

what
would you do?

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NHS Long Term Plan

Prison Healthcare Reps - Lindholme Prison

2 May 2019

1 Introduction

1.1 Description of the focus group/engagement activity

Group Name: Prison Healthcare Representatives – Lindholme Prison

Short description: Prison Healthcare Reps work on each Wing in the Prison to support fellow prisoners with access to healthcare and support services. The group of reps meet monthly with the Lead Nurse for Healthcare in the Prison. There are opportunities for discussion about systems and processes and how to get information to prisoners about changes and developments to the healthcare service provided in the prison.

1.2 Acknowledgements

Thank you for Sam Bedford – Associate Practitioner – Care UK – Lindholme Prison for arranging Healthwatch Doncaster's attendance at the meeting.

Thank you to all the Prison Healthcare Reps who took part in the discussion about the NHS Long Term Plan

It was great to have Voiceability Doncaster involved in the session and to listen to the discussion and training about Advocacy and the support available to prisoners.

Thanks to Curtis Henry from Public Health and NHS Doncaster CCG for his support in delivering the Focus Group session.

2 What was the purpose of the activity/session?

2.1 Purpose

This Focus Group with Prison Healthcare Reps was an attempt to listen to the views and ideas from a group of people whose voices are not often heard in relation to healthcare and health service improvement.

The health service in prisons is similar but different to the health service accessed and experienced within local communities.

Healthwatch Doncaster has links with the prisons in Doncaster and wanted to engage prisoners and staff in a conversation about the changes and development to the NHS outlined in the Long Term Plan.

2.2 What did you do?

The Focus Group had to be developed and delivered in a slightly different way to other Focus Groups. Prisoners would be unable to participate in online surveys or access emailed version of the NHS Long Term Plan. A different approach was required and this took the form of a facilitated conversation around the key themes and element of the South Yorkshire and Bassetlaw Long Term Plan survey:

- Choice and Control and Prevention
- Mental Health
- Care closer to where people live

The healthcare service in prison is similar but different to the healthcare service available and accessed in the local community. There are specific reasons for this linked to security and the prison regime. Therefore the conversations and focus group needed to be flexible and adaptable to the audience i.e. prisoner reps and staff.

The conversation covered access to GP and Nurse appointments in the prison, access to GPs and health services upon release, access to hospital services whilst in prison and mental health support both proactively to prevent crisis and escalation and reactively when someone is experiencing a crisis.

2.3 Results of the activity/session(s)

There has been training delivered to Healthcare Reps about advocacy and advocacy support for prisoners – the training has been delivered by Voiceability

Most prisoners in Lindholme are residents of Doncaster – they return back to their local community.

There was an extended discussion about how prisoners, when released, access local health and care services – most people will access their GP but may not know about wider areas of support that could be available around mental health or substance misuse recovery.

There was a discussion around Prevention and Self-Care – the general feeling was that prisoners could do more for themselves if they had the training and

support to do so i.e. low level preventable health conditions could be self-managed and medicated by prisoners themselves – prisoners can access ibuprofen and paracetamol

A discussion around accessing GPs in prison identified that there was a long waiting list – up to 6 weeks – to see a GP. Most prisoners want to see a GP rather than a nurse because only the GP can prescribe therefore if they see the nurse and then are told that they need to a GP then it extends the waiting time. As a consequence of the long period of time that prisoners wait to see a GP there is a high rate of missed appointments – so of this is due to prisoners getting better, prison lockdown or segregation and sometimes it is due to prisoners being transferred or stepped down to a lower Category prison.

When the Prison Healthcare reps were asked What Would They Do to make improvements to Healthcare/NHS in Prisons – the big response was around having a dedicated hospital/acute service onsite in the prison rather than having to wait for appointments in a local hospital and the difficulty in attending/Prison Officers attending the appointments.

There was an extended discussion around Mental Health in prisons – where they are available they are good but availability is patchy. There was a recognition that there needs to be more provision of mental health services in the community for released prisoners as part of supporting them to maintain their release and to avoid being recalled.

