

AGENDA ITEM

3.6

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

HEALTHCARE NEEDS ASSESSMENT HMP PARC

Date of meeting	07/07/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Hayley Pugh Programme Manager for Prison Healthcare
Presented by	Hayley Pugh Programme Manager for Prison Healthcare
Approving Executive Sponsor	Executive Medical Director
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

PFI	Private Finance Initiative
HMP	Her Majesty's Prison
YOI	Young Offenders Institute
HMPPS	Her Majesty's prison & probation service
CTMUHB	Cwm Taf Morgannwg University Health Board
HSCNA	Health & Social Care Needs Assessment



MOU	Memorandum of Understanding
A&E	Accident & Emergency
ILG	Integrated Locality Group

1. SITUATION/BACKGROUND

- 1.1** The purpose of this report is to update the Committee on the planned transfer of healthcare for the residents of HMP Parc/YOI from the current commissioner G4S Healthcare to Cwm Taf Morgannwg UHB, and to provide an overview of the health & social care needs assessment that was recently commissioned.
- 1.2** During the 1990s, the UK Government utilised the Private Finance Initiative (PFI) to contract with Special Purpose Vehicles (SPVs) to design, build, fund, maintain and operate ten prisons, one being Parc Prison in Bridgend. The contract for Her Majesty's Prison (HMP) & Young Offenders Institute (YOI) Parc will expire on 14 December 2022 following a 25-year tenure. The contract includes the design, finance, build, management and operation contract of Parc.
- 1.3** HMP/YOI Parc is a particularly complex estate that provides prisoner places for men remanded and convicted of sexual offences, convicted prisoners, as well as 60 spaces dedicated to youth custody (15-17-year olds). In essence, it is a Category B prison that provides reception, training and resettlement functions. **See Appendix A for information on Prison categories.**
- 1.4** In relation to the future delivery of healthcare at Parc, Her Majesty's Prison and Probation Service (HMPPS) in Wales wrote to Welsh Government in December 2019 about the potential to devolve primary healthcare to Cwm Taf Morgannwg University Health Board (CTMUHB). Welsh Government (WG) formally confirmed their consent for HMPPS in Wales to work with CTMUHB and the Chief Executive of CTMUHB ratified the decision in October 2020 to transfer healthcare to the health board in December 2022.
- 1.5** Prisoners are entitled to receive the same healthcare and treatment as anyone outside of prison. The purpose of healthcare in prisons and YOI is to provide an excellent, safe and effective service to all patients.
- 1.6** Prison offers access to disadvantaged groups who would normally be hard to reach. It is therefore a prime opportunity to address inequality in health by means of specific health interventions as well

as measures that influence the wider determinants of health. For the many prisoners who have led chaotic lifestyles prior to imprisonment, this is sometimes their only opportunity for an ordered approach to assessing and addressing health needs.

- 1.7** Good prison health creates considerable benefits. It prevents the spread of diseases and promotes health through awareness of what everyone can do to help maintain their own health and well-being and that of others. In addition, however, it can help to improve the health status of communities, thus contributing to health for all.
- 1.8** HMP / YOI Parc is currently the only prison that has a private Healthcare provision in Wales. Primary healthcare which is embedded into the HMP / YOI Parc contract, is currently being delivered by G4S Medical Services for both youth and adult service. Primary healthcare services are contracted to a number of providers and this includes the provision of General Medical Services, Dental, Optometry, although there are a number of staff who work within the healthcare service employed by G4S healthcare who will TUPE (Transfer of Undertaking (Protection of Employment)) across to the health board in the transition **See Appendix 2.**
- 1.9** A HMP Parc prison healthcare partnership board has been established and is co-chaired by the Prison Governor and Director of Primary, Community & Mental Health. Members for the health board include Bridgend ILG Director of Operations and Public Health. The partnership board is the mechanism for the health board to have oversight and have confidence along with WG and other key stakeholders that the healthcare provision in Parc is of a suitable standard and capacity to meet the needs of the population.



2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1** In November 2020 a Health and Social Care Needs Assessment (HSCNA) was commissioned to better understand the health needs of the resident population in HMP Parc. It also assessed the extent to which the current need and demand for health and social care in the prison establishment(s) were being met. See the full reports in appendix 3.
- 2.2** The information within the HSCNA has been used to develop the service specification in line with the identified health needs for the population of HMP Parc/YOI.
- 2.3** There are examples of excellent healthcare provision within the HSCNA two areas worthy of mention are:
- The approach to learning disabilities is extraordinarily comprehensive and stands out as excellent in relation to comparator prisons
 - The primary care out of hours service is at a level not typically seen in other prisons and both enables healthcare to be very responsive to resident needs whilst also reducing the out of hours escorts to hospital Accident and Emergency Departments (A&E).
- 2.4** Some recommendations we plan to resolve prior to the transfer of healthcare include:
- Exploring opportunities to reduce the volume of escorts for external appointments. As a health board we are currently looking at alternative means of healthcare delivery such as visiting diagnostic trucks e.g. ultrasound scans, and the use of telemedicine and Attend Anywhere to support the provision of "virtual" consultations.
 - The specialist mental health resource available for the young people is in need of urgent review
- 2.5** Others recommendations fall to the current healthcare commissioner to resolve e.g.:
- The primary mental health provision needs an alternative to medication. It should include talking therapies – we recommend psychological wellbeing practitioners skilled in interventions such as cognitive behavioural Therapy (CBT).

