HMP High Down
Health Needs Assessment Refresh 2012

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Contents

Executive Summary

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 being collected on an annual basis by the Department of Health and the Ministry of Justice.

The last full needs assessment was carried out at HMP High Down in 2009. It is recommended that a needs assessment or refresh is undertaken every 12 months.

HMP High Down
HMP High Down is a category B male prison with a Certified Normal accommodation (CNA) of 1103. The prison has a high churn and the population is replaced every three months.

The prison had a higher BME population (45%) than the national average and 21% of prisoners were foreign nationals.

Compared to 2009, the population of youth offenders (aged 18-21) had increased by 4%, from 14% to 18%. The population aged over 50 has doubled from 4% to 8%. The majority of prisoners were also under the age of 40 which mirrored the population in 2009

Methods
The Health Needs Assessment refresh was carried out between March 2011- September 2011 and Information on services, service activity and staffing at HMP High Down was available from the healthcare manager and external service providers. Information on the demographic profile of HMP High Down was available through the Prison Governor.

Areas of recommendation

Long term conditions
The number of prisoners with diabetes has increased since the 2009 HNA. Healthcare staff have received training on diabetes care and the number of diabetic clinics has also been increased.

Given the high numbers of patients with diabetes, it is suggested that the services available to diabetes patients are reviewed in line with the National Service Framework for Diabetes[1], to ensure their needs are being met.

Oral Health
Waiting times for both urgent and routine appointments were being breached; improvements should be performance managed. Business continuity plans should be in place to ensure the service is regularly available.

Infectious Diseases
Active case finding and testing should be put in place for Hepatitis B and C, and tuberculosis as numbers in the prison were lower than expected. All prisoners should be offered the Hepatitis B vaccination and measures should be taken to improve and maintain the uptake to 80%.

There should be an awareness campaign of the symptoms of these infectious diseases amongst all staff and prisoners.

Sexual Health

Chlamydia screening should be offered routinely and opportunistically to younger prisoners. On average only 57% of the monthly Chlamydia target was achieved. Of these an average of 10% of tests was positive.

Learning Disabilities
A prison learning disabilities nurse for the Surrey HMP establishments was commissioned in early 2011. A screening tool for identifying prisoners with learning disabilities was in the process of being implemented.

Mental Health
An increase in the counselling provision is needed to meet the demand for the service. Self help guides and resources on emotional health and wellbeing should be readily available across the establishment.

Smoking Cessation
Long waiting times for smoking cessation and a lack of nicotine replacement therapy. At the time of the needs assessment due to financial constraint nicotine replacement therapy was limited and prioritised for those with long term conditions.
Data on any staff or prisoners who quit smoking was not routinely reported to the NHS Surrey Stop Smoking Service.

Healthy lifestyles
There were limited healthy lifestyle sessions in HMP High Down. As HMP high down has a high churn; to enable prisoners to access these there is a need for regular lifestyle sessions. These sessions should include nutritional content of food, basic understanding of food additives such as salt and sugar and food preparation.

Health Promotion Action Group
An active multidisciplinary health promotion action group (HPAG) meets on a quarterly basis. There was evidence of a strategy and action plan that was regularly reviewed.

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 previous needs assessments were carried out at HMP High Down in 2006 and 2009.

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 HMP High Down 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 also links in to other key drivers relevant to HMP High Down:

- 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 2009
- The Prison Health Delivery Plan.

1.3 Methods and Structure of this Paper

The health needs assessment refresh was carried out between February 2011 and July 2011, and epidemiological data, information from the prison, healthcare and external providers has been used to determine an up to date picture of the health needs. The 2009 full Health Needs Assessments was used for comparison, where data was available. This health needs assessment refresh does not include a corporate health needs section (views from stake holders and service users).

2. Prison Profile

HMP High Down is a local male category B prison which opened in 1992. Some prisoners are detained here before their trial or directly after a conviction, in addition to prisoners who are already sentenced. The establishment serves the Crown Courts at Croydon and Guildford and the surrounding Magistrate's Courts. HMP High Down is also currently operating as an overflow for young offenders (aged 18-21) from HMP & YOI Feltham and HMP & YOI Chelmsford. There are no medical restrictions for those entering the prison, and there is an inpatient medical facility on-site. The Certified Normal accommodation (CNA) at HMP High Down is 1103.

2.1 Accommodation

HMP High Down has six house blocks all of which hold prisoners aged from 18 upwards, and parts of some house blocks have specialised roles:

- Houseblock 2, B spur- vulnerable prisoners (prisoners who may be at risk of attack from other prisoners)
- Houseblock 3 - first night and induction
- Houseblock 5, A spur - drug recovery wing

- Houseblock 6- stabilisation unit and 'step down unit' for prisoners discharged from healthcare in-patients.

House blocks 1-4 were built in 1991 and each has an operational capacity of 181, arranged over double and treble cells. House blocks 5 and 6 were built in 2007 and each has an operational capacity of 178 arranged over single cells. This also includes two disabled cells on each house block. There are also 22 cells on the separation and reintegration unit and a 23 bed inpatient healthcare unit. All cells have sanitary facilities. Each house block is arranged over landings that have their own showers and phones. Since the last HNA the Integrated Drug Treatment System (IDTS) service has moved from house block 3 to house block 6.

