responsible for providing care and support where those needs meet the eligibility criteria.

ELIGIBILITY CRITERIA

Prisoners will be assessed using the same eligibility framework used for people living in the community. As in the community, prisoners and people in approved premises will have to pay part or the full cost of their care, if they can afford to do so.

CONTINUITY OF CARE

The local authority will also have responsibilities around the continuity of care for prisoners who are receiving care and support. The Care Act ensures that there should be continuity of care for prisoners who are receiving care and who are being transferred or released.

The local authority where the prisoner is located may carry out an assessment of the care and support they will need to support their release into the community. The Care Act will ensure that there will be continuity of care on release.

DIFFERENCES FOR PRISONERS

There are a number of parts of the Care Act that do not apply to prisoners:

- Prisoners will not be entitled to direct payments for their care and support.
- Prisoners will not be able to express a preference for particular accommodation except when this is being arranged for after their release from prison.

[73] Department of Health (2015), *Fact Sheet 12: The Care Act – Prisoners and people resident in approved premises*
[74] Ibid.

- The Care Act clarifies that people will not be regarded as carers if they provide care as part of voluntary or paid work, and almost all care provided by prisoners is expected to fall within these exclusions.
- Prisons and approved premises will still be responsible for the safety of their detainees. This means that Safeguarding Adults Boards do not have a duty to carry out enquiries or reviews where a prisoner with care and support needs may be, or have been, at risk of abuse and neglect. However, the boards can provide advice to prison governors and staff.

PRISON SERVICE INSTRUCTIONS

There are 3 Prison Service Instructions that relate to a prison's roles and responsibilities relating to social care:

- PSI 15/2015 – Adult Social Care: explains how the implementation of the Care Act 2014 impacts on prisons and details NOMS responsibilities resulting from the new requirements. The PSI also clarifies the responsibility of local authorities to ensure that social care for adults in prisons is provided based on equivalence to people living in the community.
- PSI 16/2015 – Adult Safeguarding in Prison: describes the processes that prisons must put in place to ensure that prisoners receive a level of protection that is equivalent to that provided to adults in the community with care and support needs who are at risk of abuse and neglect.
- PSI 17/2015 – Prisoners Assisting Other Prisoners: describes the principles that apply to all formal arrangements for prisoners to aid, including certain needs for care and support, to other prisoners. The PSI requires prisons to have the ability to mobilise assistance from other prisoners should it be needed for a prisoner who has a care and support plan.

HMP WAYLAND
In HMP Wayland, social care assessments and care provision is the responsibility of Norfolk County Council. Two Memorandum of Understanding have been drafted. One covers the relationship between Norfolk County Council and Care UK, and the other covers the relationship between Norfolk County Council and the prison. The Memorandum of Understanding covers the three prisons in the Norfolk Cluster. At the time of this assessment, the MOUs had not been signed off. The lead commissioner for Norfolk County Council stated that there has been good engagement from Care UK regarding social care in the three Norfolk prisons. Norfolk Count Council have a remit to increase awareness about social care in the prison. Social Care practitioners remind prison staff about the complaints system, are exploring running TV adverts, and sharing a guide to social care in prisons. It was highlighted that there was possibly an emerging need relating to patients with learning disabilities and autism. There is a possible opportunity for there to be a social care and healthcare approach.
It was estimated that there were approximately 15 social care referrals a year from HMP Wayland. The majority of these referrals receive a full assessment. Social care assessments are carried out by social care staff. A number of social care specialists have been vetted and security cleared for access to the prison. These staff have various specialities including learning disabilities, mental health and the sensory impairment team.
In addition to completing social care assessments, social care practitioners support prison staff regarding managing the behaviour of prisoners. It is the goal of the social care practitioners to ensure that a patient with social care needs is able to manage in prison the best that they can. There has only been one case of a social care package being provided in HMP Wayland. When a patient is assessed as needing social care interventions, care packages are provided by the health care provider.

RECEPTION SCREEN

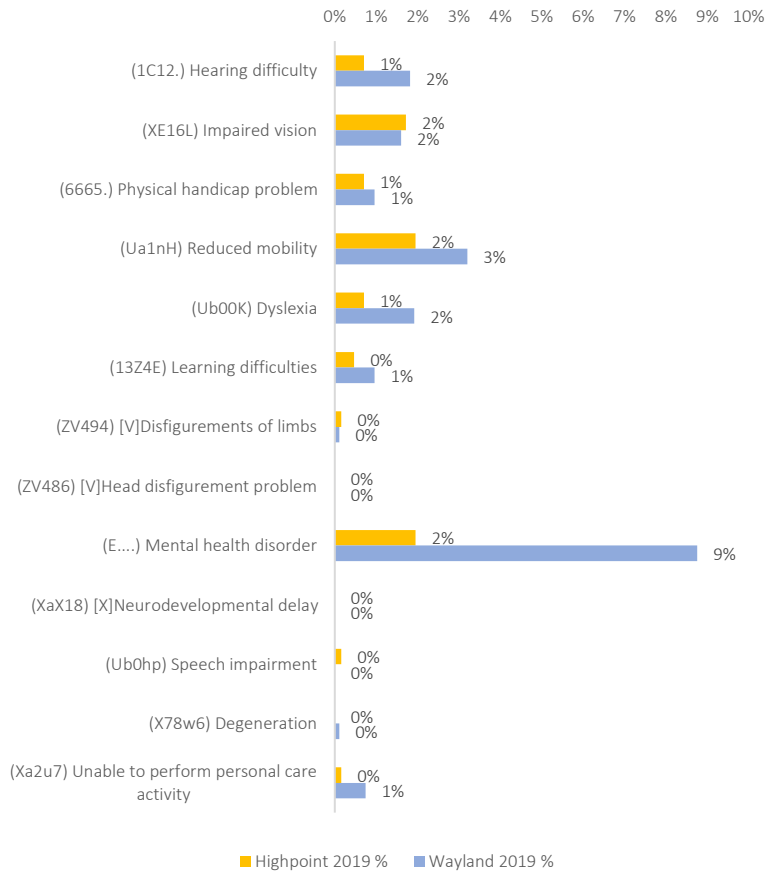
As part of the reception screen, there is a section which covers 'disabilities'. The following chart shows the rate for the READ codes associated with this area for the current population.

Across the majority of codes, the prevalence is higher in HMP Wayland in comparison to HMP Highpoint.

Excluding code "'(E....) Mental health disorder', '(Ua1nH) Reduced mobility' is the most used code. Figure 3.4.3 shows READ code '(Ua1nH) Reduced mobility' entered in 2018-19 broken down by age group. This table highlights that reduced mobility is not limited to the older age groups.

Of note is the relatively higher rates of READ code '(Xa2u7) Unable to perform personal care activity' in HMP Wayland in comparison to HMP Highpoint.

Figure 3.4.2: Prevalence of READ codes associated with the disabilities section of the reception screen.



Read code	Highpoint 2019 #	Wayland 2019 #
(1C12.) Hearing difficulty	9	17
(XE16L) Impaired vision	22	15
(6665.) Physical handicap problem	9	9
(Ua1nH) Reduced mobility	25	30
(Ub00K) Dyslexia	9	18
(13Z4E) Learning difficulties	6	9
(ZV494) [V]Disfigurements of limbs	2	1
(ZV486) [V]Head disfigurement problem	0	0
(E....) Mental health disorder	25	82
(XaX18) [X]Neurodevelopmental delay	0	0
(Ub0hp) Speech impairment	2	0
(X78w6) Degeneration	0	1
(Xa2u7) Unable to perform personal care activity	2	7

Age Group	HMP Wayland
21 - 29	7
30 - 39	15
40 - 49	10
50 - 59	5
60+	4
Total	41

SUBSTANCE MISUSE

INTRODUCTION

DRUG TRENDS

The following table provides an overview of the drug trends across the two prisons. The first table is a template which explains the methodology for each cell.

Template	HMP HIGHPOINT	HMP WAYLAND
NDTMS	In-treatment profiles based on whether prisoners recorded any of the listed drugs as the main drug, second drug, or third drug on NDTMS. 2016-17, 2017-18, 2018-19.	
Drug Testing	Positive MDTs taken from publicly available published data which covers 2007-08 to 2017-18; 2018-19 data is expected to be released in October 2019.	
Drug Finds	By financial year up until March 2018; 2018-19 data is expected to be released in October 2019. A high number of finds were classified as 'other' or 'unknown'.	
Local Interviews	Information gathered from local interviews.	

Alcohol	HMP WAYLAND
NDTMS	Decreased from 44% to 33%.
Drug Testing	-
Drug Finds	-
Local Interviews	

Cannabis	HMP WAYLAND
NDTMS	Has decreased from 48% in 2016-17 to 41% in 2018-19.
Drug Testing	Has increased from 1.9% in 2016-17 to 2.7% in 2017-18.
Drug Finds	Has decreased from 18 in 2016-17 to 14 in 2017-18.
Local Interviews	

Cocaine		HMP WAYLAND
NDTMS		Stable at 28-29%.
Drug Testing		Has remained low at around 0.0-0.2%.
Drug Finds		Has remained low at around 0.1 finds per year.
Local Interviews	There were high numbers of poly drug users in the prisons.	

Crack		HMP WAYLAND
NDTMS		Year-on-year increase from 33% to 44%.
Drug Testing		-
Drug Finds		-
Local Interviews	There were high numbers of poly drug users in the prisons.	

Heroin		HMP WAYLAND
NDTMS		Stable at 45-46%.
Drug Testing (Opiates)		Slight decrease from 2.8% in 2016-17 to 2.0% in 2017-18.
Drug Finds (Diamorphine)		Increased from 2 in 2016-17 to 7 in 2017-18.
Local Interviews		

NPS		HMP WAYLAND
NDTMS		Increase from 12% to 19%.
Drug Testing		2017-18 was first year of testing. 24.8%.
Drug Finds		From 84 in 2015-16 to 108 in 2016-17. 85 in 2017-18.
Local Interviews		In the months prior to this needs assessment, psychosocial staff believe that there has been a reduction in the amount of NPS entering the establishment. It is possible that the improved searching techniques have led to this.

Steroids		HMP WAYLAND
NDTMS		-
Drug Testing		-
Drug Finds		Has remained at 1-2 finds per year.
Local Interviews	Across both prisons, there are only a small number of patients referred to Phoenix Futures for steroid use. This may be an unmet need.	

Current government policy on the drug misuse and dependency of offenders states that the government aims to:

- Make the Drugs Intervention Programme (DIP) more flexible so that local areas can adapt it to suit their local communities.
- Launch new recovery wings in prison to help prisoners become drug free before they move back into the community.
- Fund a programme to support prisoners who have recovered from drug dependence when they move back into the community, so that they are less likely to go back to misusing drugs.

The government also wants the promotion of integrated recovery pathways that capitalise on the potential for a prison to be a relatively safe and supportive environment where offenders can take their first steps towards recovery.

In line with the vision set out in the *National Drug Strategy* (2010)[75], the government's *Alcohol Strategy* (2012)[76], and the *Patel Report* (2010)[77], all commissioned services should be fully integrated, recovery-orientated, and outcome-focussed.

Current evidence points towards clinical treatment being effective when accompanied by psychosocial services, including life skills work, mutual aid, and couples and families work. Drug treatment in secure settings has to manage risks such as: suicide and self-harm following reception related to drug withdrawal; post-release fatal overdose due to loss of opioid tolerance; and the possibility of simultaneous access to illicit medication.

Substance misuse is a big issue among the prison population. Drug users report engaging in much higher levels of criminal activity than non-drug users, and several studies have found that drug use appears to intensify, motivate, and perpetuate offending behaviour. [78]

Compared to the wider prison population, problem drug-using offenders are a group with particularly complex and intractable problems, which means they will be more challenging to treat, rehabilitate, and reintegrate into society.

The 2005/06 Arrestee Survey[79] found that among arrestees who used heroin and crack at least once a week:

- Almost 25% had slept rough in the past month (compared with less than 10% of other arrestees).
- Half (50%) said they had left school before they were 16, 58% said they had been temporarily excluded at some time, and 36% had been permanently excluded (the equivalent figures for other arrestees are 32%, 39%, and 21% respectively).
- Only 10% were in employment (compared with almost half of other arrestees).
- 29% had been in local authority care at some time (compared with 15% of other arrestees).

BEST PRACTICE

NALOXONE

In an evaluation of the take-home naloxone programme for people being released from Scottish prisons, it was found that there was a reduction of deaths among former detainees who had been given naloxone to take home[80]. In addition, Public Health England has produced a fact sheet on promoting naloxone for opioid overdose in people who use drugs.

[75] Home Office (2010), *Drug Strategy 2010*
[76] Home Office (2012), *Government Alcohol Strategy*
[77] OHRN (2010), *The Patel Report: Prison Drug Strategy Review*
[78] UK Drug Policy Commission (2008), *Reducing drug use, reducing re-offending, London*
[79] MoJ (2014), *Surveying Prisoner Crime Reduction*
[80] Strang, J. (2014), 'Take-Home Emergency Naloxone to Prevent Heroin Overdose Deaths after Prison Release', *BMJ* 2014;349:g6580.

PSYCHOACTIVE SUBSTANCES (PS)

Public Health England has released guidance for commissioners on commissioning a PS service.

ALCOHOL

The government recommends including an alcohol risk assessment in the NHS health check for adults aged 40 to 75.

PHE TOOLKIT

Alcohol and drugs misuse is a complex issue. In the community, the number of people with a serious drugs dependency is relatively small, with larger numbers dependent on alcohol or drinking at risky levels. However, prevalence rates in the prison population are much higher because both are strongly associated with crime and reoffending. The PHE toolkit recommends measuring prevalence using the *Surveying Prisoner Crime Reduction* (SPCR) longitudinal cohort study of prisoners conducted by NOMS.

DRUGS IN PRISONS

■ Drugs typically taken in prison are those which provide depressant effects, cannabis and heroin, and to a lesser extent diverted medications.

● Drug use in prisons is mirroring changes of drug use in the community, for example reductions in the use of illicit drugs, particularly opiates. In prisons, the misuse of synthetic cannabis and diverted medication is a major issue.

● The increase in the use of new psychoactive substances has been linked to a number of negative trends within prisons in the UK. Synthetic cannabis causes:

- Medical emergencies and deaths
- Bullying and violence
- Debt

● There are also a range of health and wellbeing harms associated withnew psychoactive substances. These include addiction, aggression, agitation, depression, hallucinations, muscle spasms, paranoia, psychosis, self-harm, 'fitting', seizures, and suicidal thoughts.

★ Researchers have identified a number of reasons explaining drug use in prisons. These include:

- A response to the tedium of institutional life and a way to pass the time
- Helping to form social networks to fostor solidarity
- Increase 'status' within the prison
- Vulnerable prisoners being exploited and influenced to use drugs for financial gain

■ see Edgar & O'Donnell, 1998; Penfold, Turnbull, & Webster, 2005; Singleton, Meltzer, & Gatward, 1998; Wilkinson et al., 2003

● HMIP, (2015), Changing Patterns

★ Wheatley, M. (2007), "Drugs in prison"

⬣ Ralphs, R. et al, International Journal of Drug Policy 40 (2017) 57–69, Adding Spice to the Porridge: The development of a synthetic cannabinoid market in an English prison

DRUGS SUPPLY REDUCTION

SUPPLY ROUTES

■ 5 main routes through which drugs are smuggled into prison:

- New or returning prisoners
- Social visits
- Corrupt staff
- Postage
- Thrown over prison walls

DISRUPTING SUPPLY

★Methods to stop drugs getting into prison:

_Use good practice
_Disrupt the use of mobile telephones
_Use searching
_Use search dogs
_Use legislation
_Develop and use technology
_Develop partnership working with the police
_Use intelligence

The HMI Prisons 2014–15 annual report noted that too many prisons had an inadequate supply reduction strategy; many were out of date, lacked clear actions, were not regularly reviewed and did not adequately reflect key issues (including PS and medication), and frontline staff were often not aware of the key priorities.

●Available evidence and research, highlights the difficulties associated with reducing the supply of drugs into prisons.

"There is growing evidence of carefully organised attempts to traffic drugs into prisons, with great efforts made by criminals to overcome improved security measures in order to exploit the potential profits to be made in doing so. Reducing prison drug supply is a constant battle. As one route is closed, it does not take long for another to open".

■ CSJ (2015), Drugs in Prison

● HMIP, (2015), Changing Patterns

★ Blakey (2008), Disrupting the supply of illicit drugs into prisons: A report for the Director General of National Offender Management Service

DRUG DETECTION DOGS

Best Practice / Recommendation

- Drug dogs are a solution to reduce the amount of drugs being smuggled into prisons.[81] The CSJ report suggests that 'The MoJ should invest more in drug dogs. They are very effective at detecting drugs (including PS) yet, between 2010 and 2014, the number of drug dogs in prison in England and Wales fell by 27 per cent to 328'.
- Dogs trained to detect the smell of various substances, including drugs and mobile telephones, are deployed in some prisons and can be useful both in increasing finds and acting as a deterrent to use. Some staff interviewed for this thematic inspection said that drug dogs were a valuable resource, but there were not enough of them and they were not trained to detect new drugs such as Spice or other PS. Currently, few prisons have access to dogs trained to detect Spice, although more are now being trained (NOMS, 2015b).[82]

Local Practice / Evidence

HMP WAYLAND – The Drug and Alcohol Strategy states that drug dogs are used in the prison, although the number of dogs is not given.[83]

SEARCHES

Best Practice / Recommendation

Best Practice / Recommendation	Local Practice / Evidence
Searching, both routine and intelligence- led, is an important supply reduction tool. Searches may be made of prisoners, staff, visitors, prisoner property and the prison itself, and can be random or intelligence led. There are limitations to the effectiveness of manual searches. Manual searches cannot detect substances that have been swallowed or concealed internally.[84]	HMP HIGHPOINT – HMP Highpoint will ensure that the Local Searching Strategy includes searching procedures and practices which target the supply and storage of illicit substances. [85] HMP WAYLAND – Searching strategies are not mentioned in the Drug and Alcohol Strategy. HMP Wayland has begun scanning incoming mail.
The CSJ report recommends that the MoJ consider using body scanners to detect drugs being smuggled into prisons.	This is not covered in either Strategy.
The CSJ report emphasises the need to search all prisoners on their arrival to prison, including those returning from ROTL.	This is not covered in either Strategy.
Staff corruption is another method by which drugs can enter the prison. Targeted and random staff searches	HMP HIGHPOINT – There will be a minimum of four staff searches per year, two exit searches and two entry searches, this can be more frequent if

[81] Centre for Social Justice, (2015), Drugs in Prison
[82] HMIP, (2015), Changing patterns of substance misuse in adult prisons and service responses
[83] HMP Wayland, (2018), Drug and Alcohol Strategy
[84] HMIP, (2015), Changing patterns of substance misuse in adult prisons and service responses
[85] HMPPS, (2018), HMP Highpoint Drug and Alcohol Strategy

should form part of the supply reduction strategy.[86] The CSJ report recommends that a tenth of prison staff (including contractors) are randomly searched every month.	Intelligence directs. The searches will look for evidence of contraband, trafficking, prison property and any other item that either should not be brought into or should not leave the prison. [87] HMP WAYLAND – This is not covered in the Drug and Alcohol Strategy.
The HMIP thematic report repeatedly found that intelligence led searching was either delayed or did not occur, often because of reduced staffing levels. This was repeated in the CSJ report 'staff shortages have led to a reduction in drug searches'.[88]	HMP HIGHPOINT – Intelligence led searching is used in the prison. [89] No time frame is given for intelligence to be acted upon. HMP WAYLAND – This is not covered in the Drug and Alcohol Strategy.

INTELLIGENCE GATHERING

Best Practice / Recommendation

- Intelligence forms a key part of any supply reduction strategy. The 2015 HMIP thematic report[90] cites a number of examples where prisons use intelligence reports to build a picture of drug trends within establishments.
- The dissemination of information was important. The report highlights the example of HMP Dovegate where there is 'a weekly intelligence meeting with security and other relevant staff' as well as 'wing managers carrying out detailed briefings on the wings. The prison received good support from the police'.
- Intelligence should be used to inform other parts of the drug reduction process. 'Searching, both routine and intelligence led, is an important supply reduction tool'.
- The report states that 'intelligence-led searching was either very delayed or did not occur, often because of reduced staffing levels'. This may be because there are a high number of intelligence reports submitted, for example, in HMP Stoke Heath, there were over 2,000 intelligence reports in six months.
- The level of drug finds alone does not accurately reflect the level of use as it is unlikely that all illicit drugs will be found; however, in combination with other measures, including MDT rates, levels of violence and intelligence, it may indicate the effectiveness of supply reduction measures.

Local Practice / Evidence

HMP WAYLAND – The Drug and Alcohol Strategy does not go into detail about how intelligence will be used and shared.

[86] HMIP, (2015), Changing patterns of substance misuse in adult prisons and service responses
[87] HMPPS, (2018), HMP Highpoint Drug and Alcohol Strategy
[88] Centre for Social Justice, (2015), Drugs in Prison
[89] HMPPS, (2018), HMP Highpoint Drug and Alcohol Strategy
[90] HMIP, (2015), Changing patterns of substance misuse in adult prisons and service responses

JOINT WORKING WITH THE POLICE

Best Practice / Recommendation

- A recommendation from the HMIP thematic report states that 'It should be ensured that protocols with the police at national and local level establish effective actions to disrupt the supply of illicit substances by visitors, prisoners, staff and other sources.'
- One of the examples of how to disrupt supply routes into prison given in the Blakey report is 'develop partnership working with the police.'

Local Practice / Evidence

HMP WAYLAND – The Drug and Alcohol Strategy states that the prison will continue to develop partnership working with the local police.