- There should be a specialist resource available in HMP Parc to meet the needs of residents with acquired brain injuries and enable access to timely diagnosis.
- 2.6** Some recommendations will be realised through the work of the development of the service specifications and the allocation of appropriate funding upon service transfer:
- In order to better service the needs of residents with both substance misuse and mental health needs there should be more dual diagnosis resources.
 - There should be additional psychology input to create and implement formulations for each young person.
- 2.7** In December 2020 four task and finish groups were established with the remit of developing a service specification in readiness for the transition of healthcare from the current commissioner to CTMUHB in 2022. The four task & finish groups established are - primary/secondary scheduled/unscheduled care, adult mental health services, adult substance misuse services and a children's mental health and substance misuse services. The groups included representation from Welsh Government, HMPPS, Social Care, Public Health Wales, Cwm Taf Morgannwg UHB Clinical Leads and Service Leads as well as Independent Contractors.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1** Upon expiration of the current Operator contract, and commencement of the new arrangements, a key requirement is maintaining continuity of provision so that there is no disruption to the quality of service provided, while ensuring opportunities to modernise and align service provision to future need are maximized.
- 3.2** A central PFI Expiry and Transition Programme has been established within HMPPS. There are seven core work streams that feature in all PFI Expiry Projects. There are also four site specific work streams of which healthcare is one.
- 3.3** The health work stream co-ordinates discussions between partners on the extraction of healthcare from HMP Parc, at a local and Wales national level. This includes discussions with the Health Board and the Welsh Government. The health work stream will ensure that the work is delivered on time, meets the devolution requirements and supports the aims of the overarching programme.



- 3.4** A Vision for the provision and delivery of healthcare within the prison environment has been developed collaboratively by all task & finish group members, and a first final draft healthcare specification is currently being reviewed. The final service specification will be completed and signed off by May 2022 in readiness for the transfer of healthcare in December 2022.
- 3.5** We are currently in the process of establishing an Implementation Board who will provide the governance and assurance in respect of the processes involved in the transition of healthcare to health board. The main risk identified is that of further waves of Covid impacting on the ability of the identified work stream leads to focus on the work required resulting in delays. To mitigate this we intend to commence the planning for the transfer of healthcare in July 2020 by establishing the Implementation Board and identified works streams so that we can build in slippage to the programme of work should it be required.
- 3.6** The draft service specification has been used to produce high level costs that have been provided to HMPPS specifically for the provision of primary care services. The health board's core budget is currently being reviewed to understand the provision for community and secondary care services to the population of HMPS Parc/YOI.
- 3.7** An action plan has been written that incorporates the recommendations made in respect of healthcare for both adults and children. This action plan has been taken to the Prison Health, Wellbeing and Social Care Partnership Board who will monitor progress made against it. The Partnership Board has also instructed the development of a quality dashboard to monitor the quality and safety of all aspects of healthcare within the prison environment. The dash board will also feed into the wider quality and safety agenda within the health board to provide assurance.
- 3.8** In order to ensure that the recommendations made in the HCSNA are addressed, an action plan has been developed that lists all of the recommendations and identifies what action is to be taken, the timescale for completion and who is responsible for ensuring the actions are completed. Each action is RAG rated and any risks have been identified along with mitigating actions. This will be overseen by the Parc Prison Partnership Board
- 3.9** A quality dashboard is in the process of being developed that will enable easier monitoring of quality and safety across all aspects of healthcare provision within the prison environment. This tool will support the identification of service delivery issues which will be

escalated to the Prison Health, Wellbeing & Social Care Partnership Board which comprises of representation from the prison operator, CTMUHB, Bridgend County Borough Council Social Services and healthcare operational staff from within the prison healthcare service. Meetings are held bi-monthly. This information will also be fed into CTM UHB Quality and Safety Committee to provide assurance as we move nearer to the transition of the service to the health board

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Effective Care If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report. Please see paragraph 3.6.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

The Population Health and Partnerships Committee is asked to **NOTE** the contents of the report.

Appendix 1 Prisoner Categories

Adult Males

All male adult prisoners are allocated a category based on their offence and risk and this determines the type of prison they go to.

- **Category A High Security** - Category A prisoners are those that would pose the most threat to the public, the police or national security should they escape. Security conditions in category A prisons are designed to make escape impossible for these prisoners.
- **Category B** – Category B prisoners do not need to be held in the highest security conditions but, for category B prisoners, the potential for escape should be made very difficult.
- **Category C** – Category C prisoners cannot be trusted in open conditions but are considered to be prisoners who are unlikely to make a determined escape attempt.
- **Category D Open Prisons** - Category D prisoners can be trusted in open conditions.

Un-sentenced prisoners, or prisoners on remand awaiting trial, are generally housed in category B accommodation unless they have been provisionally classified as category A.

Female prisoners and young prisoners

Unless they have been deemed category A then female prisoners and young prisoners are not categorised. They are only classified as suitable for open conditions or suitable for closed conditions.

You people typically get moved to a training prison at the earliest opportunity where they can go on courses and training.

Appendix 2

CURRENT SUB CONTRACTORS

Element	Provider
Primary Care	G4S Medical Service UK
Pharmacy	G4S Medical Service UK
General Practitioner	Marnell Medical Services
Dental	Time For Teeth
Optometry	Huw Bellamy
Physiotherapy	Calvin Hill Active Health Professionals
Podiatry	Premier Physical Health
Clinical Substance Misuse Service	G4S Medical Services Uk
Psychosocial or Non-Clinical Substance Misuse Service	G4S Custody & Rehabilitation (Dyfodol)
Secondary Mental Health	Swansea Bay University Health Board

STAFF

Role	WTE
Head of Healthcare	1
Practice Manager	1
Clinical Lead	1
Crisis team Nurses	14.5
Practice Nurses	9
Senior Nurses	5
Healthcare Assistants	8
Administrators	7
Pharmacy Technicians	11
Senior Pharmacy Technician	1
Dispensers	2
Pharmacist	2
Pharmacy Manager	1
P.A.L.S officer	1