HMP YOI Downview
The Josephine Butler Unit
Health Needs Assessment Refresh

NHS Surrey Public Health Team

NHS Surrey

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Executive Summary

Background

The NHS Surrey Public Health Team is undertaking a rolling programme of needs assessments and refreshes across the five Surrey prisons to inform the commissioning process. The health needs assessment is also a key component of several of the Prison Health and Performance Quality Indicators that are collected on an annual basis by the Department of Health and the Ministry of Justice. It is recommended that health needs assessments are refreshed annually, and the previous full health needs assessment was completed in July 2010.

HMP YOI Josephine Butler Unit

The Josephine Butler Unit (JBU) is a sixteen bed unit for women under 18 who are on remand or sentenced. It is within the grounds of HMP Downview.

There was an increase in the number of prisoners entering the prison in 2012- there were 33 new receptions over six months. Two thirds of prisoners at JBU are on remand (64%) with a third (36%) sentences. There is a high proportion of Black and Minority Ethnic prisoners (52%).

Methods

The health needs assessment refresh was carried out between February and August 2012. A small amount of data on healthcare services and data reported nationally is included. The small number of prisoners means it is difficult to collate and analyse appropriate epidemiological data. The QOF data is not available separately for JBU, so this is not reported on. This health needs assessment refresh does not include a corporate health needs section (views from stake holders and service users).

There was a limited amount of data available for this refresh from health providers. It is recommended that more in depth data be provided for the next full HNA.

Areas of Recommendation

Workforce

Workforce plans should be put in place to ensure staff on the JBU are up to date with training, CPD and appraisals. These plans should consider how staff can meet the complex and varied needs of these young women.

Communicable Diseases

The coverage of the Hepatitis B vaccination should be prioritised to ensure the coverage is above 80% every quarter and data is submitted every quarter. More patients at risk of Hepatitis C should be offered testing.

Mental Health and Learning Disabilities

It is recommended that the Mental Health team should monitor, collate and analyse comprehensive and accurate data on the service at JBU, to ensure an effective service is being delivered. A comprehensive learning disability and learning difficulty assessment should be carried out within a month of reception, and information from this should be used to inform care plans and plan targeted interventions.

Health Improvement

The Health Promotion Action Group should be improved and the action plan renewed, with the group ensuring the specific needs of young women in the JBU are taken into account. A more formalised health promotion programme should be developed to meet the needs of the women- those delivering the training have experience of both delivering health promotion work in a group, and have specific experience working with 'hard to engage' young people.

Smoking remains a problem with no service review having taken place since the 2010 HNA, and no data being submitted to the Surrey Stop Smoking Service. This should be a priority. More data on physical activity should be collected, and the new physical activity guidelines should be promoted.

Further Health Needs Assessment work

Providers working in JBU to provide data to enable the full comprehensive needs assessment to be completed in 2013. This should include health service activity, QOF, harm reduction, dental health, mental health and health promotion.

1. Introduction

1.1 Background

The NHS Surrey Public Health Directorate is undertaking a rolling programme of needs assessments and refreshes across the five Surrey prisons to inform the commissioning process. The health needs assessment is also a key component of several of the Prison Health and Performance Quality Indicators that are collected on an annual basis by the Department of Health and the Ministry of Justice. It is recommended that health needs assessments are refreshed annually, and the previous full health needs assessment completed in July 2010.

1.2 Health Needs Assessment

This health needs assessment (HNA) refresh is an assessment based on the health needs, health service provision and activities in the JBU that impact on a prisoner's health. A HNA is a systematic method for reviewing the met and unmet health needs of a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities. Whilst assessing need is the primary focus of a health needs assessment, in reality consideration must also be given to ensuring that demand for and supply of health care is appropriate.

This HNA refresh also links in to other key drivers relevant to HMP YOI Josephine Butler Unit:

- The Prison Health Performance and Quality Indicators are collected on an annual basis by the Department of Health and the Ministry of Justice
- The full Health Needs Assessment that was undertaken by NHS Surrey Public Health in 2010
- The Prison Health Delivery Plan
- Management Review December 2011- February 2012.

Appendix A contains a review of progress towards the recommendations of the 2010 full Health Needs Assessment. Appendix B contains a summary of the HMIP last unannounced and announced inspection reports.

1.3 Methods and Structure of this Paper

The health needs assessment refresh was carried out between February and August 2012. A small amount of data on healthcare services and data reported nationally is included. The small number of prisoners means it is difficult to collate and analyse appropriate epidemiological data. The QOF data is not available separately for JBU, so this is not reported on. This health needs assessment refresh does not include a corporate health needs section (views from stake holders and service users).

There was a limited amount of data available for this refresh from health providers. It is recommended that more in depth data be provided for the next full HNA.