WASTE WATER ANALYSIS

Best Practice / Recommendation

- Effective intelligence gathering is a crucial element of the fight against drug smuggling. Waste Water Analysis (WWA) should be introduced to prisons to provide an intelligence picture of drug use. It should replace the use of random Mandatory Drug Testing (rMDT) for this purpose[91]:
    - WWA analyses waste from prison sewage systems. It can identify not only the type of drugs, but the quantity as well;
    - WWA has been successfully piloted in an Australian prison and is being trialled in a number of other countries, including the United States and Spain. The CSJ heard from researchers that it provides a robust, accurate measure of drug use in prisons.

Local Practice / Evidence

- There are no plans for WWA to be introduced into the prisons.

[91] Drugs in Prison

MANDATORY DRUG TESTING

The graphs below show the proportion of positive MDTs taken from publicly available published data[92] which covers 2007-08 to 2017-18; 2018-19 data is expected to be released in October 2019.

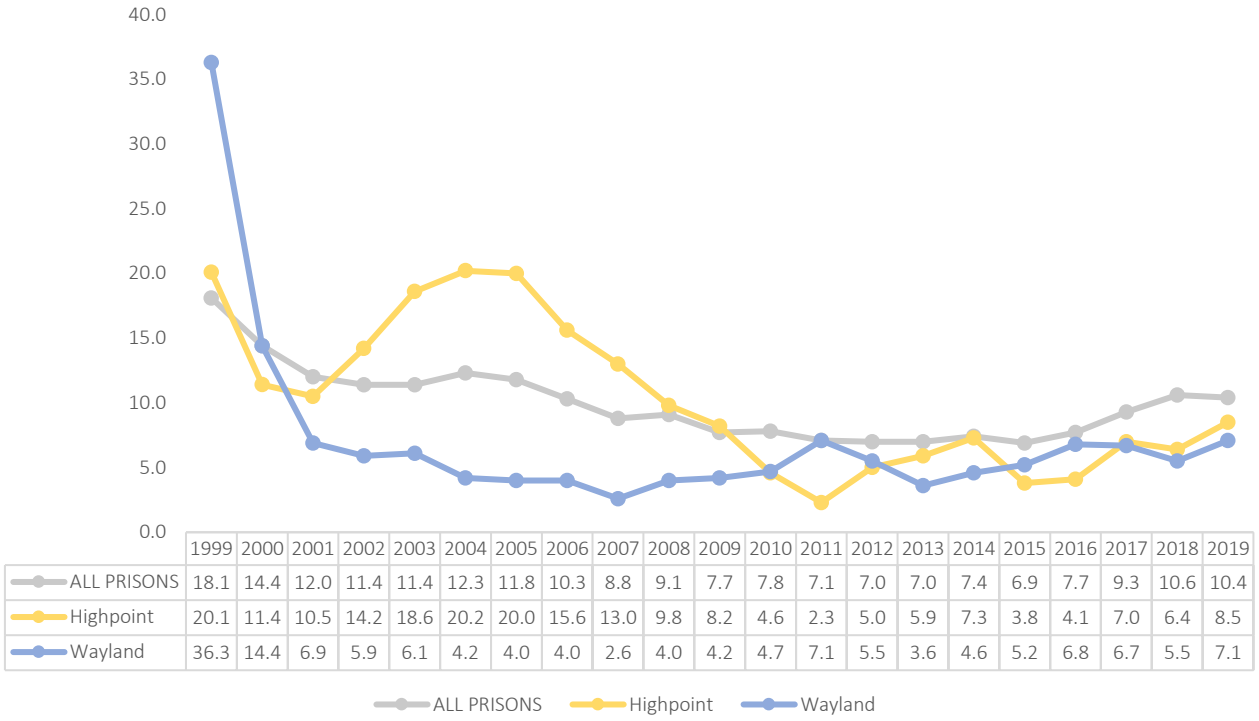
A summary is provided in the following table.

	HMP Wayland
	• The number of tests has seen year-on-year decreases from 617 for 2012-13 to 533 for 2018-19. • The positive test rates for traditional drugs[93] has remained stable over the past few years. • The 7.1% positive rate for traditional drugs is relatively low in comparison to other prisons of a similar role. • With the introduction of testing for psychoactive substances in 2017-18, the total positive test rate has increased. • Looking at the positive test rate for psychoactive substances, the 21% is high, especially considering the low rate for traditional drugs. • The positive test rate in 2017-18 for all drugs was 26.5%. • Those who test positive for a mandatory drug test are referred to Phoenix Futures for an assessment.

[92] https://www.gov.uk/government/collections/prison-and-probation-trusts-performance-statistics
[93] Excludes psychoactive substances.

The following information was taken from the HMPPS Annual Prison Digest 2018/19. The guidance can be found: https://www.gov.uk/government/statistics/hmpps-annual-digest-2018-to-2019.

Figure 3.5.1: The percentage of positive random mandatory drug tests for traditional drugs (excluding Psychoactive Substances), 12 months to March 1999 to 12 months to March 2019.[949596]



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ALL PRISONS	18.1	14.4	12.0	11.4	11.4	12.3	11.8	10.3	8.8	9.1	7.7	7.8	7.1	7.0	7.0	7.4	6.9	7.7	9.3	10.6	10.4
Highpoint	20.1	11.4	10.5	14.2	18.6	20.2	20.0	15.6	13.0	9.8	8.2	4.6	2.3	5.0	5.9	7.3	3.8	4.1	7.0	6.4	8.5
Wayland	36.3	14.4	6.9	5.9	6.1	4.2	4.0	4.0	2.6	4.0	4.2	4.7	7.1	5.5	3.6	4.6	5.2	6.8	6.7	5.5	7.1

Figure 3.5.2: Positive random mandatory drug tests, by drug type, by prison, 12 months to March 2017, 2018, 2019; HMP Highpoint.

Year (Year to March)	Total Tests Administered	Number of Positive Samples[97].								
		Amphetamines	Barbiturates	Benzodiazepines	Buprenorphine	Cannabis	Cocaine	Methadone	Opiates	Psychoactive Substances
2017	769	0	0	1	5	19	2	2	28	-
		0%	0%	0%	1%	2%	0%	0%	4%	-
2018	767	0	0	0	4	26	3	0	21	149
		0%	0%	0%	1%	3%	0%	0%	3%	19%
2019	776	0	0	1	9	34	4	2	28	77
		0%	0%	0%	1%	4%	1%	0%	4%	10%

[94] The target for Random Mandatory Drug Testing was removed in 2011/12.
[95] From April 2008 the mandatory drug testing regime was extended to include testing for Buprenorphine, following evidence of increasing abuse within prisons. Following a year of shadow reporting, positive tests were included in the published figures for Mandatory Drug Tests from 2009/10 onwards.
[96] Data for Psychoactive Substances (PS) is excluded from this table.
[97] As each sample may test positive for more than one drug, the positive results by drug type add up to more than the total positive test rate.

Figure 3.5.3: Positive random mandatory drug tests, by drug type, by prison, 12 months to March 2017, 2018, 2019; HMP Wayland.

Year (Year to March)	Total Tests Administered	Number of Positive Samples[98].								
		Amphetamines	Barbiturates	Benzodiazepines	Buprenorphine	Cannabis	Cocaine	Methadone	Opiates	Psychoactive Substances
2017	567	1	1	0	13	11	1	0	16	-
		0%	0%	0%	2%	2%	0%	0%	3%	-
2018	560	0	0	0	8	15	0	2	11	139
		0%	0%	0%	1%	3%	0%	0%	2%	25%
2019	533	0	0	0	5	13	1	5	16	112
		0%	0%	0%	1%	2%	0%	1%	3%	21%

Figure 3.5.4: Positive tests; all drugs.

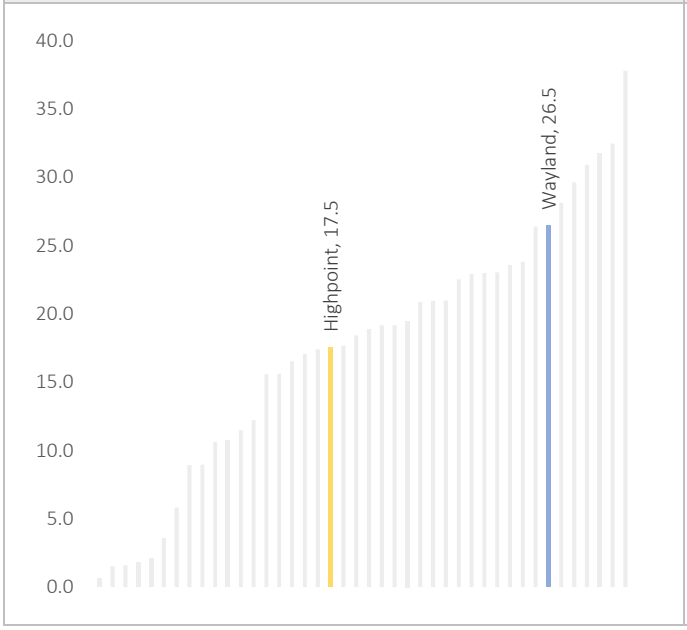
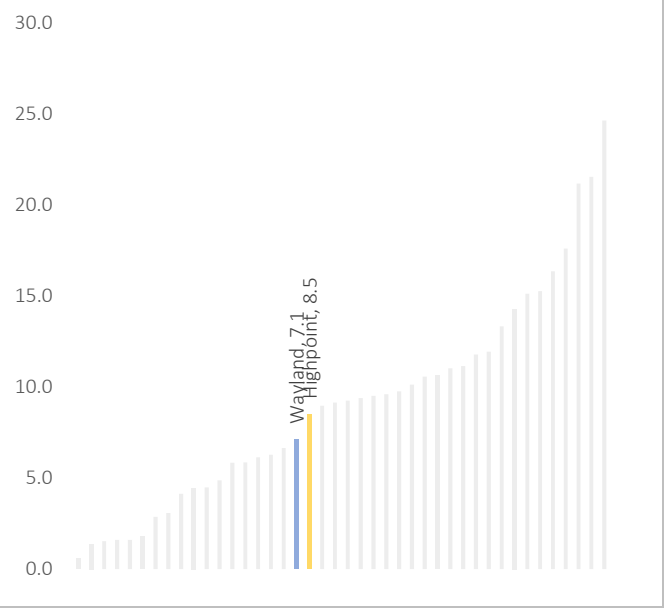


Figure 3.5.5: Positive tests; traditional drugs.



[98] As each sample may test positive for more than one drug, the positive results by drug type add up to more than the total positive test rate.

Figure 3.5.6: Positive tests; psychoactive substances.

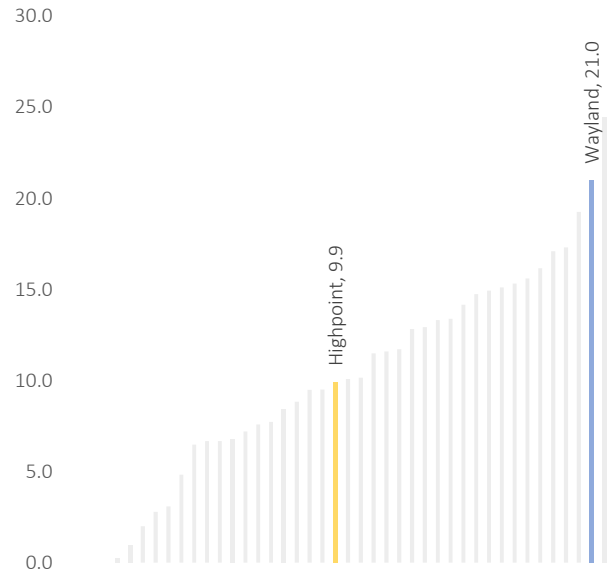


Figure 3.5.7: Positive tests; summary table.

Prison	Highpoint	Wayland
Tests attempted	785	596
Refusals[99]	0	58
Administrative flaws[100]	3	5
Flawed samples[101]	6	0
Tests administered	776	533
Traditional drugs positive tests	66	38
Traditional drugs positive tests percentage (%)	8.5	7.1
Psychoactive Substances Positive Tests	77	112
Psychoactive Substances positive tests percentage (%)	9.9	21.0
All Positive Tests	136	141
All positive tests percentage (%)	17.5	26.5

[99] Prisoners have the right to refuse provide a sample for drug testing. This is treated as a disciplinary offence.
[100] This category includes samples that could not be tested because of incorrect or incomplete recording of administrative details.
[101] This category includes samples that could not be tested because of contamination, breakage, or similar reasons.

DRUG FINDS

The following chart shows the number of drug finds[102] by financial year up until March 2018; 2018-19 data is expected to be released in October 2019.

A summary is provided in the following table.

	HMP Wayland
	• Following a large increase between 2014-15 and 2015-16, the total number of drug finds remained stable. • The increase between 2014-15 and 2015-16 was due to the number of finds for psychoactive substances. • 2018-19 saw the highest number of psychoactive substance finds. • The number of finds for Diamorphine (Heroin) has increased from 2 in 2016-17 to 8 in 2018-19. • Finds for cannabis over the past 4 years ranges between 12 and 18 finds per year.

[102] https://www.gov.uk/government/statistics/annual-hm-prison-and-probation-service-digest-2017-to-2018

The following information was taken from the HMPPS Annual Prison Digest 2018/19. The guidance can be found: https://www.gov.uk/government/statistics/hmpps-annual-digest-2018-to-2019.

HMP HIGHPOINT

Figure 3.5.8: Number of drug finds by financial year.

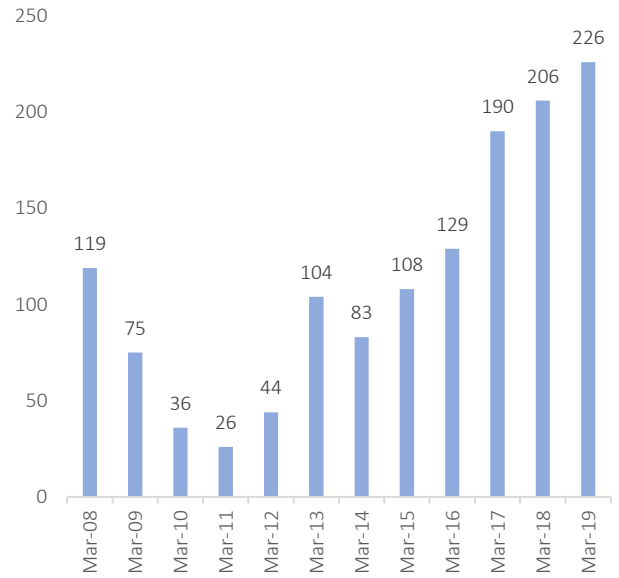


Figure 3.5.9: Long-term trend against 2007-08 baseline; comparison against all prisons.

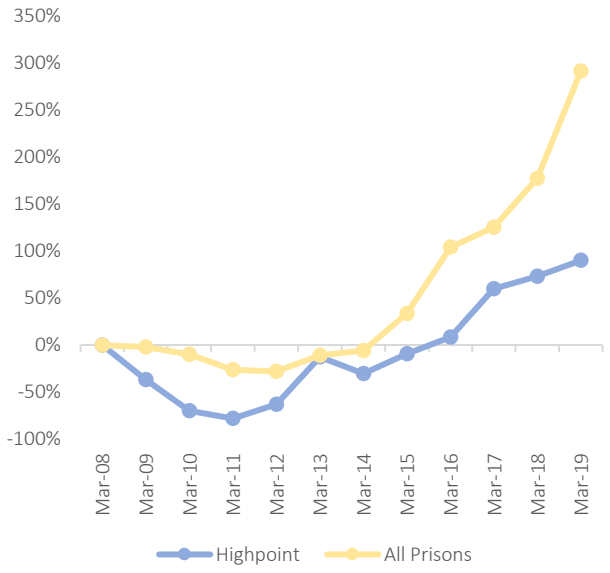


Figure 3.5.10: Number of drug finds by financial year and drug type.

Highpoint	Mar-15	Mar-16	Mar-17	Mar-18	Mar-19
Amphetamine	0	2	2	3	1
Barbiturates	0	0	0	0	1
Buprenorphine	0	0	8	2	0
Cannabis	15	18	36	56	40
Cocaine	3	2	2	1	12
Diamorphine (Heroin)	3	9	0	0	6
Gabapentin	0	0	0	1	0
LSD	0	0	0	0	2
Methadone	0	0	0	1	2
Other	95	35	7	15	14
Pregabalin	0	0	0	1	1
Psychoactive substances	0	58	134	76	102
Steroids	0	3	3	3	0
Tramadol	0	0	0	0	0
Tranquillisers	0	0	0	1	0
Unknown	0	7	17	57	58
Total	116	134	209	217	239

HMP WAYLAND

Figure 3.5.11: Number of drug finds by financial year.

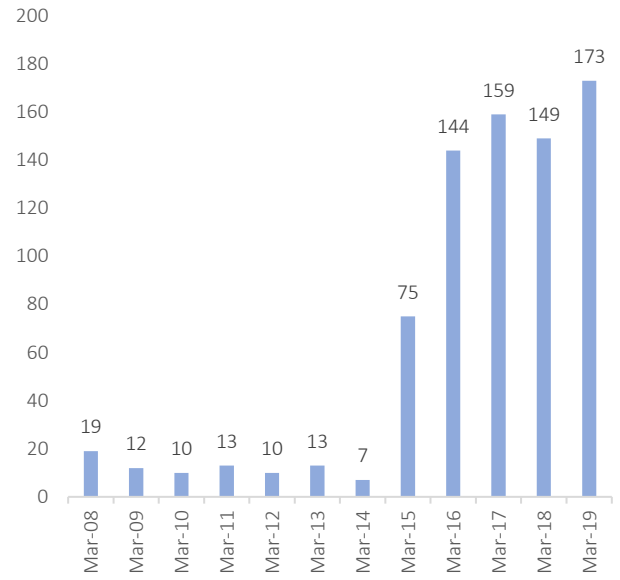


Figure 3.5.12: Long-term trend against 2007-08 baseline; comparison against all prisons.

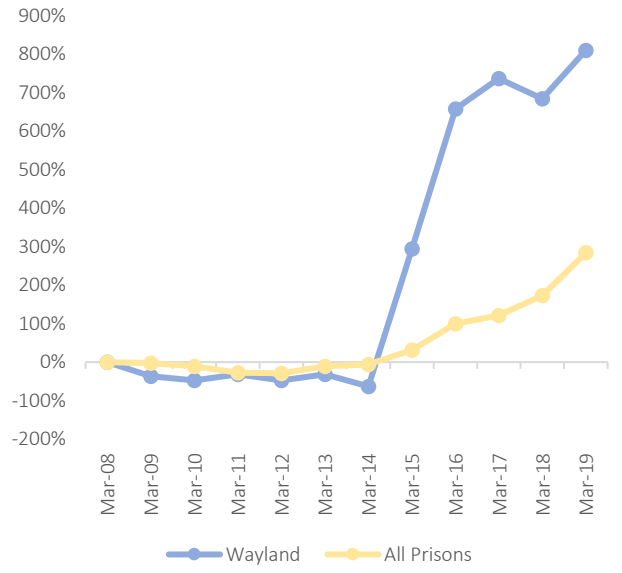


Figure 3.5.13: Number of drug finds by financial year and drug type.

Wayland	Mar-15	Mar-16	Mar-17	Mar-18	Mar-19
Amphetamine	0	0	0	0	8
Barbiturates	0	0	0	0	0
Buprenorphine	0	2	1	2	7
Cannabis	12	13	18	14	16
Cocaine	0	0	0	1	29
Diamorphine (Heroin)	1	0	2	7	8
Gabapentin	0	0	0	2	0
LSD	0	0	0	0	0
Methadone	0	0	0	0	1
Other	70	38	14	19	15
Pregabalin	0	0	2	0	0
Psychoactive substances	0	84	108	85	109
Steroids	0	1	2	1	1
Tramadol	0	0	0	0	0
Tranquillisers	0	0	0	0	0
Unknown	0	15	25	23	16
Total	83	153	172	154	210

ACCESS TO TREATMENT

HMP HIGHPOINT	HMP WAYLAND
INTRODUCTION	
Phoenix Futures provide the psychosocial service in both prisons.	
STAFFING	

Figure 3.5.15: HMP Wayland Substance Misuse Staffing.

NUMBER	JOB TITLE
CLINICAL	
Lead CSMS Nurse	1
Healthcare Assistant	2
Pharmacy Technician	1
PSYCHOSOCIAL	
1	Service Manager
1	Team Manager
1	Senior Practitioner
1	Family Support Worker
8	Practitioner

STAFFING RATIO

The table below shows the ratio of various roles in the clinical and psychosocial substance misuse teams to the total number of prisoners present in the prison for one year (prison population + new receptions). For comparison, the staffing ratios in HMP Highpoint and HMP Wayland are shown against two other category C training prisons.