2.2 Demographic Profile and Turnover

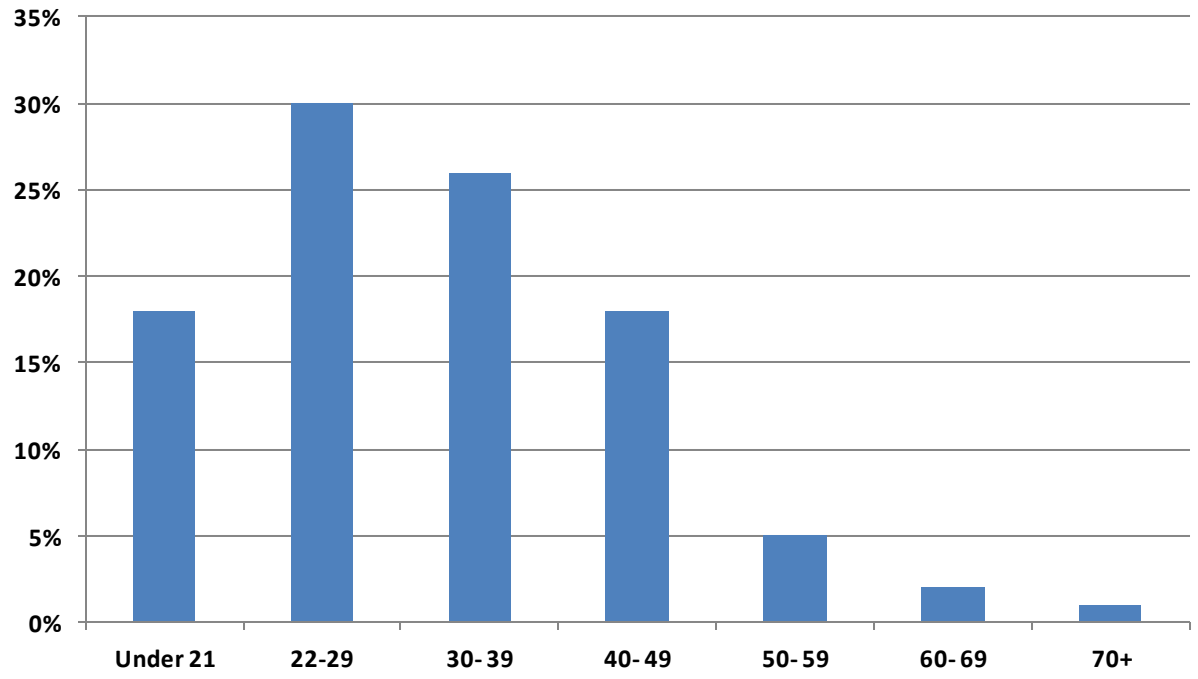
Over the last two years there have been no significant changes in the capacity or churn at HMP High Down. HMP High down has a high turnover of prisoners with an average of 21 new receptions a day, or over 5000 per year. The average length of stay is three months and the population of High Down is largely replaced almost every three months. Those completing their sentence and being discharged back in to the community make up the largest proportion of discharges each month.

PHPQI 1.13 Equality and Human Rights states that needs assessments must include the six strands of diversity- age, gender, sexual orientation, disability, race and religion. Gender is addressed throughout this document as the needs of men specifically are addressed in line with the Equality Duty[2].

Prison population by age

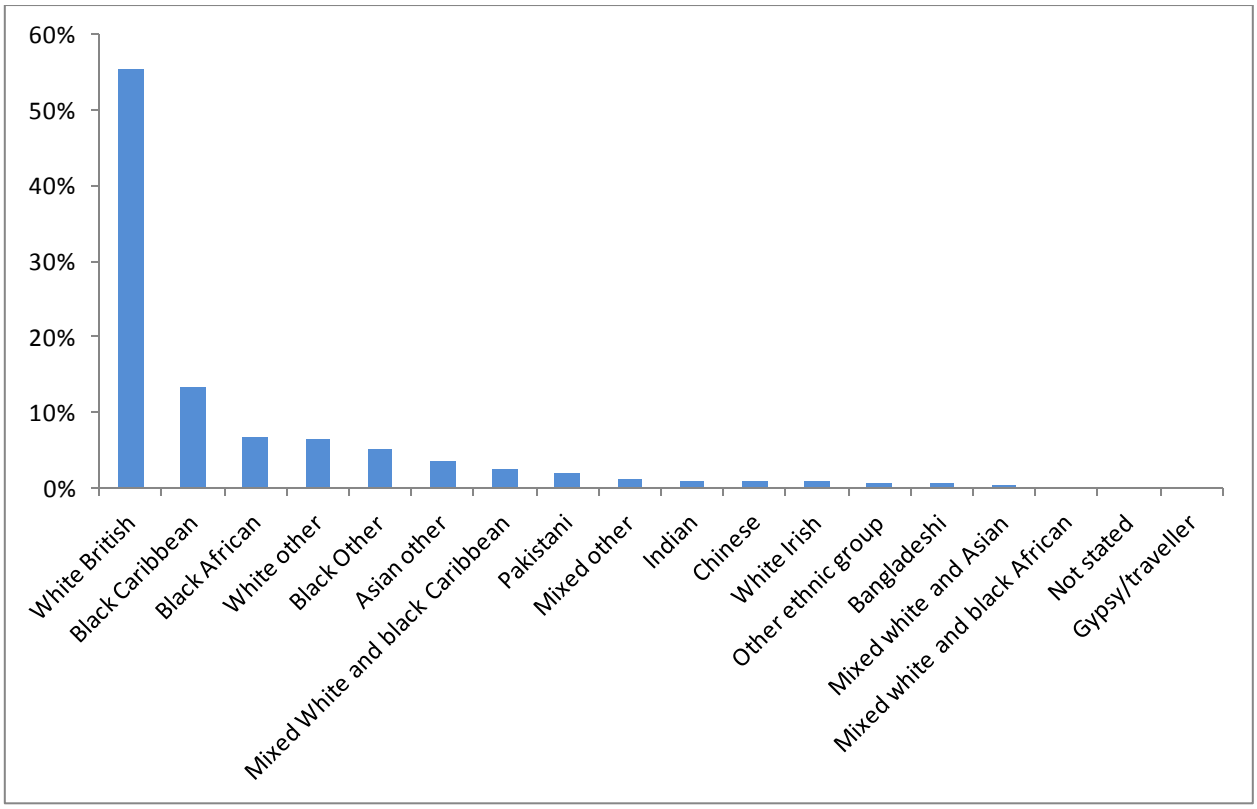
A snap shot of the prison population in March 2011 showed that compared to 2009, the population of youth offenders (aged 18-21) had increased by 4%, from 14% to 18%. The population aged over 50 has doubled from 4% to 8%. The majority of prisoners were also under the age of 40 which mirrored the population in 2009.