1.4 National Data on female young offenders

A 2006 national study on female young offenders[1] revealed a complex mix of social, physical and mental health problems. Key findings included:

- overall, 41% had been adopted or in foster care

[1] Douglas, N. & Plugge, E. (2006). A Health Needs Assessment for Young Women in Young Offender Institutions. Youth Justice Board.

- most had left education by age 17 (90%) and only a quarter (27%) were employed prior to imprisonment
- according to Short-Form 36 (SF-36) responses, young women in custody scored less favourably on health status measures than both women in manual classes and adult UK women offenders
- according to General Health Questionnaire 12 (GHQ 12) scores, 71% of respondents had some level of psychiatric disturbance, which rose to 86% when factoring in long-standing disorders
- over one-third of respondents (36%) had self-harmed in the last month, of which the majority (92%) had cut themselves
- overall, 81% of respondents smoked, on average starting at age 12
- the majority drank alcohol prior to imprisonment (86%) and just under two-thirds (61%) exceeded the recommended weekly units for women
- most (82%) had used illegal drugs in the previous six months, 72% of whom used at least two substances
- over a quarter (26%) had had three or more sexual partners in the last year but only 15% reported that they always used condoms- almost a quarter (23%) had been diagnosed with an STI and one in ten (10%) had been paid for sex
- in comparison with UK adult female prisoners, levels of smoking, harmful drinking and illegal drug misuse were broadly similar- however, a considerably larger proportion of female juvenile respondents had self-harmed in the last month.

Although this level of data is not available for the young women at the Josephine Butler Unit, it can be assumed that the women there will have a similar level of need.

2. Prison Profile

The Josephine Butler Unit (JBU) is a sixteen bed unit for women under 18 who are on remand or sentenced. It is within the grounds of HMP Downview.

Due to the small numbers, instead of the prison population on a snapshot day- a six month profile (February 2012- July 2012) has been recorded for the purpose of this document.

Table 1: Number of receptions February- July 2012

Month	Number of receptions
February	5
March	6
April	6
May	6
June	5
July	5
Total	**33**

Data from the previous needs assessment reported 48 new receptions a year, so there appears to have been an increase. In this period 36% of prisoners were sentenced and 64% were on remand.

Table 2: JBU population over a six month period by ethnicity

Ethnicity	%
White British	48%
Black British	18%
Asian	6%
Carribean	9%
Other White	18%

No youth offenders were recorded as having a disability in this period.

Information was not available on the number of foreign nationals, religion of women or sexuality.

Recommendations

1. The demographics of the prison population should be collated and regularly reviewed to ensure services meet the needs of prisoners.

3. Health care provision

3.1 Reception screening

All new receptions receive a full assessment, which is recorded in SystmOne. All new receptions also undergo a full mental health assessment by Surrey and Borders staff as recommended in the 2010 Health Needs Assessment.

3.2 Health Care Staffing

There are 4 healthcare staff based in JBU. At least two members of staff are on duty between 07.30 – 20.30. On some occasions, there are three members of staff which is dependent on the rota.

Other Staff

Two Youth Offending Officers are also assigned to the unit. A HMPS member of staff has been appointed as Safeguarding Manager.

A 2006 Health Needs Assessment for Young Women in Young Offender Institutions by Douglas and Plugge recommended staffing levels in a youth offender institution, based on input per week per ten girls.

Table 3: Recommended staffing, Douglas and Plugge 2006[2]

Staff required	Recommended input per week per ten girls or young women
Generalists	
Registered general nurse (RGN)	1.5 to 2.0 FTE
Vocational trained general practitioner	3 hours
Pharmacist	Access
Dentistry	
General dental practitioner	1 hour
Dental nurse	1 hour
Mental health	
Community psychiatric nurse (CPN)	0.3 to 0.5 FTE
Psychiatrist	2 hours
Psychologist	2 hours
Counsellor	6 hours
Sexual and reproductive health	
Sexual health adviser	6 hours
Consultant in genitourinary medicine (GUM)	Access
Midwife	Access
Substance misuse	
Substance misuse worker	20 hours
Other	
Occupational therapist	Access
Speech and language therapist	Access
Physiotherapist	Access

'Access' means that young women should have access to these services as required.

It appears that at present the staff input is meeting the recommendations, however any future changes to the unit should take this research into account.

3.3 Access to Healthcare

Healthcare is available on Monday to Friday.

[2] Douglas, N. & Plugge, E. (2006). A Health Needs Assessment for Young Women in Young Offender Institutions. Youth Justice Board.

