Agenda – Health, Social Care and Sport Committee

Meeting Venue:	For further information contact:
Committee Room 5 – Tŷ Hywel	**Sarah Beasley**
Meeting date: 21 November 2019	Committee Clerk
Meeting time: 09.15	0300 200 6565
	SeneddHealth@assembly.wales

Informal pre-meeting (09.15-09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 Provision of health and social care in the adult prison estate: Evidence session with Welsh Local Government Association and Association of Directors of Social Services

(09.30-10.15) (Pages 1 – 36)

Jackie Davies, Head of Adult Services in Bridgend, Association of Directors of Social Services,

Cllr Huw David, Welsh Local Government Association Spokesperson for Health and Social Care and Leader of Bridgend County Borough Council

Research brief

Paper 1 – Welsh Local Government Association and Association of Directors of Social Services

Break (10.15-10.25)

3 Provision of health and social care in the adult prison estate: Evidence session with local health boards

(10.25-11.10) (Pages 37 – 48)

Rob Smith, Area Director, East, Betsi Cadwaladr University Health Board
Rob Lightburn, Deputy Head of Healthcare at HMP Berwyn, Betsi Cadwaladr University Health Board
Alan Lawrie, Director of Primary, Community and Mental Health, Cwm Taf Morgannwg University Health Board
Carmel Donovan, Integrated Communities Service Manager, Cwm Taf University Health Board

Paper 2 – Betsi Cadwaladr University Health Board
Paper 3 – Cwm Taf Morgannwg University Health Board

Break (11.10-11.20)

4 Provision of health and social care in the adult prison estate: Evidence session with local health boards

(11.20-12.05) (Pages 49 – 78)

Alison Ryland, Senior Nurse / Healthcare Manager, Aneurin Bevan University Health Board
Dr Mair Strinati, Clinical Director of Vulnerable Groups, Cardiff and Vale University Health Board
Dr Anjula Mehta, Interim Associate Medical Director, Swansea Bay University Health Board
Emily Dibdin, Clinical Lead for Secure Environments and Substance Misuse, Swansea Bay University Health Board

Paper 4 – Aneurin Bevan University Health Board
Paper 5 – Swansea Bay University Health Board
Paper 6 – Cardiff and Vale University Health Board

5 Paper(s) to note

(12.05)

5.1 Letter from the Minister for Health and Social Care regarding mental health in policing and police custody

(Pages 79 – 80)

5.2 Letter from the Minister for Health and Social Care to the Minister of State for Health and Social Care regarding the NHS Pensions Scheme

(Pages 81 – 84)

5.3 Letter from the Minister for Health and Social Services regarding autism services in Wales

(Pages 85 – 101)

6 Motion under Standing Order 17.42 (vi) to resolve to exclude the public from the remainder of this meeting and for the meetings on 27 November (for an informal stakeholder event on the provision of health and social care in the adult prison estate), and 05 December 2019 (for forward work planning)

(12.05)

7 Provision of health and social care in the adult prison estate: Consideration of evidence

(12.05–12.20)

8 Impact of the Social Services and Well-being (Wales) Act 2014 in relation to Carers: report launch (external location)

(12.30–14.30)

Agenda Item 2

Document is Restricted

WLGA AND ADSS CYMRU EVIDENCE TO THE HEALTH, SOCIAL CARE & SPORT COMMITTEE'S INQUIRY INTO HEALTH AND SOCIAL CARE PROVISION IN WELSH PRISONS.

CLILC • WLGA

ADSS Cymru
Leading Social Services in Wales
Yn arwain Gwasanaethau Cymdeithasol yng Nghymru

May 2019

About Us

1. The Welsh Local Government Association (WLGA) represents the 22 local authorities in Wales, and the three national park authorities and the three fire and rescue authorities are associate members.

2. The WLGA is a politically led cross-party organisation, with the leaders from all local authorities determining policy through the Executive Board and the wider WLGA Council. The WLGA also appoints senior members as Spokespersons and Deputy Spokespersons to provide a national lead on policy matters on behalf of local government.

3. The WLGA works closely with and is often advised by professional advisors and professional associations from local government, however, the WLGA is the representative body for local government and provides the collective, political voice of local government in Wales.

4. The Association of Directors of Social Services (ADSS Cymru) is the professional and strategic leadership organisation for social services in Wales and is composed of statutory Directors of Social Services and the Heads of Service who support them in delivering social services responsibilities and accountabilities; a group of more than 80 social services leaders across the 22 local authorities in Wales.

5. As the national leadership organisation for social services in Wales, the role of ADSS Cymru is to represent the collective, authoritative voice of Directors of Social Services, Heads of Adult Services, Children's Services and Business Services, together with professionals who support vulnerable children and adults, their families and communities, on a range of national and regional issues of social care policy, practice and resourcing. It is the only national body that can articulate the view of those professionals who lead our social care services.

Introduction

6. Under the Social Services and Wellbeing (Wales) Act 2014 (the Act), local councils have a range of duties to fulfil in respect of assessing and meeting the care and support needs of those individuals in the secure estate. They need to take a holistic approach when individuals are serving their sentence and when planning for their release.

7. Under the Act, local councils must engage with partner organisations to identify how existing resources can be best used. Local councils may commission or arrange for others to provide care and support services or, delegate the performance of the function to another party, but the responsibility for fulfilling the duty will remain that of the local council.

8. Local councils must support children and adults with care and support needs in the secure estate in Wales just as they would for someone in the community. However, the delivery of care and support arrangements operating in the community setting may need to be adjusted to meet the needs of the population and the regime of the secure estate.

9. This represents a major change, previously it was unclear who was responsible for assessing and meeting the social care needs of those in the secure estate, with the result that such needs have often gone unrecognised or have not been effectively met. Given this significant change and the additional duties and responsibilities placed on local authorities, the WLGA and ADSS Cymru welcome the opportunity to comment on the Committee's inquiry into the provision of health and social care in the adult prison estate.

What these new responsibilities mean for local authorities

10. The change in legislation has meant new responsibilities being placed on local authorities and new ways of delivering services having to be considered. This includes:
    - Information, advice and assistance must be provided to those in the secure estate while they are detained, in preparation for and on release;
    - Preventative and wellbeing services must be provided to those in the secure estate as for those in the community;
    - For those whose care and support needs cannot be met by signposting to preventive and wellbeing services, local authorities must find ways to undertake the assessment of those in the secure estate;
    - Collaboration with partner organisations such as Health, Housing, Third Sector and Education is required to ensure a consistent and consolidated response;
    - Local authorities needing to consider the value of developing an integrated approach with Health to respond to the health and social care needs;

- The approach to assessment is the same for people in the secure estate as it is for people in any other part of the community and liaison with carers and family is undertaken in the usual way. However, there are limitations on the rights of carers for people in the secure estate, for example there is no obligation to provide support plans for carers of people in the secure estate;
- The National Assessment and Eligibility Tool that has been developed for use across local authorities in Wales applies equally for those in the secure estate;
- Local Authorities needing to provide an appropriate staff resource that is appropriately skilled and trained to meet the duties under the 2014 Act.

Demand and Pressures

11. The recent joint Thematic Report by HM Inspectorate of Prions (HMIP) and the Care Quality Commission (CQC) into social care in prisons in England and Wales highlights that recent years have seen prisons being reshaped in the face of an increasing prison population, coupled with longer sentences and sentences being given for historic offenses. As at December 2017, the number of people in prison aged 50 and over was 13,522, representing 16% of the total adult prison population (those aged over 18). Projections indicate that the number of people aged 50 and over held in custodial settings is likely to increase. As such, needs are changing, impacting provisions and raising questions about the suitability and training of staff to care for an increasingly older population.

12. Various studies have used different benchmarks to define old age in custodial settings, but it is widely accepted that what is considered old age in prisons differs from that in the community. According to several reports, prisoners experience a faster ageing process due to a wide range of factors which occur both during the prison sentence and prior to detention. Prison itself is considered to be an environment which can give rise to the development of physical and mental impairments. In addition, prisoners' mental and physical health are widely recognised as poorer than the wider population.

13. An ageing population means that prisons are increasingly having to deal with frailty amongst prisoners. The British Geriatric Society defines frailty as a 'distinctive health state related to the ageing process, in which multiple body systems gradually lose their inbuilt reserves'. Frailty reduces a person's ability to thrive in the event of a deterioration in health or a challenge, such as entering a prison environment. In the general population, it estimates that around 10% of those aged over 65 years have frailty, rising to 25–50% of those over 85.

14. As also highlighted in the thematic report, the number of prisoners with dementia is a further concern. In the general population, dementia affects around 5% of those aged over 65 and 20% of those over 80. The prevalence of dementia in the prison setting is largely unknown and dementia may not be detected.

15. This aging population within prisons, coupled within increasing frailty and incidence of dementia, has accelerated the need for prisons to not only address social care needs but also the suitability of the physical environment within which prisoners are held. In addition, a significant proportion of prisoners also have learning disabilities, autism, mental health disorders or difficulties which may also inhibit their ability to cope with life in prison. It is estimated that across the UK[1]:
    - 36% of prisoners have a disability;
    - 11% have a physical disability;
    - 18% have anxiety or depression; and
    - 8% have a physical disability and anxiety or depression.

16. Significantly it has also been identified that 9 in 10 prisoners have a diagnosable mental health and/or substance misuse problem.

17. Previous health needs assessments for prisoners in Wales have also identified:
    - significant levels of poor mental health and personality disorders;
    - an increased risk of self-harm and suicide compared to the general population;
    - significant levels of substance misuse, alcohol misuse and tobacco use;
    - high levels of multiple chronic conditions in older prisoners;
    - significant levels of premature, 'accelerated', ageing and significant levels of preventable illness and disability;
    - high levels of blood-borne viruses;
    - little evidence to suggest routine access to primary and secondary preventative services and interventions prior to prison; and
    - low levels of literacy and numeracy.

18. Other key findings from previous research (May et al., 2008[2]; Stewart, 2008[3]) has also identified the following:
    - Nearly half the sample had been unemployed in the year before custody and 13% had never had a job;
    - Fifty-eight per cent had truanted from school regularly and 46% had no qualifications;
    - Fifteen per cent were living in temporary accommodation or were homeless before custody; this was more common among short-term and adult prisoners;
    - A quarter reported at least one long- standing illness or disability, musculoskeletal and respiratory complaints were the most commonly reported health conditions;
    - Over four-fifths of the sample (82%) reported one or more mental health symptoms, and a third (36%) reported between six and ten symptoms;

[1] https://socialcare.wales/cms_assets/file-uploads/SCW-NPAR-ENG.PDF
[2] May, C., Sharma, N. and Stewart, D. (2008) 'Research Summary 5: Factors linked to reoffending: a one-year follow-up of prisoners who took part in the Resettlement Surveys 2001, 2003 and 2004'.
[3] Stewart, D. (2008) 'The problems and needs of newly-sentenced prisoners results from a national survey'.

- The majority of prisoners had used illegal drugs during the year before custody, use of heroin or cocaine was more likely to be reported by women, adult prisoners and those sentenced for less than one year;
- Heavy drinking was reported by 36% of the sample and was more prevalent among short-term prisoners and men;
- Prisoners tended to prioritise employment and skills deficits over health and family issues in terms of the help they wanted during the course of their sentence;
- Nearly half (48%) of the sample reported needing help finding employment. Help getting qualifications and improving work related skills were reported by 42% and 41% respectively. Around a third wanted help with housing and their offending behaviour.

19. There are also links between poor health and reoffending. For example, offenders with addiction or a mental health condition are more likely to need support with housing, education or employment to change their lives and prevent future criminal behaviour. However, at the same time research shows these offenders will find it more difficult to access mainstream help than the general population. Increased health inequalities are therefore compounded by greater barriers to accessing services to meet those need.

20. The reality is that many older jails are ill-equipped for prisoners in wheelchairs, or with mobility problems. Some prisoners struggle to wash and look after themselves and others who have fallen cannot get help during the night. For those who are imprisoned, but who need assistance with their social or personal care, it is especially challenging and daunting. Prisons were designed to accommodate physically fit and mentally stable individuals, with prison life being arranged to address the needs of the many. Prisoners with social care needs – unable to fully care for themselves, needing help in getting around the prison or in participating socially – are at a significant disadvantage.

How local authorities are meeting needs

21. In order to meet the duties and responsibilities required by the Act, some local authorities, such as Bridgend and Wrexham have established small dedicated teams that sit within the prison, comprised of a range of staff, including: senior social work practitioner; social worker; and occupational therapists who carry out assessments and develop managed care and support plans for people in the secure estate, as well as supporting the work of the existing health board's mental health in-reach team. This includes the provision of information and advice services, and peer-mentoring and support.

22. For others, responsibility for these new duties sits within existing teams. For example, in Monmouthshire responsibility sits with the Monmouth Integrated Services Team who are forging new partnerships with National OMS and the Prison Health Service (ABUHB) and developing nurturing/initiating creative, preventative approaches (the 'Buddy Scheme', Yoga,

Mindfulness, Day activities, Peer support sessions), which involve the prison population with care and support needs.

23. The recent HMIP and CQC thematic report highlighted concerns over the inconsistent care received by elderly prisoners, along with a lack of planning for an ageing population, however, it also recognised that there have been some improvements in care for older and disabled prisoners since the change in legislation.

24. The report identifies that in the main prisoners with a social care need were identified on arrival into establishments, either through generic prison screening tools or through specific health care screening tools. There was evidence that prisoners with social care needs were appropriately identified and promptly referred at most establishments included in the report. In addition, at HMPs Usk and Prescoed social care staff were highlighted for also attending the general induction to promote the service and identify any needs which may have been missed on reception.

25. Good practice was also found at HMPs Cardiff and Usk and Prescoed where the All Wales model had driven a target for initial screening and assessment by respective local authority social care teams within 24 hours of referral.

26. HMP Cardiff was also noted for its joint working between the health provider and prison to optimise the limited opportunities in the physical environment of the prison to make adaptations to meet needs. Here there were established systems for review, with service commissioners involved in the reviews and any required changes to care plans being put to commissioners for agreement.

27. At HMPs Usk and Prescoed the occupational therapist was in the process of assessing every cell to establish need. The main problems identified were the bunks and the low toilets. The therapist was exploring the use of plinths to raise the toilets as there was no other mechanism available. Prisoners had also been allocated four-wheeled walkers with built in seats. These allowed more comfortable resting as the seats were padded, and increased prisoners' independence as a tray could be carried on the walker. This reduced the over-reliance on prisoner buddies.