Figure 1: Prison population in % by age group



Prison Population by Ethnicity
A report by Race for Justice[3] states that black and minority ethnic (BME) groups account for 26% of the prison population although they constitute only 9% of the overall population of England and Wales.

Figure 2: Prison population by ethnicity



HMP High Down has a higher BME population than the national average (45%). The majority of prisoners were White British (55%) followed by Black Caribbean (13%) and Black African (7%). This data mirrors the 2009 prison population.

No prisoners declared their ethnicity as Gypsy/ traveller, Bangladeshi, mixed white and black African, mixed white and Asian.

In June 2011, 21% of the prisoners at High Down were foreign nationals, which is higher than the 13% of male prisoners nationally.[4]

Sexual orientation
There was no information available on sexual orientation of prisoners in HMP High Down.

Disability
In November 2011; 9% of prisoners (n=99) declared a disability. Of these 20% (n=20) declared having more than one disability.

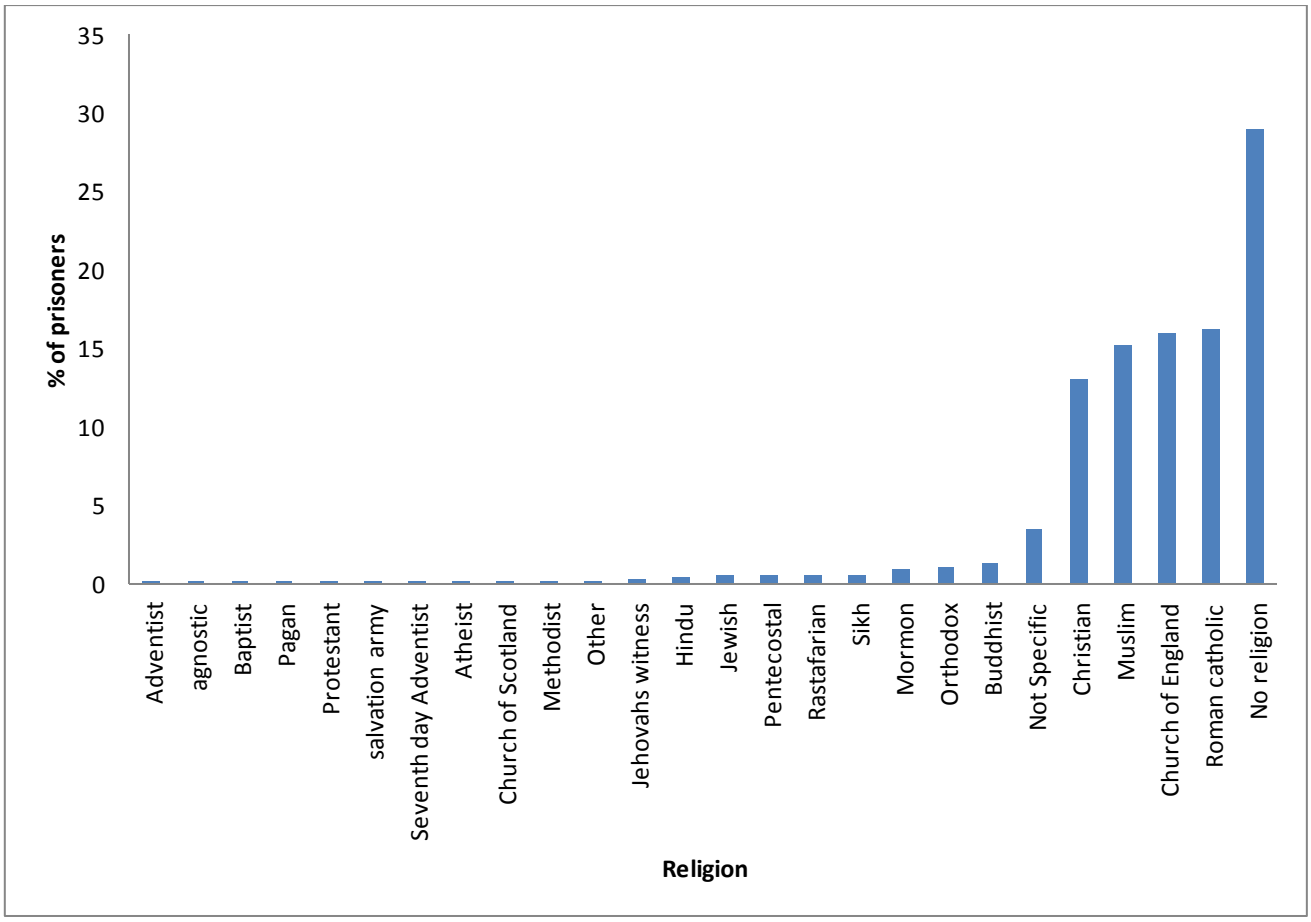
Table 1 Breakdown of declared disability:

Disability	Number	%
Dyslexia	19	19.1%
Hearing	6	6.1%
Learning Difficulties	1	1.1%
Mental illness; including psychological	20	20.1%
Progressive condition	2	2.1%

Reduced capacity	3	3.1%
Reduced mobility	19	19.1%
Physical disability	16	16.1%
Temporary disability	6	6.1%
Other disorder	7	7.1%

Religion

Figure 3: Religion of Prisoners in HMP High Down



29% of prisoner declared that they have no religion.