Table 4: Monday to Friday Access

Time	Activity/ regime
08.00- 08.30	Medication
09.00 – 10.30 10.45 – 12.00	Education
12.00 noon	Medication
12.20	Lock up
13.30	Unlocked
13.30 – 15.00	(Available to healthcare Thursday only, otherwise engaged in other activities as part of DTO)
18:00	Medication
19.20	Lock up until morning

Nurse led clinics are held every day on a needs led basis. Clinics provided are:

- Smoking cessation
- Womens Health inc sexual health
- Vaccination clinic
- Special sick
- Nurse Triage
- Clinical support sessions
- Family planning.

GP clinics are held every Monday and Friday morning. New receptions are seen on the day of arrival.

Specialist services which are available include:-

- Optician
- Dentist
- Podiatry
- Diabetes
- Ultra sound
- Asthma
- Dermatology
- Hepatitis C
- Positively women
- Coagulation Wound Care
- Camouflage
- Physiotherapy
- Gynaecological service provided by GP

If there is a pregnancy, midwifery is provided by St Heliers and the midwife visits the prison.

3.4 Access to medication

The number of prescribed medications is very small in number and some in-possession risk assessments have recently been carried out. In possession medication is encouraged to promote independent living skills.

3.5 JBU Management Review

Between December 2011- February 2012 a Management Review was undertaken of the staffing arrangements at JBU by the provider. The review commented that 'there are significant periods of time when staff time and skills are not being fully utilised' and 'JBU Band 5 staff do not attend training sessions and have not complied with continuous professional development requirements although opportunities were given'. The difficulty raised includes staff not being allowed off the unit to attend in house training.

Whilst all staff have e-ksf appraisals and professional development plans, none of the Healthcare staff have the Juvenile Awareness Staff Programme (JASP) training provided by HMPS. JASP is an essential requirement for those working within the YOIs[3].

Changes were suggested in the review which would draw staff away from the Unit and into HMP Downview, with different staffing patterns. Any changes made should take into account the recommendations of the 2006 national health needs assessment for young women in YOIs[4] on health service provision.

Recommendations

2. Workforce plans should be put in place to ensure staff on the JBU are up to date with training, CPD and appraisals. These plans should consider how staff can meet the complex and varied needs of these young women.

[3] Skills for Juctice, A day in the life of a Staff Training and Development Manager – in Her Majesty's Prison Service.
www.skillsforjustice.com/websitefiles/A_day_in_the_life...of_a_Staff_Training_and_Development_Manager_in_Her_Majestys_Prison_Service.pdf

[4] Douglas, N. & Plugge, E. (2006). A Health Needs Assessment for Young Women in Young Offender Institutions. Youth Justice Board.

4. Physical Health Needs

Female offenders in secure settings experience greater health inequalities than young women in the community.

A literature review of the health needs of young females in secure setting identified a complex health needs. The prevalence of mental health needs is higher in this group. Increased risk taking behaviours, substance and alcohol misuse, poor diet and poor access to healthcare are common in this group.

Within JBU health data is recorded on SystmOne. The only QOF outcome specifically related to children and young people is the percentage of patients with asthma between the ages of 14 and 19 years in whom there is a record of smoking status in the preceding 15 months. The result for Downview/JBU was 75% (3/4) which is good.

4.1 Communicable Diseases

There is a vaccination programme, but currently the offender is taken out of lessons to have their vaccinations. Childhood immunisation vaccinations are given as well as the Hepatitis B programme. Currently the 'looked after children's' team will provide information on vaccination status and the GP surgery via the YOT worker will provide vaccination history for other offenders. No information was available on the number of young women with incomplete or uncertain childhood immunisations.

Hepatitis B Vaccination

All prisoners should be offered a Hepatitis B vaccination programme on arrival at JBU. The coverage rates for the vaccine are rated for the Prison Performance and Quality Indicators as <50% RED, 50-80% AMBER and >80% GREEN and are submitted to the Department of Health on a quarterly basis.

Over the last year, JBU has achieved GREEN in 50% (4/8) of quarterly reports, with 25% (2/8) as AMBER and 25% (2/8) where no data was submitted. The table and graphs below some good results, but also inconsistency. Over 70 prisoners have been vaccinated in the last two years. They also detail the percentage of prisoners who decline the vaccine, and the number who have not been offered the vaccine.