28. However, what these examples demonstrate is that as oversight for local delivery of prison health and social care services is held by each individual Health Board and associated Local Authority, there is currently no national oversight. This lack of a national oversight means there is often no clear process for obtaining national agreement on prison health related matters. Each prison health service has different policies and pathways for issues such as

prescribing, screening and substance misuse. This means patients will receive a different service depending on where they are located; this may be due to several reasons, including resources or differing care models dependent on health or local authority process. There also may be different health needs dependent on the local health needs. As there is a great deal of movement between prisons, this means that the variation in policies and pathways can have significant implications for stability of management for those imprisoned. National oversight could help to provide continuity of services across prisons, learning from different services and the development of minimum standards of care.

Areas for improvement

29. Whilst it is recognised that progress has been made in meeting the social care needs of prisoners, local authorities continue to highlight areas for action or improvement, these include needing to:

- improve access to, and continuity of, services including preventative services, between the secure estate and community. This includes services addressing substance misuse, mental health issues, and sexual health, in adults and young people;
- strengthen multi-agency preventative services, including providing family stability and support, for example through Families First and addressing Adverse Childhood Experiences (ACEs);
- continue to improve partnership working, e.g. networking, communication and joint working where appropriate;
- improve wider 'community services' (e.g. District Nurses) to enable additional resources to be deployed 'inside the gate' when the need arises (e.g. the management of palliative patients) and maintain the principle of 'care closer to home';
- develop treatment pathways for those using novel psychoactive substances; and
- make counselling more widely available for prisoners serving longer sentences.

30. Support relating to resettlement has also been identified as a priority, with effective resettlement being seen as key to reducing re-offending. Evidence has shown that:

- 45% of adults are reconvicted within one year of release;
- for those serving sentences of less than 12 months, this increases to 58%; and
- over two-thirds of under 18s are reconvicted within one year of release.

31. This means that there is a need to develop the vocational and employability skills in demand from employers in Wales due to the difficulties in developing links with employers and educational and training organisations. Along with a need to develop effective partnership working and good local resettlement arrangements.

32. Stable housing can act as a gateway to resettlement and there is a link between being homeless or living in temporary accommodation and reoffending. A lack of accommodation

can reduce former prisoners' chances of finding employment. People who have accommodation arranged on release are four times more likely to have employment, education and training arranged than those who do not.

33. Although there are many good resettlement programmes, there is still a need to improve the transition between prison and the community. There is a need to develop further provision of appropriate accommodation in the community on release from prison and develop housing support in prisons to prevent homelessness on release where possible, as well as improve access to mental health and substance misuse support post release.

Challenges

34. There are considerable challenges to providing the care services required by the Social Services and Wellbeing (Wales) Act 2014 in the Secure Estate; this is due to the nature of the prison environment being a locked secure premise. In order to access the prison, outside agency staff need to go through strict clearance processes in order to visit individuals requiring social care support. Clearance takes approximately eight weeks to complete for each carer employed to deliver care and support within the prison; it is therefore not possible to deliver services in the same way that would be provided in the community.

35. Local authorities have had to look at ways of overcoming these challenges. One approach taken by Bridgend, for example was to commission care from G4S medical services from within Parc Prison, which has supported the Authority to deliver on its duties and responsibilities. It is likely, had the prison not been privately run, that the Authority would have had to provide the care directly and because of the security rules within the prison, this would have meant staff would have had to deliver care in pairs which would have inflated the cost of care considerably. However, the original proposals have since proved unrealistic because of competing priorities for the medical services team and the impact of lock-downs within the prison. As a result, the care arrangements are now subject to review with a view to providing a more sustainable way forward; it is inevitable that the revised arrangements, whether they are provided by G4S or by the Authority, will incur additional costs.

36. Additional funding of £412,000 was originally provided as a specific grant to those Authorities with secure estates within their boundaries by Welsh Government to support the new responsibilities, however some authorities have identified that this falls short of the actual costs of delivering social care services in the secure estate environment. For example, the Prison Mental Health In-Reach Team (MHIRT) that provides provision to both HMP Parc and HMP Swansea, is a multi-disciplinary team that provides Specialist Secondary Mental Health services to adult prisoners aged between 18- 65. The original service model recognised it was unrealistic to expect a comprehensive mental health in-reach service to meet all demands of the 18-65 age group, so it was agreed the MHIT provide assessment/treatment services for inmates with acute, or enduring serious mental Illness, but mainly relating to the mental

health needs assessment at that time. The MHIT consists of: Consultant Psychiatrist (0.3wte), Band 6 Registered Nurses (3.0wte), Band 6 Occupational Therapist (1.0wte), Psychologist(0.2wte) and a Team Manager (1.0 wte).

37. However, when this service was originally commissioned back in 2004 the agreed revenue allocation was based on a population of just 800 inmates at HMP Parc. The prison has undergone planned developments since involving the prison service and Welsh Government which has resulted in the prison population rising to over 1,700 inmates. In the period since the prison was originally established, there has been no increase in resource to the Mental Health In-Reach team. This sets the background for the challenge of Secondary Mental Health Services in offering a robust service to HMP Parc and HMP Swansea that the MHIT have been attempting to manage from the current funded resource. Given the significant existing financial pressures that local authorities continue to face we believe that it would be an opportune time to examine the funding levels that have been identified to meet these new responsibilities and whether they are adequate or not in order to meet prisoners social care needs, especially given the need to invest in additional areas in order to support and improve service provision.

38. Due to the challenging working environment, the recruitment and retention of qualified registered social workers and occupational therapists to be part of a prison-based workforce is difficult. Historically, social work and occupational therapy in prisons have not been established career choices for those professions and it has proved considerably challenging to find staff motivated to work in these settings. Having recruited, the vetting procedures are protracted and keeping appointed staff motivated through that process has also proved challenging.

39. The design and nature of our current prison estate provides an extremely challenging environment within which to deliver care. For men needing hospital beds, hoisting equipment, specialist chairs etc., the challenges are considerable. Whilst the men might not need an acute bed in a hospital ward, the alternative is an ordinary prison cell on a wing with the equipment in situ; this can prove to be a very restricted space in which to deliver care. Therefore, given the ageing prisoner demographic and the growing demand to have palliative care units on site, it's going to be increasingly important to get the future design of our secure spaces right, so they are suitably fit for purpose.

40. The complex nature of prisoner health is also proving challenging, particularly when it comes to assessment for Continuing Health Care (CHC) because there are no clear protocols as to how this can be delivered within the Secure Estate. For example, Bridgend Council staff have recently supported the Healthcare team in HMP Parc to explore the eligibility for NHS Continuing Health Care in the prison with the University Health Board. Currently, there are no clear guidelines of who is responsible for carrying out Nursing Assessments for prisoners who appear to meet the eligibility for NHS CHC; and this is especially relevant if the prisoner is at

the end of life and wants or has to remain in HMP Parc until death. It would be helpful therefore, if this area of guidance could be urgently reviewed.

41. With the ageing prisoner demographic, comes the rising cost of assessing, delivering and managing care on the Secure Estate. The cost of providing assessment and managed care and support within the prison will be considerably higher than the cost of providing equivalent care in the wider community; the impact is therefore disproportionately higher on authorities supporting prisons in their localities than authorities that just receive prisoners back into their populations on release. WLGA and ADSS Cymru believe that the resources for health and social care within the Secure Estate in Wales should be aligned to the providing local authorities and health boards to ensure they are not unintentionally adversely affected by the location and population of prisoners in the secure estate in their communities.

Betsi Cadwaladr University Health Board response to the Health, Social Care and Sport Committee inquiry into the provision of Health and Social Care in the adult prison estate

Introduction

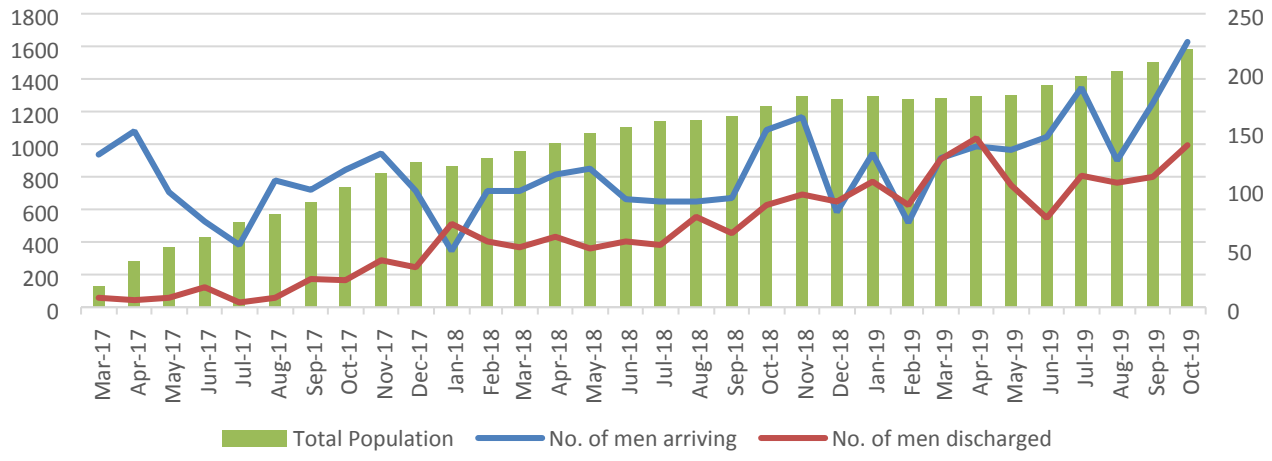
Betsi Cadwaladr University Health Board (BCUHB) welcomes the opportunity to contribute to the Health, Social Care and Sport Committee's inquiry into the provision of Health and Social Care in prisons in Wales. This paper provides the Health Board's written response to the areas highlighted by the Committee as part of their inquiry.

Overview of HMP Berwyn

HMP Berwyn is a Category C training and resettlement prison located on the outskirts of Wrexham, North Wales. HMP Berwyn opened in February 2017 and is the only prison provision in North Wales. The Health and Wellbeing services are provided directly by BCUHB and Adult Social Care provision is provided by Wrexham County Borough Council (WCBC).

HMP Berwyn will become a remand facility from 2nd December 2019 serving the North Wales courts. The remand provision is for approximately 100 men who have previously been remanded in the North West prisons, primarily HMP Altcourse in Liverpool.

The planned full occupancy of 2,106 has not been reached to date, current capacity at month end October 2019 was 1,584. However, the prison is planning to reach capacity in early 2020. Due to the nature of the ramp up there are a high number of men arriving at HMP Berwyn which creates an average of 154 receptions per month.



The age profile of the current population has been consistent since the prison opened with the majority of men within the 30-49 age range. The following provides a breakdown of the current population in terms of age demographics; there are 2 men over the age of 80 within HMP Berwyn at present.

BCUHB provides an extensive range of services on site to men within HMP Berwyn. These include:

GP	In and out of hours provision
Primary Care	Service includes nurses, health care support workers and phlebotomist
Mental Health & Learning Disabilities	Service includes psychiatrist, nurses, health care support workers, clinical psychologists, psychology assistants and practitioners
Integrated Substance Misuse	Service includes both clinical and psychosocial with nurses, health care support workers, psychosocial practitioners, community practitioners and programme facilitators
Therapies	Service includes full time physiotherapists, speech and language therapists, occupational therapists, radiographer and sessional dietician, audiologist and podiatrist. There is a contracted Optometry service which provides 2 sessions per week
Dental	Service includes dentist, dental hygienist, nurses and support worker
Pharmacy	Full pharmacy service including pharmacists, pharmacy technicians and pharmacy assistants
Additional sessional	Sexual health service visit for 2 sessions per week

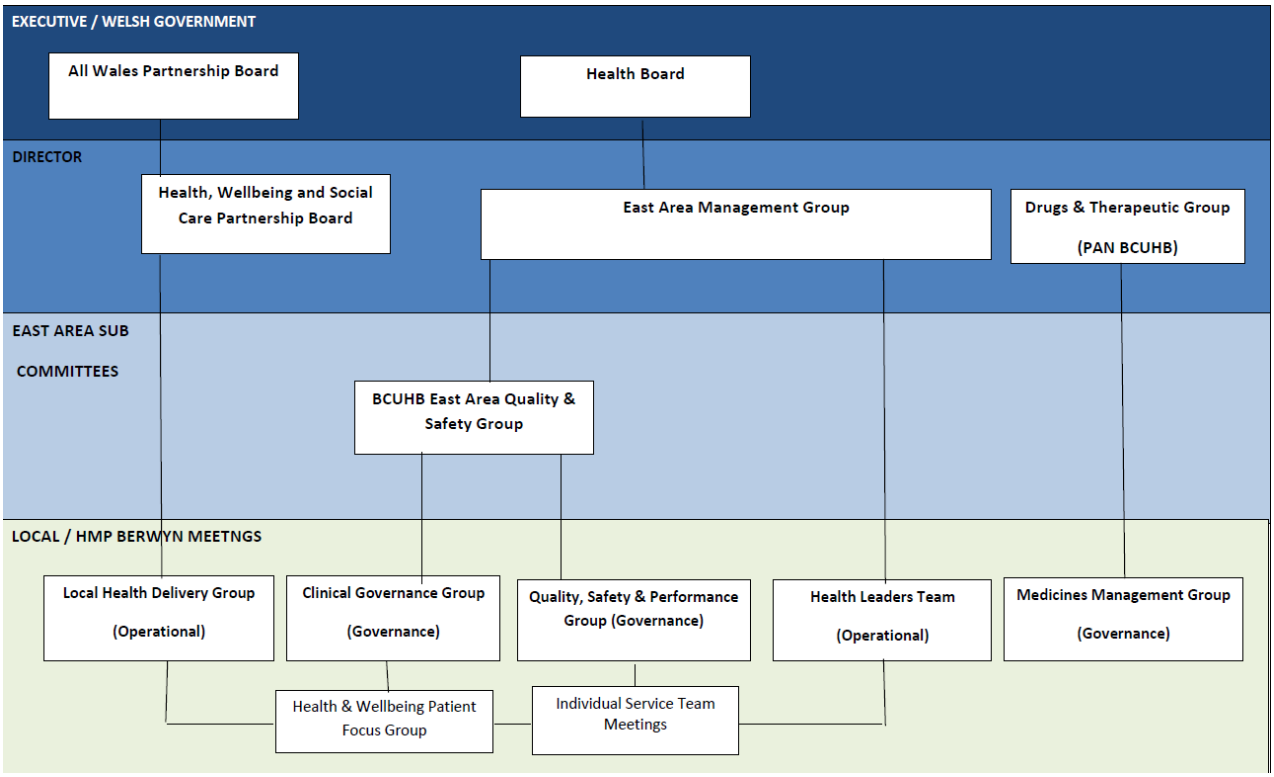
There are approximately 135 FTE BCUHB staff within the Health and Wellbeing Service at HMP Berwyn representing a range of grades and professions, as detailed above. However, all posts are not filled at present due to a number of vacancies.

Section 1: The effectiveness of current arrangements for the planning of health services for prisoners held in Wales and the governance of prison health and care services, including whether there is sufficient oversight.