The represented religions were Roman Catholic (16.2%), Church of England (15.9%) Muslim (15.2%) Christian 13%. Other religions shown on the above chart had less than 2% representation.

3. Physical Health Needs

3.1 Long Term Conditions

Table 2. The expected burden of disease in HMP High Down

	Expected					Actual Prevalence			
Disease	Source	Age stratified	Age groups with data available	Overall prevalence	Expected number of prisoners	Reception audit (January)	Chronic disease register (February)	Chronic disease register (June)	Actual number of prisoners (range)**
Asthma- diagnosed	BTK	Yes	16- 45+	13%	125	19%	16%	10%	105- 200
Asthma- treated	BTK	Yes	16- 45+	5%	50	-	[7.8%]*	-	82
COPD	UK data[5]	Yes	16- 85+	3.8%	9	11%	1.3%	1.0%	11- 116
Coronary Heart Disease	BTK	Yes	16-64	-	14	-	2%	2%	20- 21
Diabetes	BTK	Yes	16- 64+	0.8%	12	-	2.5%	3%	27- 30
Epilepsy	BTK	Yes	16- 64+	0.8%	8	1%	3.2%	1.5%	11- 34
Hypertension	UK data[6]	Yes	16- 75+	30%	216	5%	5%	5%	53
Hepatitis B	BTK	No	N/A	8%	84	-	0.37%	-	4
Hepatitis C	BTK	No	N/A	9%	95	-	0.75%	-	8
HIV	BTK	No	N/A	0.3%	3	-	0.5%	-	6

BTK = Birmingham Toolkit *Data based on population of 1051 men in HMP High Down*

* = data from prescribing figures ** = numbers from the reception audit have been scaled up to represent a % of the whole prison

The table above uses data either from a large group of prisoners (Birmingham Toolkit)[7] or from the general population (UK data) to estimate how many people we would expect to have certain medical conditions at HMP High Down. Most of the data is age stratified which means we know the differences in prevalence for each age group and can apply those numbers to the age profile at HMP High Down to get a more accurate prevalence estimate. All the data sources used have separate male data on each condition.

The actual prevalence of conditions at HMP High Down is taken from the chronic disease registers, an audit of all new receptions from one week in January 2011 and prescribing figures (where relevant and available).

Asthma

Information on 'diagnosed asthma' was available from SystmOne through the chronic disease register snapshots, which revealed a prevalence of 16% (n=168) in February and 10% (n=105) in June. Although, there is variation in the prevalence, the figures are about what would be expected for this population (n=125). A reception audit in January revealed 19% of prisoners to have asthma which would be considered high, however self reporting of asthma may not necessarily demonstrate a clinical diagnosis.

Pharmacy data showed 7.8% of prisoners had been prescribed a salbutamol inhaler (n=82), which is higher than the expected prevalence of 5% (n=50). The use of an inhaler does not automatically infer a diagnosis of asthma. Some asthmatics may not use an inhaler and there may be other conditions for which these medications are also prescribed e.g. Chronic Obstructive Pulmonary Disease (COPD). Some inmates may seek inhalers as bronchodilators can be used to augment the 'high' of some inhaled illicit drugs and metered dose inhaler devices can also be used for concealment of other drugs.

The 2009 HNA recommended that a review of asthma prescribing and a programme seeking and identifying those prisoners with unmet need should be undertaken. It is not known if this work was specifically undertaken, but the implementation of SystmOne has improved the accuracy of the data available on chronic diseases.

From these figures it is not clear if there has been a rise in the number of prisoners with asthma, though there has been a definite increase in those prescribed an inhaler (see table below). This should be monitored to ensure the inhalers are not being used for illicit purposes.

Table 3: comparison of previous studies of asthma in HMP High Down:

Year	Prevalence	Number of inhalers
2003/4	10.6%	Not available
2005/6	12.5%	Not available
2009	11% (n=117)	5% (n=50)
2011	16% (n=168) 10% (n=105)	7.8% (n=82)

Chronic Obstructive Pulmonary Disease (COPD)

Based on the chronic disease register snapshots around 1% (n=11-14) of prisoners have a diagnosis of COPD. There is limited data on the estimated prevalence of COPD in prisons, but data for the community shows you would expect a similar number of patients (n=9) to those found. The reception audit data showed 19% of people presented with self-reported COPD, which is extremely high, but these patient are not filtering through to the disease register perhaps indicating either a data error or incorrect information provided by the patient.

In 2009, information on COPD was not available.

Diabetes

The overall prevalence for diabetes in High Down was 2.5-3% (n=27-30) which is three times the level expected based on prison prevalence data. This has also increased since 2009 when there was a prevalence of 1.5% (n=19), although that data was based on those with medication controlled diabetes as opposed to the disease register.

The increase in the prevalence of diabetes maybe due to improved identification, change in recording or the overall improvement in chronic disease management in HMP High Down. Clinical awareness of diabetes care in HMP High Down has improved as the nurses have received training on diabetes management and one member of staff is completing a Masters in Diabetes Care. Patient education courses for diabetes (DAFNE for type 1 diabetes and DESMOND for type 2 diabetes) are also available.

