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HEALTHCARE SERVICES IN PRISON

In response to the discussion at the Health Select Committee on 31st October 2017, I would like to respond to the points raised by Rosie Cooper in relation to health services in prison, in particular on funding and contracts for prison health services, and HMP Liverpool. I did not reply sooner as I anticipated receiving a letter setting out Rosie Cooper’s specific concerns.

As you are aware, NHS England commissions health services in prisons and other places of detention. Senior officials from NHS England and Her Majesty’s Prison and Probation Service recently gave evidence to the Public Accounts Committee following the NAO Report on Mental Health Services in Prison.

Healthcare in prisons is much improved since 2013 when NHS England became responsible for commissioning services in places of detention. Having a single commissioner for health services across the detained estate has provided an opportunity to drive up quality and consistency and embed a standard operating model in all establishments.

NHS England introduced the Health and Justice Information System (HJIS) which enables collection and sharing of data and health information at local and national level between prisons. Recent developments to the system which are currently being rolled out across the prison estate, mean that when a patient comes into prison they will be able to register with the prison healthcare service in the same way that they would register with a GP in the community. This will mean that their full clinical history, including details of any mental health or substance misuse needs, will be available in the prison.
Likewise, when they leave prison and register with a GP back in the community, their full clinical history, including the mental health treatment they received in prison, will be available to their community GP – a positive contribution to the continuity of care. This is going to be possible because NHS England has taken a national view of data-sharing needs, and is in a position to fund these developments.

In 2016/17 the total healthcare budget for the adult prison estate was £400 million, of that £148 million was spent on mental health and substance misuse services (37% of the total spend).

In terms of mental health services, NHS prison mental health services are provided through 102 in-reach teams, accessible in all prisons. NHS England is reviewing the Mental Health service specification for prisons, in line with the commitment set out in the Next Steps for the Five Year Forward View. Evidence based treatment pathways for community mental health and forensic mental health, alongside the roll out Liaison & Diversion services across the whole of England by 2020/21 will improve the offer available to support offenders with mental health and substance misuse needs.

The annual report on substance misuse treatment in secure settings based on National Drug Treatment Monitoring System (NDTMS) data was published by Public Health England on 18th January 2018


The report shows that there has been a small reduction in the overall numbers of adults accessing drug and alcohol interventions in prison, with the numbers presenting for alcohol only treatment accounting for most of the fall. This is in line with service use in the community. The report confirms the shift towards greater use of psychosocial interventions (almost two-thirds of the overall treatment population) compared to pharmacological treatment.

For people who need mental health treatment in secure services, I am aware there are currently delays in transfers to psychiatric hospital. In response NHSE is working with colleagues in HMPPS to tackle the problem in prisons together, and is carrying out a service review across all adult medium and low secure services to look at what improvements can be made across the secure care system.

The pressure being experienced within prisons is being considered as part of the service review, as well as the difficulties in the system relating to remissions from hospital back to prison, so that access, egress and throughput is improved. This is key to ensuring that the appropriate capacity is planned for the future.
Finally, in respect of the problems at HMP Liverpool, I can assure you that we are taking this very seriously. There are wider issues within the prison environment to consider alongside the delivery of healthcare and I know that regular meetings are taking place between NHS England, HMP Liverpool and Lancashire Care Foundation Trust to ensure recommended actions from the CQC and HMIP inspection reports are being addressed. Additional funding has also been made available to strengthen clinical oversight of quality and operational improvements within healthcare services at the prison.

NHS England are undertaking a procurement process to find a new provider to work within HMP Liverpool from 1 April 2018 under a new service specification that responds to the aging population and the findings of the inspections. The new governor of the prison is working closely with NHS England to ensure optimum conditions are in place for delivering high quality health care.

A Mersey-wide mental health pathways summit is planned for April 2018, to identify gaps in current pathways and to develop new pathways to ensure that those prisoners who require mental health support receive timely and appropriate care within the correct and least restrictive setting.

I understand improvements are already being seen in the safe delivery of healthcare and NHS England continue to monitor and assure the quality of the service with regular site visits, and remain committed to ensuring those who are in detained settings have access to high quality care and are working with HMP Liverpool to help achieve this.

JEREMY HUNT