A prospective Health and Social Care Needs Assessment was undertaken by Public Health Wales in May 2015 ahead of HMP Berwyn opening in February 2017. This was used by BCUHB to develop the service specification and delivery model of the Health and Wellbeing Services.

A full Health and Social Care Needs Assessment was conducted by Tamlyn Cairns Partnership in March 2019 commissioned by BCUHB to better understand the needs of the men at HMP Berwyn, two years since opening. The service specification is being reviewed in light of the recent Health and Social Needs Assessment to ensure that service provision meets the needs of the current and predicted population.

HMP Berwyn received its first Her Majesty's Inspectorate of Prisons (HMIP) Inspection in March 2019 which reported that 'the health provision was integrated and well led, and its quality and governance were very good overall'. The following shows the governance arrangements in place for the Health and Wellbeing Services within HMP Berwyn which provides good oversight by BCUHB.



The Health, Wellbeing and Social Care Partnership Board meets on a quarterly basis and is attended by all key partners including BCUHB, Her Majesty's Prison Probation Service (HMPPS), Public Health Wales, Wrexham County Borough Council, Welsh Ambulance Service Trust and Welsh Government. The meeting is jointly chaired by the Prison Governor and the BCUHB Area Nurse Director.

Working relationships between key partners are robust and BCUHB and HMPPS work effectively to resolve day to day operational issues to ensure Health and Wellbeing services are delivered to the men at HMP Berwyn.

A monthly comprehensive Quality, Safety and Performance Report is completed in relation to the Health and Wellbeing Service at HMP Berwyn. This is discussed within the monthly Quality, Safety and Performance Group and shared with the HMP Berwyn HMPPS Senior Management Team and BCUHB Senior Managers with an aim of providing an update on the delivery of health and well being services at HMP Berwyn, identifying current performance, and highlighting any areas for improvement alongside any area of good practice.

Robust action planning is in place to inform service improvements following inspections, death in custody's and serious incidents with reviews built into the governance arrangements.

The Health and Wellbeing Service review risks throughout the governance processes detailed and manage risks in line with the BCUHB risk management process.

Section 2: The demand for health and social care services in Welsh prisons, and whether healthcare services are meeting the needs of prisoners and tackling the health inequalities of people detained in Welsh prisons.

All men who arrive at HMP Berwyn receive a comprehensive, robust health screening which includes physical and mental health, alongside substance misuse history. All men within HMP Berwyn have been received from another prison but this is due to change with the introduction of remand men from December 2019.

Access to services is good, with men able to obtain an urgent appointment with the GP the same day and an effective out of hour's service in place from the same provider which provides consistency. The therapies service consistently meets the Welsh Government Referral to Treatment Times (RTT) target of 14 weeks. The Dental team is currently the only service experiencing high demand and long waiting times due to the service not being in place when the prison opened due to issues with the build. This is resulted in extensive waiting times for a routine appointment, all parties are cited and working in partnership to resolve, the longest waiting time at end of October 2019 is 35 weeks since request for appointment.

The Mental Health and Learning Disabilities team utilise the Mental Health Measure and are monitored against their adherence to Welsh Government targets under Part 1 with all referrals received during October being assessed within the 28 day target. Compliance of men under Part 2 receiving care and treatment plans is not in line with targets due to significant vacancies within the Mental Health and Learning Disabilities team.

There is a current demand for therapeutic groups which are unable to be delivered at present due to vacancies for clinical psychologists. The recent Health Needs Assessment also identified access to counselling services as a need within HMP Berwyn.

All men within HMP Berwyn have access to national screening programmes in line with guidelines.

The delivery model and range of services provided within HMP Berwyn support men accessing health and wellbeing services in line with community equivalence as there is a reduction in the reliance on HMPPS to support escorting officers to external appointments.

There is an effective Peer Engagement Service in place within HMP Berwyn, supported by a Service User Engagement Officer, which is made up of four trained Peer Mentors. Their role involves conducting the Health and Wellbeing induction for all men arriving at HMP Berwyn, carrying out welfare checks on all men during their induction period and being able to answer any queries or resolve any concerns in relation to Health and Wellbeing services. This is either in person whilst on communities or via the Health and Wellbeing Helpline which is manned from 7.45am-3.30pm Monday to Friday by Peer Mentors. This service has been

in place for one year and has been a well used resource by the men in HMP Berwyn with over 5,000 contacts made.

Section 3: What the current pressures on health and social care provision are in Welsh prisons, including workforce issues and services, such as mental health, substance misuse, learning disabilities, primary care out of hours, and issues relating to secondary, hospital – based care for inmates

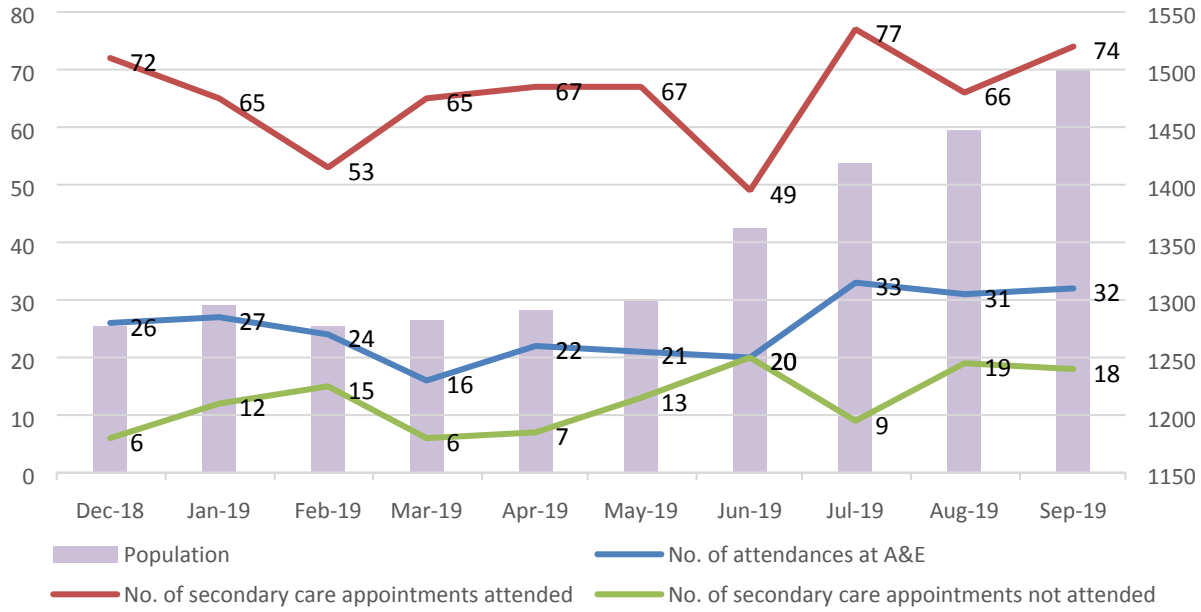
Health and Wellbeing services within a prison are highly complex. Services within HMP Berwyn are 24/7 and although there are a range of services on offer, planned clinics are required to be cancelled due to staff responding to emergencies or alternative pressures from 'core duties' such as medication administration.

In line with all services within BCUHB, and nationally, recruitment and retention of registered nurses is an issue which has impacted on the provision of services at HMP Berwyn. HMP Berwyn have reviewed their staffing structure with a view to recruiting allied health professionals (AHP's) and pharmacy technicians to compliment the nursing roles and ensure that the health and wellbeing services are delivered to the men, this has included utilising occupational therapists within the mental health and learning disability team and pharmacy technicians to support long term condition reviews.

Training and development opportunities have been plentiful for staff employed within HMP Berwyn which has aided retention to date, however as the service has been in place for 3 years with many staff in place since the opening of the prison, retention is now a challenge, particularly within the Mental Health and Learning Disability team.

Men accessing health and wellbeing services within a prison environment has added complexity due to the reliance on HMPPS to facilitate their attendance; this does impact on the number of men not attending their appointments. Within HMP Berwyn, the Peer Mentors are utilised to ascertain whether non attendance was due to prison operational issues or men choosing to not attend their appointments. Did not attend (DNA) rates are reviewed monthly within the Quality, Safety and Performance report and discussed at monthly partnership meetings with HMPPS colleagues.

Access to external secondary care services is good, although reliant on the prison operational team to facilitate access, either planned or unplanned. There are four planned appointments allocated escorting prison staff per day with emergency attendance in addition. Good working relationships have been formed to support additional emergency attendance when required, however there are instances where men do not attend their appointments due to prison operational issues. All non-attendances at planned hospital appointments are reported within the monthly Quality, Safety and Performance reports and to the monthly Local Health Delivery Group partnership meeting and quarterly Partnership Board.



Discussions are ongoing with the Emergency Department at the local acute hospital for key staff to access SystmOne, which is the prison clinical system and patient record. This development will support continuity of care and improved discharge information.

There are good working relationships with the BCUHB Palliative Care service and a secondment is being progressed in partnership for a specialist palliative care nurse to join the HMP Berwyn Health and Wellbeing team to lead on the implementation of the Dying Well in Custody Charter.

The physiotherapy service within HMP Berwyn have strong links with the community and acute BCUHB teams to avoid external appointments were possible, this includes triaging all orthopaedic referrals in house and working with the cardiac rehabilitation service to oversee all men following an assessment, reviewing and monitoring to avoid routine follow up appointments off site.

There are robust arrangements in place at HMP Berwyn in relation to release planning with all men released from HMP Berwyn receiving contact from a discharge co-ordinator 12 weeks in advance of planned release, organisation of referrals where relevant resulting in a personalised discharge summary and health promotion advice on day of release along with any required medication. There are challenges in relation to release and transfer, in that accurate and timely information is required from the prison to ensure that this process is completed.

Section 4: How well prisons in Wales are meeting the complex health and social needs of a growing population of older people in prison, and what potential improvements could be made to current services

There are low numbers of older men at HMP Berwyn as detailed in the introduction.

Facilities within the prison environment as not conducive to caring for men with complex health and social care needs. There are a limited number of rooms which are classed as low mobility at HMP Berwyn, however following an assessment by the Occupational Therapist there are a number of changes required to ensure the room meets the needs of older men with complex needs. The inadequate facilities are included on the health and wellbeing risk register.

The lead physiotherapist within HMP Berwyn has developed a falls pathway based on the model in place within the community, to ensure that any men at risk of falls are identified and supported appropriately. The physiotherapy team work in partnership with the prison gym staff to support older men with walking groups and increased mobility exercises.

Adult Social Care services are provided by Wrexham County Borough Council and there is a process in place for BCUHB Health and Wellbeing staff to complete referrals for an adult social care assessment.

As detailed in section 2, any men that attend the BCUHB Cardiac Rehabilitation Service for assessment, are then monitored and reviewed by the in house physiotherapy team to avoid multiple follow up appointment externally.

Dementia friends training is available to all staff as two members of staff have completed the train the trainer course to facilitate delivery in house.

There are two audiology sessions provided on site per week, this supports men who require appointments in relation to hearing aids. There is an established process in place for hearing aid battery replacements which does not require an audiology input so is available at all times.

Section 5: If there are sufficient resources available to fund and deliver care in the Welsh prison estate, specifically whether the baseline budget for prisoner healthcare across Local Health Board need to be reviewed

All associated costs are fully funded by HMPS on a monthly basis as outlined in a Memorandum of Understanding (MOU). This agreement has been in place since the prison became operational. As part of the MOU, quarterly reviews are carried out in relation to funding to ensure all costs are captured and invoiced accordingly. As a result the allocated budget is under constant review. The MOU outlines a financial envelope of £9.5M for costs associated with healthcare at HMP Berwyn.

Section 6: What the current barriers are to improving the prison healthcare system and the health outcomes of the prison population in Wales

Sufficient space for delivery of the Health and Wellbeing service is a barrier to improving provision at HMP Berwyn, there is currently a shortfall of office accommodation, clinic space and group rooms. Increased accommodation would enable the Health and wellbeing service to deliver a wider range of services to the men at HMP Berwyn.

Recruitment and retention of staff, particularly registered nurses as documented above is a significant barrier to improvement of services at present.

The delivery of health and wellbeing services within a prison setting are reliant on HMPPS colleagues, resulting in health and wellbeing services being impacted by issues beyond BCUHB's control such as by prison staff shortages and regime issues such as lock downs and restricted movement.

Continuity of care is a challenge within HMP Berwyn but is echoed across the prison estate due to the unpredictable movement of men between establishments. This affects a number of men who have engaged with services for treatment which may not continue if the receiving prison cannot provide the same offer.

The Health Needs Assessment which was completed in March of this year has identified areas where provision could be developed further and is available on request.

Enquiry into the provision of health and social care in the adult prison estate

Response from Cwm Taf Morgannwg University Health Board (CTMUHB)

Dear Committee,

Firstly, sincere apologies for the significant delay in responding to the inquiry and a thank you for allowing the Health Board to provide an outline submission.

BACKGROUND

As you will be aware Cwm Taf Morgannwg University Health Board (CTMUHB) came into existence on 1st April 2019 as a direct result of a boundary change which saw the healthcare responsibilities for the population of Bridgend County Borough Council (BCBC) come under the auspices of CTMUHB, having been previously provided by the former AMBUHB.

This boundary change saw the former Cwm Taf University Health Board change quite considerable in size and sphere of responsibility. The new organisation CTMUHB covers three local authority areas namely Merthyr CBC, RCT and BCBC and equates to a population of some 450,000 plus.

The former CTUHB did not have a prison within its geography and as such would not have been placed to respond to the inquiry. The new organisation now has HMP Parc within its geography and as such now has some responsibilities for healthcare within the prison.

However, the direct provision of many of the services are by other organisations. As you are probably aware G4S healthcare provides primary care services to the prison including dental care, Swansea Bay UHB provides Mental Health Services (under an SLA) with CTMUHB and services such as sexual health are in fact commissioned from an alternate provider. CTMUHB does however provide secondary care level services, some of which visit the prison.

GOVERNANCE AND OVERSIGHT

As part of the boundary change transition programme, documentation was provided outlining the work of the partnership board, its remit and membership and the actions that were being tracked.

A number of initial meetings with services that had and interest with HMP Parc took place and a variety of staff from primary care, CAMHS, Mental Health and recently Public Health have visited and interacted with the prison and its healthcare arrangements.

However a formal partnership board has not be convened due to a number of other pressing issues to which the HB as needed to attend. This is in the process of being rectified and a first meeting of the HMP Parc Partnership Board will take place before the Christmas break.

A key issue for the first meeting will be to establish service levels, service relationships, the outcomes of the health needs assessments (HNA) and the desired modus operandi moving forward. This may be more complex than in other parts of the prison estate due to the variety of service providers and the associated funding sources.

