

Wiltshire Council

Cabinet

17 April 2012

Subject: Healthcare Services at HMP Erlestoke

Cabinet member: Cllr Keith Humphries - Public Health & Protection Services

Key Decision: Yes

Executive Summary

Offenders have significantly poorer health than the general population, with higher levels of alcohol and drug misuse, mental health problems, smoking and related health conditions, blood borne viruses, and sexually transmitted infections.

Health services at HMP Erlestoke are commissioned by NHS Wiltshire (Public Health) from Wiltshire Community Health Services (Great Western Hospital). Responsibility for commissioning prison healthcare services will transfer to the National Commissioning Board, subject to the Health and Social Care Bill becoming law. HMP Erlestoke's healthcare services received green ratings against all the Department of Health's Prison Health Quality Performance Indicators in 2010/11.

Public Health already held responsibility for commissioning clinical substance misuse services and, since April 2011, has been given responsibility for commissioning psychosocial services within the prison. Responsibility will remain with the Public Health team, following transfer to Wiltshire Council, as part of its wider responsibilities for commissioning substance misuse services.

By placing commissioning responsibilities for these services in one place, there are opportunities to commission more integrated and cost effective services. It is proposed that the Substance Misuse Joint Commissioning team (NHS Wiltshire and Wiltshire Council) begins the process of recommissioning the psychosocial services at HMP Erlestoke in order to let a new contract from 1st April 2013.

Proposal(s)

Cabinet is requested to:

- Receive this update on healthcare services at HMP Erlestoke, improvements in the performance of health services at HMP Erlestoke and strategic changes affecting the commissioning of these services;

- Agree the plans to undertake a tendering process for psychosocial substance misuse services in the prison.
- Delegate authority to execute the contracts resulting from the tendering activity to Maggie Rae, Corporate Director of Public Health and Public Protection, in consultation with the Portfolio Holder, Solicitor to the Council and the Chief Financial Officer

Reason for Proposal

Wiltshire Council is a key partner in the Wiltshire Community Safety Partnership which holds responsibility for addressing alcohol and drugs issues. From April 2013, the Public Health team will bring responsibility for commissioning psychosocial and other substance misuse services at the prison with it on transfer to the Council.

Maggie Rae
Corporate Director of Public Health and Public Protection

Wiltshire Council

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Purpose of the Report

1. To provide an update on healthcare services at HMP Erlestoke, outline improvements in the performance of health services at HMP Erlestoke and outline strategic changes affecting the commissioning of these services;
2. To agree plans to undertake a tendering process for psychosocial substance misuse services in the prison.

Background

3. NHS Wiltshire has held responsibility for commissioning prison healthcare services at HMP Erlestoke (HMPE) since 2006, led by Public Health. Health services are commissioned from Wiltshire Community Health Services, which transferred to become part of the Great Western Hospital (GWH) in 2010.
4. HMP Erlestoke is a Category C prison which currently holds 494 male prisoners over the age of 21 years. Prisoners are received from much of England and Wales, although the majority are received from remand prisons in Bristol and Gloucester.
5. There is a high proportion of young men in Erlestoke, with 54% of prisoners aged between 19 and 35, compared to 19% of the male, Wiltshire population. The proportion of the Erlestoke population that are from Black or Minority Ethnic groups varies but is around 20.2% compared to 4.6% in Wiltshire as a whole.
6. Prisoners usually have high levels of health problems compared to the general population. Very few prisoners have been registered with a GP before being imprisoned. An estimated 75% of prisoners have two or more mental health disorders, and many have high levels of anxiety and trouble sleeping, or suffer from depression. Levels of smoking are extremely high, amounting to almost 70% of prisoners in Erlestoke,

therefore levels of smoking related health conditions are also high. This compares to around 20% in the general adult population in Wiltshire.

7. Blood borne viruses (HIV, Hepatitis B and Hepatitis C) are higher in the prison population than the general population, as would be expected given the high proportion who have been intravenous drug users, a significant route of infection. Levels of sexually transmitted infections are also high. Alcohol and drug problems are common, with screening at Erlestoke indicating that around 15% of prisoners drink at hazardous and harmful levels, and 10% have a score that suggests high alcohol treatment needs. Around 20% of the Erlestoke population are receiving clinical treatment for drugs misuse at any one time.
8. The Public Health team has worked with the prison to establish a successful Health Trainers programme whereby cohorts of prisoners are trained to receive a nationally recognised qualification and are then employed as Health Trainers. They deliver brief interventions, advice and information on a wide range of health issues to fellow prisoners and to prison staff. The Health Trainer programme has contributed to developing a whole prison healthy culture and there has been significant involvement from a wide range of departments including Education, Psychology, Resettlement, PE and Kitchens. There is good evidence from evaluation that the Erlestoke Health Trainer programme has supported positive behavioural outcomes for prisoners regarding diet and weight, physical activity, smoking, awareness of alcohol and drug issues, mental health and self esteem.
9. The prison and Public Health team have worked with Barnardos to improve facilities available at the Visitor Centre, develop a programme of family days, and provide access to parenting courses for prisoners to prepare them for release. Public Health provides funding for free fruit for children and families at the Visitor Centre, and with Wiltshire Council jointly funded a play area for children visiting Erlestoke that is also available for use by the local community.
10. HMP Erlestoke received funding from the National Offender Management Service (NOMS) to build a new wing to house a specific set of interventions aimed at working with prisoners around anger management, domestic abuse and substance misuse issues which opened in September 2011. A Category D unit within HMP Erlestoke is currently awaiting approval from the Lifer Group. This unit will enable work to be undertaken with prisoners on an indeterminate sentence to prepare them for transfer to an open prison.