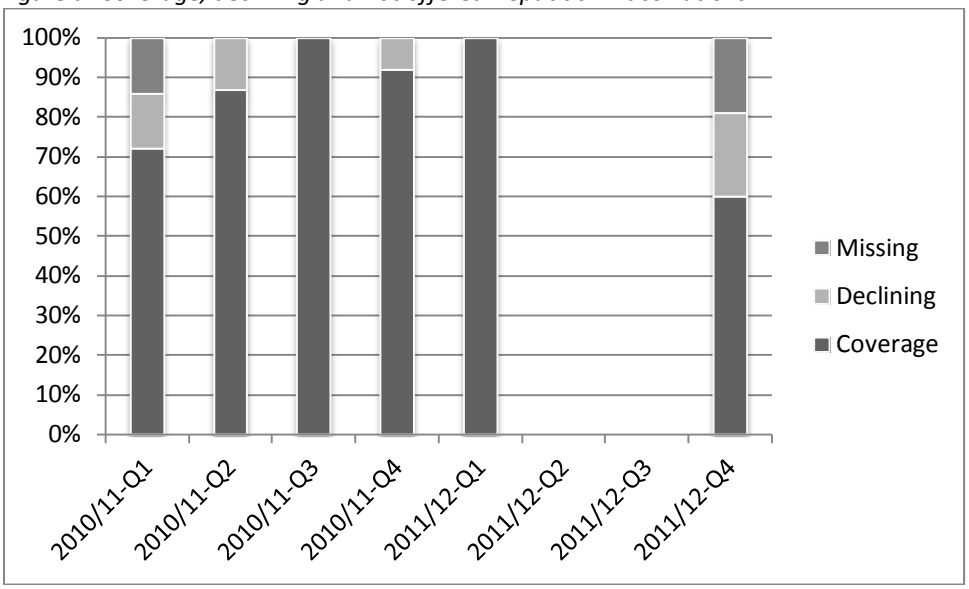
Table 5: Rating, coverage, declining and not offered for Hepatitis B vaccinations

Year and Quarter	Rating and Coverage	Declining	Not offered
2010/11-Q1	*Green* 72%	14%	14%
2010/11-Q2	*Green* 87%	13%	-
2010/11-Q3	*Green* 100%	-	-
2010/11-Q4	*Green* 92%	8%	-
2011/12-Q1	*Green* 100%	-	-
2011/12-Q2	NOT REPORTED		
2011/12-Q3	NOT REPORTED		
2011/12-Q4	*Amber* 60%	21%	19%

Source: PHPQI website

Given the small number of receptions per month (between 7-20 prisoners) it is disappointing that 100% coverage has not been achieved every month. Processes should be in place to ensure data is submitted every quarter.

Figure a: Coverage, declining and not offered Hepatitis B vaccinations



Source: PHPQI website

Hepatitis C Tests

Hepatitis C testing is now reported on quarterly as part of the Prison Health and Performance Quality Indicators (PHPQI 3.2). The table below shows the percentage of new receptions who were tested for Hepatitis C in 2011 within 31 days of reception; 31 prisoners were tested over the year, which was 49% of prisoners.

In the previous HNA it was reported in one quarter, no tests were completed.

Table 6: Information on Hepatitis C tests for new receptions in 2011

	2011 Q1	2011 Q2	2011 Q3	2011 Q4
No. of new receptions	20	13	16	14
No. of Hepatitis C tested performed (% receiving test)	0 (0%)	11 (85%)	11 (69%)	9 (64%)

Source: PHPQI website

Recommendation

3. Develop a plan to improve the processes for Hepatitis B vaccination so all prisoners are offered the vaccine within 31 days of reception, and the coverage is over 80% every quarter. The data should be reported to the Strategic Health Authority every quarter. This plan should be reviewed after 3 months.
4. All new receptions should be offered a Hepatitis C test, in line with the PHPQI guidance.

4.2 Sexual Health

Sexual health services are provided by HMP Downview healthcare. Sexual health services are offered on admission and the weekly if follow up is needed. In May 2012 there were 10 appointments attended for sexual health services including Chlamydia. The data for Chlamydia is reported with HMP Downview's submission.

Sex and Relationships Education (**SRE**) is also provided by the community healthcare provider.

4.3 Oral Health

The *Strategy for Modernising Dental Services for Prisoners in England (2003)* and later the *Reforming Prison Dental Services in England Guidance (2005)*[5] focuses on improving the quality of dental care provided in prisons while raising awareness of the need for good oral health. A number of key good practice recommendations are made and include undertaking an oral health needs assessment, oral health promotion, improving access to treatment and improving quality of care.

Three key access standards to prison dentistry have been identified:

- Emergency care, for example severe facial trauma and severe bleeding, may require **immediate access** to an Accident & Emergency department in line with local health care provision and subject to local prison security policies.
- Urgent care for dental pain and minor trauma will require access to a dentist within **24 hours**.
- Appointments for routine care will not normally exceed **6 weeks** from the time of asking.

Oral health services are provided in HMP Downview. The dentist is available once a week for routine appointments. If an emergency appointment is requited, then the provision is available to be seen by the dentist at the next clinic. The young people no longer see the dentist as routine- they are seen by clinical need.

In May 2012, 9 appointments were attended for dentistry, including oral health promotion.