Until CTMUHB is fully sighted on this it is difficult to say whether the governance and oversight arrangements are efficient and effective. They do, however, based upon documentation have the apparent ability to be so as long as funding partners can be aligned with service goals and outcomes.

SERVICE DELIVERY: Demands and Future Delivery

Primary Care

These services including dental services are provided by G4S healthcare through a contract with the Ministry of Justice. CTMUHB primary care staff have visited HMP Parc to gain knowledge of the service delivery and its potential gaps in comparison to such services delivered in the community. It is of note that the scale and potential capacity of the primary care service may well not have kept pace with increasing prisoner volumes, demand and complexity, especially in older prisoners.

Mental Health services

Mental health services are provided by an In-Reach team. There are some concerns that this team seem to do not ordinarily see anyone with dementia, severe personality disorders or ADHD. This is clearly an area where there is growing demand and will need to be addressed either through the SLA or through direct provision of such by CTMUHB in conjunction with G4S. There are some cases of inmates with quite significant dementia who were not being reviewed with limited access to dementia medication.
The delivery of care to end-stage dementia patients which were difficult to manage in a prison setting is a key issue and the general view is that these will be more appropriate for older age psychiatric services as well as the specialist dementia teams that have been established across CTM in the community.

Sexual Health services

These are privately commissioned to a sexual health consultant on a private basis who provides care to HIV positive inmates at the prison bimonthly. This private arrangement has limitations, e.g. handing over care when patients are discharge. This is an issue that needs addressing through the partnership board and will feature as part of the HNA.

BBV services

Whilst under ABMU a BBV nurse visited the prison and helped them manage their Hep B and C patients. This service is fragile and will need to be developed under the auspices of the CTMUHB team.

Substance Misuse Services
At this point the HB has little knowledge of such services. Interaction with the new APB covering the area is due to take place over the next month.

CONCLUSIONS

1. CTMUHB has only very recently assumed a responsibility and oversight role for delivery of any form of prisoner healthcare.

2. Whilst there was hand over from the former ABMUHB the Partnership Board didn't not become reconstructed and this is an urgent action for this calendar year

3. CTMUHB is cognisant of the service inputs to HMP Parc very few of which are direct provision. The complexity of the healthcare arrangements, potential for handoff and gap is considerable and needs to be addressed.

4. CTMUHB along with the HMP Parc Management Team will need in this year to review the nature of the service delivery and assess whether this is providing both quality care and value.

5. The knowledge of CTMUHB in regard to prisoner healthcare is still relatively new, however the conclusion of the responses made by other HBNs and notable Cardiff and the Vale and Swansea Bay would seem to mirror the initial assessments by key clinical personnel in CTMUHB

ALAN LAWRIE

EXECUTIVE DIRECTOR OF PRIMARY COMMUNITY AND MENTAL HEALTH SERVICE

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

Agenda Item 4

Health, Social Care and Sports Committee Inquiry into the Provision of Health and Social Care in the Adult Prison Estate

Aneurin Bevan University Health Board Response

The Health, Social Care and Sport Committee has agreed to undertake an inquiry into the provision of health and social care in the adult prison estate. The response below provides information with regard to the scope of the inquiry from the position of Aneurin Bevan University Health Board and its partners.

The terms of reference for the inquiry are:

Question	Response
Question 1 **The effectiveness of current arrangements for the planning of health services for prisoners held in Wales and the governance of prison health and care services, including whether there is sufficient oversight.**	
Prison Health and Social Care Needs Assessment A Health and Social Care Needs assessment was undertaken by the Public Health Team in 2017/18 at HMP Usk and Prescoed. This has been used to prioritorise health and social care planning. In HMP Usk and HMP Prescoed there are very effective arrangements in place for planning and overseeing of the health services for prisoners. **Access to Healthcare** The Prison Healthcare Department is open between the hours of 8am and 4.30 pm Monday to Friday (excluding Bank Holidays). Access to healthcare outside of these hours is provided by the GP Out of Hours Service. The core **Nursing Healthcare Team** consists of: • 1 senior nurse • 4 prison healthcare nurses • 2 Healthcare Support Workers • 0.8 WTE Forensic Community Psychiatric Nurse • 1 Pharmacy Technician • 1 Administrator Based on prisoner need, nursing staff have undergone additional training to meet the changing physical health needs of the prison population. These include training in Blood Bourne Virus screening, long term conditions, dementia, spirometry, diabetic foot checks/foot care, skills for nutrition, Advance Care Planning etc. **Mental Health Services** There is 0.8 WTE Forensic Psychiatric Nurse who covers both sites. There are 2 dedicated Mental Health sessions at HMP Prescoed prison and 6 sessions in	

HMP Usk. There are robust referral processes to specialist secondary care mental health services and the consultant psychiatrist from these services in-reaches into the prison as clinically required. Mental Health representation is embedded onto the Prison Partnership Board.

General Practitioner Services
General Medical Services are provided through contracted GP sessions. There are 3 weekly sessions at HMP Usk and 2 weekly sessions at HMP Prescoed. The sessions are between 08.00 hours and 12.00 hours. GPs are available for telephone consultation up until 18.30 each day Monday to Friday. Outside of GP contracted hours, prisoners access GPs through the Out of Hours GP Service.

Optometry Services
Optometrists provide 4 sessions per month which consists of a whole day on each site.

Dental Services
The dentists provides 3 dedicated sessions per week. 2 sessions are at HMP Usk and 1 session at Prescoed.

Physiotherapy Services
In-reach physiotherapy services have been secured at HMP Usk. There are 2 sessions per month. This has significantly reduced the need for visits to secondary care services.

Pharmacist Reviews
A pharmacy technician is employed full time and covers both prison sites. A dedicated pharmacist who is also an independent prescriber provides sessions for complex medication reviews.

Other In Reach Services
These include:

- 3 monthly AAA screening
- 3 monthly podiatry
- Annual Diabetic Retinopathy
- Complex Respiratory Reviews by the Respiratory Clinical Nurse Specialist as required
- Complex Diabetic Reviews by the Diabetes Clinical Nurse Specialist as required
- Palliative Care as required
- District Nursing as required
- Occupational Therapy as required
- Sexual Health Services

Hospital Appointments
There are 2 allocated hospital appointment slots per day (excluding Friday afternoon) equating to an average of 9 per week. However, this is often

more likely to be 3 hospital escorts per day. Healthcare work very closely with the prison staff to ensure all hospital Out Patient slots are arranged.

Social Services
With the duty under the Social Services and Well Being Act to provide social services to prisoners, the effectiveness of current arrangements for the planning of social care is sufficient. However, it continues to require some flexibility on the part of the local Monmouth Integrated Team and wider Social Services, in order to respond to a changing profile of prisoners. For example, the anticipated ageing of the population in HMP Usk and Prescoed identifies the need to assess the suitability of the environments, as well as individual care and support needs and the offer of meaningful activities for a changing population.

To promote the existing strengths of the community to offer some support (prisoner-to prisoner) we have also seen a significant benefit in the development of a cohort of trained and supervised "Buddies".

Governance and Oversight
There is a Prison Health and Social Care Partnership Board which oversee the delivery of the Health Needs Assessment and relevant Inspection recommendations. A partnership action plan, governed and overseen by the Partnership Board has been reviewed to incorporate the Health and Social Care Needs Assessment (HSCNA) recommendations for both Prison Sites. The recommendations of the HSCNA have been used in planning health services for prisoners, specifically in regards to in reach and end of life care services. Recent inspections by HM Inspector of Prisons and Public Health suggest that there has been positive outcomes emanating from that productive collaboration, with further developments planned.

The Prison Partnership Board is co-chaired by the Prison Governor and Health Board's Divisional Director of Primary and Community Care and consists of representation from Aneurin Bevan University Health Board, Prison Officers, Health Care, Primary Care, Mental Health, Social Services, Policy Leads, Public Health Wales and Independent Monitoring Board (IMB) representation.

Prison healthcare is included in the Integrated Medium Term Plan (IMTP) to prisoners within the prison establishment as far as possible. All prisoners have access to secondary care services and Out Patient Departments as required.

There is an established Prison Delivery Group that oversees the operational delivery of health and social care. This group provides assurance and escalates concerns to the Prison Partnership Board.
Quality and patient safety concerns are subject to internal escalation processes to ensure timely responses to emerging concerns and DATIX Reporting.

There is an established Medicines Management Group that oversees prescribing and associated policy changes e.g. changes to Gabapentin schedule.

Additionally the nursing staff are now attendees at the prison meetings including Safer Custody, Reducing Reoffending and Resettlement meetings.

Reports and presentations on prison healthcare have been made over recent years to the Health Board's Quality and Patient Safety Committee and its Public Partnerships and Well Being Committee.

Question 2
The demand for health and social care services in Welsh prisons, and whether healthcare services are meeting the needs of prisoners and tackling the health inequalities of people detained in Welsh prisons.

In 2017/18 a Health and Social Care Needs assessment was undertaken at HMP Usk and HMP Prescoed. This Health Needs Assessment and associated action plan are available on request.

The qualitative and quantitative research undertaken in the needs assessment process indicated that at the time of research the demand and need for Healthcare, Social Care and Substance Misuse Services were generally being met. However, it was also noted that the demand for dentistry and optometry services at the time of the study were not being fully met. This issue has since been addressed through additional sessions and access has significantly improved.

The demand for social care has been limited in the last three years, but has benefitted over the past 12 months from the preventative work being undertaken, such as the provision of training in activities and techniques deliberately offered to enhance well-being e.g. Mindfulness, yoga, supervised individual fitness programmes, social group activities, etc. The feedback from prisoners and consultation/questionnaires also seek to engage service-users in future planning.

The 'joined-up' approach of partner agencies in the provision of collective services was especially notable during the support of two palliative prisoners who required palliative care in recent years.

There are no current restrictions in regard to the provision of health and social care at HMP Usk and Prescoed. However we believe that there is a need to afford prisoners more interactive sessions through specific patient education groups, health and wellbeing/health promotion days etc.
The prison population are ageing and the prison environment is not conducive in totality to the care of older people. However, adaptations are being/have been made and there is now for example, a designated older persons cell and stair lift.

Question 3
What the current pressures on health and social care provision are in Welsh prisons, including workforce issues and services, such as mental health, substance misuse, learning disabilities, primary care out of hours, and issues relating to secondary, hospital-based care for inmates.

As in question 1, current healthcare needs are being met either from existing services, in reach services or hospital based care. However, there is an expanding and increasing prevalence of the ageing population in HMP Usk. This will lead to the need for an increasing amount of services regarding Dementia and Cognitive Decline, Chronic Disease Management, Physical Disability, Pain Management, End of Life Care Provision and Palliative Care.

Previously hospital-based physiotherapy clinics are now being provided through regular in-reach from the Monmouth Integrated Team and this has proven an effective change of approach, as well as an improved experience for the patient and may offer a template for the consideration of other services.

There is an impact on prison officer escorts should prisoners need access to Out of Hours services. However, there is currently limited demand on Out of Hours services.

Although the core prison healthcare service is appropriately staffed, this has required the Health Board to allocate £20,000 p.a. additional to the core funding to secure appropriate nurse staffing levels. Prison nursing is not perceived as a 'job for life' and the average time nurses remain in prison nursing is around 3 years. Additionally, there is an aging workforce within prison nursing. With a 'flat' structure, career development can be limited, one of the reasons cited for nurses leaving the service. Local workforce planning is being undertaken to ensure that a) a team leader is available to deputise for the senior nurse allowing the senior nurse to be more involved in national strategic work and b) afford career progression opportunities.

The nursing team has needed to undergo significant training to meet the changing health needs of prisoners being transferred to HMP Usk and Prescoed notably dementia training, management of chronic conditions/co-morbidities and end of life care.

There is probably a need to focus more on prison nursing as a rewarding career. One way to do this would be to have a focussed recruitment campaign and ensure there is a Welsh competency framework for prison nurses and Health Care Support Workers. Both HMP Usk and Prescoed have recently secured student placements that will hopefully enable students to consider prison healthcare as an attractive career option.

Question 4
How well prisons in Wales are meeting the complex health and social needs of a growing population of older people in prison, and what potential improvements could be made to current services.

It is suggested that all prisons in Wales need to ensure that their infrastructure, policies and services are age friendly and dementia friendly including adopting primary and secondary falls prevention strategies.

The inclusion of the voluntary sector in the work of the partnership operating in HMP Usk, in particular in the development of an older people centre for activities, is a timely expansion of resources, energy and ideas, which bodes well for the immediate future. It also resonates with the need to develop resettlement functions, which have been adopted locally since April 2019.

More focus needs to be placed on ageing well plans and engaging prisoners with complex conditions in Advance Care Planning, alongside locally agreed palliative care pathways and in reach palliative care services. This is something that we have progressed in HMP Usk and Prescoed.

Question 5
If there are sufficient resources available to fund and deliver care in the Welsh prison estate, specifically whether the baseline budget for prisoner healthcare across Local Health Board needs to be reviewed.

A summary of the baseline Prison budget and additional contributions made by the division can be seen in the below table. This excludes mental health and further dental investment made which is explained in the narrative below.

Prison Budget (excluding MH & Dental)	**2016-17 £,000**	**2017-18 £,000**	**2018/19 £,000**
Core Budget	520	547	550
Nursing Investment	20		
Pay Award/Uplifts	7	3	7
Total	**547**	**550**	**557**

Locally, the Health Board has contributed an additional £20,000 to the ring-fenced prison budget to ensure core nursing staffing and the employment of Health Care Support Workers. Additional monies have been allocated to increase primary care services including dental and optometry.

The dental service commissioned prior to 2017/18 cost approximately £36,000 per annum (2 sessions per week). The dental service commissioned from 2018/19 costs approximately £79,000 per annum and is funded from the dental budget. The additional investment is due to additional sessions (3 sessions per week) being provided to meet the needs of the prison population.

Additional investment was made to reduce the waiting list that was inherited from the previous providers in order to achieve the 6 week target stipulated by the inspection team in 2017/18. An additional £40,000 was invested.

Priorities for the investment would be to provide health promotion training for the residents of both prisons to help enable them to develop resilience, coping strategies and self-care options for physical and mental health issues, where appropriate.

It is also likely that the social care budget will need to be revisited as a result of the recently delegated resettlement functions, which may require the need for additional social work resources.

Question 6
What the current barriers are to improving the prison healthcare system and the health outcomes of the prison population in Wales.

Locally we are considering how to better link prison nursing/healthcare with the wider 'community services' (e.g. District Nurses) to enable additional resources to be deployed 'inside the gate' when the need arises (e.g. the management of palliative patients) and maintain the principle of 'care closer to home'. Although this happens as the need arises, there needs to be further consideration of the total community resource over 24 hours.