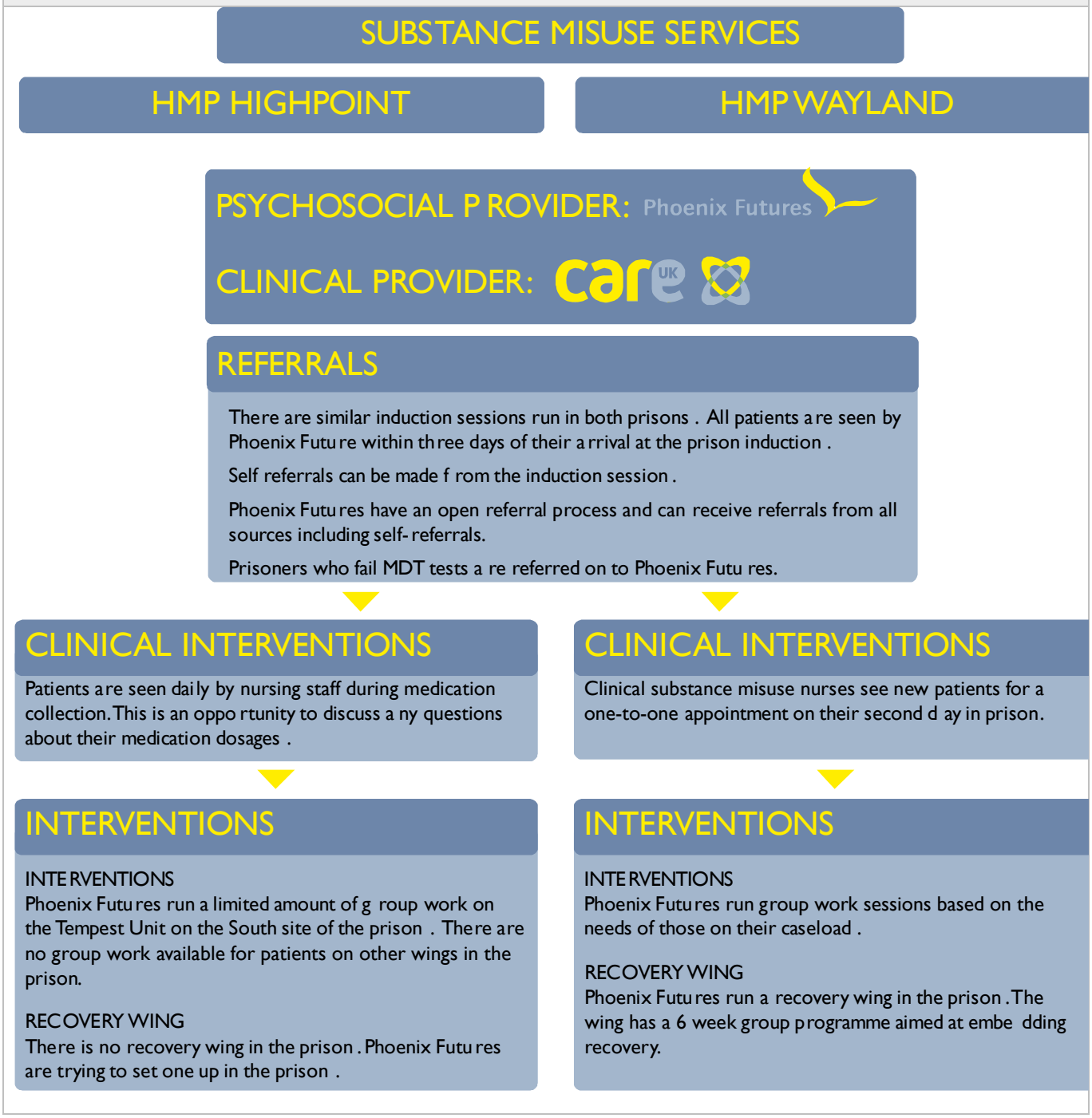
In category C prison 1, the mental health team and the substance misuse psychosocial team were merged so patients with mental health issues had access to psychoeducational groups.

Figure 3.5.16: Substance misuse team staffing ratios.

Job Title		HMP Wayland	Category C Prison 1	Category C Prison 2
Total in year (Population + New Receptions)		2093	1050	2766
PSYCHOSOCIAL				

Practitioners (including senior/ lead practitioners)		10 (1:209)	6 (1:175)	11 (1:251)
CLINICAL				
Clinical Substance Misuse Nurses (including lead nurses)		1 (1:2093)	No dedicated clinical substance misuse nurse.	1 (1:2766)

Figure 3.5.17: Substance misuse pathway in the prisons



CLINICAL INTERVENTIONS

	HMP WAYLAND
IDENTIFICATION	
	The clinical substance misuse nurse said that in the past, they had received notice from sending prisons when a patient in receipt of opiate substitute medication was being sent to the prison. This does not happen now. Advanced notice of clinical substance misuse patients would allow the team to prepare medication, especially when a patient arrives on a Friday and needs medication for the weekend. At the time of this assessment, there was no GP in the prison on a Friday to prescribe medication over the weekend.
CLINICAL INTERVENTIONS	
	A CSMS GP visits the prison three times a week. All new clinical substance misuse patients see this doctor soon after their arrival in the prison. CSMS nurses see patients for a one-to-one appointment in the afternoon of the patients second day in prison. The substance misuse assessment is completed at this appointment. The 13-week review is also booked at this appointment. Patients are referred to Phoenix Futures from this appointment. 13-week reviews are attended by CSMS nurses, the GP, and staff from Phoenix Futures. At the time of this assessment, there were 72 patients in receipt of methadone, of these 18 were maintained. There were 9 patients in receipt of buprenorphine, of these 7 were maintained. At the time of this assessment, patients were still receiving buprenorphine in the form of crushed Subutex. Healthcare were using up their stock of Subutex before changing to Espranor, an opiate-based medication that can be taken orally. Upon release, patients in receipt of opiate-based medication are offered Naloxone. Healthcare report a relatively high take up of Naloxone[103], however not many patients want to use Naltroxone[104].

[103] Naloxone, is a medication used to block the effects of opioids, especially in overdose.
[104] Naltrexone is a medication primarily used to manage alcohol or opioid dependence.

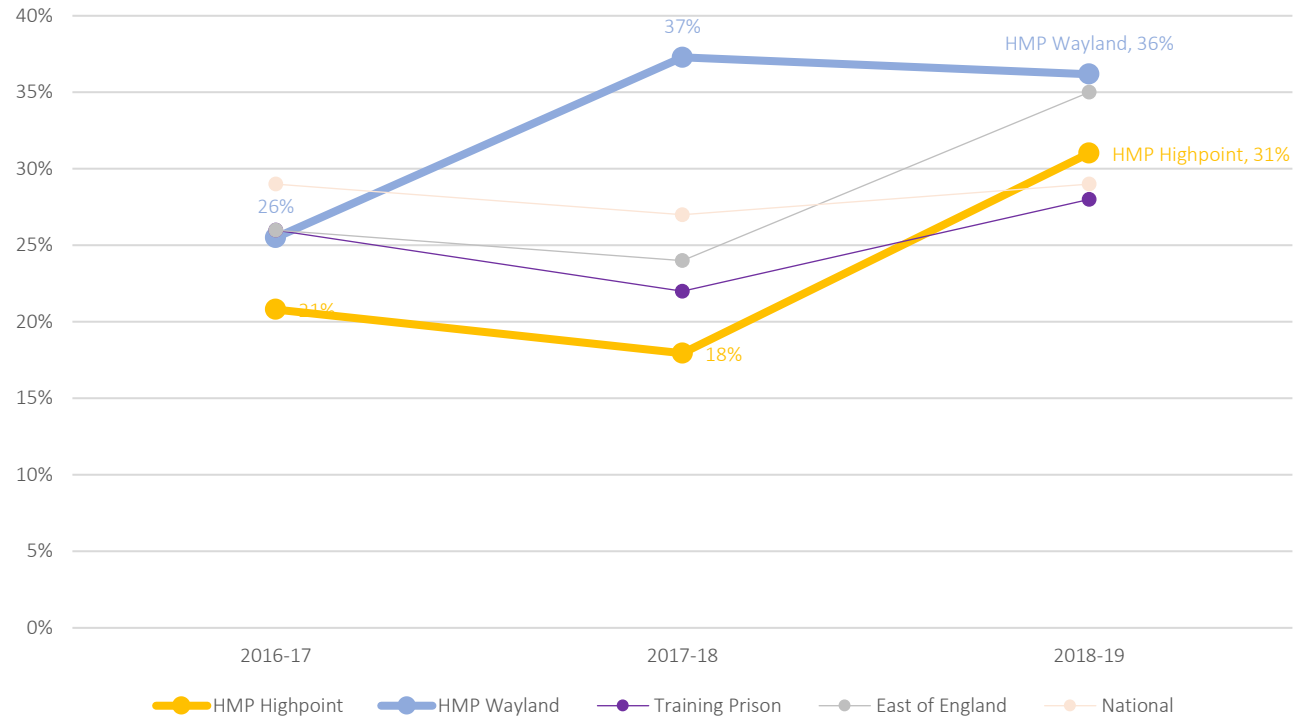
	Prior to release, all patients are seen by healthcare who complete a discharge template on SystmOne.

PSYCHOSOCIAL INTERVENTIONS

	HMP WAYLAND
IDENTIFICATION AND ASSESSMENTS	
Phoenix Futures run similar induction processes in both prisons. All new arrivals to the prison are seen within three days of their arrival. Phoenix Futures complete an induction where they introduce their service to prisoners and deliver some harm minimisation information. Phoenix Futures have an open referral process in both prisons and can receive referrals from all sources including self-referrals. Patients who fail a mandatory drug test are referred to Phoenix Futures.	
INTERVENTIONS	
Phoenix Futures run short interventions in each prison. The interventions are based on the need of clients.	
	There is a recovery wing in HMP Wayland. Phoenix Futures staff are based on the wing. A six week programme is run on the wing. There are also planned afternoon activities on the wings with the aim of embedding recovery. The service manager reports that the prison engagement in the wing has improved. Unlike in HMP Highpoint, Phoenix Futures are not integrated with the IAPT service in HMP Wayland.

Figure 3.5.18 below shows the percentage of receptions starting a treatment episode. The graph shows that identification of substance misusers has increased in HMP Highpoint and remained the same in HMP Wayland when comparing 2018-19 against 2017-18. The increase in HMP Highpoint could be related to the transition in psychosocial provider from Lifeline, to CGL, to Phoenix Futures in April 2018.

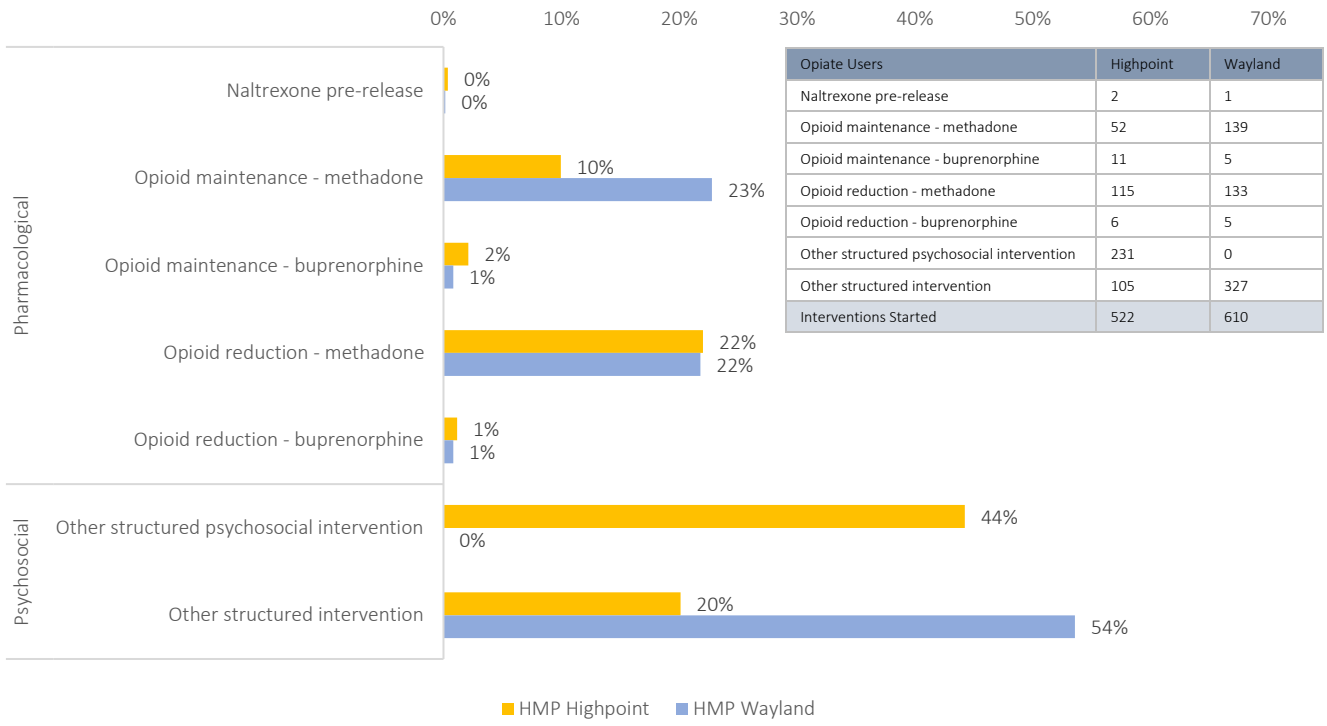
Figure 3.5.18: The percentage of receptions starting a treatment episode.



Prison				HMP Wayland		
Year				2016-17	2017-18	2018-19
New Receptions				1086	869	1075
Starting Episode				277	324	389
%				26%	37%	36%

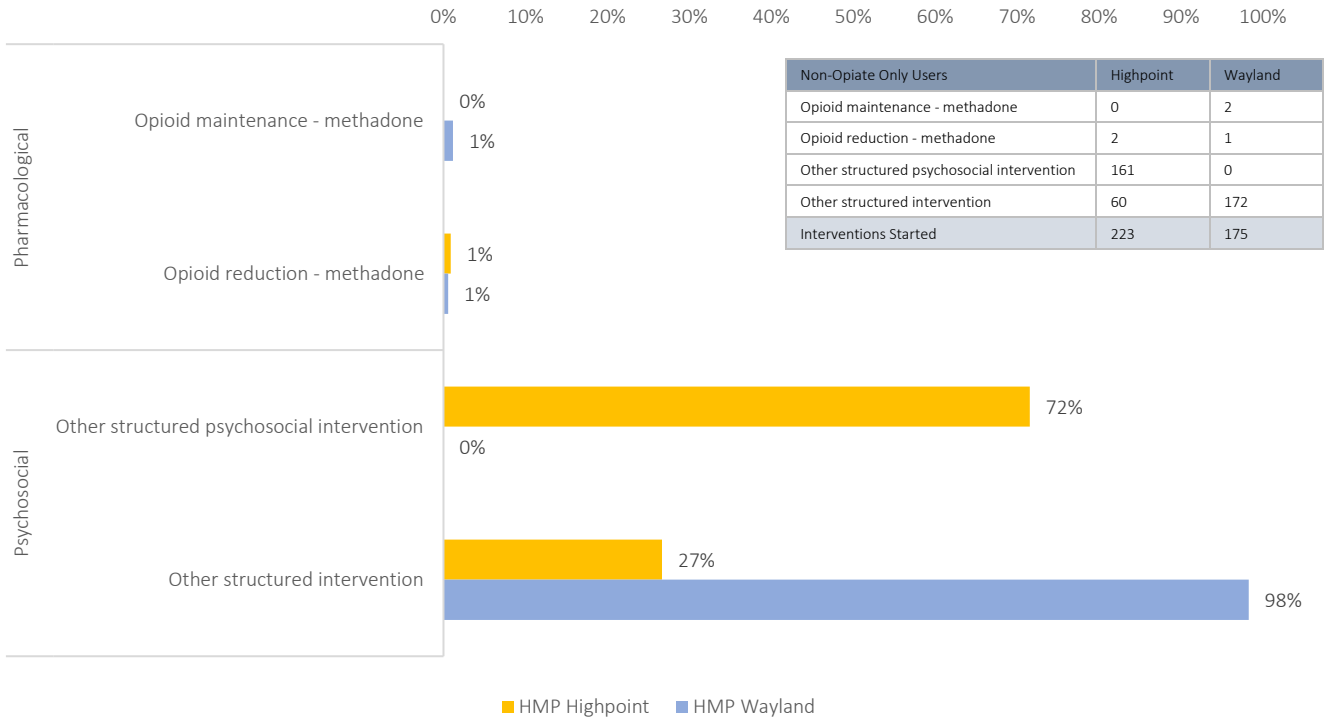
Figure 3.5.19 below shows the interventions started for opiate users. The data shows that HMP Wayland has a greater clinical substance misuse need. This is reflected in the numbers of patients currently in receipt of opiate substitute medication in the two prisons.

Figure 3.5.19: Interventions Started; Opiate Users.



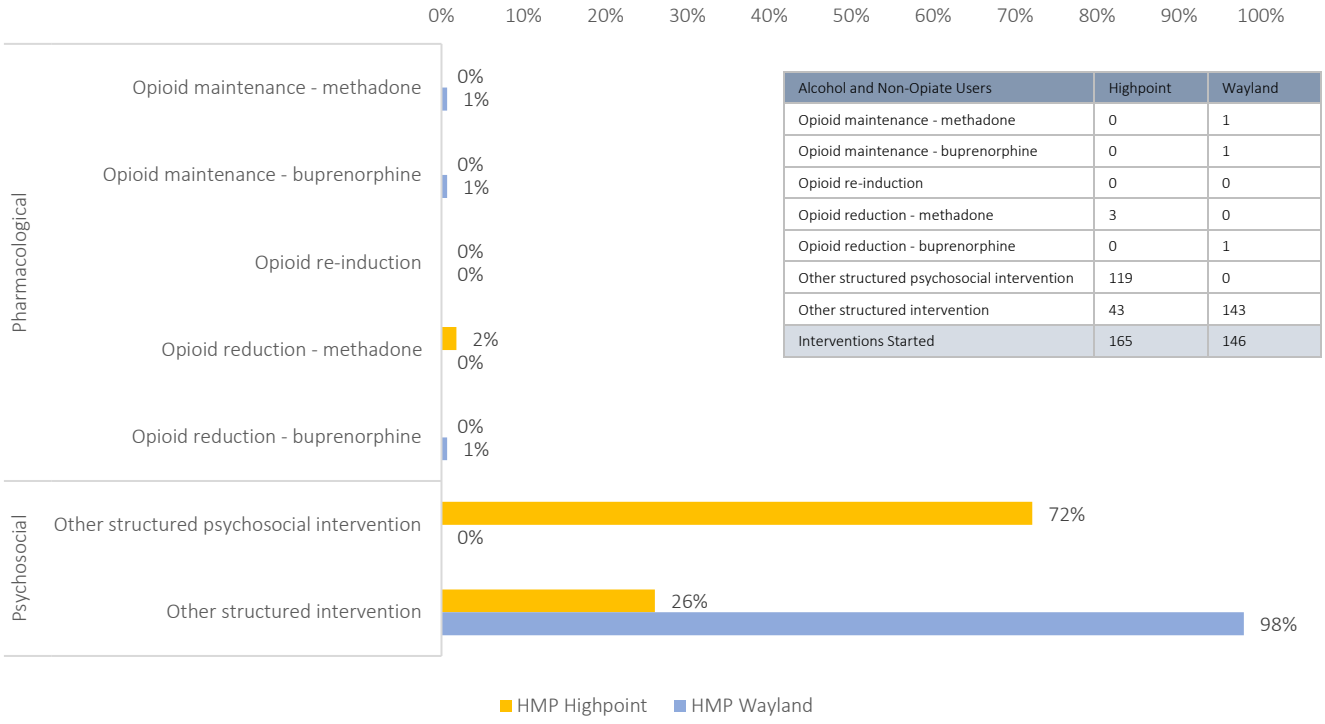
Opiate Users	Highpoint	Wayland
Naltrexone pre-release	2	1
Opioid maintenance - methadone	52	139
Opioid maintenance - buprenorphine	11	5
Opioid reduction - methadone	115	133
Opioid reduction - buprenorphine	6	5
Other structured psychosocial intervention	231	0
Other structured intervention	105	327
Interventions Started	522	610

Figure 3.5.20: Interventions Started; Non-Opiate Users.



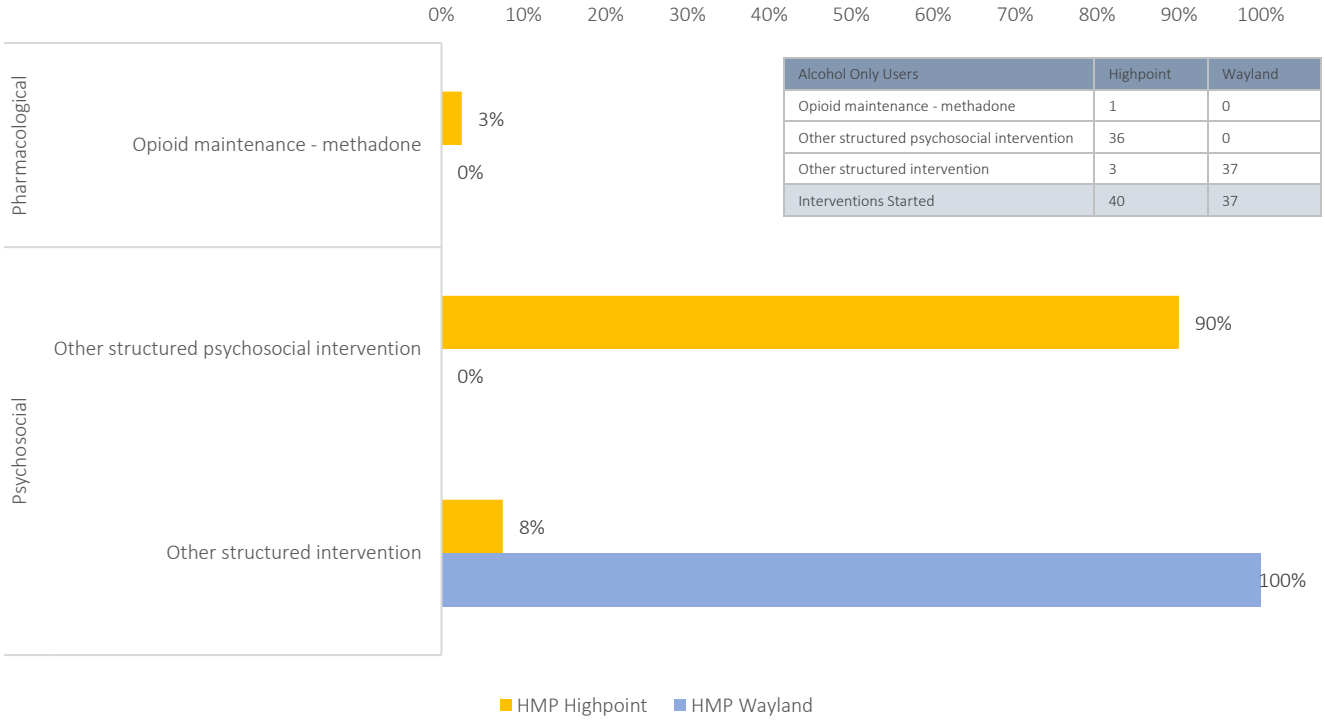
Non-Opiate Only Users	Highpoint	Wayland
Opioid maintenance - methadone	0	2
Opioid reduction - methadone	2	1
Other structured psychosocial intervention	161	0
Other structured intervention	60	172
Interventions Started	223	175

Figure 3.5.21: Interventions Started; Alcohol and Non-Opiate Users.