Oral health promotion is delivered by the dentist during the time of the consultation. Additional to this, on a Thursday there is a rolling health promotion programme and oral Health promotion is provided on a 12 weekly basis by the oral hygienist.

JBU were rated as GREEN in prison dentistry in the 2011/12 Prison Health Performance and Quality Indicators.

[5] Office for Public Management (2005) Reforming prison dental services in England. A guide to good practice.

5. Mental Health

The PHPQI 1.19a 'Services for Children and Young People' has standards around CAMHS, and JBU were rated as GREEN: *'The PCT/YOI Partnership, in partnership with the local Children's Trust/ Strategic Partnership board, is working to ensure, as a priority, that children and young people in the YOI have access to a comprehensive Child and Adolescent Mental Health Service.'*

Table 7: Number of referrals in 2011

Month	White British	British or mixed British	White and Black Caribbean -	Total number of referral's
January		1		1
February	1		1	2
March		1		1
April				0
May				0
June	2			2
July			1	1
August	1		1	2
September	2			2

Table 8: Number of consultations per month in 2011

Month	Number of patients	Total number of consultations
January	3	4
February	1	1
March	6	10
April	6	13
May	7	12
June	7	19
July	7	12
August	8	14
September	10	11
October	5	5
November	4	5
December	10	16

In 2011, only 11 referrals to inreach were recorded on the database. There is a significant difference between the number of referrals recorded and the number of consultations. This is due to a data recording issue which has since been resolved.

The mental health conditions seen in JBU on a snapshot day include:

-Emerging personality disorders
-Depression
-Anxiety

Recommendation

5. The Mental Health service should ensure that accurate information if collated and analysed for JBU clients, to ensure an effective service is being delivered.

6. Learning Disabilities

There is no data on the prevalence of learning disabilities in JBU. However, it is estimated that the prevalence of learning disability and learning difficulties is greater in this group.

JBU was rated RED on this indicator in 2010 and 2011. A new Prison Learning Disabilities Nurse was appointed in May 2011, for the Surrey Prisons by SABPFT, to implement the standards of the indicator and GREEN was achieved in 2012.

Recommendations

6. A comprehensive learning disability and learning difficulty assessment should be carried out within a month of the first reception.
7. Information from the learning disability and learning difficulty assessment should be used to inform care plans and plan targeted interventions.

7. Substance Misuse and Alcohol

A substance misuse health needs assessment was carried out for Surrey Drug and Alcohol Action Team (DAAT) in June 2012.

The key finding reported in the substance misuse health needs assessment suggested:

1. Catch 22 not embedded into JBU
2. There are communication difficulties between Catch 22 and other professionals in JBU
3. The current substance misuse treatment pathways are not clear to all partner agencies

A substance misuse review to resolve the issues will be carried out in 2013 by Surrey DAAT.

Recommendation

8. Surrey DAAT to carry out a substance misuse review in 2013.

8. Health Improvement

It was noted in the 'Management Review' document that although there is some limited health promotion work on Thursday afternoons, it would benefit from being more formalised. This is supported, and it is recommended that those delivering the training have experience of both delivering health promotion work in a group, and have specific experience working with 'hard to engage' young people.

Healthcare staff have attempted to deliver a health promotion session on a Sunday afternoon, this was poorly attended with feedback from the young people that this was their free time. As a result, this was ceased.

8.1 Smoking

Around 21% of the adult population in England are smokers[6] and around 10% of 11-15 year olds in school say they smoke regularly[7]. However, data from the Surrey Youth Justice Needs Assessment showed 68% (68/100) of young people in contact with Youth Justice said they smoked, which is much higher[8]. It is reported that a stop smoking service is available to the young women which is a priority and that NRT, support and advice are available.

18% of young offenders in JBU reported a history of smoking. As JBU is a no smoking area there are no current smokers. No data on smoking cessation is reported to the Surrey Stop Smoking Service.

8.2 Obesity

Of women in the UK over 16 years old, 26% are classified as obese[9]. From the reception data 39% of youth offenders were overweight on arrival.

8.3 Physical Activity

New UK-wide physical activity guidelines were released by the Department of Health in July 2011[10]. The guidelines for children and young people aged 5-18 years old are below:

1. All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
2. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
3. All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

No information was available on physical activity levels at JBU, although it is reported that young women are able to access the gym daily.