Although there are currently no significant barriers, the HSCNA has indicated that services and prisoner outcomes may be improved if:

1) The use of telemedicine/technology enabled care needs to be further explored. This may prevent avoidable outpatient appointments through teleconsultations
2) A standardised IT system where everyone can share the residents wellbeing details to plan and target appropriate interventions needs to be further explored
3) Outcome measures for health care processes at the expenses of collecting process measures e.g. opt out system for BBV screening recording. There is ongoing National discussion around consistent all Wales outcome measures
4) Enhanced communication between prisons, particularly in relation to medication management and handover on transfers
5) The potential to secure mobile X-ray services.
6) There is a variable amount of time for vetting, meaning there could be delays in staff being able to take up employment
7) Patient education and health promotion for prisoners to better 'self-care' to be further considered/developed.

Response to the Health, Social Care and Sport Committee Inquiry into the provision of health and social care in the adult prison estate.

http://senedd.assembly.wales/mgConsultationDisplay.aspx?id=344&RPID=1515455566&cp=yes

HMP Swansea Health Care

Section 1: The effectiveness of current arrangements for the planning of health services for prisoners in Wales and the governance of prison health and care services, including whether there is sufficient oversight.

1. Oversight for local delivery of prison health services is held by each individual Health Board. Welsh Government provides oversight through a Shared Priorities Working Group and through assurance arrangements, such as Health Care Standards and joint HIMP/HIW inspections.

2. Prison health service policies and pathways for issues such as prescribing, screening and substance misuse can vary across the prison sector. This means patients may receive a different service depending on where they are located. Reasons for this may be due to resources or differing care models dependent on health or Local Authority process. There also may be different health needs dependent on the prison population.

3. There is a great deal of movement between prisons, meaning that the variation in policies and pathways can have significant implications for stability of management for those imprisoned.

4. HMP Swansea Partnership Board is Joint chaired by the Prison Governor and Head of Nursing. The principle officer for the local authority attends. The Partnership Board has in recent years moved to a health and social care governance structure to strengthen service improvement.

5. Within Swansea Bay University Health Board (SBUHB), the HMP Swansea healthcare lead completes a quality and safety paper bi monthly. This is reported within the quality and safety meeting and reported back to the health board senior team in primary and community care directorate.

6. There is a Shared Priorities working group chaired by Welsh government and Public Health Wales and attended by representatives of all Welsh prisons. At these meetings reports on developments and national needs are highlighted. Liaison is then undertaken with Her Majesty's prison and probation service to develop needs and work streams. The first work streams have included substance misuse and mental health. There has been discussion at the meeting in relation to health performance indicators and development of an overarching governance structure for prisons that will allow oversight of all partnership boards.

Section 2: The demand for health and social care services in Welsh prisons, and whether healthcare services are meeting the needs of prisoners and tackling the health inequalities of people detained in Welsh prisons

7. The evidence is clear about the increased complex health and social care needs of those residing in prisons, compared to the general community. Within the City of Swansea there are specialist health services for the homeless and those seeking asylum as examples, the prison will link with those services to help with care need. The prison has good links with the city and the services it offers.

8. However, it must be noted that not all the men at HMP Swansea will return to the city. The prison catchment area is a large one covering West Wales, Swansea, Neath and Port Talbot, but the prison will also have men from out of area -Cardiff and Newport as well as outside Wales. The healthcare centre will often be liaising with care services all over the country to try to establish continuity, often in areas where the services are unfamiliar to the referrer.

9. Local health and social care services can struggle to provide those residing in prisons with comparative services to those in the community partly because of restrictions prison life places on patients. This is exacerbated by the practicalities of how services are provided (with an increased emphasis on self referral/opting in, and access via internet, apps and phones which are not available within the prison environment).

10. The prison setting provides an opportunity to address complex health issues and contribute towards reducing inequalities. However, community services also have a key role in supporting the needs of vulnerable individuals before and after prison. Prison (or imprisonment) should not be solely relied upon to address multiple and complex needs which often stem from the community. There have been recent moves to deter sending those with less than 6 months sentence to prisons. This may have a positive effect as often those who are homeless and/or alcohol dependent or who have poor mental health will fall into a short sentence category (public disorder offenses etc). The care needs may be best assessed within the community using court diversion, housing and other wrap-around community care. Access is not always as quick once the person is sent to prison; despite services being available the sense of urgency is often changed with the prison often wrongly being seen as a place of safety.

11. The numbers of men held in prisons in Wales has increased over the last decade. Recent figures on prison overcrowding demonstrate that three Welsh prisons (HMP Swansea, HMP Usk/Prescoed and HMP Cardiff) are within the top twenty prisons in England and Wales in terms of prison population relative to certified normal accommodation[1]. This creates increased demand on prison health services.

12. Referrals to social work support are made through the Common Access Point by telephone. Healthcare prison staff and the patient can also self-refer. Referrals are very few. The Local

[1] https://researchbriefings.files.parliament.uk/documents/SN04334/SN04334.pdf

Authority work closely with the prison and health care team. The access and provision of social care varies across the Welsh prison estate with different models being used in different prisons. Some have staff based within the prison.

Substance Misuse

13. Criminal Justice substance misuse services in prisons and in the community are commissioned by Her Majesty's Prison and Probation Services and the South Wales Police and Crime Commissioner. In Swansea Bay the contract is delivered by the Dyfodol consortium, covering interventions, assessment and also liaison within the prison. (Across Wales there are other service providers, and in West Wales no service specifically providing Criminal Justice Substance misuse clinical care). There are no clinicians associated with the in-prison contract at HMP Swansea and so healthcare services work with Dyfodol to deliver treatments. In Wales there is no Integrated prison Drug Treatment Services for substance misuse.

14. At HMP Swansea a working group established to review Drug Treatment Services for substance misuse looked at HMP Swansea's existing process and services. A revised service model commenced on 29th May 2018 and has been well received by those who have taken up the treatment option. Public Health Wales are evaluating the pilot and so far 289 men have benefited from this early treatment. This "early days opiate pathway" first morning medication is often supported by community drug teams and has led to stability and maintaining prescriptions for a large number of men aiding quicker recovery and improved mental health. It is noted that the significant additional work for prescribing, monitoring, dispensing and supervising has an impact on the nursing team, the establishment itself and on the workload of prescribers.

15. As noted above, within Swansea Neath Port Talbot the consortium Dyfodol provides the community Criminal Justice (CJ) drug services for people on release, as well as providing the psychosocial support within the prison. There is not usually access to the Community drug and alcohol team. Dyfodol supports the prescribing by the Health Care Team well and has been helpful during our pilot of treatment for those being released on medication.

West Wales no longer has a CJ service and the community Drug and Alcohol team provide the prescribing and clinical support for prison leavers in that area, although not set up to do so. This results in less seamless provision in West Wales with limited access to prescribers and very specific prescribing preferences. As a result the pilot has had a greater impact on resources in West Wales and there have been regular meetings with this team to plan care and allow the same opportunities for maintenance of Opiate Substitution prescribing on release that have been experienced by Swansea and Cardiff areas for example.

16. The ongoing monitoring of care for those in treatment has been a whole team approach within healthcare in HMP Swansea. Currently it is difficult to provide regular review by

prescriber/specialist clinician for those on substitute prescribing, as would be recommended[2] and appropriate to ensure safe on-going prescribing.

To improve this position, the Health Board has supported one of the nursing team to complete training as a Non Medical Prescriber. The Health Board is looking to create a senior nursing post within the team to help with the ongoing care, liaison and prescribing needs of those in treatment, and without this risk losing this experienced and valuable member of staff. Ensuring a strong educational framework and career progression for the nursing team is key to support retention.

17. Substances and alcohol dependence are reported as common conditions in new arrivals to HMP Swansea. The whole team are involved in assessment, treatment, medication administration and review. There are often other conditions alongside dependence which can impact as well such as depression, dual diagnosis of Significant Mental Illness, poor liver health from alcohol and other drugs as well as viral hepatitis. There is a need for improved Blood Bourne Virus testing in this high risk population, as well as other chronic disease management. Additional funding to help us continue to develop and do this work well within prison healthcare would be welcome.

18. Dual diagnosis services need further development to allow mental health needs and substance misuse problems to be managed in a seamless and effective manner providing the best support from both substance misuse and mental health services to deliver effective care.

Learning Disability

19.

The best evidence available suggests that around 7% of prisoners would be likely have IQs below 70 (a proxy for Learning Disability) and a further 25% who score between 70-79 (borderline requiring assessment)[3]. This compares to a national adult population rate of about 2% with Learning Disability[2].

We have sought to appoint a learning disability nurse at HMP Swansea. Such a nurse would support further development of systems. This would help us with care planning and nursing craft care for those with a learning disability. Such an appointment would need to be supported by a wider Learning Disabilities team.

Those who are already known to services that have social workers or nurses in the community healthcare services benefit from continuity of care and a visit from the care co coordinator.

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[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf

[3] https://www.choiceforum.org/docs/hmpliverpool.pdf

[2] https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/how-common-learning-disability

20. Assessment for Learning Disability would often be appropriate and the recommended process would be through the mental health in-reach secondary care system and/or local authority and then onto the learning disability team. At Swansea we are looking to review this process to improve the pathway and the unmet need in the service to allow the opportunity of residing in a supported environment for assessment to be used and to link with services on discharge.

Mental Health

21. It is well recognised that levels of mental health disorder including severe and enduring mental illness are much higher in the prison population than outside. However, neither the UK nor Welsh government have definite data on numbers[3].

22. The Prison Mental Health In-Reach Team (MHIRT) is a multi-disciplinary team that provides Specialist Secondary Mental Health services to adult prisoners aged between 18- 65. The In-Reach team provide provision to both HMP Parc and HMP Swansea. The original service model recognised it was unrealistic to expect a comprehensive mental health in-reach service to meet all demands of the 18-65 age group, so it was agreed the MHIT provide assessment/treatment services for inmates with acute, or enduring serious mental Illness, but mainly relating to the mental health needs assessment at that time. The MHIT consists of: Consultant Psychiatrist (0.3wte), Band 6 Registered Nurses (3.0wte), Band 6 Occupational Therapist (1.0wte), Psychologist(0.2wte) and a Team Manager (1.0 wte).

23. The introduction of the Mental Health Measure 2010 placed additional responsibility on the In-Reach team as prisoners who had previously been seen can re-refer under Part 3 of the Measure. In addition the In-Reach team also provides care coordination to prisoners under secondary care which requires care and treatment planning and also planning for those prisoners already subject to 117 aftercare. In order to do this effectively, there needs to be liaison with other agencies involved in all surrounding resettlement needs.

24. There is very clear evidence that the prison population have a high incidence of mental disorder. Generally the evidence indicates that about 70% have a diagnosable mental disorder, however there are already clear issues relating to the capacity of the In-Reach team and risk management processes for the group of inmates of which they currently provide services for.

25. Traditionally, the prison core healthcare team has been referred to as primary mental healthcare. In HMP Swansea the services are run specially for prisons and there can be limited access to these much needed external services to allow those with mental health issues to have best treatment. The Health Board is exploring how treatment could be provided by the

[3] https://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/inquiries/parliament-2017/mental-health-prisons-17-19/

mental health directorate on a visiting basis or it could be developed to allow the team to expand and take over such intervention.

26. The prison service has a safer custody team with support of the ACCT (Assessment custody care team) document a care map is put in place to support those at risk of suicide and or self-harm. HMP Swansea is currently piloting the new document. There has been liaison with the prison service in reach and the prison healthcare team on how best to deliver the requirements. There is a bigger focus on mental health assessment and incorporation of health plans and interventions into the document. This has a resource implication. Within the community the equivalent would be mental crisis teams would undertake much of this support and assessment.

27. There are other requests that add to the strain on resources for mental health work within the core team. This may include MAPPA public protection requirements and possible reports for MAPPA or probation. This is becoming more frequent as is information for resettlement and housing to help with finding placement for the vulnerable or for those with health needs. Although welcomed in order to provide best care these much needed reports take time and resource.

Section 3: What the current pressures on health and social care provision are in Welsh prisons, including workforce issues and services, such as mental health, substance misuse, learning disabilities, primary care out of hours and issues relating to secondary, hospital based care for inmates

28. The service within a prison is rather different from those elsewhere in health. There is a requirement for 24/7 nursing presence (including responding to emergencies) and for drug rounds like in hospital. But there is also a requirement for long term health care for example with chronic disease management like in primary care (assessment for asthma, COPD, IHD, hypertension etc) and wound management such as is usually provided by Community nurses. Because all of these services are provided by the same team of nurses, some elements which are less urgent can lose out to those which are time sensitive such as drug rounds.

29. Difficulties with retention of nursing staff in prisons in Wales is apparent. Most nurses at Swansea work at Band 5. As the service requires a range of specialities to be covered a nurse will often develop a skill in a key area such as sexual health, mental health, CBT for example. Support (in releasing time for training and in mentoring and allowing time within the prison) is offered to develop the skills. Often after a couple of years the nurse will leave for promotion in a job outside the prison utilising the skills gained. It is positive that nurses usually leave HMP Swansea with more skills than when they arrived. This does mean that training and development is constant and ongoing also it can leave a gap if a person with a similar skill set does not apply for the vacant post. In 2018 / 2019 there has seemed to be less mental health

nurses applying for posts and this has left the team more weighted towards general trained nurses.

30. There are also difficulties in the retention of staff within the Mental Health Prison In-Reach Team. This is largely to do with the capacity of the team and the pressures of attempting to meet the service demand. The workforce are often working over and above their contracted hours to ensure they are addressing risk and safety issues, whilst working in a custodial environment where the prison regime is a priority. Staff retention can be an issue for health care provision in prison estate.

31. Supporting career progression for nurses and doctors working in custodial environments will help with retention. At Swansea most staff will leave to progress in experience of alternative area or for promotion. We have developed a post to be evaluated as a nurse prescriber for substance misuse within the prison. This area of work is vast due to substance misuse need. There are other health conditions where by external clinic could be set for visiting practitioners. For care of chronic conditions asthma epilepsy diabetes and some primary care clinics.

32. There are no healthcare assistants at HMP Swansea in order to provide the service additional resource would be needed as all staff available are needed to run the full range of duties needed to deliver care. This role has been discussed in relation to social care and self-care need. The role of the care assistant would help the local authority and healthcare in delivering personal care for example, Swansea does not have much need for personal care but this is often to its disadvantage as when the need does arise there can be difficulty in asserting who is best placed to deliver the care. In some other prisons some of the tasks which are done by nurses in Swansea are completed by other types of staff – for example pharmacy technicians in some prisons are used to administer medication freeing up time for nurses to complete other duties. If this were to be modelled at Swansea extra resources would be needed as the pharmacy team is small. Paramedics are being employed at some prisons and health settings consideration to this roll should be given at Swansea.