Alcohol and Non-Opiate Users	Highpoint	Wayland
Opioid maintenance - methadone	0	1
Opioid maintenance - buprenorphine	0	1
Opioid re-induction	0	0
Opioid reduction - methadone	3	0
Opioid reduction - buprenorphine	0	1
Other structured psychosocial intervention	119	0
Other structured intervention	43	143
Interventions Started	165	146

Figure 3.5.22: Interventions Started; Alcohol Only Users.



Alcohol Only Users	Highpoint	Wayland
Opioid maintenance - methadone	1	0
Other structured psychosocial intervention	36	0
Other structured intervention	3	37
Interventions Started	40	37

DRUG TYPES

The following chart shows in-treatment profiles based on whether prisoners recorded any of the listed drugs as the main drug, second drug, or third drug. Both prisons have seen a decrease in the rate of prisoners with alcohol listed as one of their drug types. In contrast, the rate for NPS has increased.

Figure 3.5.23: In-treatment profile by drug type; HMP Highpoint.

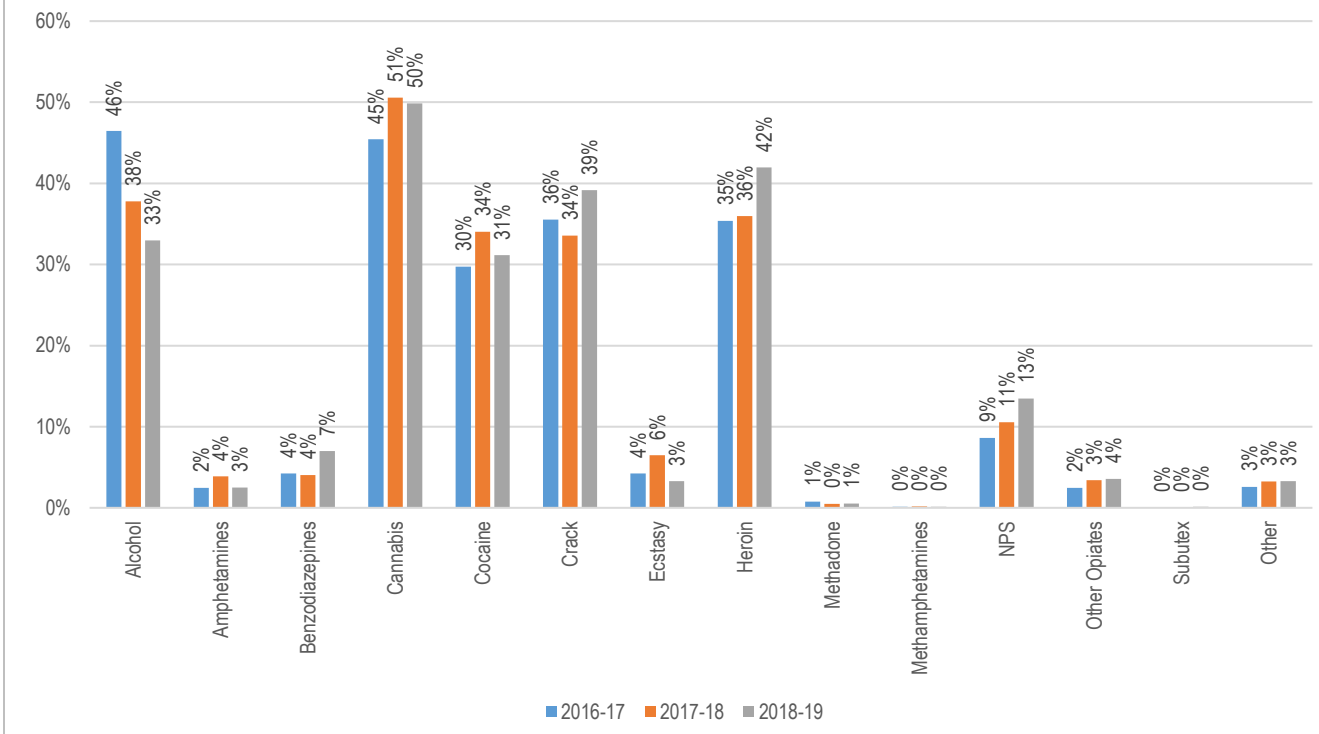
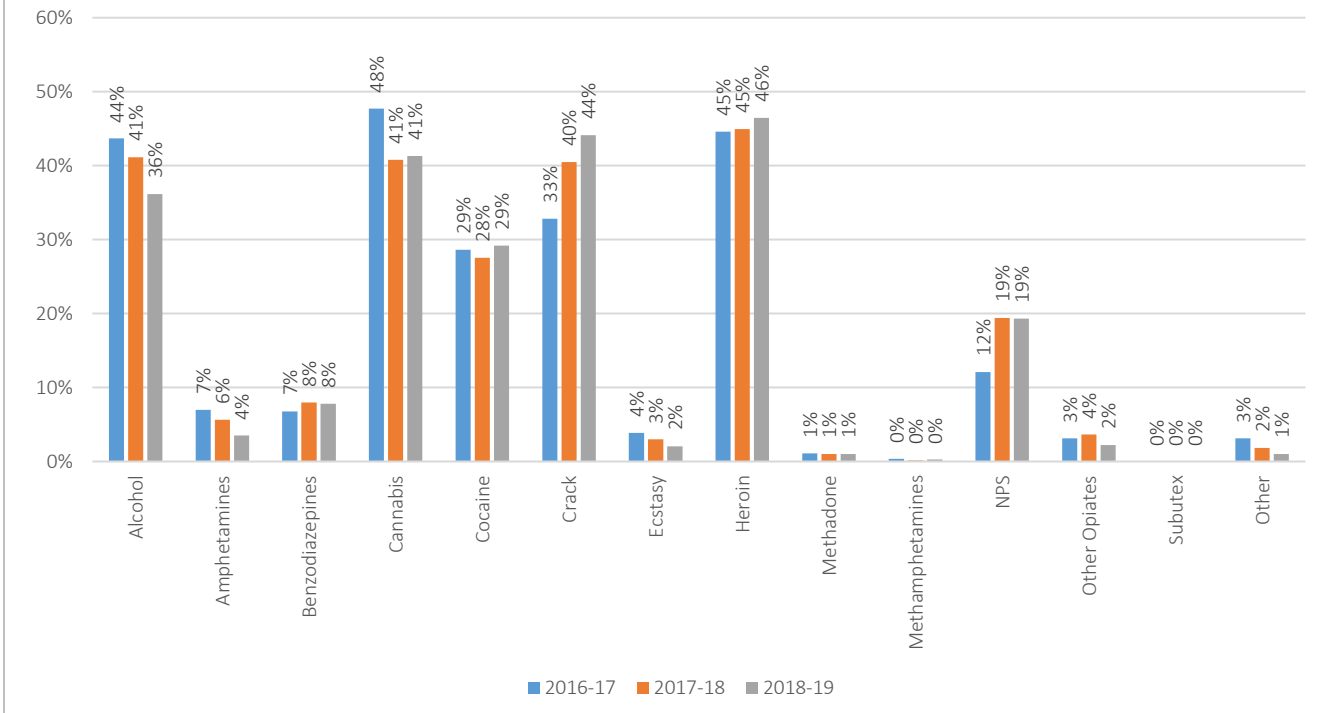


Figure 3.5.24: In-treatment profile by drug type; HMP Wayland.



The following two charts shows visually how the drug rates compare when plotted on a chart which takes into account both the prevalence for the in-treatment population in 2018-19, and the change against the 2016-17 data.

Figure 3.5.25: In-treatment profile based on whether prisoners recorded any of the listed drugs as the main drug, second drug, or third drug; HMP Highpoint.

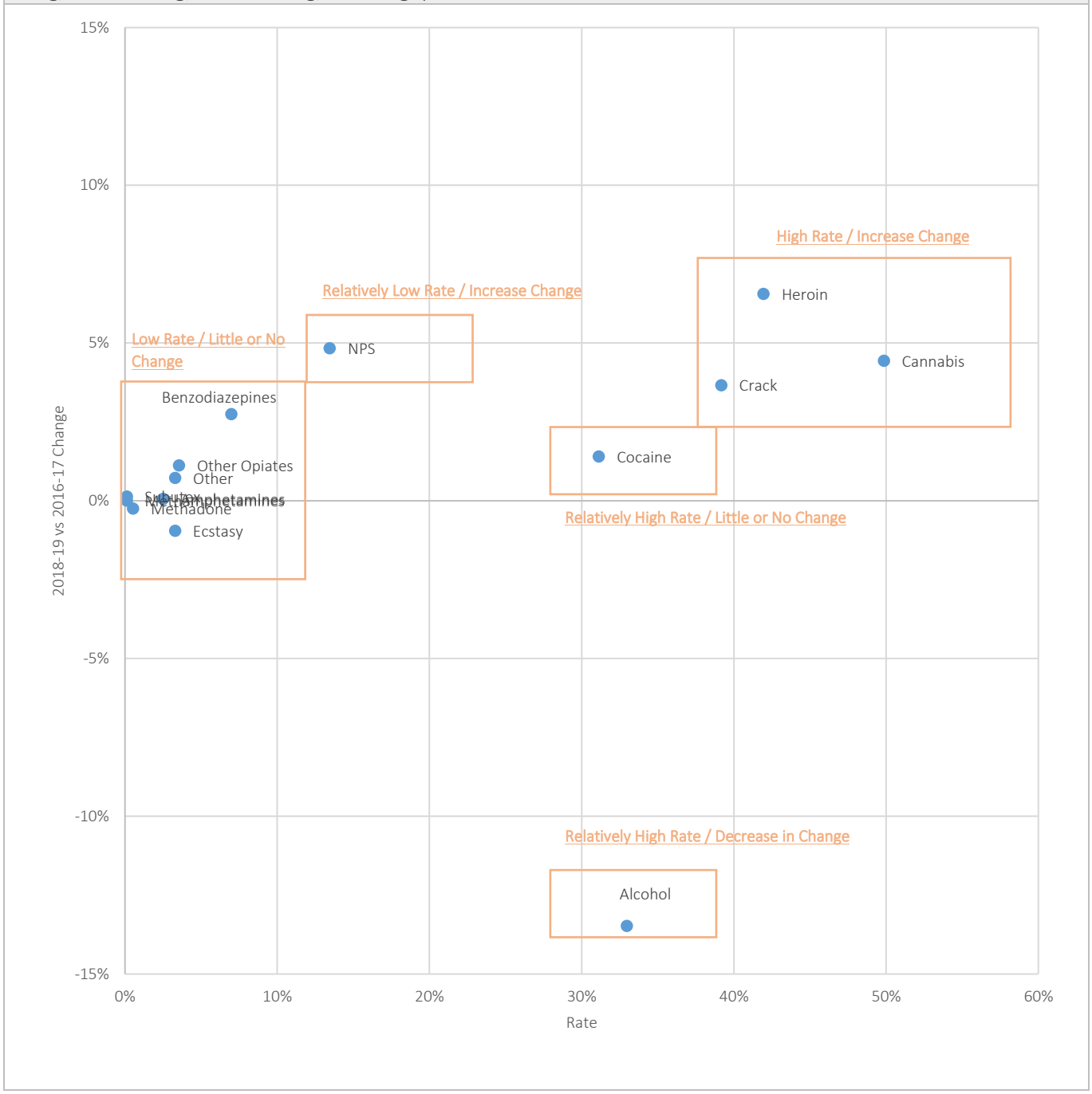
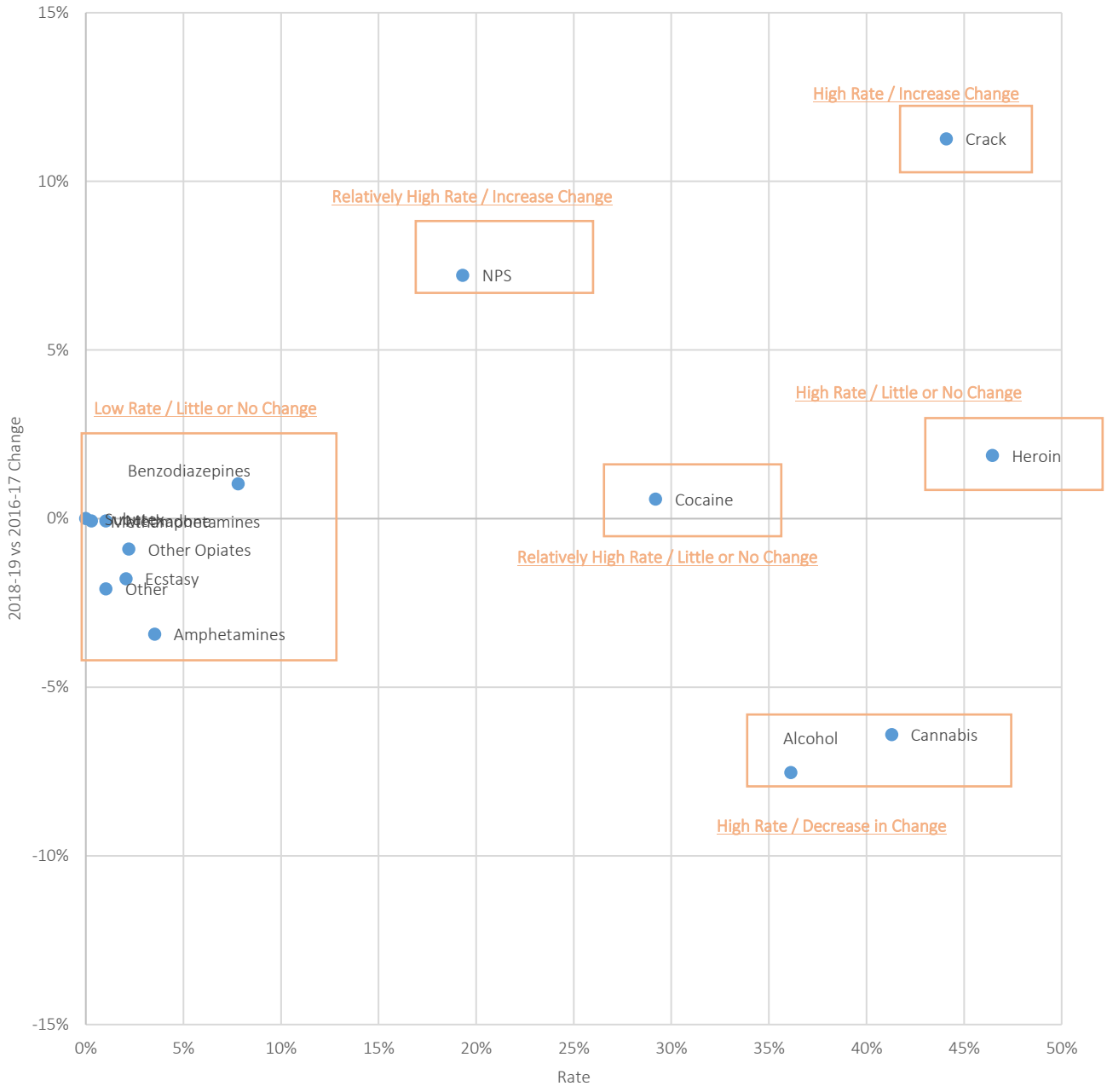


Figure 3.5.26: In-treatment profile based on whether prisoners recorded any of the listed drugs as the main drug, second drug, or third drug; HMP Wayland.



CONTINUITY OF CARE

In both prisons, Phoenix Futures lead on a resettlement process for those on their caseload. Referrals are made to teams in the community for patients who require ongoing clinical substance misuse support.

Below shows the transfers to community[105] based on NDTMS data. The treatment commencement rate for both prisons is lower than prisons of a similar role, and both the regional and national averages.

The partnership receiving the most referrals from HMP Wayland was Essex. The total number of partnerships receiving a referral from HMP Wayland totalled 15. The treatment commencement rate was low at 17%.

Figure 3.5.28: Transfers to community; HMP Wayland.

Partnership Referred To	Referred	Commenced Treatment	% Commenced Treatment
Essex	6	2	33%
Norfolk	4	1	25%
Suffolk	2	0	0%
Other[106]	12	1	8%
HMP Wayland	24	4	17%
Role	4383	1842	42%
Region	3121	1008	32%
National	23826	8001	34%

[105] Shows the total number released and discharged from treatment as 'Transferred - Not in Custody' between 1 January 2018 and 31 December 2018 and total number commencing a treatment episode in the community within 3 weeks of release.
[106] 12 other partnerships with 1 referral each.

Below shows the transfers to prison[107] based on NDTMS data.

Of the 132 referred from HMP Highpoint, 54 (41%) commenced treatment which is lower than prisons of a similar role, and both regional and national averages. The commencement rate in HMP Wayland was lower at 35%.

Nearly half of the referrals from HMP Highpoint were to 4 prisons. The commencement rate was good in 3 of these prisons, with HMP Peterborough being the exception.

A high number of referrals from HMP Wayland were to HMP Highpoint, with a reasonable commencement rate of 43%. Similar to HMP Highpoint, a high number of referrals from HMP Wayland were to HMP Peterborough, with a low rate commencing treatment.

Figure 3.5.30: Transfers to prison; HMP Wayland.

Prison Transferred To	Referred	Commenced Treatment	% Commenced Treatment
HMP Highpoint	30	13	43%
HMP The Mount	14	9	64%
HMP Peterborough (Male)	11	3	27%
HMP Brixton (Care UK/Forward Trust)	11	3	27%
HMP & YOI Rochester (Forward Trust)	9	5	56%
HMP Hollesley Bay	8	3	38%
HMP Onley	6	0	0%
HMP Stocken	5	2	40%
HMP Norwich	5	3	60%
Other[108]	31	5	16%
HMP Wayland	130	46	35%
Role	3920	1807	46%
Region	2400	1413	59%
National	16377	8370	51%

[107] Shows the total number transferred to another establishment and discharged as 'Transferred - In Custody' between 1 January 2018 and 31 December 2018 and the total number commencing treatment in the new establishment within 3 weeks of transfer.
[108] 19 other prisons receiving less than 5 referrals each.

PRIMARY CARE AND LONG-TERM CONDITIONS

PRIMARY CARE OVERVIEW

HMP HIGHPOINT	HMP WAYLAND
LONG-TERM CONDITION MANAGEMENT	
	Long-term condition clinics are run by nursing staff. There is a long-term condition lead. Nurses are completing training in long-term conditions. As with HMP Highpoint, Care UK have been unable to recruit an Advanced Nurse Practitioner to the team. At the time of this assessment, one nurse was completing a nursing practitioners course.
STAFFING	
	Figure 4.1.2: HMP Highpoint primary care staffing.

Job Title	Number
Head of Healthcare	1
Deputy Head of Healthcare	1
Lead Nurse	1
Nurse	2
Learning Disability Nurse	1
Healthcare Assistant	5

STAFFING RATIOS

The table below shows the ratio of various roles in the primary care team and GP sessions to the total number of prisoners present in the prison for one year (prison population + new receptions). For comparison, the staffing ratios in HMP Highpoint and HMP Wayland are shown against two other category C training prisons.

In category C prison 1, the mental health team and the substance misuse psychosocial team were merged so patients with mental health issues had access to psychoeducational groups.

Job Title	HMP Wayland	Category C Prison 1	Category C Prison 2
Total in year (Population + New Receptions)	2093	1050	2766
Band 5 and 6 Nurses	4 (1:523)	7 (1:150)	n/a
GP Sessions	8 (1:262)	5 (1:210)	8 (1:346)

HEALTH PROMOTION

This was identified as a potential gap by healthcare staff. There is no formal joined up work between the prison and healthcare regarding health promotion.	Remedial gym is available and the prison can refer through to the gym. The running of health promotion in the prison requires more work.
HEALTHCARE PEER SUPPORTERS	
There were no healthcare specific peer supporters in the prison.	There were 3 healthcare champions at the time of this assessment. The positions are not paid positions. The roles are more administrative than health focussed. The champions collect and deliver healthcare appointment slips. The champions also act as a liaison between prisoners and healthcare. There is a chance for more healthcare promotion work to be delivered in the prison.

ASTHMA

	HMP WAYLAND
GENERAL	
	Patients with asthma are managed by nursing staff. Those with more complex needs are seen by the GP or referred to secondary services at the Norfolk and Norwich University Hospital. Staff had not received any specialist training relating to the treatment of patients with respiratory conditions. There are staff enrolled for long-term condition training and staff who are trained in spirometry. There was a plan for a respiratory nurse from the community to visit the prison, however there was no time frame for this.
AN UP-TO-DATE POLICY IS IN PLACE	
	Policies and pathways have been requested.
CLINICS	
	An asthma clinic was run weekly.
A PATHWAY IS WELL DEFINED	
	There is a written asthma pathway. The pathway covers: • Identification at reception • Creation of care plan • Asthma education • Peak flow measurements and when to refer to GP • Influenza vaccination • When to review
PREVALENCE	
The expected prevalence is calculated using the PHE Toolkit, and is based on age. This means other factors that affect asthma prevalence such as smoking, ethnicity, and exercise were not included in the calculation. The expected prevalence across both prisons are similar, however the actual prevalence is lower in HMP Highpoint than in HMP Wayland.	