8.4 Health Promotion Action Group (HPAG)

PSO 3200 Health promotion and the Prison Health Performance and Quality Indicators state that health promotion should be managed using a whole prison approach with a specific focus on:

- Mental health promotion
- Healthy lifestyles including sexual health and relationships
- Healthy eating and nutrition
- Substance misuse
- Smoking cessation
- Drugs and alcohol

A health promotion action group was set up in 2010 for both HMP Downview and JBU. The group was chaired by a senior manager at HMP Downview. Representation on the group included healthcare, gym, kitchens and Public Health (NHS Surrey). Progress towards the action plan for the

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[6] The Information Centre. (2011). Statistics on Smoking: England, 2011. http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/Statistics%20on%20Smoking%202011/Statistics_on_Smoking_2011.pdf [Accessed July 2012]

[7] Office of National Statistics. (1998). Young teenagers and smoking in 1998: A report of the key findings from the Teenage Smoking Attitudes survey carried out in England in 1998.

[8] Surrey Youth Justice HNA (surreyi link)

[9] The Information Centre. (2012). Statistics on obesity, physical activity and diet: England, 2012. http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/OPAD12/Statistics_on_Obesity_Physical_Activity_and_Diet_England_2012.pdf [Accessed July 2012]

[10] Department of Health (2011). Physical Activity Guidelines. [Accessed July 2012] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127931

work was monitored by the group and progress is reported bi-monthly to the Partnership committee.

In 2011 the group was not meeting on a quarterly basis and the action plan was not up to date. There was no consistent representation from mental health and substance misuse. It is important that health promotion campaigns and interventions are measured for effectiveness. There is no evidence of any analysis of health promotion campaigns.

JBU was therefore rated AMBER in the 2012 PHPQIs. Particular emphasis should be placed on JBU if it continues to be a joint meeting for both establishments, with separate actions and evaluations carried out for JBU, and involving those external staff who work with the young people (e.g. Looked After Children staff, Youth Justice staff etc).

Recommendations

9. A more formalised health promotion programme should be developed to meet the needs of the women- those delivering the training have experience of both delivering health promotion work in a group, and have specific experience working with 'hard to engage' young people.
10. A service review should be completed to ensure current stop smoking support is implemented in line with NICE best practice guidance. This should include routine brief advice on smoking to all smokers, as well as referral to Stop Smoking Support if appropriate.
11. Data should be collected, monitored and reported to the Surrey Stop Smoking Service on referrals to Stop Smoking, quit dates and outcomes.
12. An action plan should be put in place to increase the number of quits achieved per year.
13. Information on prisoners levels of physical activity should be collected and monitored.
14. Ensure prisoners are aware of the new physical activity guidelines and how they can apply them in the prison.
15. The Health Promotion Action Group should refresh their action plan and ensure evaluation plans are in place. It should be considered how the group should specifically consider the issues of JBU and how professionals involved with the young women can input.

9. Full Recommendations

1. The demographics of the prison population should be collated and regularly reviewed to ensure services meet the needs of prisoners.
2. Workforce plans should be put in place to ensure staff on the JBU are up to date with training, CPD and appraisals. These plans should consider how staff can meet the complex and varied needs of these young women.
3. Develop a plan to improve the processes for Hepatitis B vaccination so all prisoners are offered the vaccine within 31 days of reception, and the coverage is over 80% every quarter. The data should be reported to the Strategic Health Authority every quarter. This plan should be reviewed after 3 months.
4. All new receptions should be offered a Hepatitis C test, in line with the PHPQI guidance.
5. The Mental Health service should ensure that accurate information if collated and analysed for JBU clients, to ensure an effective service is being delivered.
6. A comprehensive learning disability and learning difficulty assessment should be carried out within a month of the first reception.
7. Information from the learning disability and learning difficulty assessment should be used to inform care plans and plan targeted interventions.
8. Surrey DAAT to carry out a substance misuse review in 2013
9. A more formalised health promotion programme should be developed to meet the needs of the women- those delivering the training have experience of both delivering health promotion work in a group, and have specific experience working with 'hard to engage' young people.
10. A service review should be completed to ensure current support is implemented in line with NICE best practice guidance. This should include routine brief advice on smoking to all smokers, as well as referral to Stop Smoking Support if appropriate.
11. Data should be collected, monitored and reported to the Surrey Stop Smoking Service on referrals to Stop Smoking, quit dates and outcomes.
12. An action plan should be put in place to increase the number of quits achieved per year.
13. Information on prisoners levels of physical activity should be collected and monitored.
14. Ensure prisoners are aware of the new physical activity guidelines and how they can apply them in the prison.
15. The Health Promotion Action Group should refresh their action plan and ensure evaluation plans are in place. It should be considered how the group should specifically consider the issues of JBU and how professionals involved with the young women can input.
16. A full health needs assessment to be completed in 2013.
17. Providers working in JBU to provide data to enable the full comprehensive needs assessment to be completed in 2013. This should include health service activity, QOF, harm reduction, dental health, mental health and health promotion.