33. Nurses often work in high-pressured busy days being expected to administer 3 medication rounds daily and often delivering vaccinations or triage clinics in between as well as providing emergency response. This can leave little time for supervision and reflection, vital aspects of nursing that need to be developed at HMP Swansea. The nurse workforce at Swansea has been the primary provider as the team is small and so the nurse is probably more able to complete all care needs however expansion and addition to the team could help with retention and take away some of the pressure if other disciplines were added to the existing team.

34. The pharmacy team within HMP Swansea has benefited from a long-term and experienced senior pharmacist at the top but rather a high turnover of more junior team members. This impacts on the ability of the senior pharmacist to use all her skills and training to assess and prescribe and this is a loss to the service. Work needs to be done to support retention of pharmacy staff.

35. Access to external secondary care services for men in prison is reliant on the prison's ability to provide staff to escort to appointments. At Swansea, we are allowed two appointments in one day. If an emergency presents on the day, core prison staff are expected to arrange this on top. If staff levels are low there are suggestions to look to cancel the routine appointment to allow the emergency to go. This can delay care and causes missed appointments in hospitals where consultant time and appointments are already stretched and involve long waits, causing additional costs to the NHS. This results in a delay to the patients care, a DNA for the secondary care service and an administrative resource to rearrange.

36. Where possible, many secondary care services will provide services within the prison to prevent the need for escorts, for instance consultant for sexual health services, the nurse specialist for Hepatitis C treatment, visiting psychiatrist clinics, visiting optician, and dentist all attend the prison for regular clinics. At Swansea we hope to attract physiotherapists to attend, podiatrists and specialists for pain clinics.

37. The medical provision for HMP Swansea has been reviewed and a contract placed out to tender in 2018.

Section 4: How well prisons in Wales are meeting the complex health and social care needs of a growing population of older people in prison, and what potential improvements could be made to current services

38. As highlighted, HMP Swansea has to develop the responsibilities and could improve its' service in relation to personal care. There are few older people at Swansea despite the prison population getting older. HMP Swansea is a local remand centre. However when older people are in prison it must be noted that they may need help with social care the environment is also a tricky one as it's an old Victorian prison making location an issue to ensure best safety. Local authority help with environment checks and providing OT assessments for equipment needed to enable those older persons.

39. In relation to dementia and assessment of early stages, this can be complex. If the person is already known to older person's services, the social worker or CPN will visit and liaise for care need. In order to refer new people, this can be a different matter as the secondary care mental health in reach team does not work with older persons. However the older person's mental health team again would usually expect a referral for assessment by the mental health in-reach team or social worker. There is a visiting psychiatrist who helps with mental health primary care need who often helps us with this process.

40. Help with self-care needs to be developed. A review should take place to establish if provision could be made by local authority or if this should be built into the existing team providing additional health support workers.

41. Both social care and mental health services in reach and community older persons services should look at referral pathways to ensure swift access to services are obtained. This would need to be a review of process inclusion criteria and responsibility.

42. The prison has responsibility for environment and will often use its works department to make physical adjustments to cells to fit need.

43. As highlighted above the Secondary Care Mental Health In-Reach team does not contain an element for the provision of specialist older person's mental health services to older persons at HMP Parc or HMP Swansea. The Mental Health In-Reach team do not have the experience, skills or expertise in dealing with older adults with cognitive decline, including dementia type illnesses. There is developing work to meet the health needs of a growing population of older people at both HMP Parc and HMP Swansea.

44. There is no clear pathway for Older Adults Mental Health within HMP Swansea and HMP Parc, with the aging population that HMP Parc hosts referrals are likely to continue to rise, subsequently identifying further unmet needs within this specialist service of Mental Health within the prison estate. There are currently a number of older adults within prisons suffering from chronic, persistent disorders such as Dementia, with some prisoner's progressive conditions deteriorating to a complex state. There are a group of older prisoners who require a full assessment of function and mental health and require Care and Treatment Planning under the Mental Health Measure that the MHIT are not resourced, or funded to deliver.

45. Those aged over 60 are the fastest-growing segment of the prison population, increasing 125% between 2004 and 2014 (2). The Ministry of Justice projects the population in prison aged over 60 to increase from 4,100 in 2015 to 5,500 in 2020. Dementia is a condition often associated with the ageing population. There have been relatively few investigations into deaths in custody which have highlighted issues relating to dementia, but this will be a growing issue as the prison population continues to age. The number of prisoners affected is unknown, although the Mental Health Foundation has estimated it at approximately 5% of prisoners over 55 years old. If this is the case, there are likely to be several hundred prisoners with dementia.

46. The inmate population within HMP Parc is 1600, 64 of whom are 65 and over. Statistics for the general population indicate that 7.1 % of this age group will develop a form of dementia (1). The needs of this population are not being met by the current configuration of prison in reach services. Prevalence among those age 85 and above, for example, is likely to be considerably higher than estimates based on those age 65 and above. In addition, prevalence data are often categorized more broadly or more narrowly than "dementia."

Over 42,000 of people under 65 have dementia in the UK, 5.2% of the total population (3), which would suggest up to a further 75 inmates may have a form of early on set dementia.

47. It is highly likely that the prison regimes mask the onset or early signs of dementia. The ratio of prison officers to prisoners make it very unlikely that they would recognise early symptoms and there are no screening opportunities or primary services for dementia in HMP Parc. This does not fit with the wider community's expectation of early diagnosis and support or that of Welsh Government Dementia Action Plan 2018-22. Prison staff need the

support of psychiatric services to be able to manage needs appropriately and reduce anxiety and emotional distress where possible.

Section 5: If there are sufficient resources available to fund and deliver care in the Welsh prison estate. Specifically whether the baseline budget for prison healthcare across Local Health Boards needs to be reviewed

48. The baseline budget for health services within the prison estate does need to be reviewed. Working through the services and needs of the population and having working knowledge of where we need to improve it is apparent that often these are the areas that need additional resource to achieve the best service for prison health.

Section 6: What the current barriers are to improving the prison healthcare system and the health outcomes of the prison population in Wales

49. Technology can help with some aspects of healthcare. However, there are practical limitations to this – no telephones in consulting rooms; cameras connected to the computers to enable telehealth or skype consultation which are not compatible with the computers currently in use. This will need support from the prison and engagement from secondary care providers, but could be an opportunity to meet care needs whilst in the prison and would be more effective for some external practitioners time to enable them to complete consultations without the need for travel. It is hoped the awaited IT upgrade will resolve this issue.

50. Consulting rooms are not designed to an agreed specification resulting in inadequate size and number, poorly laid out, with restrictive access and without telephone access. The level of equipment is limited. Computers are dated and do not run up to date versions of browsers, limiting access to online resources for clinicians.

51. There is a National Prison IT system, which makes continuity of clinical records easier to maintain.

52. A national structure would provide continuity of services across prisons, learning from different services, and the development of minimum standards of care. This would aid LHBs in understanding what is required in terms of healthcare provision in secure environments.

53. Prison health services are reliant on the support of the custodial services to deliver all aspects of care. Prison staff shortages, overcrowding and prison lock-downs will have repercussions for the provision of care beyond the control of prison health teams.

54. In relation to Secondary Care Mental Health In-Reach, the current barriers are aligned with capacity and the lack of investment and resource that would improve the health outcomes of those patients under our care within the prison estates at both HMP Parc and HMP Swansea.

55. The Secondary Care Mental Health Prison In-Reach Team have sought peer review from the Royal College of Psychiatry, Quality Network for Prison Mental Health, in order to obtain a benchmark of standards to work toward and compare performance and best practice from other secure estates as to date, there are no standards of care locally or nationally. This would be useful to improve practice and patient experience.

Cardiff and Vale University Health Board response to the Health, Social Care and Sport Committee inquiry into the provision of health and social care in the adult prison estate

Introduction

1. Cardiff and Vale University Health Board (CVUHB) welcomes the opportunity to contribute to the Health, Social Care and Sport Committee's inquiry into health care provisions in prisons in Wales. This paper provides the Health Board's written response to the areas highlighted by the Committee as part of their inquiry.

Background

2. HMP Cardiff, is a category B prison serving the courts in the Eastern half of South Wales. The prison is a remand facility with high turnover of prisoners. It has an average of 252 receptions per month and an estimated 3024 annually. The age distribution of the prison population on 1st May 2019 was:

Age Range	Number of Prisoners
18 – 30	295
31 – 40	252
41 – 50	112
51 – 60	38
61 – 70	5

3. CVUHB provides a range of services to men residing at the prison. These include:
    - 24/7 primary health care services comprising nursing and GP staff. The out of hours services at weekends is a contract service through which a GP is either available by phone or in person.
    - Mental health team based on site during weekday daytime hours, comprising a range of nursing, medical and allied health professionals staff.
    - Visiting community dental service.
    - Visiting optician.
    - Sexual health services including patient testing and education sessions.
    - Visiting podiatrist.

4. Approximately 45 WTE CVUHB staff representing a range of grades and professions are permanently based at HMP Cardiff, focusing on physical and mental health needs.

Responses to each of the areas being addressed by the inquiry are as follows:

The effectiveness of current arrangements for the planning of health services for prisoners held in Wales and the governance of prison health and care services, including whether there is sufficient oversight.

5. There is a Partnership Board in place, agreed and established between CVUHB and HMPPS, which meets on a quarterly basis and is supported by a range of operational groups (either health led, prison service led, or jointly managed). Over the last two years our organisations have taken steps forward in developing our relationship and partnership working. Annually agreed objectives are in place, reflecting issues at the health and justice interface. The Partnership Board reports back into each organisation through corporate business routes.

6. CVUHB is confident that the governance arrangements for conducting business are robust. Both organisations work well together to address and resolve day to day operational challenges and the Governors at HMP Cardiff are good patient advocates.

7. Future planning of health services and future proofing of services is challenging. Configuration and classification of prisons as well as daily regime changes are led by the prison service.

8. Whilst there has been good partnership working to respond to the day to day requirements, it is recognised that there is more work to do to on the future planning of health services to ensure they are able to meet the needs of the men at the prison. This includes looking at the models of care and the resources required. CVUHB and HMPPS are jointly committed to progressing this.

The demand for health and social care services in Welsh prisons, and whether healthcare services are meeting the needs of prisoners and tackling the health inequalities of people detained in Welsh prisons.

9. As HMP Cardiff is a remand facility, there is a high proportion of prisoners who have short sentences and therefore being able to meet all their needs during the time they are at the prison can be challenging. There are good working arrangements in place to respond to the day to day requirements, however there are plans to undertake a more detailed assessment of need to inform the planning of services on a longer term basis. This will take into account the way in which services are currently delivered and whether these need to be revised, as well as considering the resource requirements.

10. All of the men received at HMP Cardiff are provided with an initial health screen, which takes place over the first two days from arrival and involves an assessment of all physical and mental health needs. Most of the men arriving at HMP Cardiff have poorer health than the general population but being a remand prison the men are generally young. We see high numbers who are alcohol and drug dependant (including prescription drug), and have mental health needs. We also see high rates of Blood Borne Viruses (BBV), such as Hepatitis C. Chronic diseases such as diabetes and asthma are also common amongst this population. As part of the review of services we will be undertaking this year, we will look in particular at the needs in relation to substance misuse and mental health.

11. The table below illustrates the demand for primary care services:

	January 2019	**February 2019**	**March 2019**
Admissions to HMP Cardiff	324	308	300
Number of referrals to In-reach Mental Health Team	246	161	216
Number of GP Appointments Available *NB this is the number of GP appointments (including urgent appointments) that were available as there is no way currently of counting requests for appointments.*	408	432	372

12. In terms of delivering equivalence, in many areas our delivery of services is equivalent to the services offered in the community. We can, for example, offer a

same day GP appointment for urgent needs and a GP service is available out of hours.

Month 2018	Average days waiting for a routine GP appointment
January	8
February	7
March	9
April	10
May	14
June	12
July	11
August	16
September	16
October	16
November	10
December	14

13. There are other areas where we struggle to meet demand, including our Primary Mental Health and Substance Misuse services.

14. Mental Health services work towards providing primary mental health support at an equivalent level to those received in the wider community. The Welsh Government targets under Part 1 of the Mental Health Measure require an assessment to be undertaken within 28 days but this can be a challenge. Whilst the vast majority of men are seen within this timeframe, many leave prison without the assessment taking place due to the level of turnover.

15. The Mental Health team have very limited resources to meet the Primary Mental Health targets as it was historically set up and funded to provide secondary mental health care and treatment. It is unable to provide the short term treatment and support as comprehensively as the Measure requires due to a lack of trained Psychological Therapists within the service.

16. There is also a lack of Crisis Resolution support within Mental Health services at HMP Cardiff. The Mental Health team struggle to find capacity to support urgent responses and there is no out of hours provision for Mental Health crisis support within the prison.

What the current pressures on health and social care provision are in Welsh prisons, including workforce issues and services, such as mental health, substance misuse, learning disabilities, primary care out of hours, and issues relating to secondary, hospital-based care for inmates.

AND

How well prisons in Wales are meeting the complex health and social needs of a growing population of older people in prison, and what potential improvements could be made to current services.

17. There are a number of pressures and challenges around providing healthcare in a prison setting, including:

a. The difficulty in ensuring prisoners are able to complete treatment as they are usually housed at HMP Cardiff for a short period due to its remand function.

b. Reliance on prison staff to support clinics within the prison (such as escorting men to and from clinics, and providing a security presence at clinics) which can impact on the number of patients who can be seen during health care sessions. This hampers delivery of care and can lead to patients missing required treatment. Justice and Health appointment systems are not aligned/integrated, and men also frequently do not attend health appointments due to a clash with other appointments such as legal or family visits.

c. High numbers of prisoners who are drug dependant and/or have mental health needs.

d. Blood Borne Viruses (BBV) testing is a challenge due to no designated staff to do this, and this impacts directly on the Health Board's ability to deliver against the World Health Organisation (WHO) BBV elimination targets.

e. Prisons have a significant role to play in helping to deliver elimination of Hepatitis C (and B) in Wales. The prevalence in most Welsh prisons is

approximately 10%. Many of these individuals come from marginalised communities and/or are individuals that do not access traditional health care models very easily or readily. Prison provides a good opportunity to test and treat these individuals and thereby reduce the number of infected individuals in Wales.

f. Prison lock-downs or custodial staff shortages can result in BBV sessions/clinics within the prison being cancelled. This means that we miss opportunities to test at risk individuals and treat those that are infected. Each missed opportunity is also a general risk to the wider community due to the risk of onward transmission.

g. Due to the movement of prisoners across the prison estate the healthcare staff can experience challenges in ensuring that the prisoners receive the appropriate treatment and follow up. Lack of timely notification about movement of men or release dates also hampers forward planning of care (e.g. being released without medications).

h. Missing medication or not completing treatment is a problem because patients may not achieve cure but also may develop resistance, which means they may be more difficult to treat. This also threatens the whole elimination programme as resistant infection could then be spread in the community.

