

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held on Microsoft Teams (virtual meeting)
at 10am on 4 February 2021

Members Present:

Cllr Penny Carpenter (Chair)	Norfolk County Council
Cllr Nigel Legg (Vice-Chair)	South Norfolk District Council
Cllr Michael Chenery of Horsburgh	Norfolk County Council
Cllr Fabian Eagle	Norfolk County Council
Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
Cllr David Harrison	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Chris Jones	Norfolk County Council
Cllr Alexandra Kemp	Borough Council of King's Lynn and West Norfolk
Cllr Robert Kybird	Breckland District Council
Cllr Laura McCartney-Gray	Norwich City Council
Cllr Richard Price	Norfolk County Council
Cllr Sue Prutton	Broadland District Council
Cllr Sheila Young	Norfolk County Council

Substitute Members Present:

Cllr Wendy Fredericks for Cllr Emma Spagnola North Norfolk District Council

Also Present:

Hollie Adams	Committee Officer, Norfolk County Council
Jessamy Kinghorn	Head of Partnerships and Engagements, NHS England and NHS Improvement, East of England
Maureen Orr	Democratic Support and Scrutiny Team Manager, Norfolk County Council
Claire Weston	Head of Health and Justice (East of England), NHS England & Improvement, East of England

1. Apologies for Absence

- 1.1 Apologies were received from Cllr Keith Robinson and Cllr Emma Spagnola (Cllr Wendy Frederick substituting). Also absent was Cllr Judy Cloke.

2. Minutes

- 2.1 The minutes of the meeting on 26 November 2020 were agreed as an accurate record.

2.2 Matters arising from the minutes:

- Cllr Alexandra Kemp updated the Committee that the first meeting with local councillors regarding St James' Surgery had taken place; Southgates Surgery had no capacity for more patients at that time.

3. Declarations of Interest

- 3.1 The vice-chair declared a sensitive "other" interest.

4. Urgent Business

- 4.1 There were no items of urgent business.

5. Chair's Announcements

- 5.1 The Chair had no announcements.

6. Prison healthcare – access to physical and mental health services

- 6.1.1 The Chair noted that the meeting was taking place during the second nation-wide lockdown for Covid-19 and at a time of great pressure on the health service. She thanked the commissioners from NHS England & Improvement for attending the meeting and acknowledged the hard work of local health services for their work in dealing with the challenges of the pandemic.
- 6.1.2 The Committee received the report examining commissioning and delivery of physical and mental health services provided at the three mainstream prisons in Norfolk; HMP Norwich, HMP Bure and HMP Wayland
- 6.2.1 The following points were discussed and noted
- Members asked why no prison representatives had attended the meeting; the Democratic Support and Scrutiny Team Manager clarified that there was less capacity for healthcare services to attend meetings at that time, including those in prisons, because of the pressure of the Covid-19 pandemic. It may be possible to invite them to a future meeting if members wished to revisit the topic.
 - Equity of healthcare was queried. A paper had been produced looking at equity and the principle of equivalence, setting out expectations for healthcare prison providers. In rare cases where prisoners died in custody, the Head of Health and Justice (East of England) reported that the prisons and probations ombudsman (PPO) would carry out a review to identify if care had been equivalent to care provided in the community.
 - Areas of concern, such as breaches of access to healthcare or waiting times outside the required standards, would be reviewed by the Care Quality Commission, who would identify whether concerns were a systemic issue or a local breach of standards.
 - Drug services and management of long-term conditions at Wayland were felt by a Member as not being equitable to those provided in the community, based on information in the report. The Head of Health and Justice (East of England) replied that support for long term conditions was monitored by the NHS QOF (Quality and Outcomes Framework), as it was in the community. The Improving Access to Psychological Therapies (IAPT) programme was commissioned for prisons in Norfolk; it was noted that not all areas commissioned this service for prisons.
 - Concern was raised about commissioning of GP oversight; the Head of Health and Justice (East of England) replied that if there were any breaches in this service, they would have been identified during inspection.
 - It was confirmed that commissioners made regular inspections to prisons and kept up to date on difficulties they were experiencing. Due to the Covid-19 pandemic, site visits had not been possible for the past year, but QOF points were reviewed to ensure commissioners were kept informed about compliance.
 - When people first arrived at prison, they would receive a primary physical and mental health screening from a nurse; people may be unwilling to disclose information about their mental health at this time for various reasons, but nurses would flag any

concerns. A second health screen would be carried out shortly after arrival at prison to allow a nurse to explore health needs more fully.