Governance of Health and Healthcare

11. A Prison Health Partnership Board, with senior representation from HMP Erlestoke, NHS Wiltshire (currently Public Health) and Wiltshire Community Health Services (GWH) oversees development and

delivery of an annual Health Delivery Plan. An Operational Group, Health Promotion Action Group, Health Trainer Steering Group, Communicable Diseases Group and Substance Misuse Group feed into the work of the Partnership Board.

12. A Prison Health Partnership Agreement is in place between NHS Wiltshire and HMP Erlestoke which clarifies the arrangements for commissioning and monitoring healthcare services to ensure prisoners receive the same range and quality of healthcare commissioned for the Wiltshire population in the community by NHS Wiltshire, including access to services other than those received in a primary care GP practice.
13. An annual health needs assessment is conducted by the Public Health team. Focus groups of prisoners are consulted to inform the process, and a wide range of data is analysed. The Health Delivery Plan is informed by the needs assessment and is agreed annually by NHS Wiltshire, WCHS and HMP Erlestoke to set out the actions required to provide high quality and effective healthcare services for prisoners.

Prison Healthcare Services Delivered

14. The following sets out the services delivered by the healthcare team as well as those commissioned by WCHS from other providers (GPs, mental health, pharmacy, ophthalmology, and diabetic specialist services) or delivered by other teams within WCHS (physiotherapy and podiatry). NHS Wiltshire separately commissions dental services from WCHS Dental Services, and a Hepatitis C service from Salisbury Foundation Trust.

Comprehensive health assessment:

- Provide a full health assessment for all prisoners on arrival at HMP Erlestoke, and onward referral to appropriate services as required;
- A further health assessment is offered to all prisoners aged 40 or over as part of the NHS Health Checks Programme.

All primary care services normally delivered by a GP practice, including:

- Using the providers contracted by WCHS for provision of GP services (including out of hours) and ensuring appropriate access for prisoners;
- Phlebotomy clinic, testing for blood borne viruses, pre and post testing counselling, and referral for treatment, as appropriate.
- Vaccinations, wound care;
- Stop smoking support, counterweight weight management programme, and health promotion;
- Management of long term conditions, including delivery of clinics for asthma, COPD, diabetes, and cardiac conditions;
- Referral to secondary health services.

Minor injury service:

- Triaging of minor injuries sustained within the prison, treating or referring to an Accident & Emergency department.

Primary and secondary level mental health services:

- Using the mental health services provider and ensuring appropriate access for prisoners;
- Assessment of prisoners identified with mental health issues and, where appropriate, referral to relevant mental health services;
- Development of care plans for prisoners with mental health needs;
- Commissioning and monitoring appropriate delivery of a primary care mental health service which promotes good mental health and well-being among prisoners and supports prisoners with primary care needs, such as anxiety and depression;
- Commissioning and monitoring appropriate delivery of a secondary care mental health service to provide specialist support for prisoners with severe and enduring mental health needs;
- Access to specialist, clinical support;
- Access to appropriate medication.

Substance misuse services:

- Basic substance misuse screening on reception;
- Comprehensive clinical substance misuse assessments and development of care plans for prisoners with substance misuse needs;
- Delivery of a clinical programme including initiating treatment, detox, and/or retox where appropriate;
- Symptom control, where appropriate;
- Substitute prescribing and supervised consumption, where appropriate;
- Regular urinalysis testing, where appropriate;
- Harm reduction advice and support including blood borne viruses;
- Access to specialist, clinical support;
- Access to appropriate medication.

Learning Disability Services:

- Assessment of prisoners with potential learning disabilities;
- Annual health check and development of health action plans for prisoners identified with a learning disability;
- Access to specialist clinical support.

Pharmacy:

- Using the pharmacy services provider and liaising to ensure appropriate access for prisoners;
- Ordering, storing and managing medication and controlled drugs;
- Monitoring and managing side effects, and referring for primary care assessment as appropriate;
- Medication reviews and auditing of medication as appropriate.