Wayland	Expected Prevalence	Actual Prevalence
Reception (2018-19)	148 (12.8%)	162 (14.0%)
QOF (June 19)	110 (11.8%)	112 (12.0%)

MEDICATION	
	Inhalers are held in the possession of the patient. This also applies to patients who are on an ACCT or in the segregation unit. Patients' inhaler techniques are assessed in their review or if they raise issues regarding their condition. The assessment ensures that inhalers are being used correctly and as prescribed.
BEST PRACTICE – SPIROMETRY	
	There are nurses trained in spirometry within the primary care team.
BEST PRACTICE – SMOKING	
	The prison is a smoke free prison. A Pharmacy Technician runs smoking cessation clinics.
BEST PRACTICE – EXERCISE	
NICE GUIDELINES – REVIEWS	
	NICE Quality Statement 5[109]: 'People with asthma receive a structured review at least annually'. Condition reviews are completed by nursing staff. They are also seen by GPs when required.
QOF PERFORMANCE	

Patients receiving reviews in HMP Wayland shows poor performance.

Asthma QOF	Minimum %	Target %	HMP Wayland		
			Count	Actual %	Points
AST001 - Register	-	-	112	12.0%	4 / 4
AST002 - With measures of variability or reversibility	45 %	80 %	62 / 75	82.6%	15 / 15
AST003 - Review in previous 12 months	45 %	70 %	40 / 91	43.9%	0 / 20
AST004 - Asthma (14 - 19 yrs.) & Smoking status	45 %	80 %	0 / 0	0.0%	0 / 6
Asthma Total					**19 / 45**

[109] https://www.nice.org.uk/guidance/qs25/chapter/Quality-statement-5-Review#data-source-5

ASTHMA

NICE

NICE guideline [NG80] Asthma: diagnosis, monitoring and chronic asthma management

SELECTED RECOMMENDATIONS ■

INITIAL CLINICAL ASSESSMENT - Take a structured clinical history

DIAGNOSIS - Objective tests for diagnosiing including "spirometry to adults, young people and children aged 5 and over if a diagnosis of asthma is being considered."

SELF-MANAGEMENT - Offer an asthma self-management programme, comprising a written personalised action plan and education, to adults, young people and children aged 5 and over with a diagnosis of asthma (and their families or carers if appropriate).

MONITORING -Asthma Quality Measures indicate that patients with asthma should have had a review within the past 12 months
Reviews should include a review of inhaler technique, confirmation of adherence to prescribed treatment

Public Health England

PHE TOOLKIT -The PHE toolkit provides expected prevalence rates by age group. These rates have been used in this HSCNA

Key points from condition related research

Key points from prison related research

Asthma is one of the most common long-term conditions in Britain, with 5.1 million people thought to suffer from it.

Asthma can affect almost anyone, although it tends to be worse in children and young adults.● Research has also shown that south Asian and Afro-Caribbean people in the UK are significantly more likely to be admitted to hospital for asthma-related problems than those of white ethnicity.★

The study by Marshall et al ● estimated that 13% of the prison population had asthma. This is higher than the general population due to a number of reasons:

- A higher rate of heavy smokers
- A younger population
- Lack of exercise
- Stress
- Prolonged periods being indoors
- Socio-economic status

RECEPTION HEALTH SCREEN

IDENTIFICATION - 1st Screen: Current Health Conditions Asthma
2nd Screen: Family History: Asthma

■ Due to space purposes only selected recommendations are included here. Full recommendations can be found here NICE guideline [NG80]

● http://www.asthma.org.uk/asthma-facts-and-statistics

★ Gopalakrishnan, N., 'Ethnic variations in incidence of asthma episodes in England & Wales: National study of 502,482 patients in primary care', Respiratory Research, 6:120 (2005).

● Marshall, T, Simpson, S. & Stevens, A., Toolkit for health care needs assessment in prisons, (Department of Public Health & Epidemiology, University of Birmingham, 2000)

PREVALENCE

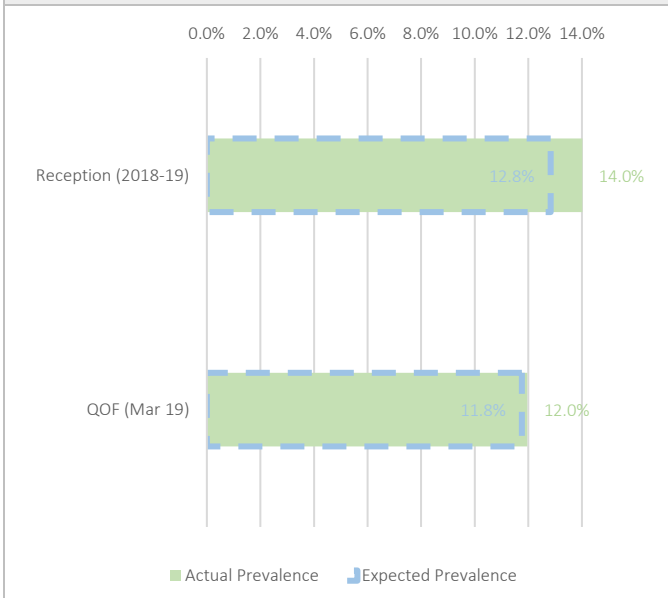
The expected prevalence is calculated using the PHE Toolkit, and is based on age. This means other factors that affect asthma prevalence such as smoking, ethnicity, and exercise were not included in the calculation.

The expected prevalence across both prisons are similar, however the actual prevalence is lower in HMP Highpoint than in HMP Wayland.

Figure 4.2.1: Expected asthma prevalence taken from the PHE Toolkit.

Age Group	Expected Prevalence
16-24	19%
25-34	12%
35-44	11%
45-64	8%
65+	

Figure 4.2.3: Expected and actual prevalence of asthma in HMP Wayland.



	Expected Prevalence	Actual Prevalence
Reception (2018-19)	148	162
QOF (June 19)	110	112

CANCER

HMP HIGHPOINT	HMP WAYLAND
GENERAL	
	At the time of this assessment, there was one patient receiving radiotherapy. Healthcare were liaising with the prison regarding these appointments.
AN UP-TO-DATE POLICY IS IN PLACE	
	Policies and pathways have been requested.
TWO- WEEK REFERRALS	
	Two-week referrals are able to be facilitated by the prison.
A PATHWAY IS WELL DEFINED	
	There is no written pathway for the treatment of those with cancer.
PREVALENCE	
	As at June 2019, there were 5 patients on the QOF cancer register, compared to 4 for the 2016 HSCNA.
BOWEL CANCER SCREENS	
	Bowel cancer screening is completed in the prison.
END-OF-LIFE CARE	
	The Head of Healthcare stated that there had been no patients who had received end-of-life care in the prison. It is possible for specialist nurses to visit the prison to see patients requiring end-of-life care.
QOF	
	In addition to sustaining a cancer register, QOF requires that qualifying patients have a review within 6 months of diagnosis. There was 1 patient that qualified, however no review was recorded.

CANCER

NICE

There are 17 cancer related guidance documents published by NICE■

SELECTED RECOMMENDATIONS

SUSPECTED CANCER: RECOGNITION AND REFERRAL - Suspected cancer pathway referral The patient is seen within the national target for cancer referrals (2 weeks at the time of publication of this guideline)●

Public Health England

PHE TOOLKIT -As outlined in the PHE Toolkit, all people in prison should have access to all cancer screening programmes for which they are eligible. Male prisoners aged 60 to 69 should have a bowel cancer screening every 2 years; the programme is being expanded to include people up to the age of 75 years.
The PHE Toolkit does not provide prevalence rates for the prison population

IDENTIFICATION - 1st Screen: Current Health Conditions
Malignant tumour
2nd Screen: Family history of cancer

Key points from prison related research

In the UK, the most common natural causes of death in prison are heart attack and cancer. The demographics of the prison population make them a high-risk group due to a number of factors:

- Tobacco use. It is estimated that 80 to 85% of the prison population smoke or have smoked. 90% of lung cancer cases in the UK are caused by tobacco smoking
- Excessive consumption of alcohol. It is estimated that 58% of remand and 63% of sentenced prisoners are drinking at hazardous levels.
- Research shows that the 2 risk factors of smoking and excess alcohol combined increases the chance of developing mouth cancer by up to 30 times.
- Poor diet and lack of physical activity. Research has shown that poor diet and not being active are 2 key factors that can increase a person's cancer risk
- Lack of awareness. Research shows that difference in socioeconomic status has a significant impact on the awareness and knowledge of cancer.

■ Due to space purposes, only selected recommendations are included here. Full recommendations can be found here https://www.nice.org.uk/guidance/conditions-and-diseases/cancer

● NICE guideline [NG12]

CARDIOVASCULAR DISEASE

	HMP WAYLAND
GENERAL	
	The nurse who was leading on hypertension in the prison had recently left their post. The nurse now covering the condition required additional training. Patients are managed in clinics. Those who require regular blood pressure monitoring are given regular clinic appointments. Healthcare reported that some patients have bought their own blood pressure monitors to assist with the self-management of their own health. Patients with more complex health needs are seen by the GP and advice can be sought from specialists in the local hospital.
AN UP-TO-DATE POLICY IS IN PLACE	
	No written policy was supplied, although healthcare stated that they follow the templates on SystmOne and NICE guidelines.
MEDICATION	
	Medication is held in-possession following a risk assessment.
A PATHWAY IS WELL DEFINED	
.	There is a written pathway for hypertension. The pathway covers: • Identification at reception • Healthy lifestyle information • When to refer to remedial gym/ weight management • Baseline recordings • When to refer to GP • When to review
GYM	

CARDIOVASCULAR DISEASE

NICE

There are a large number of NICE guidelines related to hypertenison and CVD. The following recommendations come from Cardiovascular disease: risk assessment and reduction, including lipid modification Clinical Guidance [CG18]

SELF-MANAGEMENT - NICE guidance makes recommendations on individual level behaviour change interventions, aimed at changing the behaviours that can damage people's health. Interventions that help people change have considerable potential for improving health and wellbeing and helping people to:

- improve their diet and become more physically active;
- lose weight if they are over weight or obese;
- stop smoking and
- reduce their alcohol intake.

MONITORING - People with existing CVD should be identified at the reception screen and require an annual comprehensive review of cardiovascular disease risk factors (NICE quality standard [QS28])■

Public Health England

PHE TOOLKIT - One third of deaths in custody (35%) are due to cardio-vascular causes and the 2012-13 report from the Prison and Probation Ombudsman highlights the problems caused when heart attacks are confused with epileptic fits and the delays occur in contacting staff who are trained in CPR when prisoners are found unconscious

Key points from condition related research

Key points from prison related research

There are a number of risk factors for cardiovascular disease (CVD)●. Risk factors can be broken down into those that can be controlled or influenced and those that cannot.

CONTROLLABLE - High-blood pressure, smoking, high-blood cholesterol, diabetes, lack of exercise, being overweight, diet, alcohol, stress.

UNCONTROLLABLE - Family history of heart disease, ethnic background, age

Prisoners have some influence over their own cardiovascular risk through their choice of diet, smoking behaviour, and exercise, although diet and exercise are largely controlled by the institution. By offering a diet low in saturated fat and salt, but high in polyunsaturated fat, fruit, and vegetables, prisons can influence cholesterol levels, blood pressure, and the risk of heart disease.⬣

RECEPTION HEALTH SCREEN

IDENTIFICATION - 1st Screen: Essential hypertension; Ischaemic heart disease.
2nd Screen: FH: Cardiovascular disease; FH: Hypertension; FH: Myocardial infarction; FH: Ischaemic heart disease at greater than 60 years; FH: Ischaemic heart disease at less than 60 years.

■ Due to space purposes, only selected recommendations are included here. Full recommendations can be found here Hypertension in adults Quality standard [QS28]

● http://www.asthma.org.uk/asthma-facts-and-statistics

⬣ Marshall, T, Simpson, S. & Stevens, A., Toolkit for health care needs assessment in prisons, (Department of Public Health & Epidemiology, University of Birmingham 2000)

COPD

HMP HIGHPOINT	HMP WAYLAND
GENERAL	
COPD is managed in the same way as asthma, with patients managed by nursing staff. Patients can be referred on to the GP and community specialists as required.	There is no nurse within the healthcare team trained in respiratory conditions. Healthcare are exploring bringing a specialist nurse from the community into the prison to see patients, although there is no timeframe for this.
QOF	

COPD QOF	Minimum %	Target %				HMP Wayland		
						Count	Actual %	Points
COPD001 - Register	-	-				21	2.2 %	3 / 3
COPD002 - COPD confirmed by spirometry	45 %	80 %				1 / 16	6.2 %	0 / 5
COPD003 - Review + MRC	50 %	90 %				4 / 17	23.5 %	0 / 9
COPD004 - FeV1 in the previous 12 months	40 %	75 %				4 / 18	22.2 %	0 / 7
COPD005 - Oxygen saturation in last 12 months	40 %	90 %				2 / 2	100.0 %	5 / 5
COPD007 - Influenza immunisation	57 %	97 %				11 / 17	64.7 %	1.2 / 6
COPD Total					**30.4 / 35**			**9.2 / 35**

COPD

NICE

There are a number of NICE guidelines related to COPD. The following recommendations come from Chronic obstructive pulmonary disease in over 16s: diagnosis and management (NG115)

SELECTED RECOMMENDATIONS

DIAGNOSIS - The diagnosis of chronic obstructive pulmonary disease (COPD) depends on thinking of it as a cause of breathlessness or cough. The diagnosis is suspected on the basis of symptoms and signs, and is supported by spirometry.

SELF-MANAGEMENT - At every opportunity, advise and encourage every person with COPD who is still smoking (regardless of their age) to stop, and offer them help to do so.

MONITORING - There is a quality standard for an annual comprehensive assessment. It states that people with COPD should have a comprehensive clinical and psychological assessment at least once a year, or more frequently if indicated.■

Public Health England

PHE TOOLKIT - COPD coverage is limited in the PHE Toolkit.

Key points from condition related research

Key points from prison related research

In the UK, COPD is one of the most common respiratory diseases. COPD usually affects people over the age of 35, although most are not diagnosed until they are in their 50s. The main cause of COPD is smoking●

The rate in prison is expected to be higher due to the high rate of smokers. It is estimated that 80% of prisoners smoke, with COPD present in 18% of male smokers in the UK. In addition, a survey of the physical health of prisoners in 1994 found that major illnesses in many organ systems, such as COPD, were much more common in prisoners than in the general population.★

RECEPTION HEALTH SCREEN

IDENTIFICATION - 1st Screen: Chronic obstructive lung disease 2nd Screen: Family History: Family history of chronic obstructive lung disease

■ Due to space purposes only selected recommendations are included here. Full recommendations can be found here Chronic obstructive pulmonary disease in adults Quality standard [QS10]

● NHS (2014) Chronic Obstructive Pulmonary Disease - Causes.

DIABETES

HMP HIGHPOINT	HMP WAYLAND
GENERAL	
	There is a nurse within the primary care team who is leading on care for prisoners with diabetes. More complex patients are referred to the GP. Patients who require specialist care are referred to the Norfolk and Norwich University Hospital. Retinopathy services visit the prison twice a year. All patients with long-term conditions have care plans on SystmOne.
AN UP-TO-DATE POLICY IS IN PLACE	
	No written policy was supplied, although healthcare stated that they follow the templates on SystmOne and NICE guidelines.
PREVALENCE	
This HNA has used both the expected prevalence calculate from the PHE toolkit and the APHO tool. • The expected prevalence calculated from the APHO model is significantly higher than the PHE Toolkit. • The expected prevalence across the two prisons is similar. • In both prisons, the expected prevalence of the current populations is higher than those coming through reception, which is due to the difference in the age profiles and turnover rates. • The actual rate of diabetes is higher in HMP Wayland (3.4% of the current population) in comparison to HMP Highpoint (2.4% of the current population), despite having a slightly lower expected prevalence rate.	
PATHWAY	
	There is a written diabetes pathway. The pathway covers: • Identification at reception • Creation of care plan • Diabetes education • Baseline measurements and when to refer for further appointment • Check that retinal screen and vaccinations are up-to-date • When to review
FOOD	

GYM	
	Remedial gym is run in the prison.
FEET	
	Patients are referred to the podiatrist for diabetic foot checks.
DIABETIC EDUCATION	
	There are no formal diabetic education courses run in the prison. Healthcare report that nursing staff give some diabetes education to patients on a one-to-one basis.
NICE GUIDELINES – MEDICATION	
	Medication for diabetes is held in possession following an in-possession risk assessment.
NICE GUIDELINES – DIARIES	
	If a patient is highlighted as having poor blood sugar levels, healthcare can request that they keep a daily diary to help with monitoring.
REVIEWS	
	Reviews are completed as necessary by the nursing staff.

QOF

HMP Highpoint has a score which is largely attributable to the good performance for 'DM014 - Referred to structured education programme'.

Diabetes QOF	Minimum %	Target %	HMP Highpoint			HMP Wayland		
			Count	Actual %	Points	Count	Actual %	Points
DM002 - Last BP is 150/90 or less	53 %	93 %	25 / 28	89.2 %	7.3 / 8	23 / 28	82.1 %	5.8 / 8
DM003 - Last BP is 140/80 or less	38 %	78 %	14 / 21	66.6 %	7.2 / 10	14 / 24	58.3 %	5.1 / 10
DM004 - Total cholesterol < 5mmol/l	40 %	75 %	19 / 24	79.1 %	6 / 6	18 / 24	75.0 %	6 / 6
DM006 - Proteinuria or micro-albuminuria	57 %	97 %	1 / 2	50.0 %	0 / 3	3 / 4	75.0 %	1.4 / 3
DM007 - Patient has IFCC-HbA1c <59mmol/mol	35 %	75 %	17 / 25	68.0 %	14.0 / 17	16 / 24	66.6 %	13.5 / 17
DM008 - Patient has IFCC-HbA1c <64mmol/mol	43 %	83 %	17 / 25	68.0 %	5 / 8	18 / 25	72.0 %	5.8 / 8
DM009 - Patient has IFCC-HbA1c <75 mmol/mol	52 %	92 %	18 / 26	69.2 %	4.3 / 10	20 / 25	80.0 %	7 / 10
DM012 - Foot examination in last 12 months	50 %	90 %	21 / 24	87.5 %	3.8 / 4	21 / 28	75.0 %	2.5 / 4
DM014 - Referred to structured education programme	40 %	90 %	2 / 2	100.0 %	11 / 11	0 / 4	0.0 %	0 / 11
DM017 - Diabetes Register			31	2.4 %	6 / 6	32	3.4 %	6 / 6

DM018 - Influenza immunisation	55 %	95 %	21 / 22	95.4 %	3 / 3	18 / 25	72.0 %	1.3 / 3
Diabetes Total					**67.5 / 86**			**54.3 / 86**

DIABETES

NICE

There are a number of NICE guidelines covering diabetes. The diagnosis and management of Type 1 diabetes is covered in NG17. Management of Type 2 diabetes is covered in NG28.

MONITORING - Clinical best practice is covered by NICE quality standard 6. Quality standards include:

- People with diabetes and/or their carers receive a structured educational programme.
- People with diabetes receive personalised advice on nutrition and physical activity.
- People with diabetes are assessed for psychological problems.

Public Health England

PHE TOOLKIT - In his 2012-13 annual report, the Prison and Probation ombudsman highlighted poor assessment and care planning of diabetes as contributory causes of a number of deaths. This included not measuring blood sugar (via HbA1c measurements) every 3-6 months for those with insulin-nondependent diabetes and not actively following up when organ damage was identified, such as diabetic retinopathy or renal disease. Diabetes UK has identified 9 key care processes, which are outlined here: http://www.diabetes.org.uk/documents/reports/state-of-the-nation-2012.pdf

The prison HNA needs to identify levels of compliance with these regular care processes:

i. Blood glucose level measurement
ii. Blood pressure measurement
iii. Cholesterol level measurement
iv. Retinal screening
v. Foot and leg check
vi. Kidney function testing (urine)
vii. Kidney function testing (blood)
viii. Weight check
ix. Smoking status check.he prison

Key points from condition related research

Key points from prison related research

It is estimated that in the UK, there are 2.9 million people diagnosed with diabetes, with a further 850,000 undiagnosed. Type 2 diabetes accounts for approximately 90% of all adults with diabetes, with the remaining 10% affected by type 1 diabetes●

The prison environment can provide the opportunity to address the health needs of a "hard to reach" sector of society with diabetes★

IDENTIFICATION - 1st Screen: Diabetes mellitus
2nd Screen: Family History: FH: Diabetes mellitus

■ Due to space purposes only selected recommendations are included here.

● Diabetes UK (2012) Diabetes in the UK 2012

★ Booles, K., Survey on the quality of diabetes care in prison settings across the UK, (2011)

PREVALENCE

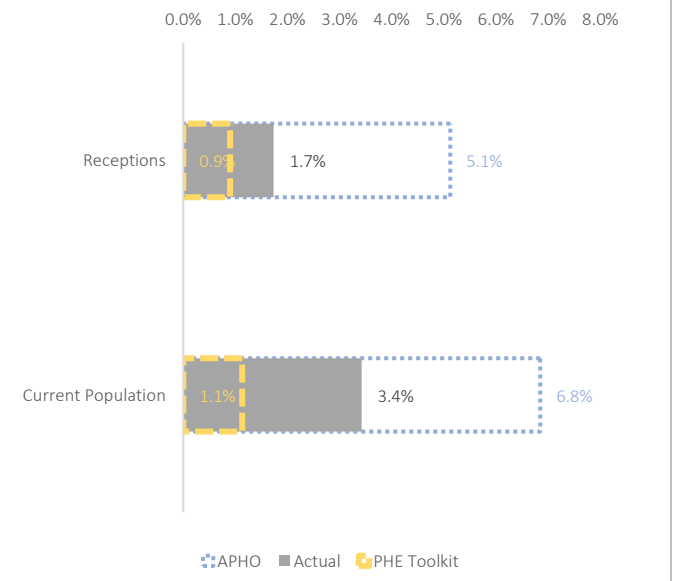
Prevalence rates relating to diabetes can be found in the PHE Toolkit. It is understood that the true rates of prevalence are higher, as the expected prevalence was based on community data for 1996, and the UK rate has increased since then.

An alternative estimate is provided by the APHO (now part of PHE) Diabetes Prevalence Model Estimates. The aim of the model is to 'provide robust estimates of the total prevalence of diabetes (including undiagnosed) in England to support effective planning and delivery of services'. The model takes into account ethnicity and age. The model also factors in deprivation of the population, which assumptions were made for the prison population.