Appendix A: Summary of progress on 2010 HNA

Sub-heading	Recommendations	Service Expectation	Evidence Required	Reporting Mechanism	update
Pharmacy	Review need for a Pharmacy led clinic to advise on medicines – technician already delivers a weekly clinic	Review need for pharmacy led clinic	Review	Clinical Governance	Drop in clinic from pharmacy now provided Update 12th July 2012 this service remains on offer should the young people request.
Mental health	Review the configuration of in-reach team, as the staff are not drawn from the Surrey CAMHS team directly	Discuss with In-Reach lead	In-Reach lead to respond on CAMHS issue	Clinical Governance	On going update July 2012 Inreach currently revieiwng service
Emergency response	Ensure safe emergency response in hours and out of hours, by: ensuring sufficient first aid trained prison and healthcare staff (especially overnight and during weekends) who have been trained to use a defibrillator, and reviewing the equipment, facilities and personnel needs of the prison for emergency response. Emergency equipment should be checked daily.	As recommendation	Evidence that all Prison Officers working out of hours are emergency trained	SMT Clinical Governance	Achieved on going training provided
Optician	Review access to optician	Access is determined by schedule of activities	PALS discussion with Focus group on acess to optician	Clinical Governance	Opticion referrals are based on clinical need.

CRB	Ensure all staff have up-to-date completed CRB checks.	As recommendation	Up to date CRB checks All healthcare staff are CRB cleared already	SMT	nhs staff done
Safeguarding and PCT	NHS Surrey to link JBU in with the Surrey Children's Alliance in line with PHPQI.	As recommendation	Minutes of Surrey Childrens' Alliance	Clinical Governance PHP&QI	Sunita Sharma is the named Safeguarding Lead in the prison and attends all relevant meetings
	NHS Surrey to work to promote attendance of the Surrey Safeguarding Committee and Local Authority at the unit's quarterly meetings.	As recommendation	Minutes of Surrey Safeguarding Committee	PHP&QI	Sunita Sharma is the named Safeguarding Lead in the prison and attends all relevant meetings Also Lead for prisons or someone she deputises attends
Physical health	Use SystmOne to identify young women with chronic illnesses and use this to direct clinician to appropriate care pathways.	In place	QOF	QOF Contract meeting	Achieved
	Address high levels of overweight and obesity (half of the young women at time of notes audit)	As recommendation	HPAG	Partnership Board HPAG	Monitored through HPAG
	This includes review the quality and nutritional content of the diet and promotion of healthy eating	As above	Review food	HPAG Partnership Board	
Infectious diseases	Improve Hepatitis B vaccine coverage to green (in conjunction with the main	JBU & Downview to report figures separately	Coverage	NHS Surrey	Achieved

	prison)				
	Ensure that sexual health services address the high levels of risky behaviour and need. Ensure that specialist GUM provision is provided, and promote Chlamydia testing via the HPAG	As recommendation	Formalised GUM In-Reach in place	Clinical Governance	
	ensure SRE module for sexual health or equivalent in place	As recommendation	Surrey Community Health to provide SRE for every child	HPAG Clinical Governance	Achieved provided by PCT
	TB questions to be included within the SystmOne template	As recommendation	Minutes of Clinical Reference and Template groups	Clinical Governance	Achieved
	Ensuring positive messages and explanations about vaccinations, and offers to 'catch up' on childhood and other immunisations at opportunistic points in their stay in the JBU is needed to capture this vulnerable population	As above	Data from SystmOne	Contract monitoring	Achieved
Self harm	Ensure that 'snoozelum' or calm area is created for young women	As above	Area in place	Partnership Board	Intensive supervision room now in place.

Learning disability	When DH guidance released, start screening prisoners for learning disability, and set in place health action plans and annual health checks	Appropriate support for prisoners and healthcare staff in place	Appropriate patient information available Screening process in place Once agreed nationally, annual health check in place	PHP&QI Contract review	LD questionnaire completed on system 1 recent pilot conducted with ld team
Drugs	Address high levels of illicit drug use especially cannabis	As recommendation	HPAG CARATS meeting	Clinical Governance	Catch 22 service also Healthcare currently provide substance misuse weekly group.
	Seek assurance that all psychosocial interventions provided by Catch 22 are in line with either DH, NICE or NTA guidance where applicable	As recommendation	Evidence base	Clinical Governance HPAG	Catch 22 supported by IDTS if required
Smoking	Ensure that work continues to support young women to quit and remain non-smokers	As recommendation	HPAG	HPAG Clinical Governance	Smoking cessation available
Alcohol	provide alcohol interventions to meet high levels of need, particularly binge drinking	As recommendation	Service in place	SCH contract PHP&QI	catch 22 and healthcare complete alcohol audit and provide intervention if necessary.
Health promotion action group (HPAG)	Set up HPAG for JBU, to cover at least: mental health promotion and wellbeing, smoking cessation, healthy eating and nutrition, healthy lifestyles including sexual health and relationships, drug and other substance misuse.	As recommendation	HPAG back on track	Partnership Board	HPAG with the main prison

Social vulnerability factors	Ensure increased support for women with history of, or at risk of homelessness	As recommendation	YMCA through gate output	SMT	YMCA, Voice and other voluntary agencies assist along with Social Services and Youth offending Team.