Workforce

18. We have a number of main workforce challenges, including:

a. Retaining staff at Band 5 nurse level due to a lack of varied work and a lack of progression opportunities.

b. Lack of varied work for the small staff complement means that nursing work focuses on the dispensing of medication to large numbers of men, taking up approximately half the nursing time each day. Due to the remand status of the prison, men cannot have their medication 'in possession' as readily as

in prisons with more stable populations. While dispensing medication is a routine nursing duty, a disproportionate number of hours are given to this, with nurses finding more job satisfaction in providing more 'hands-on' care to patients, e.g. wound care or the management of chronic illness.

c. Lack of progression opportunities – prison nursing often attracts talented, caring and resilient nurses who thrive in the challenging custodial environment. The low staffing complement means that higher banded roles rarely become available, and excellent staff are quickly recruited by other clinical teams. There is work in progress to support a sustainable future workforce plan.

d. Attracting salaried General Practitioners (GPs) – we consider ourselves fortunate that our service is supported by 2.18 WTE GPs (four individuals) but are aware that this is a specialist area which has been hard to recruit into.

e. Whilst we have nurses who have been trained in asthma and diabetes care we currently do not run Chronic Disease Nurse-led Clinics due to staffing/resourcing pressures.

19. Referrals can be made to Local Authority Social Care if we feel that we cannot meet the complex needs of a prisoner within the healthcare service. If extra support is needed for their discharge into the community we have a single point of contact.

20. We have excellent links with Palliative Care services and work jointly with District Nursing services when caring for those at end of life.

21. Our vision is to enhance the skills of our nurses through training programmes that are available through Macmillan following a meeting with the Macmillan Strategic Partnership Manager of Wales.

Mental Health

22. The Mental Health team has been fortunate to have a stable workforce over the past few years. There have been no major issues with recruitment and retention of staff.

23. There has been an increasing demand for more dedicated prescribing time from Mental Health services and a review of the workforce is currently being undertaken by the Mental Health Clinical Board to ensure resources are being used effectively.

Substance Misuse

24. The UHB currently provides specialist substance misuse services including substance misuse prescribing, and a substance misuse specialist nurse. This is supplemented by an additional full time substance misuse nurse, funded through the Substance Misuse Action Fund and commissioned by Cardiff and Vale Area Planning Board. The Police and Crime Commissioner also funds a substance misuse Tier 2 service within the prison as part of the Dyfodol contract which provides psycho-social interventions and liaises with other services to ensure continuity of support on release from prison.

25. Total receptions in HMP Cardiff from 1 April 2018 – 31 March 2019 was 3993. This number may not be unique individuals as some men come in multiple times during a year. The substance misuse nursing service accepted 1835 men onto their caseload during this period and there are currently 150 men on the nursing caseload requiring opiate substitute treatment.

26. All individuals requiring substance misuse interventions are assessed by the tier 2 team on the first and second day of admission, with the relevant treatment for that individual being initiated as quickly as possible, which is usually within 2 weeks due to the numbers of men and limited nursing capacity. Following a review of substance misuse treatment in 2018, prisoners now have access to opioid substitution treatment prior to release, in order to reduce the risk of individuals being released and overdosing on narcotics. The nursing and medical team in the prison also arrange for prescriptions to be continued for individuals on release.

27. The main issues in relation to substance misuse are:

a. Capacity, due to the large percentage of prisoners with substance misuse issues

b. Communication between the various elements of the substance misuse service (NHS staff/Dyfodol workers and community substance misuse services use different IT systems)

c. Individuals being released or moved at short notice which impacts on planned treatment/arrangements for continuity of care

Primary Care Out of Hours

28. There are pressures in ensuring provision of Primary Care Out of Hours services due to the limited options for providing this service. In Cardiff this is currently a contracted out service and there are not many providers who specialise in this area. We are conscious that although our current arrangements are robust there is a risk in this area, due to the limited field of alternative providers, should the current provider withdraw from the contract at any point. Due to the stringent vetting requirements needed in the prison incorporating this service into the UHB's general out of hours service would be difficult.

Secondary Care, (hospital based services)

29. The main challenge is transferring men to hospital and the pressure this places on the prison to provide security escorts. CVUHB has commitment from the Prison Service of up to four escorts per day. The current level of resource does not always enable all requests for clinic appointments outside the prison to be accommodated; therefore prisoners are reviewed and prioritised based on their level of need.

30. The workforce levels and overall funding for the prison healthcare service has an impact on the provision of hospital based services. For instance, the service does not currently have an on-site physiotherapist so all patients with possible musculoskeletal (MSK) issues have to be sent to hospital, which can frustrate prison staff and impact on their relationship with healthcare staff. A greater provision of nursing staff would also allow for improved triaging of patients,

resulting in more efficient use of GPs and ensuring that health issues are tackled in a preventative, rather than reactive, fashion, reducing the number of patients who deteriorate and need to access hospital-based care.

Date	Total external (hospital) appointments	CVUHB	Other Health Boards
Jan 2019	51	38	13
Feb 2019	50	36	14
March 2019	59	54	5

If there are sufficient resources available to fund and deliver care in the Welsh prison estate, specifically whether the baseline budget for prisoner healthcare across Local Health Board needs to be reviewed.

31. The baseline budget for prison healthcare does need to be reviewed. Expenditure for healthcare at HMP Cardiff for 2018-19 was as follows:

Pay Non-Pay or Income	Income/Expenditure type	Total Budget (£)	Total Income / Expenditure (£)
Income	Substance Misuse Grant Other income	(58,876) (5,952)	(58,876) (6,776)
Total Income		**(64,828)**	**(65,652)**
Direct Pay	Management, admin & clerical Medical and Dental Nursing (registered) Nursing (unregistered) Other pay Mental Health Inreach provision	82,295 302,392 864,701 215,072 124,426 280,548	84,084 295,279 892,722 258,268 162,988 280,548
Total Pay		**1,869,434**	**1,973,889**
Non-pay	Clinical Other	174,886 107,978	196,389 112,925
Total Non-pay		**282,864**	**309,314**
Grand Total		**2,087,470**	**2,217,551**

32. The current budget allows for the provision of the existing service, which doesn't deliver in all areas e.g. chronic disease management. There is little scope for innovation. The budget level was historically set when health staff TUPE'd into heath boards in 2012 when there was a lower level of remand related receptions

33. As HMP Cardiff is a remand facility, staffing establishments have not been changed to reflect the change in service model being delivered.

34. Despite the acknowledged high level of mental ill health within the prison population it should be noted that the funding for Mental Health services is only 13.5% of the overall prison health allocation.

What the current barriers are to improving the prison healthcare system and the health outcomes of the prison population in Wales

35. We have made some good progress in terms of improved number of GP daytime clinics, maintenance on opiate substitution therapy, and BBV screening but this has been done without any additional resource to prison health services. As a consequence some areas of our services are extremely fragile as a result. We need to ensure that services are properly resourced so that the healthcare provision is robust and can be delivered reliably and consistently.

36. We are very good at responding to operational issues, but having better foresight into establishment changes and the overall direction of HMPPS would be helpful.

37. Recruitment and retention of staff to work in a prison environment, as detailed above.

38. The electronic records system used in prison, System 1, does not provide the level of information reporting desired to ensure good information with which to plan healthcare services for the prison. This is partly due to the resource available to operate and analyse the system.

Summary and Key Messages

39. We have a positive working relationship with colleagues at HMPPS Wales and the Governor and her team at HMP Cardiff. Together we are aligned in our work to keep men safe and treated with dignity and respect. However this is a challenging environment. In summary:

    a. It is difficult to future plan services

    b. The impact of prisoner movement through the prison estate has an impact on Health Boards' ability to deliver healthcare

    c. Mental health provision, particularly primary care mental health, is inadequate

    d. Substance misuse provision is not in line with services provided in the community

    e. We have great staff but we struggle to retain certain groups.

40. We recognise the need of all sectors (health, housing, probation) to work together, supporting health outcomes to ensure we do not solely rely on prison health (or imprisonment) to meet health needs. This is critical given the issues faced in prison in terms of completing treatment and because patients can often move between services before, during and after treatment. This is an area which nationally we would welcome more focus on.

Agenda Item 5.1

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA/VG/5169/19

Dai Lloyd AM
Chair
Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

6 November 2019

Dear Dai,

I am writing to update the Committee following my written evidence of 15 March in relation to the Committee's inquiry into mental health and policing, and mental health in police custody.

In my written evidence, I informed the Committee that the Crisis Care Concordat Assurance Group established a task and finish group to co-produce a revised data set for sections 135 and sections 136 of the Mental Health Act, 1983. This work has been taken forward with policing, health boards, local authorities and Mental Health Act administrators in Wales. The revised data set aims to take account of changes to the Mental Health Act relating to policing powers and responsibilities and to strengthen the current data.

Following a pilot period, the data has been approved by the Welsh Information Standards Board and was implemented in April 2019. On 5 December, the first quarterly publication of this data will start. It will include more information than has been published previously, such as ethnicity, ages of patients and methods of conveyance. We are continuing to work with partners in policing, NHS and local authorities to improve consistency of all data to enable us to publish a fuller profile in the future.

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More detail will be provided in the formal pre-announcement one month prior to publication of the data. However, given the Committee's interest in this area, I wanted to provide an early update prior to the formal announcement and the Welsh Government's response to the Committee's *Mental Health in Policing and Police Custody* report.

Yours sincerely,

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Agenda Item 5.2

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref 0031/19

Edward Argar MP
Minister of State for Health and Social Care
Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU

5 November 2019

Dear Edward,

NHS Pensions Scheme: pension flexibility consultation response

Thank you for your letter dated 30 October in response to my letter of 23 September.

I wanted to send you directly a copy of our response to the Pension Flexibility Consultation since I have written to you and colleagues on a number of occasions. As you are aware from my previous correspondence to you and your colleagues, NHS Wales faces very challenging consequences directly from the pension/tax changes introduced by the UK Government. As you will be aware similar challenges are faced across the whole NHS system in each UK nation.

We are in close touch with our Health Boards and Trusts as they confront the reality of the significant adverse consequences of the pension tax changes. These are having a very negative impact upon our staff who deliver NHS care and treatment and of course upon the people who require NHS care and treatment.

Welsh Government and NHS Wales employers are keen to resolve this matter as soon as possible. In the meantime we want to ameliorate the impact on individuals and service delivery as much as possible. My officials were aware that UK Treasury were going to contact Devolved Administrations separately on their review of the taper. However as far as I am aware no one has yet been in contact. I am therefore copying this letter to Sajid Javid as Chancellor of the Exchequer.

As you are aware I have significant concerns over the application of the Lifetime and Annual Allowances which need to be urgently reviewed and in my view changed.

The impact upon the NHS is real and undeniable. The situation has been created by a UK Treasury rule change on Lifetime and Annual Allowances. The UK Treasury now need to act to resolve the problem that they have created before the purdah period. If they do not then the NHS will start winter with an entirely avoidable handicap. The impact on staff morale and patient care are already obvious as set out in my previous letter. The damage being done will only worsen at the most demanding time of the

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year when we rely upon the extraordinary commitment of our staff to care for our most vulnerable citizens.

My officials look forward to continuing to engage with your officials on the proposed consultation response. I look forward to prompt action being taken.

I am also copying this letter to the Secretary of State for Wales, Scottish Government Cabinet Secretary for Health and Sport, Permanent Secretary at the Department for Health in Northern Ireland and the Chair of the National Assembly for Wales' Health, Social Care and Sport Committee.

Yours sincerely,

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

NHS Pension Scheme: Pension Flexibility Consultation Response from Welsh Government

Please find below our response from Welsh Government to your consultation on NHS Pension Scheme Flexibilies. Whilst we have not answered all the consultation questions directly as we may not hold the specific evidence you are looking for we expect NHS Wales Employers to respond to the consultation with real examples and evidence for you.

Question 1: The case for pension flexibility

We want the pension flexibility to apply to all members of the NHS Workforce regardless of their tax position.

As our Minister for Health and Social Services has outlined on a number of occasions we have strong objections regarding the justification on the grounds of equality that only senior clinicians are afforded the flexibility given the recent judgements on other public sector pension schemes not being lawful on the grounds of equality. The McCloud judgements highlights the potential risk of unlawful discrimination and the risks to open challenge.
We are also mindful that excluding other staff groups is a huge risk and does not help us in Wales in building on our Team Wales approach for a cohesive and inclusive NHS that is fit for the future. Limiting the flexibility to senior clinicians does not address the broader point that a wider group of staff may reach the lifetime allowances not just the very high earners.
We have seen in Wales that the tax implications are also having an effect on our senior managers in Wales in relation to withdrawing from leadership responsibilities and choosing not to progress further up the structures. NHS Employers in Wales will be providing real examples of this, however we do have data on those or are currently in or out of the pension scheme by pay band which we will forward in due course.
We should not at this stage be responding only to a specific staff group but in our view ensuring that any arrangement equitably applies to all those staff working in the NHS in key positions.

Question 2, 3 & 4: Proposed pension flexibility

Yes we do think the proposals are flexible enough within the constraints of the pension scheme but it is the effect of the tax allowance taper that is contributions to the issues and needs to also be addressed by UK Government. Allowing people to choose the level of accrue rate in 10% increments rather than the previous 50:50 option is much more flexible. We are also supportive of the approach that once people know what their exact level of earning will be towards the end of the financial year then there will be an option to increase their accrual rate for the year to be able to save the most in their pension before tax implications and the modeller you propose to support people to do this, however we do have concerns if this approach is the best use of people's time against delivering vital NHS services.
We also agree with the proposal to spread the effective of pay raises over a few years so that individuals do not hit the tax allowance thresholds, if that's what individuals choose to do.

Question 5: Improving Scheme Pays

We would expect this is more appropriate for NHS Employers in Wales to comment on, however in general terms we are supportive in terms of increased transparency and consistency with other public sector pension schemes so the approach seems sensible.

Question 6 and 7: Equality Impact Assessment

As we have already highlighted we have concerns on the ground of equality and legal advice on the grounds of the proposals being lawful is critical. The data provided in your consultation if the proposal do go ahead does impact on people with one of more protected characteristics, by the nature of limiting the proposal to senior clinicians this will impact on gender and age due to the current workforce profile across the NHS.

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Agenda Item 5.3

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA-P/VG/3156/19

Dai Lloyd AM
Health, Social Care and Sport Committee Chair
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

12 November 2019

Dear Dai,

Autism Services in Wales

Thank you for your letter of the 29 October, following my attendance at Committee on 23 October to update on developments in autism services. At the meeting, I agreed to provide further information on two areas as set out in your letter. Please find the information below:

I agreed to provide details on the engagement being undertaken as part of the consultation which will inform the Code of Practice for Autism Services.