- Learning disability in prison was underestimated; this could be because people did not want to disclose this information due to feeling vulnerable or anxious. The Head of Health and Justice (East of England) recognised that more needed to be done to understand learning disabilities in prisons, including following up on how recently prison staff had received training. There was a move towards de-medicalising learning disabilities, and toward providing support.
- The rate of suicide and self-harm in prisons and the higher rate in Norwich prison was queried. The Head of Health and Justice (East of England) replied that Norwich was a remand prison and these prisons tended to have a higher rate of suicides; prison officers and healthcare staff tried to identify people at risk of suicide and the prison service had introduced a key worker scheme to support prisoners with issues.
- Many routine actions had been stood down in order to allow staff to respond to the pandemic, protect prisoners' health and preserve life.
- The Chair queried how the health and wellbeing of prisoners was being supported if prisoners were in their cells for many hours a day due to a Covid-19 outbreak. The Head of Health and Justice (East of England) reported that since measures had been in place in prisons to preserve life, mental health teams had been visiting people in their cells who were at risk of crisis or poor mental health. In some prisons, teams were offering support services in cells or via phone therapy if telephony was available in cells. People were offered distraction packs to help them with their mental wellbeing. Some prison health teams delivered healthcare on wings during the time prisoners were out of cells.
- The Head of Health and Justice (East of England) **agreed** to find out how prison officers were trained to identify mental and physical health needs of prisoners.
- The Head of Health and Justice (East of England) was aware of the issue of undiagnosed autism in prisons and the need to develop strategies to identify and support people.
- It was clarified that commissioners would ensure prisons were responding to required health need rather than providing a specific number of GP sessions. Increasing responsibility for prescribing to appropriately trained nurses and other professionals had also reduced the requirements on GP time.
- The Head of Health and Justice (East of England) clarified that at the start of the pandemic, the need for some types of reporting were relaxed; this may have impacted on some of the performance indicators. The aortic aneurism screening outcome may be 0 as people were required to go to a hospital to receive this. Diabetic retinopathy screening was reviewed to ensure people received this as required in line with national requirements. A recent audit of seven prisons by Healthwatch Norfolk found that the diabetes service was good and, in some cases, better than in the community.
- It was suggested that there may be more complaints at Wayland Prison because this was a larger prison with more inmates.
- Concerns were raised about the quality of dentistry provision provided in prisons
- The fact that the Independent Monitoring Board (IMB) no longer attended contract meetings was queried. The Head of Health and Justice (East of England) agreed that the IMB performed a valuable role in ensuring the conditions in prisons were humane and standards were being driven. When the contract changed it was found that the IMB did not attend NHS meetings in other counties, and the arrangements were therefore changed to be in line with those in other areas. The IMB, Healthwatch and other organisations still worked together to drive forward standards in prisons.
- Members were concerned about the fact that prison healthcare services did not have access to community based clinical records and implications of this for prisoners' health. The Head of Health and Justice (East of England) replied that processes

were in place for prison healthcare professionals to contact community healthcare to gather information if an individual disclosed a healthcare need. Members **requested** information on why prisons were not able to access community healthcare records. Prison systems could access the records of patients moving between prisons.