Appendix B: Summary of HMIP Inspection Reports

An announced inspection of the Josephine Butler Unit within Downview prison was carried out in February 2010. The comprehensive initial report made a number of recommendations across health service provision. There was a subsequent unannounced visit in September 2011 to review what improvements had been put into place to address the recommendations of the report completed in 2010.

Summary of the health section of the report in 2010
The depth and range of health services available to young women were impressive and delivery was excellent in some areas. Staffing levels and the skill mix were appropriate to the health needs of the population. Young women had a named nurse, easy access to healthcare staff and there was a patient forum. Healthcare staff were significant contributors to multidisciplinary work on the unit and played an important part in the overall care of the young women. Health promotion had a high profile and included physical and mental health support.

Dental services were very good and there was easy access to the majority of health professionals. Pharmacy services were generally good, but policies needed urgent review. Mental health services were very good and included access to many specialist services through secondary mental health teams.

Review of recommendations from the health section of the report in 2010 and actions taken by September 2011

1 .An up-to-date health needs analysis for the unit should be undertaken by SCH (Surrey Community Health) to inform and determine future provision.

Achieved. A comprehensive health needs assessment of young women in the unit had been completed by an NHS Surrey specialist registrar in public health in July 2010. The assessment included recommendations relating to prison health performance and quality indicators. A health care delivery action plan had been completed by the establishment head of health care in February 2011.

2. The emergency equipment should be reviewed to ensure that it is readily available and transportable to deal with medical emergencies. If necessary, expert advice should be sought in relation to equipment needs. Daily checks of the equipment should be documented.

Achieved. Emergency equipment had been reviewed, updated and installed throughout the establishment and appropriate procedures put in place. The unit health care room contained a bespoke emergency bag and defibrillator. All health care staff and several officers received annual training in its use, which was documented. The equipment was checked annually by a specialist from the primary care trust (PCT).

3. Formal documented triage algorithms should be used to ensure consistency and continuity of care and advice given to young women.

Achieved. Nursing staff used adapted SystmOne generic ailment pathways to assess young women who felt unwell. Regular nursing staff provided consistency of advice and care to young women and referred them to the visiting GP where necessary for further assessment and ongoing care.

4. The medicines and therapeutics committee should include all stakeholders.

Achieved. The medicines and therapeutics committee was attended regularly by all stakeholders, including the chief pharmacist who chaired the committee, the head of health care, PCT representative and visiting GPs. Meetings were held across the local cluster of prisons to encourage good attendance.

5. Patient group directions should be introduced, read and signed by all relevant staff.

Achieved. Patient group directions (PGDs), covering conditions such as hepatitis B, influenza and urinary tract infections, had been introduced and were regularly reviewed by the pharmacist and GPs. All nursing and medical staff had signed the appropriate documentation and were using PGDs when appropriate.

6. Young women should have access to pharmacy-led clinics.

Achieved. Young women had access to professional advice from the pharmacist or technician but few requested the service. A female pharmacy technician visited the unit every week to check medicine stocks.

7. All pharmacy policies should be reviewed and brought up to date as a matter of urgency.

Achieved. All pharmacy policies and procedures were continually reviewed by the pharmacist to ensure currency and effectiveness.

8. In-possession risk assessments of each drug and patient should be completed at all times.

Not achieved. The number of medications used by young women was very small. Until recently young women had been allowed to have their medicines in possession if risk assessed as suitable to do so. However, without consultation with the head of health care or the GP, risk assessments had ceased and young women were now not allowed to keep their medication in possession. This was causing unnecessary stress for young women who had previously been managing their own medications.

Further recommendation

Young women should be permitted to retain their own medication in their possession in accordance with a risk assessment.

Additional information

Overall health services were excellent. Regular nursing staff who provided a drop-in service were integral to effective multidisciplinary working. Staff were very engaging in their dealings with the young women and we observed kind and respectful relationships between health care staff and the young women. In our focus groups, young women were very positive about health care staff. Access to GPs and appropriate mental health provision was good. Health education/promotion was given a high priority. The good practice that we previously described of nurses escorting young women to their NHS appointments continued.

There were no references to healthcare issues for the JBU in the Independent Monitoring Board report for 2011.