3.2 Infectious Diseases

Prisons and other places of detention pose particular risks for the causes and transmission of infection, and challenges for control of communicable diseases due to:

- The nature of the environment: prison and detention establishments vary in their age, design, construction and healthcare facilities. Cell sharing is common. Staff levels and skill mix vary and access to healthcare services differ.
- The nature of the population: about 85,000 people are confined in prisons in England and Wales at any one time. Throughput and turnover are very high.
- The prevalence of disease: people in prison and detention often come from populations or groups at higher risk of certain infectious diseases e.g. blood-borne viruses, HIV and sexually transmitted infections and tuberculosis (TB).

Hepatitis C

In April-June 2011-12 there were 1204 new receptions and 3% (n=37) of these receptions had a Hepatitis C test carried out within 31 days of reception. Compared to the same period for 2010-11, this has increased by 1%. The prevalence of Hepatitis C is significantly lower than the expected prevalence.

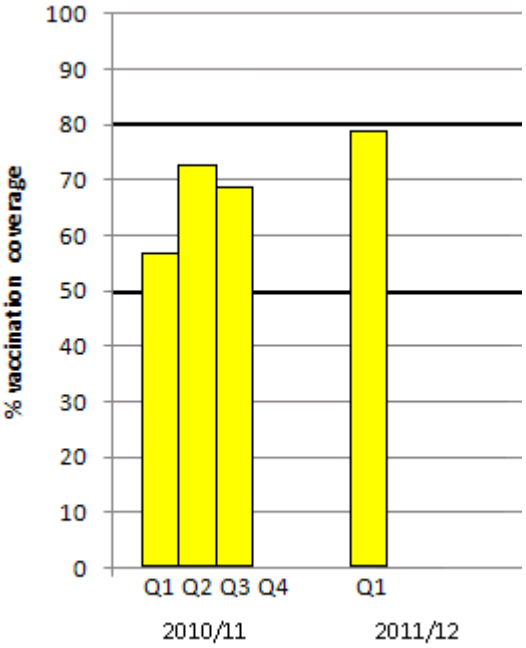
Hepatitis B

The prevalence of Hepatitis B at HMP High Down is significantly lower than the expected prevalence. In 2009, the prevalence of Hepatitis B was unavailable.

All consenting prisoners entering prison, who have not already received at least three Hepatitis B vaccine doses (HBV), should complete a 0, 7 and 21 day HBV course within one month of their arrival. The cost and clinical effectiveness of Hepatitis B vaccination has been proven and prisons are monitored quarterly on their coverage by Public Health and the Strategic Health Authority.

The graph below shows the percentage coverage for each quarter over the last 12 months. Coverage has increased from 57% to 77% which means that over 1000 prisoners have been protected against Hepatitis B since April 2010.

Figure 4: Coverage of Hepatitis B vaccinations



In 2009, prisoners reported that they had either not been offered injections, or that Hepatitis B forms were not followed up, so excellent improvements have been made.

HIV

In 2011, there were 6 recorded cases of HIV compared to 12 in 2009. Although lower, this prevalence is still within the expected range for this group of prisoners.

Tuberculosis (TB)

Due to the close living conditions within prison and the high prevalence of TB within BME communities outside prisons, the potential for an outbreak within a prison with a high proportion of BME groups is high. From the snapshot month of the reception healthcare data, 2 prisoners reported having had a history of TB at reception screen. In 2010 there was one incident of TB.

NHS Surrey TB Strategy highlights the prevention, management and detection of TB within Prisons.

When TB occurs in prison, one third of cases are drug resistant[8] so high quality case management is essential. Fewer prisoners complete TB treatment compared to others (48% vs 80%)[9].

The management of TB in prisoners is complicated by the high rate of cases lost to follow up. This is due to homelessness rates after discharge leading to difficulties in providing adequate follow up to ensure ongoing treatment and the poor continuation of treatment after transfer to another establishment. It is essential that any prisoner that starts TB treatment has a plan in place to continue that treatment if they leave the prison or are transferred to a new establishment.

Some prisoners may enter the establishment with unrecognised active or latent TB infection. It is important that prisoners from TB high risk incidences countries are offered a BGC immunisation and screened for latent disease. It is therefore important that all prisoners have an awareness of TB.

Healthcare staff and prison staff should be educated to recognise TB symptoms in themselves and others and they should have an awareness of which communities are at higher risk of TB (including homeless and people from countries with high TB incidence).

For healthcare and prison staff it is important that at pre-employment occupational health assessment, new staff are screened for TB as part of their pre-employment process.

3.3 Sexual Health

Chlamydia

For 2011/12, the Surrey prisons (excluding HMP Bronzefield) have a Chlamydia screening target of 984 screens a year which is 82 per month. There is also a positivity target set at 6%, meaning that is expected that of all the tests carried out at least 6% would come back positive for Chlamydia- this is a county-wide target to ensure that providers are targeting the tests at those who could benefit most.

The progress towards these targets is demonstrated in the below table. HMP High Down are regularly contributing almost 50% of the screenings towards the target, however given that it can be estimated that around 120 eligible prisoners may pass through reception each month, higher numbers could be achieved.

Table 4: Chlamydia screening in HMP High Down

Month (2011)	Number of tests at HMP High Down	% of monthly target achieved (for all prisons)	% positivity (for all prisons)
April	26	43%	14%
May	45	56%	15%
June	40	63%	6%
July	32	65%	6%
August	36	57%	7%

Condoms

Condoms are accessible through healthcare. However due to potential of fear of misuse (concealment of items) they are not advertised. The World Health organisation recommends that condoms, dental dams, and water-based lubricant need to be made easily and discreetly accessible to inmates in all prisons, in various locations throughout the institutions, and without prisoners having to ask for them. A new condom policy was written and implemented to represent the WHO recommendations.

