Rethinking the offender health pathway for vulnerable groups

Speakers

- Chaired by Professor Sheila the Baroness Hollins of Wimbledon and Grenoside, and President of the British Medical Association
- Juliet Lyon CBE, Director, Prison Reform Trust
- Rupert Bailie, Health and Well Being Co-Commissioning Manager – Custody National Offender Management Service
- Kate Davies OBE, Head of Public Health, Armed Forces Health and Offender Health NHS England

In attendance

- Ms Lucy Ayrton, Public Relations Officer, Prison Phoenix Trust
- Mr Andy Bell, Deputy Chief Executive, Centre for Mental Health
- Dr Marcus Bicknell, BMA General Practitioners Committee, BMA (Prison Doctor)
- Dr Nick Broughton, Forensic psychiatrist - Medical Director, West London Mental Health NHS Trust
- Dr Tony Calland, Chair, Medical Ethics Committee, BMA
- Dr John Canning, GPC, BMA
- Dr Peter Carter, Chief Executive and General Secretary, Royal College of Nursing
- Ms Ellie Chrispin, Senior Ethics Advisor, BMA
- Professor Andrew Coyle, Trustee, International Centre for Prison Studies
- Ms Deborah Cowley, Director, Action for Prisoners Families
- Ms Frances Crook, Chief Executive, Howard League for Penal Reform
- Ms Diane Curry OBE, Chief Executive, Partners of Prisoners and Families Support Group
- Dr Tony Delamothe, Deputy Editor, British Medical Journal
- Mr Ritchie Dell, National Offender Management Service Women & Equalities Group, Ministry of Justice
- Ms Friedericke Eben
- Professor Thomas Fahy, Royal College of Psychiatrists
- Dr Stephen Ginn
- Sir Peter Bottomley MP
- Ms Alison Giraud-Saunders, Consultant, Foundation for People with Learning Disabilities
- Ms Julie Harris, Associate Director, Central London Community Healthcare/HMP Wormwood Scrubs
- Mr David Lock QC, Barrister, No5 Chambers
- Ms Denise Marshall, Group Co-Ordinator, Birth Companions
- Ms Ann Norman, Learning Disabilities and Criminal Justice Nurses Adviser, Royal College of Nursing
- Mr Robert Okunnu, Head of Public Affairs, BMA
- Dr Mark Porter, Chair of Council, BMA
- Ms Liz Ropschitz, Devon Prison Cluster Mental Well Being Coordinator, RECOOP
• **Ms Madeleine Ryan**, Modern Matron, Mental Health Services, Central and North West London NHS Foundation Trust/HMP Wormwood Scrubs
• **Mr Dave Spurgeon**, Offender Health Collaborative Regional Lead (South), NACRO
• **Baroness Stern**
• **Ms Johanne Tomlinson**, HMP Stafford
• **Dr Kieran Walsh**, Editor, BMJ Learning
• **Ms Chrissie Wild**, Befriending Service Manager & Lead Caseworker, Prisoners’ Families and Friends Service
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Introduction

Meeting the health needs of offenders presents a considerable challenge, not least because of the complex and multiple needs of this patient population. The challenge is even greater where individuals experience specific vulnerabilities, such as learning disability or mental illness. Through the insights of a range of stakeholders, the aim of this seminar was to consider how the healthcare needs of these vulnerable groups are being met. The seminar also saw the launch of a new title in the Books Beyond Words series. Funded by the Department of Health, You’re in Prison is a picture book aimed at supporting prisoners with very low literacy. Following the launch, the seminar discussion explored the barriers to and gaps in service provision, the progress that is being made, and what can still be done, to improve access to healthcare as patients move along the offender health pathway, from the community, into prison and on release. This note explores some of the key themes that emerged through this discussion.

Placing individuals at the heart of the discussion

It is vitally important to place learning disabled and mentally ill individuals and their experiences at the centre of any discussion of how offender health services can more effectively support and meet their needs. Before entering the criminal justice system, these patients have often experienced a multiplicity of social disadvantage, including time spent in local authority care, physical, emotional or sexual abuse, and substance misuse. These antecedents compound the underlying vulnerabilities of those with learning disabilities, or mental health problems, once they enter the criminal justice system. For example, those with learning disabilities or difficulties often do not understand what is happening to them as they pass through police custody, the court system and into prison. Without identifying their specific needs early on, and offering them the support they require, individuals find it difficult to exercise their basic legal rights and to cope with life in prison, and consequently become more vulnerable.