Access to other services:

- Ophthalmic services.
- Dental services.
- Diabetic specialist service;
- Hepatitis C service;
- Physiotherapy services;
- Podiatry services;
- Specialist wound care support when required.

Performance of Prison Healthcare Services

15. Offender Health, within the Department of Health, issues guidance notes to Strategic Health Authorities, Primary Care Trusts and prisons in judging their performance in delivering healthcare to prisoners against a set of Prison Health Performance and Quality Indicators (PHPQIs). The indicators are wide-ranging and assess how appropriately the needs of prisoners are met and how well the commissioned services map to health priorities identified through an annual health needs assessment.
16. Having demonstrated year on year improvements over the last 3 years, HMP Erlestoke's prison healthcare services received green ratings against all the indicators for 2010/11. All prisons in the South West region have performed well compared to the rest of the country, although only Erlestoke and Bristol prisons have had all indicators rated green. Erlestoke's performance also benchmarks highly against other category C prisons nationally.
17. The table in Appendix 1 shows the individual reported results for HMP Erlestoke for 2011 and for the previous two years.

Future Commissioning Arrangements

18. Responsibility for commissioning prison healthcare services will move to the National Commissioning Board (NCB) from April 2013, subject to the Health and Social Care Bill becoming law. It is envisaged that public health teams within local authorities will maintain a key role in relation to offender health, particularly given the significant inequalities in health that this group experience.
19. Public Health already held responsibility for commissioning clinical substance misuse services (formerly known as the Integrated Drug Treatment Services) which are the clinical interventions delivered by prison healthcare staff to initiate or continue drug treatment for individuals with an opiate problem whilst in prison.
20. On the 31st March 2011, an announcement was made by the National Offender Management Service (NOMS), National Treatment Agency (NTA) and Department of Health (DH), that responsibility for funding substance misuse services for prisoners in England would transfer

from the Ministry of Justice to the Department of Health from 1st April 2011. Therefore, NHS Wiltshire (Public Health) took over responsibility for commissioning these services from 1st April 2011. These services encompass Counselling Assessment Referral Advice and Throughcare (CARATs), drug and alcohol programmes in prisons and Compact Based Drug Testing, most of which were previously commissioned directly by prisons. These services have been relabelled as psychosocial substance misuse services.

21. Responsibility for both areas of commissioning will remain with the Public Health team, following transfer to Wiltshire Council, as part of its wider responsibilities for commissioning substance misuse services¹.
22. The Government's expectation is that, by placing commissioning responsibilities for these services in one place, there are significant opportunities to commission more integrated and cost effective services in order to realise the vision of a locally commissioned, recovery-focused prison based treatment system described in the Green Paper "Breaking the Cycle" and in the Prison Drug Treatment Strategy Review Group report chaired and published by Lord Patel in November 2010.
23. It also marks the final step in achieving the "one pot for one purpose" concept, by bringing together funding streams and making them available to local partnerships to commission the full range of provision necessary to support individuals along the full course of their recovery.
24. This shift will provide a platform for a more integrated approach to commissioning public health outcomes which addresses the root causes and wider determinants of alcohol and drug dependence (such as troubled families, employment, education, and housing), and delivers the greatest gains.
25. In order to realise these potential opportunities, it is proposed that the Substance Misuse Joint Commissioning team (NHS Wiltshire and Wiltshire Council) should begin the process of recommissioning the psychosocial services at HMP Erlestoke from May 2012, with the aim of letting a new contract from 1st April 2013.

Environmental Impact of the Proposal

26. The premises within the prison Establishment where these services are provided meet the requirements of HMP Erlestoke's Sustainable Development and Environmental Strategy policy, which is reviewed and overseen by a quarterly Environmental Committee meeting chaired by the prison's Governor.

¹ *JSNA Support Pack for Commissioners*, National Treatment Agency for Substance Misuse, 5th January, 2012
Healthy lives, healthy people: Improving outcomes and supporting transparency, DH, 23rd January, 2012

Equalities Impact of the Proposal

27. The specification for the service will state that providers will be expected to demonstrate the use of resources local to the prison, where possible together with the provision of services which take account of relevant policies on diversity and equality.
28. An EIA of the effect of any service changes will be conducted as a part of the procurement process and the results of the EIA will be put, for approval, before the Wiltshire Community Safety Partnership and in the decision whether or not to execute the contract resulting from the procurement process will be considered by the officer with delegated authority to execute that contract. Once the new service has been established a further EIA will be done and registered with Wiltshire Council.

Risk Assessment

29. The current contracts for treatment and care services do not comply with the Council's Financial and Procurement Regulations.
30. Adequate market research and stakeholder involvement regionally, prior to publication of the tender documents, has taken place to mitigate the risk that commissioners fail to secure a successful contractor to provide the capacity and quality sought, including current and potential providers.
31. A realistic twelve month timetable has been planned to manage the procurement process.