3.4 Oral Health

Poor oral health is linked to the misuse of drugs such as opiates and limits personal choices and social opportunities[10]. Poor oral health therefore has a major impact on quality of life. Prolonged drug misuse is often associated with self-neglect and the adoption of a diet which promotes tooth decay. There are many challenges faced by prison dental services in meeting the needs of prisoners including long waiting times for treatment, wide variations in service quality, lack of management audit, limited prevention and relative inefficiency of the prison system[11].

The *Strategy for Modernising Dental Services for Prisoners in England (2003)* and later the *Reforming Prison Dental Services in England Guidance (2005)*[12] 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.

Dental waiting times

NHS Surrey monitors prison dentistry through the PHPQI and commissioning plans, and the above waiting time targets have been regularly breached as is shown in the tables below.

Table 5: Urgent dental waiting times quarter 4 2010-11

Month	Minimum waiting time	Average waiting time	Maximum waiting time
January 2011	1 day 1 hours	3 weeks 2 days	12 weeks
February 2011	4 days 4 hours	4 weeks 5 days	24 weeks
March 2011	1 day 6 hours	4 weeks 2 days	24 weeks

Table 6: Routine dental waiting times quarter 4 2010-11

Month	Average waiting time	Maximum waiting time
January 2011	9 weeks 5 days	14 weeks 1 day
February 2011	9 weeks 1 day	11weeks 2 days
March 2011	9 weeks 12 hours	12weeks 6 days

Although improvement plans have been put in place, there have been major business continuity problems in the provision of this service.

4. Mental Health and Learning Disabilities

The Department of Health estimates that two-thirds of sentenced prisoners in England and Wales have two or more mental health disorders[13]. The majority have 'common' mental health problems such as depression and anxiety, many of which may be related to their imprisonment rather than a contributing factor to it. A smaller (but much bigger than average) proportion have more 'severe' problems such as schizophrenia or are said to have a personality disorder. Many have a combination of mental health and other social problems, often related to the difficulties they have faced in their lives prior to offending.

Lord Bradley's review[14] of people with mental health problems and learning disabilities in the criminal justice system had 'improving mental health services across the offender pathway as one of its key themes. Recommendations included improving reception screening for mental health problems, primary care mental health must include a range of non-health activities to support well-being and the role of mental health in-reach teams should be examined to explore how they can refocus on those with severe mental illness.

4.1 Prevalence of Mental Health

Limited information is available on the prevalence of mental health problems at HMP High Down. The information recorded on diagnosed prevalence of mental health is summarised in the below table

Table 7: prevalence of diagnosed mental health in HMP High Down

	Prevalence
Schizophrenia	14.1% (n= 18) of current Inreach caseload
Neurotic disorder e.g.- Depression	22.1% (n=242) of the prison population
Personality disorder	37.1% (n=46) of the current In reach caseload
Self Harm	See section 4.3

Source; SABPFT, Inreach Team HMP High Down

4.2 Mental Health Service provision

The Mental Health Inreach Team are provided by Surrey and Borders Partnership NHS Foundation Trust. The service is based in the prison and provides both primary and secondary mental health services. The service is a mixture of outpatient clinics, visiting prisoners on normal location and close liaison with the inpatient unit.

The team consists of a Consultant Psychiatrist, Service Manager, Mental Health Practitioners, Support Time and Recovery workers (STR), Psychotherapy and a Movement Therapist. The mental health team work closely with Primary Care, the prison and other professionals to ensure that inmates receive holistic care and that all their needs are met. All referrals to the mental health team are screened and triaged on a daily basis by the In-reach team and an action plan is put in place to manage the risk and care of the prisoners.

In March 2011, 12% (n= 125) of prisoners in HMP High Down were accessing Inreach services, this is similar to the service usage in 2009.

Continuation of mental health treatment

The Inreach team ensure that they make contact with Community Mental Health Teams and GPs if prisoners have accessed CMHT services prior to entering prison. In the 2009 HNA it was recognised that the continuation of medication prescribed in the community by CMHT was problematic as mind altering

drugs can be subject to misuse and are highly tradable. For new receptions, they obtain information required to continue treatment through a written request. This process is also followed when prisoners leave the prison.

Counselling

A sessional counsellor is employed by SABP to deliver 2 hours of counselling a week. The number of sessions prisoner receive varies dramatically depending on the presenting issues. The demand for the service is high and there are some prisoners who have been referred to the service leave the prison before receiving an appointment. At the time of the health needs assessment there were 4 prisoners on the waiting list.

Therapies

There is a weekly Psychotherapy clinic and a Movement Psychotherapist clinic covering 3 sessions a week.

Developments in mental health

A service specification for mental health is currently being developed by NHS Surrey.

4.3 Self Harm

Self Harm in HMP High Down is managed through a care pathway by the prison safer custody, Inreach and healthcare. The role of Safer Custody team is to ensure that the local suicide prevention strategy is fully integrated and compatible with the local violence reduction strategy, that a self-harm management strategy is developed, and that all other local policies, procedures and strategies reflect the holistic nature of the wider safer custody strategy In 2010, Safer Custody developed incident packs containing instructions and paperwork. These are readily available in all areas. The packs have improved the management and reporting of self harm.

An Assessment, Care in Custody, and Teamwork (ACCT)[15] is used to help identify and care for prisoners at risk of suicide or self-harm. It is designed to provide more flexible multi-disciplinary support to prisoners at-risk of harming themselves. The plan encourages staff to work together to provide individual care to prisoners in distress, to help defuse a potentially suicidal crisis or to help individuals with long-term needs (such as those with a pattern of repetitive self-injury) to better manage and reduce their distress. At the time of the HNA, 3.1% of prisoners (n= 34 prisoners) were on an open ACCT.

There were 31 Samaritans trained Listeners in place in March 2011.