The prison healthcare reps identified the need for more mental health education and training support for Prison staff – Prison Officers – so that mental and emotional health needs of prisoners could be identified and supported earlier to avoid escalation and crisis.

Prison healthcare reps identified that a training programme for prisoner mental health crisis supporters would be a good development.

The Samaritans service is available in the prison via the phone service but general mental health services in prisons are not available 24/7 – the development of a prison-based mental health peer support crisis.

There is recognition that in prison it can be difficult for people to show need/ask for help around mental health because of prisoner bravado

Prisoners felt that mental health and physical health ought to be treated together rather than separately

Feedback from people who took part

Prisoner Healthcare reps went on to state that a range of training courses and opportunities for prisoners would help manage mental health crises and conditions - these include:

Health Trainers - training prisoners to do more for themselves and self manage low level conditions

Mindfulness and transcendental meditation – good opportunity for better mental health support that is self-managed

More activities on the Prison Wings – creating a better environment – engaging/learning will promote an improvement in mental health conditions

Mental Health First Aid scheme would be a useful training programme

Feedback from staff/volunteers who took part

Reflections from Curtis Henry – Public Health:

- I recognised the issues surrounding providing health care for the whole prison environment and how managing risks associated to the client group significantly impacts upon the way health services are both accessed and provided for prisoners.
- Issues were highlighted surrounding the whole prison establishment and requirements to explore the broader perspective relating to how the policies, procedures and practices of prison system could be developed to improve the 'environment and subsequent offer available for detainees dealing with mental health conditions (well-being)
- Ensure all staff who operate within the prison environment have a better / improved understanding of Mental health, achieved through the delivery of mental health awareness training programmes.
- Improve the working relationships between the prison and Probation Services to ensure prisoners receive adequate health and social care support upon their release –
- Improve the offer of assistance/support available to prisoners at the point of release to support them access health services. In turn, access the support necessary to enable them manage health conditions & concerns.

2.4 Conclusion

Engaging with prisoners and prison healthcare reps about the wider NHS can be difficult – the health and care system in a prison is similar but different to the wider NHS. The experience of prisoners accessing health and care services is not always a positive one.

Mental health is an area of interest for improvement in prisons identified by prisoners and prisoner healthcare reps – they key areas of development identified are around peer support and wing/community support – this is interesting because it mirrors development of peer support around mental health that happens in communities – the big difference is that in a local community it is actively supported and used whereas in a prison it is not so actively supported but would be utilised.

It has been identified that a discussion with the healthcare provider – Care UK – about the implementation and practicalities of the NHS Long Term Plan aspirations would be useful. Will the development of the NHS through the Long Term Plan be mirrored in the prison healthcare system and is there enough joined up work between the Ministry of Justice, Prison Healthcare Providers and the Department of Health?

2.5 Data and information summary

Please complete the table below with all the info gathered from your focus group/engagement session

Date of Focus Group/Engagement Session	2 May 2019
Group name	Prisoner Healthcare Reps – Lindholme Prison
Description of the group or session	Prison Healthcare Reps work on each Wing in the Prison to support fellow prisoners with access to healthcare and support services. The group of reps meet monthly with the Lead Nurse for Healthcare in the Prison. There are opportunities for discussion about systems and processes and how to get information to prisoners about changes and developments to the healthcare service provided in the prison.

Life stage – (Starting Well, Living Well, Ageing Well)	Living Well
No. of attendees	8
Theme area (Mental Wellbeing, Choice and Control and Independence, Care near where you live)	Mental health and wellbeing
Was it a condition specific session – if so please identify the specific condition	Started off general but ended up being more about Mental Health
What were the key outcomes	<p>Mental health is an issue in prison</p> <p>Training for more peer support for mental health would be welcomed and useful</p> <p>Prison staff need more awareness and empathy around mental health needs of prisoners</p> <p>Prisoners, when released, have little or no support about how to access and utilise the NHS in their local community</p> <p>Access to the NHS/health and care services in prisons is different/inequitable to access to the NHS in the community</p>