Financial Implications

32. The funding for both these workstreams (substance misuse services and psychosocial services) is now coming down from the Department of Health to the Public Health budget within NHS Wiltshire. Central Government has advised that these allocations should be regarded as Drug & Alcohol Action Team (DAAT) funding, to be routed through local partnership commissioning. In Wiltshire the DAAT is the Adult Joint Strategy and Commissioning Group for Alcohol and Drugs (JSCG) which sits under the Community Safety Partnership, and HMP Erlestoke is represented as a member of the JSCG.
33. The Department of Health funding for these services has been transferred from the Public Health budget within NHS Wiltshire to the Pooled Treatment Budget (PTB) which is hosted for the Wiltshire Community Safety Partnership by Wiltshire Council. The funding for the Pooled Treatment Budget is specified in Schedule PCT023 of an annual Section 75 Agreement Funding Transfer Schedule between NHS Wiltshire and Wiltshire Council until the transfer of the Public

Health team and its ringfenced budget to Wiltshire Council, along with commissioning responsibilities for substance misuse, in April 2013.

Legal Implications

34. In line with the Government's directions for prison psychosocial services, the current contract for these services between the HMP Erlestoke/ the Ministry of Justice and the Avon and Wiltshire Mental Health NHS Trust (the current provider) has been novated to Wiltshire Council for the current financial year 2011/12 and extended for a further twelve month term until 31st March 2013.
35. Although these qualify as a Part B Service of the Procurement Contract Regulations 2006, it has been recommended that these services are advertised in the EU due to the high value.
36. Adequate measures will be taken to have in place sufficient procurement capacity and expertise to ensure a robust procurement process is carried out to mitigate against any potential for legal challenge to the process.

Options Considered

37. Papers examining the viability, options and risks of extracting the clinical treatment from the general prison healthcare service to integrate these with the establishment's psychosocial services were presented to the Prison Health Partnership Board and the Community Safety Partnership's Adult Joint Strategy and Commissioning Group on Alcohol and Drugs in May and August 2011 respectively. It was decided by both Partnerships that this was not viable option and it was agreed that the tender should focus solely on the psychosocial services.

Conclusions

38. Offenders have significantly poorer health than the general population, with higher levels of alcohol and drug misuse, mental health problems, smoking and related health conditions, blood borne viruses, and sexually transmitted infections.
39. Health services at HMP Erlestoke are commissioned by NHS Wiltshire (Public Health) from Wiltshire Community Health Services (Great Western Hospital). Responsibility for commissioning prison healthcare services will transfer to the National Commissioning Board, subject to the Health and Social Care Bill becoming law. HMP Erlestoke's healthcare services received green ratings against all the Department of Health's Prison Health Quality Performance Indicators in 2010/11.
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responsibility for commissioning psychosocial services within the prison. Responsibility will remain with the Public Health team, following transfer to Wiltshire Council, as part of its wider responsibilities for commissioning substance misuse services.

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Appendix 1

Traffic Light Table for HMP Erlestoke

The table below shows the individual reported results for HMP Erlestoke against the Prison Health Quality Performance Indicators for 2011 and for the previous two years.

Indicators are reported as green, amber or red, or, if recorded as not applicable by the prison, are shown as N/A. White cells without the N/A symbol indicate that no status for that indicator was reported, usually because the indicator did not exist in previous years.

Year		2009	2010	2011
1.1	Patient Safety			
1.2	Healthcare Environment			
1.3	Medicines Management			
1.4	Chronic Disease and Long Term Conditions			
1.5	Discharge Planning			
1.6	Clinical Governance			
1.7	Corporate Governance			
1.8	Information Governance			
1.9	Financial Governance			
1.10	Workforce Plan			
1.11	Equality and Human Rights			
1.12	Service User Involvement			
1.13	Health Needs Assessment			
1.14	Access and Waiting Times			
1.15	Prison Dentistry			
1.16	Substance Misuse Activities – IDTS			
1.17	Alcohol Screening, Intervention and Support			
1.18	General Health Assessment			
1.19a	Services For Children and Younger people (under 18s only)	N/A	N/A	N/A
1.19b	Services For Older Adults (not YOI Estate)			
1.20	Services For Adult Women		N/A	N/A
1.21	Primary Care Mental Health			
1.22	Suicide Prevention			
1.23	Care Programme Approach Audit	N/A		
1.24	Access To Specialist Mental Health Services			
1.25	Section 117			
1.26	Mental Health Transfers			
1.27	Learning Disabilities			
1.28	Hepatitis B Vaccination of Prisoners			
1.29	Hepatitis C			
1.30	Health Promotion Action Groups			
1.31	Sexual Health			
1.32	Communicable Disease Control			