4.4 Learning Disabilities

At the time of the HNA refresh, there was limited data on the prevalence of learning disabilities in the prison. No prisoners had received an annual health check or had a health action plan.

PHPQI 1.31 Services for people with learning disabilities specifies that there should be:

- Access to learning disability services specifically commissioned for prisoners
- 100% of prisoners identified as having a learning disability have a health action plan and an annual health check
- Joint partnership working focussed on the needs of people with learning disabilities between healthcare, DLO and Education and Discipline staff.
- Evidence that specific programmes/regimes relevant to the needs of those with a learning disability are in place.

HMP High Down has been RED on this indicator for the last two years. A new Prison Learning Disabilities Nurse was appointed in May 2011, for the Surrey Prisons by SABPFT, to implement the standards of the indicator with the aim of achieving GREEN on this indicator in 2012.

5. Substance Misuse

Very high rates of drug use and dependence are found among prisoners. ONS[16] found that among male remand prisoners, 10% reported moderate drug dependence and a further 40% had severe drug dependence; while 11% of male sentenced prisoners reported moderate and 32% had severe dependence, in the year before coming to prison.

5.1 Prevalence of substance use/ choice of drug

A snapshot looking at the healthcare reception screenings over a week in January 2011 found that out of the 103 new receptions 25% reported using illicit drugs in the last month.

Table 8: Prevalence of substance misuse in HMP High Down

Substance	Prevalence of a history of drug use in % [new receptions]	Choice of drug in the year prior to entering prison (March 2011) [whole population]
Heroin	15%	5.1%
Cannabis	20%	5.9%
Crack cocaine	15%	4.6%
Methadone	5%	unknown
Amphetamine	2%	0%
Benzodiazepine	6%	Unknown
IV drug use	4%	unknown

5.2 Substance misuse services/ IDTS

HMP High down has a houseblock dedicated to the treatment of prisoners with a history of substance misuse. There are a range of comprehensive care pathways for prisoners presenting with alcohol and substance misuse.

Substance misuse care pathways

If a prisoner presents with substance misuse the following care pathways are available-

- Comprehensive assessment
- Substitute prescribing (opiate) Methadone /Buprenorphine
- Opiate withdrawal programmes
- Lofexadine detox
- Naltrexone prescribing
- Benzodiazepine detox

The Integrated Drug Treatment Service (IDTS) [17] aims to increase the volume and quality of substance misuse treatment available to prisoners, with particular emphasis on:

- increasing the availability, consistency and quality of these services;
- diversifying the range of treatment options available to those in prisons;
- integrating drug treatment provided by prison healthcare and CARATs services
- strengthening continuity of care for drug users entering, moving between and leaving prisons

Detox, substitute prescribing and psychosocial interventions are the three main service provisions of IDTS. The IDTS team work closely with the prison CARATs Team, Inreach, healthcare and GP services.

CARATs is in place in all establishments and provides a range of interventions, including:

- initial assessment following referral
- advice to prisoners with substance misuse problems
- liaison with health care both in prison and in the community
- care plan assessments
- drawing up a care plan for the prisoner
- one-to-one counselling and group work services
- assessment for intensive treatment programmes in prison
- through care linking with community drug treatment services
- Ensuring, where required, prisoners are offered post release support for up to a maximum of 8 weeks.

5.3 Alcohol

Prisoners' exhibit extremely high rates of both alcohol and substance misuse. The Office for National Statistics [18] reported a large proportion of both female and male prisoners were found to be drinking above lower risk levels as defined by the Alcohol Use Disorder Identification Test (AUDIT) in the year before entering prison[19]. Among men, 58% of remand prisoners and 63% of sentenced prisoners reported increasing risk/hazardous drinking; including 30% in both groups with AUDIT scores which indicated higher risk/harmful drinking and alcohol dependency.

If a prisoners presents with alcohol misuse the following care pathways in place:-

- Assisted alcohol withdrawal programmes (detox)
- Ongoing clinical assessment
- Referral onto the Alcohol awareness groups in conjunction with the CARAT team
- Alcohol Awareness/information available from IDTS staff (Group on unit weekly).

In February 2011, the Surrey Drug and Alcohol Action team (DAAT) sent questionnaires to all the Surrey HMP establishments to identify what alcohol services they were delivering.

Table 9: Results of alcohol mapping by Surrey DAAT

Alcohol Intervention	Delivery in HMP High Down
AUDIT-C (as part of health assessment on arrival	As part of the reception screening prisoners are asked about alcohol use. They are assessed using the AUDIT-C tool.
DETOXIFICATION	Through Healthcare
PSYCHOSOCIAL INTERVENTIONS **1 TO 1 or/and** **STRUCTURED GROUP WORK**	Group work comprised of 6 sessions, psychosocial model – Healthcare. One to one structured work on alcohol is undertaken by Probation staff, Offender Management Unit/Probation team
PROVISION OF ALCOHOL BRIEF INTERVENTION	There is a provision in HMP High Down
PEER-SUPPORT & RECOVERY GROUP / SELF-HELP (Prisoner led, AA)	YES through CARATs

RELAPSE PREVENTION	Healthcare provide a "harm minimization" course which includes relapse prevention
ALCOHOL AWARENESS COURSES	Through education, Introduction to alcohol awareness comprises 2 sessions a week for 4 weeks.

AUDIT

Since the 2009 HNA, Alcohol Use Disorders Identification Test (AUDIT) has become one widely used screening tool developed by the World Health Organisation and used around the globe to help identify drinking behaviours that may cause damage to health. The AUDIT tool is routinely used as part of the reception screening.