The following charts includes the expected prevalence rates calculated from both the PHE Toolkit and the APHO model. The key points from the analysis are:

- The expected prevalence calculated from the APHO model is significantly higher than the PHE Toolkit.
- The expected prevalence across the two prisons is similar.
- The expected prevalence of the current populations is higher than those coming through reception, which is due to the difference in the age profiles and turnover rates.
- The actual rate of diabetes is higher in HMP Wayland in comparison to HMP Highpoint, despite the latter having a slightly lower expected prevalence rate.

Figure 4.6.2: Expected and actual prevalence of diabetes in HMP Wayland.



	Expected Prevalence (PHE)	Expected Prevalence (APHO)	Actual Prevalence
Reception (2018-19)	10	59	20
QOF (June 19)	11	64	32

EPILEPSY

HMP HIGHPOINT	HMP WAYLAND
GENERAL	
	Patients with epilepsy are managed by the GP.
AN UP-TO-DATE POLICY IS IN PLACE	
	No written policy was supplied, although healthcare stated that they follow the templates on SystmOne and NICE guidelines.
PREVALENCE	
	The expected prevalence is 2.0%. The actual prevalence at both reception and those on the QOF register at 2.6%.
PATHWAY	
	There is a written epilepsy in HMP Wayland. The pathway covers: • Identification at reception • Epilepsy education • Initial baseline recordings • When to refer to GP • When to review
MEDICATION	
	All medication is initially reviewed by the GP. Medication reviews can be booked with the GP and patients can be referred for external neurology checks if required. If a patient is caught diverting medication, they are referred to the GP for a review. Medication can be stopped if diversion is suspected.
SAFE LOCATION	
	Healthcare can recommend that the prison place a patient with epilepsy in a safe location. This is based on healthcare checking the patient's medication and history of seizures. There is no written protocol for this.
NICE GUIDELINES - REVIEWS	

QOF
The QOF only requires that an epilepsy register is maintained at the establishment.

EPILEPSY

NICE

Clinical guideline 137 covers Epilepsies diagnosis and management

Key points from condition related research

Key points from prison related research

SELECTED RECOMMENDATIONS ■

DIAGNOSIS -The diagnosis of epilepsy in adults should be established by a specialist medical practitioner with training and expertise in epilepsy.

SELF-MANAGEMENT - Adults should receive appropriate information and education about all aspects of epilepsy. This may be best achieved and maintained through structured self-management plans.

MONITORING - Children, young people and adults with epilepsy should have a regular structured review and be registered with a general medical practice.
For adults, the maximum interval between reviews should be 1 year but the frequency of review will be determined by the person's epilepsy and their wishes.

Epilepsy is the most common serious neurological disorder in the world. In the general population, the prevalence of epilepsy is approximately 0.8% ●

A paper by the Mersey Region Epilepsy Association ● found that epilepsy in the prison population has a higher rate of prevalence. The paper also shows factors that could trigger a seizure tend to increase in prison for a number of reasons:

- Emotional stress: being in prison is stressful in itself, especially for those entering the system for the first time. In addition, breakdown of relationships with those in and out of the prison could add further stress.
- Alcohol: excessive drinking leads to an increase in seizure pattern because the effectiveness of antiepileptic drugs can be impaired.
- Boredom: research suggests that the regularity of seizures increases when the mind is unoccupied
- A 2008 audit of healthcare provision for UK prisoners with suspected epilepsy found that fewer prisoners than expected achieve seizure control, as collaboration with specialist epilepsy services is poor, and significant discrepancies exist between the healthcare provision in prison and the NICE epilepsy guidelines
- Prison staff are likely to encounter someone having a seizure at some point during the course of their work. It is therefore essential that all prison staff have the right training and knowledge to act appropriately in the given situation

Public Health England

PHE TOOLKIT -The PHE toolkit has limited information on epilepsy.

RECEPTION HEALTH SCREEN

IDENTIFICATION - 1st Screen: Current Health Conditions Epilepsy
2nd Screen: Family History: FH: Epilepsy

■ Due to space purposes, only selected recommendations are included here.

● 2017-18 QOF

● Mersey Region Epilepsy Association, Epilepsy in Prison

PREVALENCE

Research into the prevalence of epilepsy in the prison population is limited. Appendix A1 of the PHE Toolkit does not provide an estimated prevalence of epilepsy for male prisoners. However, the PHE Toolkit provides text referring to the estimate from Stewart (2010) stating that '…of all those who were newly sentenced… he found that between 1-2% had diabetes and 2% of men had epilepsy and 5% of women.'

Figure 4.7.1 shows a study by Seena Fazel, Evangelos Vassos and John Danesh in the BMJ (2007). A comment from the study is that '...this synthesis of seven surveys involving more than 3000 participants in general prison populations indicates that only about 1% reported a history of chronic epilepsy.'

Figures 4.7.3 and 4.7.4 uses the higher estimate of 2% as stated in the PHE Toolkit. The 2% rate is for those newly sentenced; however, due to the nature of the condition, it was considered valid for this data exercise.

In terms of age, research in the UK shows that the incident rates vary with age. The UCL Institute of Neurology found that: 'Studies in the industrialised world consistently show a bimodal distribution. There is a very high incidence in the first year of life and in early childhood, with a relative decrease in adolescence. Incidence is at its lowest between the ages of 20 and 40 and steadily increases after age 50, with the greatest increase seen in those over age 80.'

'There is evidence that the incidence of epilepsy is now higher in elderly people than children.' Figure 4.7.2 shows the incidence of epilepsy in the UK per 100,000 of the population, taken from the Joint Epilepsy Council of the UK and Ireland[110].

The available research for epilepsy rates among different ethnic groups is limited.

Figure 4.7.1: Expected epilepsy prevalence in prisons[111].

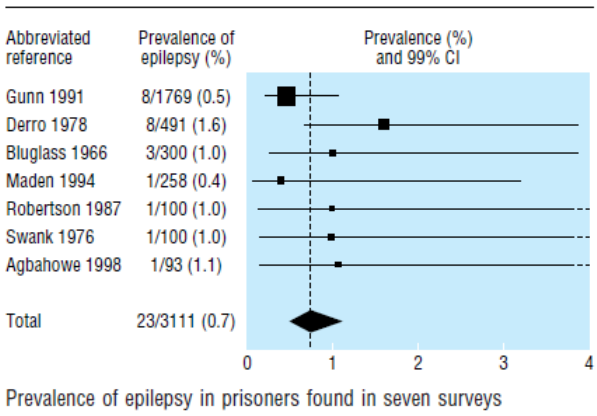
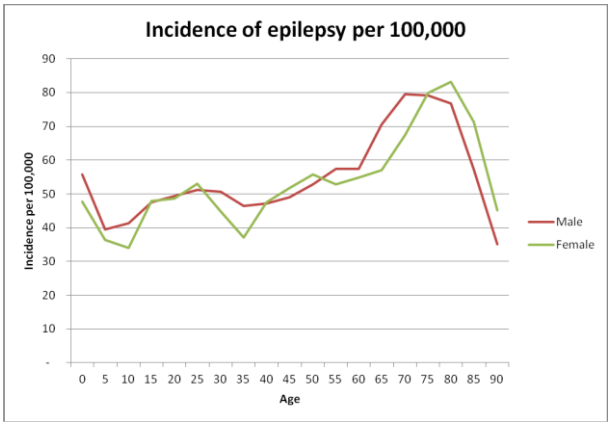


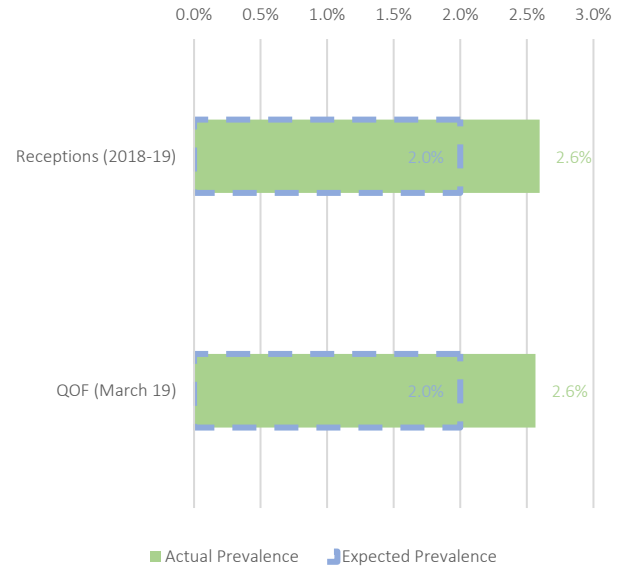
Figure 4.7.2: Incidence of epilepsy[112].



[110] http://www.epilepsyscotland.org.uk/pdf/Joint_Epilepsy_Council_Prevalence_and_Incidence_September_11_%283%29.pdf
[111] Seena Fazel, Evangelos Vassos and John Danesh
[112] Source: UCL Institute of Neurology

The expected prevalence for both prisons is 2.0%. Looking at the actual prevalence in HMP Highpoint, both those identified at reception and those on the QOF register at 1.4% is lower than the expected 2.0%, and also lower than the rates in HMP Wayland.

Figure 4.7.4: Expected and actual prevalence of epilepsy in HMP Wayland.



	Expected Prevalence	Actual Prevalence
Reception (2018-19)	23	30
QOF (June 19)	19	24

OBESITY

HMP HIGHPOINT	HMP WAYLAND
GENERAL	
	Healthcare run weight clinics on a weekly basis. Patients are weighed and healthy lifestyle information is given to patients.
GYM	
	Remedial gym is run in the prison.
PREVALENCE	
	In HMP Wayland, only 549 (59%) of the 936 had a BMI recorded after their arrival at the prison.
The analysis of the QOF register shows that at 17%, the rate of obesity is similar across both prisons, however the low rate of BMI recorded in HMP Wayland may mean the true rate of obesity is higher.	
QOF	
QOF only requires that an obesity register is maintained.	

OBESITY

NICE

There are a number of NICE guidelines relating to obesity. The following recommendations come from Obesity: identification, assessment and management Clinical guideline [CG189]

DIAGNOSIS - Use clinical judgement to decide when to measure a person's height and weight. Opportunities include registration with a general practice, consultation for related conditions (such as type 2 diabetes and cardiovascular disease) and other routine health checks

SELF-MANAGEMENT - Multicomponent interventions are the treatment of choice. Ensure weight management programmes include behaviour change strategies (see recommendations 1.5.1–1.5.3) to increase people's physical activity levels or decrease inactivity, improve eating behaviour and the quality of the person's diet, and reduce energy intake.

IDENTIFICATION - 1st Screen: Basic Observations: BMI
2nd Screen: Basic Observations: BMI

Key points from condition related research

Key points from prison related research

NHS UK lists people eating more calories than they can burn off as the main cause of obesity. Other causes include the modern lifestyle which involves poor diets, stress, and lack of exercise. The risk of obesity is that it can lead to a number of conditions including type 2 diabetes, coronary heart disease, and stroke.

Studies into the prevalence of obesity in the prison population are limited, however, in 2012, a review by the University of Oxford● showed that "male prisoners are slimmer than men in the general population"

Public Health England

PHE TOOLKIT - Key points taken from the PHE Toolkit are:

- Around 30% of men and 33% of women with no qualifications are obese, compared to 21% of men and 17% of women with a degree or equivalent
- Obesity is also linked to ethnicity it is most prevalent among black African women (38%) and least prevalent among Chinese and Bangladeshi men (6%)
- Men who are obese are estimated to be around 5 times more likely to develop type 2 diabetes, and 2.5 times more likely to develop hypertension than men who are not obese.

■ Due to space purposes, only selected recommendations are included here. Full recommendations can be found here NICE guideline [NG80]

● HSCIC (2015) Statistics on Obesity, Physical Activity and Diet.

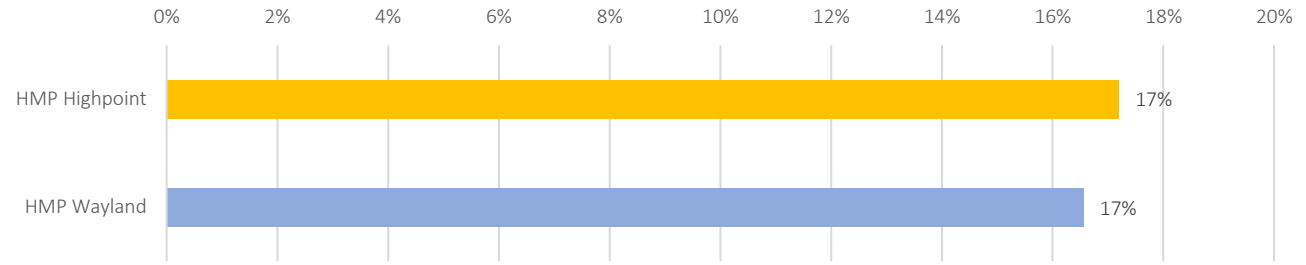
PREVALENCE

Of the 1279 current prisoners in HMP Highpoint, 1202 (94%) had a BMI recorded after their arrival at the prison. In HMP Wayland, only 549 (59%) of the 936 had a BMI recorded after their arrival at the prison. The analysis of the QOF register shows that the rate of obesity is similar across both prisons, however the low rate of BMI recorded in HMP Wayland may mean the true rate of obesity is higher.

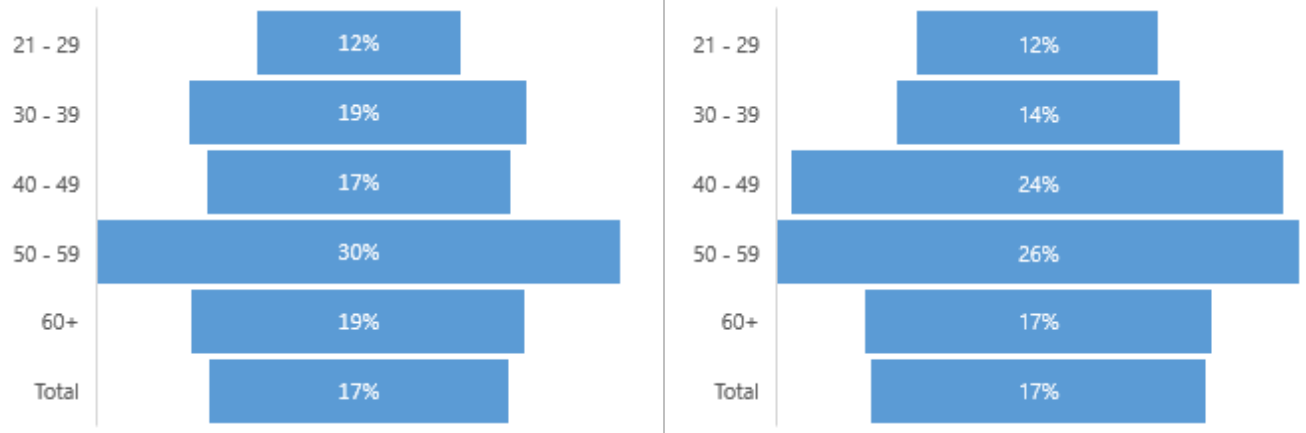
Figure 4.8.1: Analysis of the QOF Obesity Register.

HMP HIGHPOINT	HMP WAYLAND

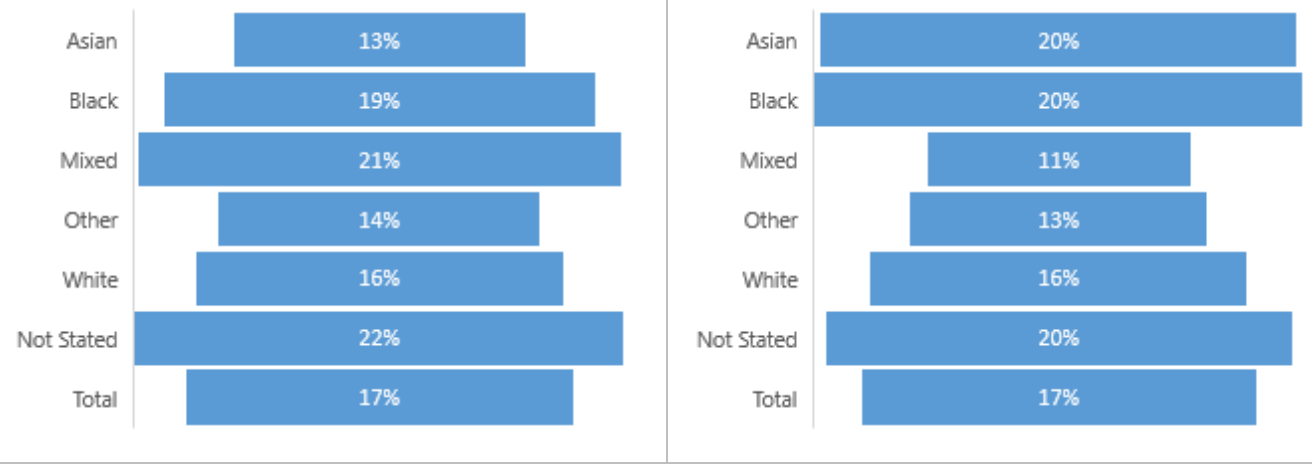
Comparison of the QOF Mental Health register across the two prisons.



Prevalence by age group.



Prevalence by ethnic group.



OTHER SERVICES

PHARMACY

INTRODUCTION

There are various models that support pharmaceutical service delivery in prisons. The 2012 National Prescribing Centre report, *Safe Management and Use of Controlled Drugs in Prison Health in England*[113] agreed on the requirements of a full pharmaceutical service to a prison, regardless of the service model. The requirements were:

- The supply of medicines (dispensing service).
- Medicines management advice from a pharmacist relating to the general use and management of medicines.
- Medicines management advice and recommendations from a pharmacist with specialist knowledge of the use of medicines within a prison healthcare environment. This last role may be supported by a registered pharmacy technician.

BEST PRACTICE

The Royal College of General Practitioners document, *Safer Prescribing in Prisons: Guidance for clinicians*[114], highlighted that many prisoners, though not all, are accustomed to using illicit and prescribed drugs to ameliorate or treat symptoms and perceived wants and needs.

The RCGP guidance says that the involvement of a pharmacist in the determination of the individual treatment of patients can optimise risk mitigation and ensure cost-effective use of the most appropriate pharmaceutical form of medication.

PHE TOOLKIT

The PHE toolkit states that pharmacy data "provides information about use of drugs. 44% of the prison population reported in 2013 to be taking medication (HoC Justice Committee); 73% in women prisoners (Plugge E. Health of women prisoners 2006)".[115]

"SystmOne records primary care appointments for minor and self-limiting illnesses. Pharmacy data will show levels of prescriptions for analgesics and skin creams. Whilst these problems are minor in that they are not life-threatening and are self-limiting, provision of relief is as important as for the more serious disorders".

[113] National Prescribing Centre, (2012), *Safe Management and Use of Controlled Drugs in Prison Health in England*
[114] Royal College of General Practitioners, (2011), *Safer Prescribing in Prisons: Guidance for clinicians*
[115] Plugge E, Health Care Women Int. 2005 Jan;26(1):62-8, *Assessing the health of women in prison: a study from the United Kingdom*

CURRENT PROVISION

HMP WAYLAND

There is no pharmacy in HMP Wayland. Instead, medication is dispensed by a private provider, Sigma Pharmaceuticals. Medication is delivered Monday to Saturday, with the cut off for next day delivery being 2pm. Initially, there were some problems related to the delivery of the medication, with deliveries not arriving. These challenges have been addressed.

Pharmacy staff see patients when medication is being administered. Staff field queries regarding medications and also questions about appointment times.

Medications are administered three times per day.

Medication management is discussed as part of the monthly management section of the general health care clinical governance meeting.

Care UK have an online formulary that is available on SystmOne.

Figure 5.1.2: HMP Wayland Pharmacy Staffing.

Job Title	Number
Pharmacy Technician Lead	1
Pharmacy Technician	6 (1 vacancy)
Bank Pharmacy Technician	1

At the time of this assessment, medication reconciliation was completed by nursing staff in reception. There is a goal for it to be completed by pharmacy staff.

Pharmacy staff can only give small doses of paracetamol. There are PGDs in place for nursing staff to prescribe certain medications.

There are no medicine use reviews in the prison. These may be explored when the pharmacy team is fully staffed. Patients are able to request seeing the pharmacy technicians for an appointment using the digital appointment system.

The pharmacy technician runs a risk assessment clinic. Patients who want to change their risk assessment

level, for example to move to holding their medication in-possession, can do so in this clinic.

Pharmacy staff complete compliance checks in cooperation with the prison. There is an aim for each pharmacy technician to complete two checks per week.

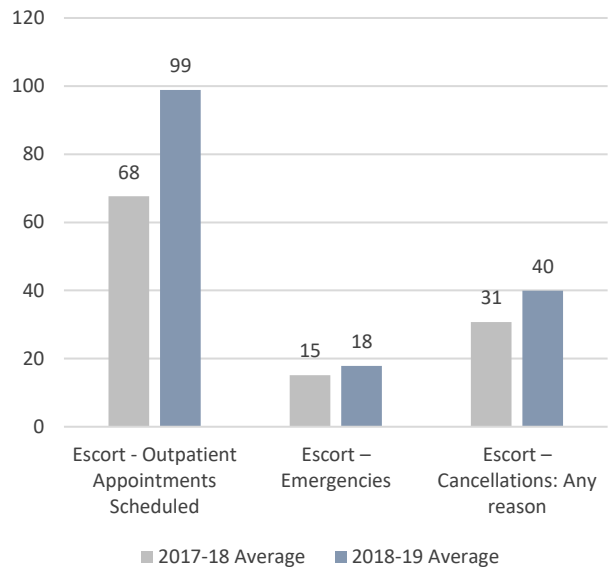
ESCORTS

In HMP Highpoint, there were 4 planned escorts per day in the South and 2 in the North. Healthcare staff reported that the prison were supportive in terms of facilitating escorts. Emergency escorts do not tend to impact on planned escorts. In HMP Wayland, the Head of Healthcare confirmed that the higher rates of cancellations was due to the prison being unable to facilitate escorts.