- Work was underway to update SystemOne for prisons and bring about other changes related to registering people with a community GP before they leave prison. This was being centrally led to ensure changes were put in place nationally.
- Commissioning of interpretation services in prisons was queried. The Head of Health and Justice (East of England) confirmed that providers were responsible for engaging with interpreters and translation services where needed, including British Sign Language and other adaptations such as easy read documents. Commissioners would hear about any issues through PPO reports and deaths in custody, but there were no specific indicators to review breaches.
- Paragraph 2.81 on page 49 was queried: “The prison was in the process of implementing a new drug and alcohol strategy, but it did not have an action plan or needs analysis to inform future service developments” The Head of Health and Justice (East of England) thought this was probably an action for the Governor but **agreed** to find out more about this.
- The strategy for taking people off addictive drugs when they came into prison was queried; a formulary had been developed by the national pharmacists for health and justice and procedures were in place in compliance with this.
- The Head of Health and Justice (East of England) confirmed that prison ‘hospitals’ were cells set up to provide enhanced nursing; the prison environment was the responsibility of Her Majesty’s Prison Service to maintain and therefore the commissioning team could not make changes to it. The Head of Health and Justice (East of England) did not consider the term ‘hospital’ a suitable description for this service. Cllr Kemp was keen that commissioners pursued improving the environment.
- The Head of Health and Justice (East of England) was asked whether the health and mental health of staff support was commissioned, and how the Covid-19 pandemic had impacted on staff. The Head of Health and Justice (East of England) replied that she would review the support given to staff with prison governors. During the pandemic, prison staff had given each other peer support.
- New prisoners were tested for Covid-19 on arrival at prison and then on day five; they were accommodated on a “reverse cohorting unit” for 14 days and would be tested twice in this time to identify whether they had the virus. Prisoners were also tested on release however could not be held if they were found to have Covid-19 so they would be released with advice on social distancing and isolating to reduce transmission.
- An update on how prisoners would be vaccinated was available on the Ministry of Justice website, and it was confirmed that vulnerable and elderly prisoners would be vaccinated first. It was however confirmed that prison officers were not included in the Joint Committee on Vaccination and Immunisation priority groups at that time.
- Staff vacancy rates were received from prison providers quarterly; it had been difficult to recruit staff in the Phoenix Substance misuse service, but progress was being made on this. Two of the Norfolk Prisons were in very rural locations which could create difficulties for staff recruitment and retention.
- it was noted as important for prison-based nurses to maintain contact with hospital-based healthcare professionals to ensure support was in place when people returned to prison.
- A Member asked when prisoners were given information on how to make complaints about the healthcare provided to them in prison and how they would be assisted to make a complaint if they had English as an additional language or communication

difficulties. The Head of Health and Justice (East of England) **agreed** to provide a written response to this question.

- It was confirmed that prison officer testing was part of community testing, and the Head of Health and Justice (East of England) was **asked** to confirm how prison officers would receive their test results.
- The wait time for mental health support and therapy in prison following referral during normal circumstances, i.e. before Covid-19, was queried; The Head of Health and Justice (East of England) **agreed** to find this out.

6.5 The Norfolk and Waveney Overview and Scrutiny Committee (NHOSC):

- **REQUESTED** additional information from NHSE&I on:
 - The number of prison officers who have received mental health awareness training, including both the the number and percentage of total number of prison officers trained.
 - Details of the training given to prison officers to spot prisoners' health needs, mental and physical.
 - Details of the work programme to update SystmOne so that people are registered with a GP prior to release from prison.
 - Details of the communication possible between SystmOne in prisons and SystmOne in the community.
 - Information on the point at which prisoners are told how to complain about healthcare services.
 - Information on the point at which prisoners are given details of the interpreting service that can assist them with making complaints.
 - Waiting times for Improving Access to Psychological Therapies (IAPT) one year ago, before the effects of the pandemic.
- **RECOMMENDED** that NHSE&I:
 1. Put in place a performance indicator for monitoring provision and use of interpreting services in prison healthcare.
 2. Check whether prison staff at Norwich prison are given the results of their regular Covid-19 tests and advise they should be as a matter of healthcare ethics
- **AGREED** that Prison healthcare would be included on NHOSC's forward work programme for 12 months' time

9. Forward work programme

- 9.1 The Norfolk Health Overview and Scrutiny Committee received and reviewed the forward work programme.
- 9.2 It was explained that the topics on the agenda for 18 March 2021 meeting may need to be adjusted depending on the pressures on the local and regional NHS due to the Covid-19 pandemic. Because of the wide ranging nature of the report on support for people with sensory impairments, the CCG felt they would be unlikely to be able to fully support this topic at the March meeting. It was thought the part affecting the Deaf community and NHSE&I's commissioning of British Sign Language and interpreting services could probably go ahead, but this would be dependent on NHSE&I staff being able to attend the meeting.
- 9.3 The Norfolk Health Overview and Scrutiny Committee **AGREED** the forward work programme with the addition of 'Prison healthcare – access to physical and mental health services' for February 2022.

Chairman

The meeting ended at 12:08



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