In the session and the evidence paper, I gave some examples of the engagement which has taken place this included the stakeholder technical groups, attending events such as ADFest for people with learning disabilities, meetings with the Department of Work and Pensions, Social Care Wales, Health Education and Improvement Wales and representatives from several of the Royal Colleges. We have also been working with our partners in local authorities and health boards to listen to the views of local stakeholder groups. For example, my officials recently met with a group of autistic adults in Powys to discuss their views and experiences to help to inform the development of the Code. We will continue this engagement with autistic adults across regions.

A “toolkit” for engagement with autistic people and their families/carers has also been developed and sent to all local authority Autistic Spectrum Disorders leads and Integrated Autism Service leads to enable conversation and feedback on the development of the Code.

I attach a copy of a document which provides information on the meetings held to date and also plans for future meetings. This is a working document and will develop further as future engagement opportunities emerge.

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The National Autism Team have also published an engagement and participation strategy, which can be found at the following link:

https://www.asdinfowales.co.uk/resource/Engagement-and-Participation-Strategy-march-19_final_2.pdf.

My officials are continuing to work with primary care services on the GP register. I agreed to provide an update on the position to publish the waiting times data for children's neurodevelopmental services.

Our intention was to commence formal publication of the Children and Young People's Neurodevelopment data in April 2019, as official statistics they are subject to the data meeting the NHS Wales Informatics necessary standards of quality. Official Statistics should be fit for purpose and robust. In this case, despite working with health boards during the pilot, we did not have the sufficient assurances that the data are fit for purpose for publishing.

The review of the data by NHS Wales Informatics Service (NWIS) identified areas of inconsistency that are yet to be fully resolved. Welsh Government and NWIS are working with health boards to resolve these issues. In the interim, health boards continue to collect and report this data as management information as part of the NHS framework and we will use that information to determine improvement in quality and consistency.

We are working with Local Health Boards to achieve a consistent and high quality data collection. Data from health boards that are in the strongest position on data quality will be published via their own reporting mechanisms once their data quality is agreed. The focus remains on bringing all health boards up to the data standard required to complete a national data set.

You will be aware I have already provided the management data from April 2018 - April 2019 to the Children, Young People and Education Committee during their follow up work related to their *Mind Over Matter* report:

http://www.senedd.assembly.wales/documents/s92916/Letter%20from%20Minister%20for%20Health%20and%20Social%20Services%20following%20the%20evidence%20session%20on%2020%20June%202019.pdf

Yours sincerely,

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

CODE OF PRACTICE FOR AUTISM SERVICES – ENGAGEMENT

The following is a breakdown of engagement activity and reach undertaken and planned during the development of the Code of Practice for Autism Services.

Month: June 2019

Engagement	Date	Activity at the event/meeting	Reach
Meeting with All Wales People First – Chief Executive	4 June 2019	Updated on developments – Code, technical groups and the third sector grants scheme.	Chief executive – key third sector partner
Neurodevelopmental (ND) National Stakeholder Group	5 June 2019	Update on Code of Practice	Range of neurodevelopmental stakeholders – professionals, third sector and Integrated Autism Service (IAS).
Links with Education and the Additional Learning Needs (ALN) code	10 August 2019	To discuss the Code of Practice and cross referencing with the ALN Code.	Cross departmental working with education in Welsh Government.

Month: July 2019

Engagement	Date	Activity at the event/meeting	Reach
Meeting with representatives of the Royal Colleges.	9 July 2019	To discuss the consultation on what to be included in the code and also the technical group meetings.	Representatives from the Royal Colleges and the Welsh NHS Confederation.

Code of Practice Technical Group: Assessment and Diagnosis	11 July 2019	Feedback on consultation on proposals for the code. Opportunity to share thoughts on what should be included in the assessment and diagnosis section of the code.	Key stakeholders including: • Autistic people and families; • Third Sector; • Integrated Autism Service; • Education; • Local Authority; • Public Health Wales • Speech and Language Therapists; • Occupational Therapists
Code of Practice Technical Group: Accessing Care and Support	16 July 2019	Feedback on consultation on proposals for the code. Opportunity to share thoughts on what should be included in the accessing care and support section of the code.	Key stakeholders including: • Autistic people and families; • Third Sector; • Integrated Autism Service; • Education; • Local Authority; • Public Health Wales • Speech and Language Therapists; • Occupational Therapists.

Code of Practice Technical Group: Awareness Raising and Training	17 July 2019	Feedback on consultation on proposals for the code. Opportunity to share thoughts on what should be included in the assessment and diagnosis section of the code.	Key stakeholders including: • Autistic people and families; • Third Sector; • Integrated Autism Service; • Education; • Local Authority; • Public Health Wales • Speech and Language Therapists; • Occupational Therapists
IAS Leads Meeting	18 July 2019	Update on Code of Practice	Meeting of all the IAS leads and the National Autism Team (NAT).
Code of Practice Technical Group: Planning, Monitoring and Stakeholder Engagement	22 July 2019	Feedback on consultation on proposals for the code. Opportunity to share thoughts on what should be included in the assessment and diagnosis section of the code.	Key stakeholders including: • Autistic people and families; • Third Sector; • Integrated Autism Service; • Education; • Local Authority; • Public Health Wales • Speech and Language Therapists; • Occupational Therapists

Meeting with Powys Health Board representatives	24 July 2019	To discuss autism service delivery and update on the Code	Powys HB – implication for service provision for autistic people living in Powys region
NAT development day	31 July 2019	Planning future work	NAT team and Welsh Government Autism team. Future planning for autism services across Wales.

Month: August 2019

Event	**Date**	**Activity at the Event**	**Reach**
Meeting with Department of Work and Pensions (DWP) – Autism Awareness	5 August 2019	To discuss Autism Awareness and links to the Code of Practice	DWP and the National Autism Team.
Links with Education and the ALN code	6 August 2019	To discuss the Code of Practice and cross referencing with the ALN Code.	Cross departmental working in Welsh Government.
NAT meeting	7 August 2019	Update on agreed plan	NAT and Welsh Government.
Meeting – ND/Autism Workforce Development	15 August 2019	To discuss the workforce implications for the Code of Practice and the draft Health and Social Care Workforce Strategy.	Social Care Wales and Health Education and Improvement Wales (HEIW)

Primary Care and the Code of Practice	28 August 2019	To discuss the Code and first steps in engagement with health board directors for primary care.	Welsh Government Primary and Community Care.
Meeting with Welsh Government Legal department	28 August 2019	Update on Code – legal implications.	Welsh Government – Autism team and Legal department.
Meeting with HEIW	29 August 2019	Meeting to discuss development of the Code of Practice for Autism Services and input and links with HEIW.	HEIW

Month: September 2019

Event	**Date**	**Activity at the Event**	**Reach**
Education Meeting	10 September 2019	Discuss Autism referrals from schools	Welsh Government - Education
Community of Practice	11 September 2019	Share progress with development of Code of Practice.	Clinicians across the Autism Service.
Children and Adolescent Mental Health Services (CAMHS) and Vulnerable Groups Meeting	13 September 2019	Discuss demand and capacity for autism diagnosis and support.	Welsh Government – Health, implications for the Code
ND National Stakeholder Group	18 September 2019	Update on Code of Practice	Range of ND Stakeholders – professionals, third sector and IAS.

Employment and Skills Meeting.	19 September 2019	Discuss employment and training.	Welsh Government - Employment and Skills.
Participation and Engagement (Powys - North)	19 September 2019	Testing of the toolkit developed for engaging with people with autism.	Autistic people
Launch of Work Based Learning Programme	24 September 2019	Launch of: *Autism: A Guide for Work-Based Training Providers* and *Autism: A Guide for Work-Based Learners and Providers*.	Range of stakeholders – education, employment and autistic people.
IAS Leads Meeting	25 September 2019	Update on Code of Practice	Meeting of all the IAS leads and the NAT.
Meeting with National Autistic Society (NAS) Cymru	23 September 2019	Catch up meeting to discuss progress with the code of practice.	NAS is a key stakeholder representative and partner
Autism Code of Practice and local authority workforce	26 September 2019	To discuss the workforce implications for the Code of Practice and the draft Health and Social Care Workforce Strategy.	Social Care Wales
Autistic Spectrum Disorder Implementation Advisory Group Meeting	30 September 2019	Update since the previous meeting in February 2019. Opportunity to update on the development of the Code of	Range of stakeholders including the NAT, Third Sector including NAS, autistic

		Practice – following consultation on proposals and the first round of technical groups in July. The meeting also provides an opportunity to share next steps and plans for groups in November.	people and parents and carers.

Month: October 2019

Event	Date	Activity at the Event	Reach
NAT meeting	2 October 2019	Update on NAT work plan	Welsh Government and National Autism Team
Together for Children and Young People (T4CYP) meeting.	3 October 2019	Networking / Informal discussions regarding the Code	ND practitioners, police, autistic young people and carers and NHS Delivery Unit.
All Health Board Directors of Primary and Community Care Meeting	4 October 2019	Paper on the Code – and raising awareness with health board directors of primary and community care.	Health Board Directors of Primary and Community Care and National Director and Strategic Programme for Primary Care.
All Wales People First – Adfest Village Hotel Cardiff	18 October 2019	Opportunity to speak briefly at the conference and also a table in the main milling area.	Autistic people and their families / carers. Third sector advocacy organisations.

Cardiff University	28 October 2019	Discuss outcomes of evaluations of teaching and awareness raising research.	Researchers in Cardiff University.
Code of Practice Technical Group meeting with representatives of the Royal Colleges.	29 October 2019	Technical Group type meeting to share consultation on proposals feedback and to share draft structure of the code and guidance document to get feedback.	Members/representatives of the Royal Colleges of : • Psychiatrists; • Paediatrics and Child Health; • Occupational therapists; • Speech and Language Therapists; • Welsh NHS Confederation.
Welsh Government Employability Policy	30 October 2019	Working across Government policy areas.	Welsh Government - Employment and Skills.

Month: November 2019

Event	**Date**	**Activity at the Event**	**Reach**
Swansea University – SAIL	4 November 2019	Exploring data analysis available in primary care.	Stakeholders – for future service provision
Code of Practice Technical Group: Assessment and Diagnosis	5 November 2019	Sharing draft of assessment and diagnosis section of the code and accompanying guidance with stakeholders.	Key stakeholders including: • Third Sector; • Integrated Autism Service;

			• Education; • Local Authority; • Public Health Wales • Speech and Language Therapists; • Occupational Therapists
Code of Practice Technical Group: Accessing Care and Support	7 November 2019	Sharing draft of accessing care and support section of the code and accompanying guidance with stakeholders.	Key stakeholders including: • Third Sector; • Integrated Autism Service; • Education; • Local Authority; • Public Health Wales • Speech and Language Therapists; • Occupational Therapists
Parents Voices in Wales	11 November 2019	Opportunity to meet with parents and carers to discuss experiences and views on what should be included in the Code of Practice.	Parents and Carers
Code of Practice Technical Group: Awareness Raising and Training	12 November 2019	Sharing draft of awareness raising and training section of the code and accompanying guidance with stakeholders.	Key stakeholders including: • Third Sector; • Integrated Autism Service; • Education;

			• Local Authority; • Public Health Wales • Speech and Language Therapists; • Occupational Therapists
Code of Practice Technical Group: Planning, Monitoring and Stakeholder Engagement	14 November 2019	Sharing draft of planning, monitoring and stakeholder engagement section of the code and accompanying guidance with stakeholders.	Key stakeholders including: • Third Sector; • Integrated Autism Service; • Education; • Local Authority; • Public Health Wales • Speech and Language Therapists; • Occupational Therapists
Heads of Primary care and associate medical directors	15 November 2019	Engagement to raise profile of autism in health boards	Health board /Primary health care teams
Code of Practice Technical Group – North Wales Event (St George Hotel, Llandudno)	20 November 2019	Day event to cover all four chapters of the code and to feedback on the consultation and the work so far. Opportunity for attendees to comment on any areas that the code needs to address.	Key stakeholders including: • Autistic people and families; • Third Sector; • Integrated Autism Service; • Education; • Local Authority; • Public Health Wales

			• Speech and Language Therapists; • Occupational Therapists
1000 lives – Improvement Cymru conference	25 November 2019	Networking – raising awareness of autism.	Health Workforce Wales
Code of Practice Technical Group – West Wales Event (Halliwell Centre, Carmarthen)	26 November 2019	Day event to cover all four chapters of the code and to feedback on the consultation and the work so far. Opportunity for attendees to comment on any areas that the code needs to address.	Key stakeholders including: • Autistic people and families; • Third Sector; • Integrated Autism Service; • Education; • Local Authority; • Public Health Wales • Speech and Language Therapists; • Occupational Therapists
ND National Stakeholder Group	29 November 2019	Update on Code of Practice	Range of neurodevelopmental stakeholders – professionals, third sector and IAS.

Month: December 2019

Event	Date	Activity at the Event	Reach
Participation and Engagement (Powys - North)	4 December 2019	Follow up from previous meeting 19 September 2019 to share draft sections of the Code of Practice for feedback.	Autistic people
IAS and ASD Leads meeting	5 December 2019	Update on Code	IAS and ASD leads
NAT Carer / parent guide review	12 December 2019	Engagement event to review / update current guidance	Carers /parents of autistic adults/children

Month: January 2020

Event	Date	Activity at the Event	Reach
Parents and Carers Group	13 January 2020	Opportunity to meet with parents and carers to discuss experiences and views on what should be included in the Code of Practice.	Parents and Carers
Local Authority Workforce Leads	Date tbc	Engagement in relation to the code and demand and capacity review	Workforce planning

Community of Practice	23 January 2020	Share progress with development of Code of Practice.	Clinicians across the Autism Service.
Demand and Capacity review task and finish group	Meeting planned	Meeting of the task and finish group.	All key stakeholders

Month: February 2020

Event	Date	Activity at the Event	Reach
Meeting with DWP – Autism Awareness	4 February 2020	To discuss Autism Awareness and links to the Code of Practice	DWP and the National Autism Team.
Autism / CAMHS symposium	25 February 2019	To discuss service provision to young adults and its provision in the Code	Autism / CAMHS practitioners, Welsh Government, NAT, IAS.

Month: March 2020

Event	Date	Activity at the Event	Reach
Community of Practice	12 March 2020	Share progress with development of Code of Practice.	Clinicians across the Autism Service.
ASD Implementation advisory group	23 March 2019	Update and discussion on the Code	Professionals and representatives of organisations and autistic people and carers

Month: April 2020

Event	Date	Activity at the Event	Reach
Code of Practice – consultation events	To be confirmed		

Month: May 2020

Event	Date	Activity at the Event	Reach
Code of Practice – consultation events	To be confirmed		

Month: June 2020

Event	Date	Activity at the Event	Reach
Code of Practice – consultation events	To be confirmed		