Below shows the escort activity as taken from the HJIPs data. The key points are:

- Both prisons have seen an increase in the number of appointments scheduled, however this trend was more prominent in HMP Wayland.
- Both prisons have seen a high increase in the number of cancellations. As a rate of cancellations against appointments scheduled, the rate was higher in HMP Wayland (40%) compared to HMP Highpoint (12%).

Figure 5.2.2: Average number of escorts per month; HMP Wayland.



Escort – Outpatient Appointments Scheduled: The number of routine outpatient appointments scheduled during the reporting period.

Escort – Emergencies: The number of patients requiring an urgent/emergency healthcare attendance during the reporting period, for which, an escort was provided.

Escort – Cancellations: Any reason: The number of cancellations, for any reason, that resulted in an escort being reorganised. This includes reorganisation due to the prioritisation of an emergency appointment over a routine appointment, court or legal visits, patient refusal, operational emergency (i.e. prison lockdown), healthcare or hospital operational emergency.

ADDITIONAL ANALYSIS

The following analysis uses data from the Escorts and Bedwatches spreadsheet with a cross reference to SystmOne for demographic details. The period of analysis is May 2018 to April 2019.

The table for HMP Highpoint shows that during this period, there were a total of 1140[116] escorts[117], however these escorts were attributed to 558 prisoners. A further break down shows that of all the prisoners that had an escort during the period, 295 (53%) had just the single escort, with the remaining having multiple escorts. This rate pattern is similar in HMP Wayland.

Also included in the analysis is an analysis by demographics. The age analysis illustrates a correlation between age and the rate of escorts.

Figure 5.2.4: Further analysis of escorts; HMP Wayland.

Number of Escorts:	857[118]	
Unique Number of Prisoners:	394	
Number of Episodes:		
1	202	51%
2	80	20%
3	54	14%
4	25	6%
5+	33	8%

Age Group	21 - 29	30 - 39	40 - 49	50 - 59	60+	Total
Population	454	421	223	123	43	1264
Escort	168	194	102	70	24	558
Rate	370	461	457	569	558	441

Age Group	21 - 29	30 - 39	40 - 49	50 - 59	60+	Total
Population	313	320	162	106	35	936
Escort	112	137	76	54	15	394
Rate	358	428	469	509	429	421

Ethnic Group	Asian	Black	Mixed	Other	White	Not Stated	Total
Population	116	295	81	32	728	5	1257
Escort	36	77	30	11	334	70	558
Rate	310	261	370	344	459	14000	444

Ethnic Group	Asian	Black	Mixed	Other	White	Not Stated	Total
Population	52	193	42	5	631	13	936
Escort	18	30	10	3	242	91	394
Rate	346	155	238	600	384	7000	421

[116] Excludes 106 records with no match.
[117] Includes both planned and unplanned.
[118] Excludes 6 records with no match.

The detailed analysis of the bedwatches data is detailed below. Across both prisons in 2018-19, there were few prisoners that had multiple bedwatch episodes during the period.

Figure 5.2.6: Further analysis of bedwatches; HMP Wayland.

Number of Bedwatches:	39[119]
Unique Number of Prisoners:	35
Number of Episodes:	
1	31
2	4
3	0
4	0
5+	0

[119] Excludes 2 records with no match.

SECONDARY CARE REFERRALS

The following information provides a summary of the analysis of the locally compiled 'Secondary Care Referral' spreadsheet and covers 2017-18. The spreadsheet records a range of information, however there were issues with data quality, therefore the analysis has been limited to which department the referrals were to. Across both prisons, A&E and Radiology accounted for a high percentage of referrals. In HMP Highpoint, a high percentage were for oral surgery, however this was lower in HMP Wayland.

Figure 5.2.8: Secondary Care Referrals by Department; 2018-19; HMP Wayland.

Department	Total	%
Radiology	223	16%
Accident & Emergency	213	16%
Trauma & Orthopaedics	181	13%
ENT	125	9%
Oral & Maxillo Facial Surgery	72	5%
Ophthalmology	70	5%
Gastroenterology	60	4%
General Surgery	58	4%
Endocrinology	53	4%
Urology	46	3%
Dermatology	43	3%
Plastic Surgery	42	3%
Neurology	36	3%
Nephrology	32	2%
Respiratory Medicine	28	2%
Cardiology	24	2%
Audiological Medicine	18	1%
Genitourinary Medicine	17	1%
Anaesthetics	15	1%
Rheumatology	5	0%
Clinical Neuro-Physiology	4	0%
Medical Oncology	4	0%
Neurosurgery	2	0%
General Medicine	1	0%
Total	1372	100%

CLINICS

PERFORMANCE OVERVIEW

The following information was taken from the HJIPs and covers 2018-19. The charts provides an overview of performance and activity across the clinics that form the HJIPs which are dental, GP, mental health, nurse, and substance misuse clinics. The individual chapters provides a more detailed analysis.

- Despite having a smaller population, there were significantly more booked appointments for the dental service in HMP Wayland than in HMP Highpoint.
- The percentage of patients seen as a rate of appointments booked is generally higher in HMP Highpoint than HMP Wayland.

Figure 5.3.1: Patients with booked appointments in 2018-19.

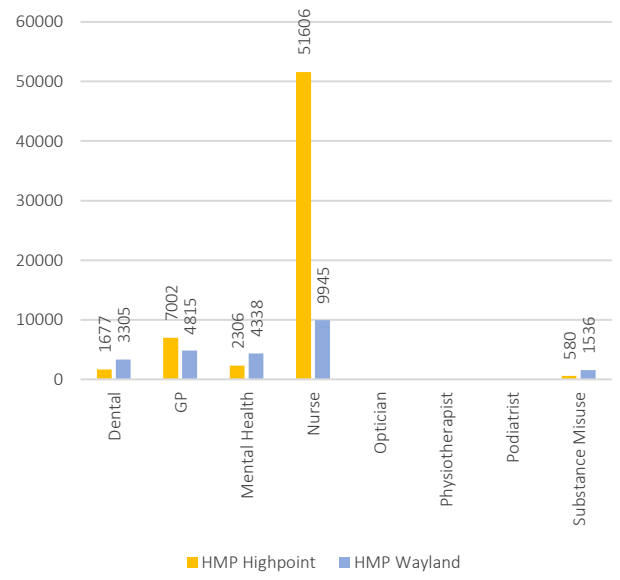


Figure 5.3.2: Attended appointments in 2018-19.

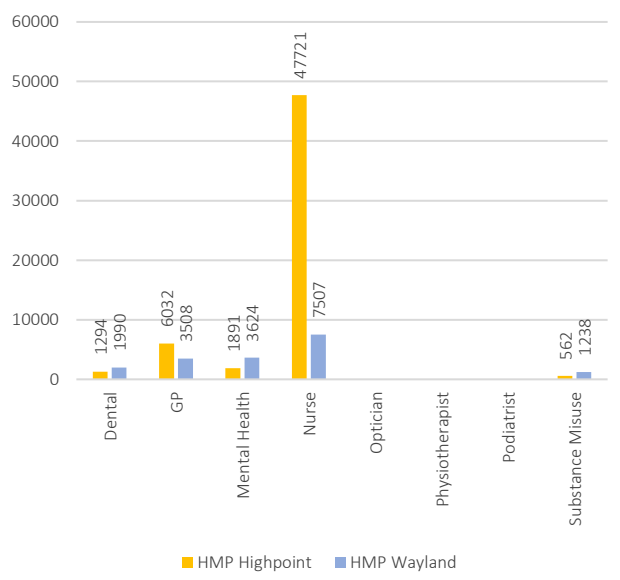


Figure 5.3.3: Percentage of patients seen as a rate of appointments booked[120].

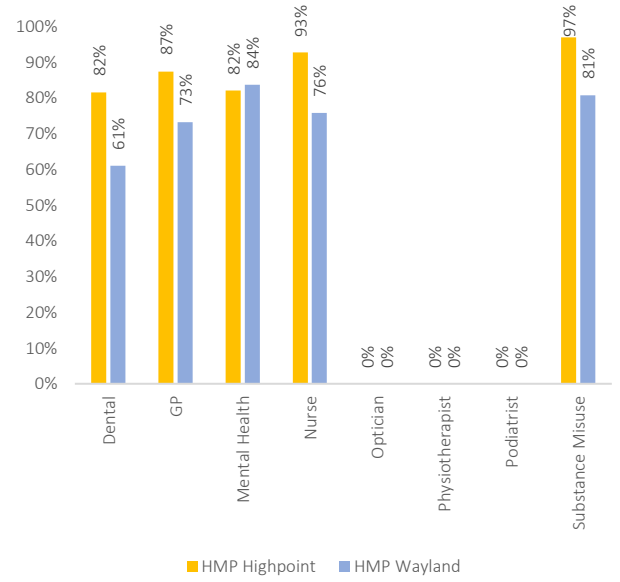
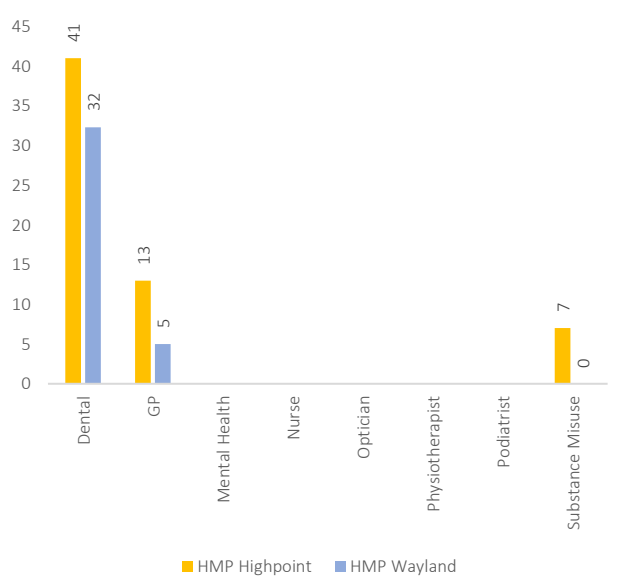


Figure 5.3.4: Waiting Time in Days (Snapshot as at March 2019).



Key Performance Indicator/Information Measure	KPI ID	KPI Description	Parity with prior outcomes?	Indicator status 2018-19
General Practice (GP) - Booked appointments	A13K01	The number of appointments booked for patients to attend a scheduled clinic, during the reporting period.	Yes	Guidance enhanced
General Practice (GP) – Appointments Actually Seen	A13K02	The number of appointments where a patient was actually seen within a scheduled clinic, during the reporting period.	Yes	Guidance enhanced
General Practice (GP) – Appointment Cancellations	A13K03	The total number of appointments cancelled, during the reporting period	Yes	Revised: 2017-18 only included patient cancellations. 2018-19 includes all cancelations.
General Practice (GP) Clinic Wait Time For Routine Care	A10K01	The number of days to the next available appointment, as a snap shot at the end of the reporting period.	No	Revised

[120] Patients Seen / (Booked Appointments minus Cancellations)

General Practice (GP) Clinic Wait Time For Urgent Care	A10K02	The number of days to the next available appointment, as a snap shot at the end of the reporting period.	Yes	Unchanged

GP SERVICE

LOCAL PROVISION

In both prisons there was a pathway which saw patients seeing a nurse prior to seeing a GP. This was intended to reduce the number of unnecessary GP appointments. Healthcare teams in both prisons had found it difficult to employ an Advanced Nurse Practitioner which would reduce reliance on the GPs even more.

In HMP Wayland, there were 8 sessions per week, this was recently increased due to long waiting times. There was no GP available to cover sickness and holidays. As such, at the time of this assessment, there were only 6 sessions per week due to one GP being on annual leave.

PERFORMANCE

- HMP Wayland has seen an increase in both the number of booked appointments and appointments attended when comparing 2018-19 against 2017-18, however the percentage of patients seen as rate of appointments booked has decreased from 78% to 73%. This rate is low in comparison to HMP Highpoint, regional averages, and national averages.
- Figure 5.2.13 shows information relating appointments booked and attended in comparison to the population size and has been included for comparative purposes. The rate is calculated using the snapshot population as at the end of March 2018 + the number of receptions in 2018-19 as the denominator.
- Taking into account population size, the rate of appointments booked in HMP Highpoint is slightly higher than in HMP Wayland, however the difference in the rate of appointments attended is more significant.
- Despite slightly more GP appointments offered in HMP Highpoint than HMP Wayland, the waiting times is higher at 13 days compared to 5 days in HMP Wayland.

Figure 5.3.5: Monthly clinic activity; HMP Highpoint.

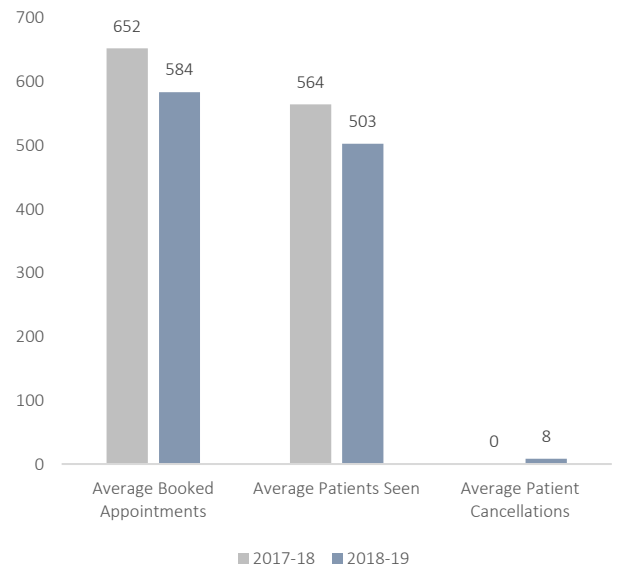


Figure 5.3.6: Monthly clinic activity; HMP Wayland.

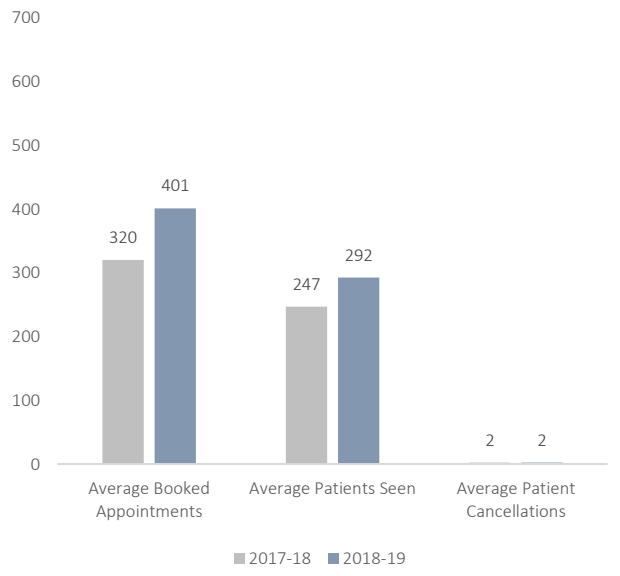


Figure 5.3.7: Percentage of patients seen as rate of appointments booked[121].

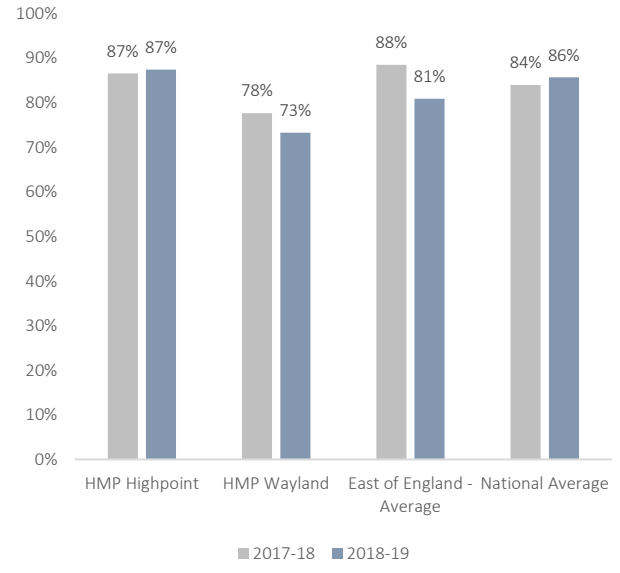


Figure 5.3.8: Waiting time for routine care.

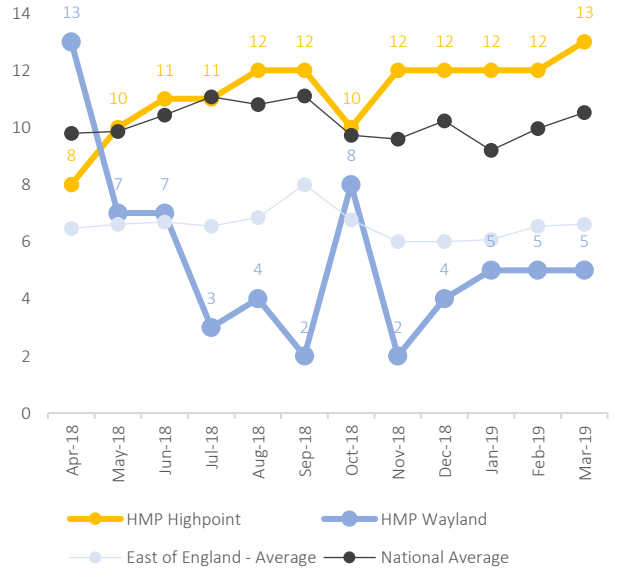


Figure 5.3.9: Comparison of patients seen taking into account the population size.

Patients Actually Seen	HMP Highpoint	HMP Wayland
Snapshot Population Average (March 2018)	1296	929
Receptions (2018-19)	1452	1164
Combined (Denominator)	2748	2093
RATE – Booked Appointments	2548	2301
RATE – Attended	2195	1676

[121] Patients Seen / (Booked Appointments minus Cancellations)

DENTAL SERVICE

LOCAL PROVISION

Dental services in the two prisons are provided by Community Dental Services. The provider said that in HMP Highpoint, the floor in the dental suite required replacement on the south site, as did the dental chair. In HMP Highpoint, the dentist said that their treatment was often disrupted by prisoners in the holding cell banging on the door of the dental suite. In HMP Wayland, the autoclave machine required a maintenance contract.

In the focus group in HMP Highpoint carried out as part of this assessment, patients criticised the length of time it took to see a dentist. The Head of Healthcare said that there had not been enough dental sessions. To address this, healthcare had been over booking dental sessions in case of DNAs. If a patient DNAs they are not automatically placed back on the waiting list for their appointment. The dentist and health care are regularly calling prison units to try and prisoners to attend their appointments.

The providers completed a survey that used a selection of questions taken from Public Health England's A survey of dental services in adult prisons in England and Wales.

Questions	HMP Wayland
THE SURGERY	
Has a Disability Access Audit been carried out on the dental surgery?	Don't know
Is the dental surgery wheelchair accessible?	Yes
When was the surgery last refurbished?	Not sure
When was the surgery last redecorated?	As above
Any additional comments on The Surgery:	
ABOUT YOU	
What is your role/ job title?	Prison Operations Manager
How long have you worked in this prison?	Since April 2019
What is the total number of clinical sessions worked by all dentists at this prison per week?	Six
How long have you worked in prison dentistry?	4 years
Is there a signed Service Level Agreement (SLA) in place?	Yes
To your knowledge, has an oral health needs assessment been carried out at this prison?	No
DENTAL STAFF	
How many dentists are employed in the prison?	One
How many dental nurses are employed in the prison?	One
Do any of the following work at the prison? *[Hygienist/Dental Therapist/Clinical Technician/Oral Health Promoter/Other]*	Hygienist
EQUIPMENT	
Does any of the following equipment need to be updated or replaced? *[Dental chair/Delivery system/X-ray Unit/Cabinetry/Suction/Compressor/Handpieces/Hand Instruments/Autoclave/Disinfection eqpt/Floor covering/Decoration/Surgical Instruments/Other]*	No
Who is responsible for organising the maintenance of equipment?	CDS for non-fixed assets, HMP for fixed assets
Who is responsible for payment of the maintenance contracts?	CDS for non-fixed assets, HMP for fixed assets

Are maintenance contracts in place for equipment that needs regular certification?	Yes
What items are currently without a maintenance contract? *[Autoclave/Washer- disinfector/X-ray equipment/Compressor/Suction/Other]*	Autoclave
Are there any items of equipment that urgently need replacing or updating?	No
CROSS-INFECTION CONTROL	
When was the most recent HTM 01-05 audit carried out?	Jun-19
What was the result of the HTM 01-05 audit?	No report yet
Has a full CQC inspection (England) or an equivalent inspection (Wales) been carried out?	Unknown
THE TECHNOLOGY	
Is SystmOne used in the dental surgery?	Yes
For which of the following do you use SystmOne?	Clinical notes
How many SystmOne training sessions did you attend?	None
Is the dental surgery registered with the Information Commissioner's Office (ICO)?	Unknown
THE DIARY	
Who manages the dental appointment diary?	Dental Team
Who manages the dental waiting list?	Dental Team
How long is the waiting list for routine examinations?	8 weeks
After the initial examination, how soon is a follow-up appointment for treatment available?	16 weeks
How many patients, on average, are booked into a clinical session?	Eight
How long do you book for an average new patient exam?	20 minutes
How quickly are patients requiring emergency dental treatment (trauma, haemorrhage, etc.) seen by the dentist or other appropriately trained staff?	Same day
How quickly are patients with dental pain normally seen by the dentist or other appropriately trained staff?	As an emergency on the day
On average, how many external dental referrals are arranged each month for specialist dental care outside the prison?	Unknown
For which of the following are referrals made?	
Are there any problems with making referrals for specialist dental care in your area or for patients attending these appointments?	No
What are the problems with making referrals for specialist care in your area or for patients attending these appointments?	
Are there administrative problems in providing escorts for external referrals?	
How frequently do the following cause DNAs?	
Escort problems	Frequently
Prison security (lock downs, counts, bad behaviour, etc.)	Frequently
Patients being released or transferred without notice	Frequently
Patients unavailable due to court appearances or video links, etc.	Frequently
Patient out of prison due to medical appointments	Frequently
Patient has visitors	Frequently

Patient refuses to attend	Frequently
Unknown	
Please give details of 'Other' reasons that result in DNAs:	No Access issues due to wrong roll count
Do you have an issue with patients being transferred or released before laboratory work is fitted?	Yes, but if they are transferred to another site where CDS are the dental provider then the lab work gets transferred to the new site.
Are DMFTs recorded and collated separately from the dental records for epidemiological or monitoring purposes?	No
SAFETY AND SECURITY	
Any comments on Safety and Security:	No
TRAINING	
Any comments on Training:	No training given in System 1
ORAL HEALTH PROMOTION	
In what ways is OHP delivered?	By dental team at patient's appointment
Is there a specialist smoking cessation team in the prison?	Unknown
Do you offer smoking cessation advice in the surgery?	Yes
COMMUNICATION	
How would you rate cooperation and liaison between the dental staff and other healthcare staff?	Very good
Does the dental team meet regularly with doctors and nursing staff to discuss healthcare issues?	No
How many patient complaints have been received in the last 12 months concerning the dental service?	Three informal complaints
Which of the following have been the subject of complaints?	Applications not being addressed, needing a referral and not addressing a previous complaint.
THE PATIENT JOURNEY	
Is there a patient care pathway in place?	Yes
Is there an effective dental triage pathway in place?	Yes
Is Language Line translation services or an equivalent service available for your use in the surgery?	Unknown

PERFORMANCE

- Comparing 2018-19 against 2017-18, HMP Highpoint has seen a decrease in the number of booked appointments, however the number of patients seen has remained the same. This has resulted in an increase in the percentage of patients seen as rate of appointments booked.
- HMP Wayland has seen an increase in both the number of booked appointments and appointments attended when comparing 2018-19 against 2017-18. In addition, the rate of appointments attended has increased from 56% to 61%, however this rate is still low.
- Figure 5.3.15 shows information relating appointments booked and attended in comparison to the population size and has been included for comparative purposes. The rate is calculated using the snapshot population as at the end of March 2018 + the number of receptions in 2018-19 as the denominator.
- Taking into account population size, the rate of appointments booked in HMP Wayland is significantly higher than in HMP Highpoint.
- At 31 days, the waiting time for HMP Wayland is similar to the regional and national average.
- Despite a decrease from 81 days as at April 2018 to 41 days as at March 2019, the waiting times in HMP Highpoint is higher than HMP Wayland, and both the regional and nation average.