The scale of the challenge

It is difficult to quantify the number of people with learning disabilities and difficulties who are in prison. However, research does seem to suggest that there are a large number of individuals who require specific support. For example, 60 per cent of those detained have a reading age of less than five years old. While mental illness has a higher profile in considerations of vulnerability and health need in prisons, and has been subject to more definitive measures, there remains limited knowledge of the extent of both mental illness and learning disability among those serving community sentences and those who are on probation.

Although difficult to quantify, there is no doubt about the intensive support needs of these patient groups, including the need for extensive team working between probation, prison and health staff. Provision has often, in the past, been dependent on the initiative of individual prison or healthcare staff working with particular offenders. Across the prison system, staff training in managing the needs of vulnerable individuals has been found wanting. Although 80 per cent of prison staff recently surveyed by the Prison Reform Trust said they knew something about learning disability, they also said that they did not know enough about what they could and should be doing to address the needs of learning disabled detainees. Similarly, there are vast disparities in the training of healthcare professionals working in prisons. Chronic and persistent delays in moving patients requiring compulsory mental health treatment from prison to a hospital setting is another example of a significant gap in provision. These delays result in
patients going without appropriate treatment, and health professionals being unable to meet identified mental health needs, for many weeks.

There is considerable concern that, in the current financial climate, pressure is being placed on staffing levels with the result that prison environments will become more harmful, and the needs of the most vulnerable are even less likely to be met. Resource constraints mean that individuals with intensive needs are more likely to be kept in segregation or behind doors.

Working towards a solution

These challenges suggest that there is still much to be done in order to recognise vulnerabilities and improve health pathways for these groups. In working towards improvement, it is important not to lose sight of the function of secure settings, which is to punish, protect and support those detained. Health and social care reforms, including new commissioning arrangements for offender health, present an opportunity to meet these challenges and to drive up standards. For example, commissioners can ensure that specific provision for mental health and learning disability is included in healthcare contracts which are now up for review. There are also moves towards establishing equivalence in social care provision in prisons.

Progress, although slow, is still being made towards the Government’s commitment to establish liaison and diversion services in every court and police station by 2014. There is also a commitment, following the Bradley Report, to roll out screening for learning disability across all criminal justice establishments. Gaps in training are being addressed by professional organisations, including the Royal College of Nursing, and the British Medical Journal, with the publication of online learning tools aimed at doctors, nurses and other health professionals who deliver healthcare services in prisons. Seminar participants expressed interest in an e-learning module on the offender health pathway, with a particular focus on vulnerable prisoners.

A joined up approach to health and justice

Better partnerships between health and justice were identified as key to improvements in recognising and responding to vulnerability. The National Offender Management Service, for example, relies on allying with other services, including health, housing and employment, in order to achieve one of its core goals of preventing future crimes. Examples of best practice include joint working between mental health services and the British Transport Police and Metropolitan Police. The shared financial interest in reducing offending also acts as an incentive to partnership working. In turn, joint health and criminal justice outcomes, such as reductions in drug addiction and associated reductions in offending, unlock further investment. Joint funding is also being made available for projects and programmes that are being rolled out across the community and in prison. Collaboration is essential if offender health pathways are to be viewed as continuous, starting at the pre-arrest stage, before an individual is even categorised as an ‘offender’, rather than being seen as only relevant to the prison setting in isolation.

Some final points for commissioners, policy-makers and healthcare professionals

- Support from the ‘mainstream’ NHS, in particular the need for health professionals to have somewhere to divert and refer patients to, is vital.
- There is a need to ensure national and local commissioning works in tandem, and retains the flexibility to deploy different solutions in different parts of the country, while ensuring nationally consistent standards of care. The variability of health provision, and issues around continuity of care on release, especially where private providers are responsible for service delivery in prisons, were flagged as particular areas of concern.
- Social care is of vital importance in preventing individuals getting to the point where prison is a likely outcome. The homeless are a particularly vulnerable group here.
- Evidence of the negative health impacts of parental detention for the children of offenders, indicates that their health needs should receive serious consideration.
• There is a need for all doctors and health professionals to be aware of the issues affecting mentally ill and learning disabled patients; responsibility for these groups is not confined to secure settings.
• Where listening to patients, taking account of their individual needs, and including and engaging with families, are embedded features of our healthcare culture, these are not yet features of prison culture. This cultural disconnect must be recognised.

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