Figure 5.3.11: Monthly clinic activity; HMP Highpoint.

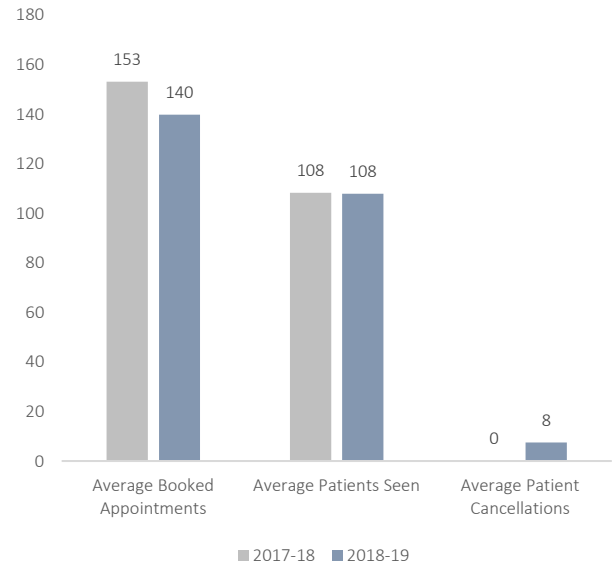


Figure 5.3.12: Monthly clinic activity; HMP Wayland.

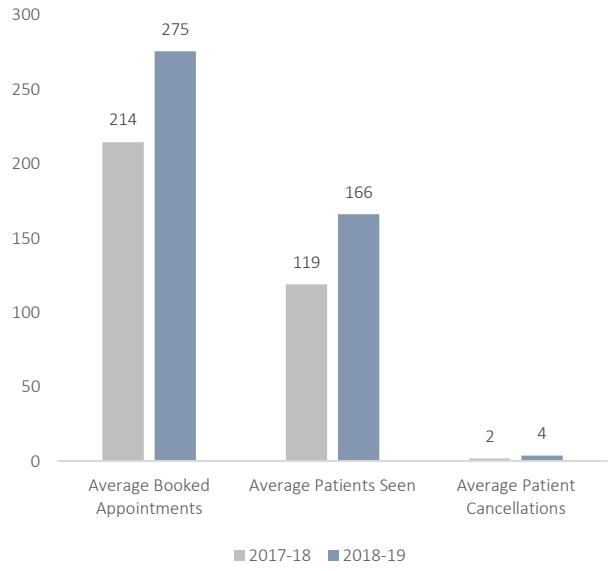


Figure 5.3.13: Percentage of patients seen as rate of appointments booked[122].

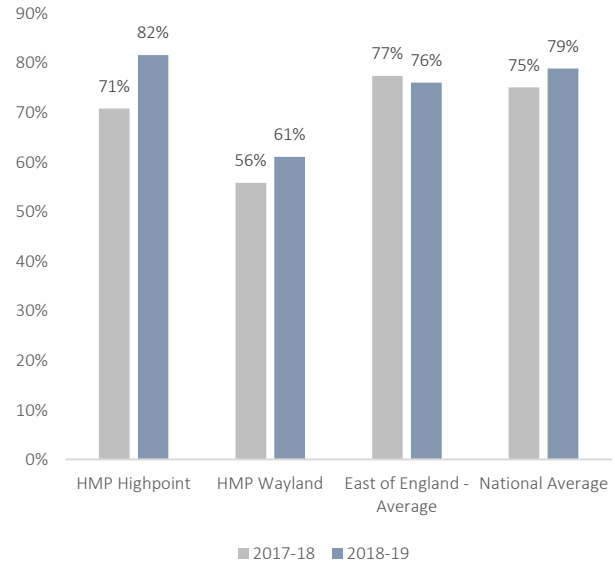


Figure 5.3.14: Waiting time for routine care.

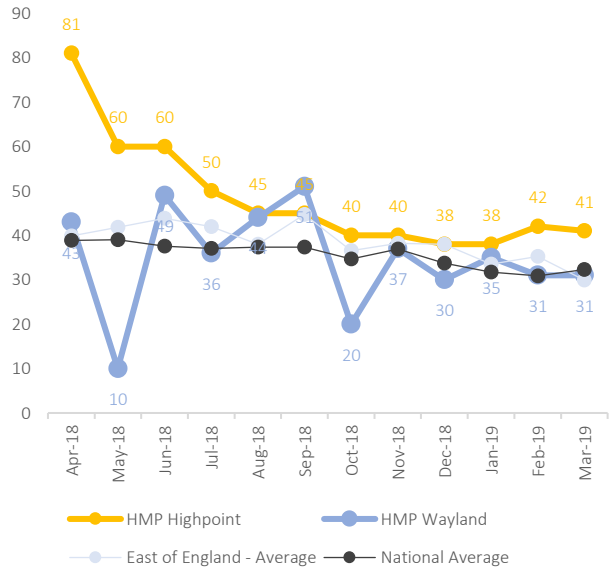


Figure 5.3.15: Comparison of patients seen taking into account the population size.

Patients Actually Seen	HMP Highpoint	HMP Wayland
Snapshot Population Average (March 2018)	1296	929
Receptions (2018-19)	1452	1164
Combined (Denominator)	2748	2093
RATE – Booked Appointments	610	1579
RATE – Attended	471	951

[122] Patients Seen / (Booked Appointments minus Cancellations)

PHYSIOTHERAPY SERVICE

LOCAL PROVISION

HMP HIGHPOINT	HMP WAYLAND
GENERAL	
Physiotherapy provision in both prisons is provided by Premier Physical Healthcare.	
	There are 2 sessions per week in the prison. There are 9 patients seen per session (15 minute sessions). At the time of this assessment, there were 17 on the waiting list for initial assessments and 31 for follow u assessments. The waiting time for an initial assessment was 4 weeks.
LOCATIONS	
	The room is suitable for the physiotherapist to practice in.
MULTI-DISCIPLINARY PAIN TEAMS	
The physiotherapist has not been involved in any pain assessments.	
REMEDIAL GYM	
There are appropriate remedial gym sessions at both sites.	

COMMUNICABLE DISEASES

HEPATITIS

INTRODUCTION

The prevalence of sexually transmitted infections (STIs) and blood-borne viruses (BBVs) is higher in the prison population than in the general population, due to high risk behaviour such as unprotected sex, multiple partners, and injecting drugs[123].

Although BBVs can cause serious illness and death, they are preventable, and the prison setting provides an excellent opportunity to screen for and treat BBVs.

A report released by the Health Protection Agency in 2011[124] shows that the increase in prison hepatitis B virus (HBV) vaccinations has significantly reduced the HBV rates for injecting drug users (IDU).

PHE TOOLKIT

Blood-borne viruses (BBVs) often affect a larger proportion of people in prison and other detention centres than the wider population and it has been evidenced that rates of illegal drug use among prisoners are higher than that of the general population.

Injecting drug use is the main risk factor in the transmission of BBVs for hepatitis C infection in the UK (over 90% of new infections are acquired through this [PHE, 2013xviii]).

There are a number of data sources which measure BBV infection in the prison and detention centre population. These include PHE surveillance systems such as the Public Health in Prisons (PHiPs) monitoring system based with the national Health and Justice Team, the Survey of Prevalent HIV Infections Diagnosed (SOPHID), the Genitourinary Medicine Clinic Activity Dataset (GUMCAD), Sentinel Surveillance of BBV testing and also other external systems such as the Health and Justice Indicators of Performance (HJIPs) which have replaced the previous Prison Health Performance Quality Indicators (PHPQIs) commissioned by NHS England. All surveillance systems monitor different elements of BBVs but together help provide an understanding of BBV infection among this population.

The Sentinel Surveillance of BBV testing provides useful information on the proportion of people testing positive for a BBV in different settings.

LOCAL PROVISION

HMP HIGHPOINT	HMP WAYLAND
BLOOD-BORNE VIRUS TESTING	
	All patients are offered a dried blood spot test at their secondary health screening in HMP Wayland. Results are available within 15 minutes, so can be given to the patient during their secondary health screen. The screen tests for hepatitis B and C, and HIV. Patients who test positive for any blood-borne virus are given information on blood-borne viruses.

[123] Department of Health (2012), *Public health functions to be exercised by the NHS Commissioning Boards*.
[124] Department of Health (2011), *Tackling Blood-Borne Viruses in Prisons - A framework for best practice in the UK*.

HEPATITIS C	
	Patients are tested for hepatitis C at the secondary health screen. Those who test positive are educated about the risks of hepatitis C, and given information on treatment. Patients who arrive in HMP Wayland while in receipt of hepatitis C treatment are identified at reception and referred to the sexual health clinic, where onward secondary care referrals are discussed. The liver specialist nurse visits the prison twice a month to see patients, monitor bloods, and provide medication. The liver specialist nurse will discuss treatment with the patients, follow up and see all newly diagnosed patients. Ultrasound checks, fibro scans, and blood monitoring are completed in the prison. Patients who are complex may be referred to the virology team at Norfolk and Norwich University Hospital. At the time of this assessment, there were 5 patients waiting for treatment and one patient receiving treatment for hepatitis C.

SEXUAL HEALTH

INTRODUCTION

Sexually transmitted infections (STIs) include chlamydia, gonorrhoea and HIV. They are passed from one person to another through unprotected sex or genital contact. HIV can also spread through sharing contaminated needles.

In England, the rate of total new STI diagnoses per 100,000 of the population has increased from 576 in 2002 to 817 in 2011. For chlamydia, the rate has increased from 160 to 357 during the same period, equating to an increase of 123%.

Higher rates of STIs have been reported among the prison population than the general population – 15% of prisoners in the UK have had or have an STI.[125] This is likely due to a large proportion of the prison population engaging in high-risk behaviours of having unprotected sex with multiple partners, and/or injecting drugs. In 2006, 48% of female prisoners reported having sex without condoms.[126]

Identifying, controlling, and treating communicable diseases and STIs in prisons benefits the general population at large.

Although sex is not permitted in prisons, both consensual and coercive sex does take place. Sexual relationships between prisoners and between staff and prisoners are prohibited, as prisons are classified as public places. However, prisoners should have free access to protection, and condoms must be supplied if prisoners are thought to be at risk of contracting HIV or another STI.

Research carried out by the Prison Reform Trust reported that 55% of those under the age of 24 in prison are expected to have had unprotected sex in the past year with 2 or more partners. In 2012, the Howard League for Penal Reform undertook the first ever review into sex in prisons.

Nick Hardwick, the former Chief Inspector of Prisons, raised a number of concerns while giving evidence to the commission, including the possibility that inmates could be contracting sexually transmitted diseases because prisons are failing to support them. Nick Hardwick suggested that the Prison Service should implement a uniform approach to providing protection.

In an HM Inspectorate of Prisons survey, 1% of prisoners said that they were being sexually abused, rising to 2-3% among prisoners who considered themselves to be disabled.[127]

In an academic study of 200 ex-prisoners, 91% said they had been coerced sexually. Yet only a small number of complaints about sexual issues are officially logged. The Probation and Prison Ombudsman (PPO) logged just 108 such complaints be-tween 2007 and 2012.[128]

LOCAL PROVISION

	HMP WAYLAND
SEXUAL HEALTH	
	There was no visiting sexual health service in the prison. Nurses manage the sexual health needs of

[125] NHS Commissioning Board (2012), *Public health functions to be exercised by the NHS Commissioning Board*.
[126] NHS Commissioning Board (2012), *Public health functions to be exercised by the NHS Commissioning Board*.
[127] Howard League for Penal Reform, (2014), Commission on Sex in Prison
[128] https://www.independent.co.uk/news/uk/home-news/sex-in-prisons-campaigners-warn-of-culture-of-denial-over-sexual-relationships-between-inmates-as-8605109.html

	patients. Patients can be referred to the iCASH service in Norwich for more complicated treatments.
HIV	
.	Patients who are HIV positive are referred to the iCASH service in Norwich. The pharmacy team and BBV lead communicate with iCASH about medication, compliance, updating about transfers and releases. Some HIV positive patients do not want to attend an external hospital appointment relating to their condition due to fear of confidentiality and stigma around the condition. Patients do not want to share their information with prison officers, who escort patients to appointments. Patient who refuse to go out to iCASH for monitoring will have their bloods monitored here at Wayland through advice from iCASH. At the time of this assessment, there was one patient in receipt of HIV medication.

TUBERCULOSIS

INTRODUCTION

There is a wealth of information, research and policies relating to TB in prisons, including from the World Health Organisation (WHO), Health Protection Agency (HPA), and the National Institute for Health and Care Excellence (NICE).

Some of the key facts taken from the research include:

- Prison populations are at an increased risk of TB incidents due to the high prevalence of individuals with a history of drug and alcohol use, homelessness, a compromised immune system, and high incidence in the country of birth (HPA).
- Prison conditions can spread diseases through overcrowding, poor ventilation, weak nutrition, and inadequate or inaccessible medical care (WHO).
- Late diagnosis, inadequate treatment, overcrowding, poor ventilation and repeated prison transfers encourage the transmission of TB infection (WHO).
- Difficulties encountered in a prison setting include case detection, diagnosis, isolation facilities, movements within prison populations, limited awareness of TB in prisons, fear and stigma among prisoners and staff, and limited access to external resources in the community (HPA).
- Prisons act as a reservoir for TB, spreading the disease into the outside community through staff, visitors, and inadequately treated former inmates (WHO).
- The rate of TB infection in the general UK population has been rising steadily. Prison populations are particularly vulnerable to TB infection, and both NICE and the Chief Medical Officer (CMO) have highlighted the importance of prisons in TB control.

BEST PRACTICE

NICE systematic evidence reviews[129] established that the most effective approach for identifying TB in high-risk groups such as those in prisons, involves active case finding.[130]Active case finding can be achieved through the use of digital x-ray machines, which have been installed in some prisons across the country. The use of digital x-ray machines can reduce diagnostic delay with cases less likely to be contagious on diagnosis, when compared with passive case detection and symptom screening alone.[131]

In 2017, the Journal of Public Health[132] published an audit of tuberculosis services in prisons and immigration removal centres. 12 healthcare teams within PPD commissioned by NHS England (London Region) were included in the audit. Services were evaluated against the National Institute for Health and Care Excellence standards for TB best practice.

The audit found that none of the health providers with a digital X-ray machine were conducting active case finding in new prisoners and no health providers routinely conduct latent TB infection testing and preventative treatment. Barriers to implementing standards include the lack of staff skills and staff skills mix, structural and technical barriers, and demands of custodial and health services.

[129] NICE (2012), *Evidence Reviews 1 – 4*
[130] Mehay et al. (2017), 'An audit of tuberculosis health services in prisons and immigration removal centres', *Journal of Public Health*, Volume 39, Issue 2, 1 June 2017, pp 387–394, https://doi.org/10.1093/pubmed/fdw033
[131] Mehay et al. (2017), 'An audit of tuberculosis health services in prisons and immigration removal centres', *Journal of Public Health*, Volume 39, Issue 2, 1 June 2017, pp 387–394, https://doi.org/10.1093/pubmed/fdw033
[132] Mehay et al. (2017), 'An audit of tuberculosis health services in prisons and immigration removal centres', *Journal of Public Health*, Volume 39, Issue 2, 1 June 2017, pp 387–394, https://doi.org/10.1093/pubmed/fdw033

PHE TOOLKIT

Coverage of tuberculosis in the PHE Toolkit is limited:

"The prison population has long been recognised as being at risk of TB, due to the overrepresentation of risk factors among people passing through the prison estate. Prisons were identified as a key setting for TB control in the Chief Medical Officer's (CMO) action plan for England, published in 2004."

LOCAL PROVISION

A symptomatic tuberculosis screening is offered to new arrivals as part of the secondary health screen.

A tuberculosis audit has been completed in the East Region. The report is still in draft form.

APPENDIX

SUBSTANCE MISUSE STRATEGY AND SUICIDE & SELF-HARM POLICY

SUBSTANCE MISUSE STRATEGY	
HMP HIGHPOINT	HMP WAYLAND
The embedded files below contain the latest substance misuse strategies for the prisons.	
	Drug and Alcohol Strategy 2018.doc

SUICIDE AND SELF-HARM POLICY	
HMP HIGHPOINT	HMP WAYLAND
The embedded files below contain the latest suicide and self-harm policies for the prisons.	
	Self Harm and Suicide Prevention F

ABBREVIATIONS

ACCT	Assessment Care in Custody and Teamwork
ADHD	Attention Deficit Hyperactivity Disorder
ADHS	Adult Dental Health Survey
AMD	Age-related Macular Degeneration
APHO	Association of Public Health Observatories
BAME	Black, Asian and Minority Ethnic
BBV	Blood-borne Virus
BMI	Body Mass Index
BPD	Borderline Personality Disorder
BTS	British Thoracic Society
CBT	Cognitive Behavioural Therapy
CMO	Chief Medical Officer
CNA	Certified Normal Accommodation
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CSJ	Centre for Social Justice
CVD	Cardiovascular Disease
DAFNE	Dose Adjustment for Normal Eating
DASA	Defence Analytical Services Agency
DIP	Drug Interventions Programme
DMFT	Decayed, Missing or Filled Teeth
DNA	Did Not Attend
EMDR	Eye Movement Desensitisation and Reprocessing
ERP	Exposure Response Prevention
FNP	Foreign National Prisoner
GAD	Generalised Anxiety Disorder
GP	General Practitioner
GUMCAD	Genitourinary Medicine Clinic Activity Dataset
HAWC	Health and Wellbeing Champion
HBV	Hepatitis B Virus
HCA	Health Care Assistant

HJIP	Health and Justice Indicators of Performance
HMIP	Her Majesty's Inspectorate of Probation
HMP	Her Majesty's Prison
HMPPS	Her Majesty's Prison and Probation Service
HSCNA	Health and Social Care Needs Assessment
IAPT	Improving Access to Psychological Therapies
ICO	Information Commissioner's Office
IDTS	Integrated Drug Treatment System
IDU	Injecting Drug Users
IMB	Independent Monitoring Board
IPT	Interpersonal Therapy
LD	Learning Disability
MDT	Mandatory Drug Testing
MoJ	Ministry of Justice
NDTMS	National Drug Treatment Monitoring System
NICE	National Institute for Clinical Excellence
NOMIS	National Offender Management Information System
NOMS	National Offender Management Service
OCD	Obsessive Compulsive Disorder
OHRN	Offender Health Research Network
PECS	Prisoner Escort and Custody Services
PEI	Physical Education Instructor
PHE	Public Health Executive
PHiPs	Public Health in Prisons
PHPQI	Prison Health Performance Quality Indicator
PPO	Probation and Prison Ombudsman
PS	Psychoactive Substances
PSI	Prison Service Instruction
PSO	Prison Service Order
PTSD	Post Traumatic Stress Disorder
QOF	Quality and Outcomes Framework
RCGP	Royal College of General Practitioners
REA	Rapid Evidence Assessment
rMDT	random Mandatory Drug Testing

RNIB	Royal National Institute of Blind People
SCMH	Sainsbury Centre for Mental Health
SDTP	Substance Dependency Treatment Programme
SIGN	Scottish Intercollegiate Guidelines Network
SOPHID	Survey of Prevalent HIV Infections Diagnosed
SPCR	Surveying Prisoner Crime Reduction
STI	Sexually Transmitted Infection
WHO	World Health Organisation
WTE	Whole time equivalent
WWA	Waste Water Analysis
YOI	Young Offender Institution
YOT	Youth Offending Team

END