A snap shot of AUDIT outcomes: 1st January- 31st March 2011

Alcohol audit score	No of patients	% of total	Risk Group
0 – 7	491	77.3%	Low risk drinking
8- 15	56	8.8%	Increased risk drinking
16- 19	16	2.5%	High Risk drinking
20+	78	12.3%	Dependant drinker

At the time of the HNA, for prisoners that have experienced alcohol misuse or have a high AUDIT score on discharge there was no evidence of a referral process to community based alcohol support services. Whilst prisoners are given information on alcohol treatment services and national support lines a process for referrals to community based alcohol brief intervention services should be developed.

6. Health Improvement

6.1 Smoking

Smoking is widespread among prisoners with one study[20] stating that 85% of male remand and 78% of male sentenced prisoners were current smokers compared to the UK estimated smoking prevalence of 22% [21] amongst adult males, rising to 30% for those in low socio-economic status groups[22].

Information from the reception audit at HMP High Down showed that 50% (51/103) of prisoners were smokers.

Nicotine replacement is no longer available to anyone who wishes to stop smoking. People with long term conditions have been prioritised to receive nicotine replacement therapy combined with stop smoking support. Any other prisoners who wish to stop smoking must do so without any pharmaceutical support. Approximately 19 appointments are available a week, although no information was available on how many prisoners quit smoking, or what the quit rate at 4 weeks was.

In February 2011, the Surrey Stop Smoking Team trained five members of staff from HMP High Down (healthcare, pharmacy and prison staff) in level 2 stop smoking support. No data from the service is currently reported to the Surrey Stop Smoking Service.

6.2 Diet and nutrition

The prison kitchen has been awarded the Heartbeat Award for healthy eating for the past seven years by the local health authority. Healthy food options are available on the menu and salads/ vegetables are routinely supplied with meals.

Healthy food options are available on the prison menu. However health care staff and prison staff report that the food on the menu does not match the food serviced on the hot plate. Concerns have been raised about the quality, lack of nutritional content and preparation of the food.

Cooking Classes

The education department in HMP High down is provided by The Manchester College (TMC). There are 3 'core' courses on health living at BTEC level. Due to high churn and the time required to complete a BTEC many prisoners would not be able to complete any of these healthy living courses. The education department does offer 'Introduction to Alcohol Awareness' and 'Using Cooking Skills in a Domestic Kitchen'.

In 2003 report by the Prison Reform Trust *"The Time to Learn research project"* highlighted prisoners wanted more cooking lessons[23] and often these courses had long waiting list. In 2009 Good Food For London partnership project recommended that: - *"The Offender Learning and Skills Service (OLASS) should ensure that colleges have adequate facilities to provide catering training to prisoners and staff and that catering training includes skills for health and sustainability"*[24].

There is a regular cookery course run on a roll-on, roll-off basis over the year. Each course has capacity for 10 learners- all of different levels of ability in the same class. One-off cookery projects in line with key dates (e.g. Black history month) are also available during the regular course of the prison.

Canteen

Every prison has a canteen list where prisoners can purchase items of their choice. The canteen list is supplied by Booker. The list consists of core items (available in all prisons) and other items which are added to the list at the discretion of the governor.

In 2009, ibuprofen was available over the canteen. However this has changed and no homely medicine pain relief is available on the canteen- homely remedies on the canteen are limited and only topical remedies are available. This is due to safety, accountability and monitoring.

6.3 Health Promotion Action Group

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. The group is chaired by a senior manager at HMP High Down. Representation on the group includes occupational health, healthcare, IMB, reducing reoffending, gym, kitchens and Public Health (NHS Surrey). Progress towards the action plan for the work is monitored on a quarterly basis by the group and progress is reported bi-monthly to the Partnership committee.

Key measureable actions on the action plan include:

- Traffic light system on the menu
- Increase number of prisoners quitting smoking by 5%
- Increase by 5% the number of prisoners identified as overweight commencing weigh reduction programmes
- Increase the substance misuse detoxification programmes by 10%.

6.4 Physical activity

HMP High Down provides a full physical education programme for prisoners that runs every day and has a fully equipped gym. Prisoner can also participate in a volleyball squad, circuit class, spinning class, Friday fitness session and outside football. For older prisoners, there is an 'over 50s' session. Prisoners in HMP High Down that have experienced substance misuse can access a Tackling Drugs through Physical Education programme.

Each prisoner is allocated a session based upon their employment, which is detailed below.

Table 10: Physical Activity Allocation

Employment	Gym allocation
Basic prisoner	Once a week
Unemployed	Once a week
Fulltime worker (House block)	Three times per week in the core day
Fulltime worker (Education workshops)	Three times per week , evenings and weekends
Fulltime worker (Kitchen)	Five times per week Monday- Friday in the morning
Fulltime worker (Clink)	Three times per week (two mornings and a weekend)
Fulltime worker (Various orderlies)	Five times per week Monday- Friday in the morning
Fulltime workers (Others)	Three times per week , evenings and weekends
Vulnerable prisoners	Three times per week

Prisoners inform their house blocks manager if they wish to attend a session. The additional physical activity sessions are accessed via an application process to a Prison Education officer (PEO) or the gym.

Physical activity promotes physical and mental well-being. The gym is seen as a privilege and entitlement increases with participation in employment/ education, unemployed and basic prisoners have less access to the gym.

6.5 Screening

Bowel screening

Bowel cancer affects more than 36,500 people in the UK every year. Data from the NHS bowel screening programme suggest that 1 in 20 people in the UK will develop bowel cancer and bowel screening is proven to reduce the risk of dying from bowel cancer. Screening for bowel cancer is offered to men and women aged 60 to 69 every 2 years. There is now an age extension programme for people aged 70-75 years.

At the time of the health needs assessment, 30 prisoners were eligible for bowel screening however none had received screened.

Diabetic Retinopathy Screening

People with diabetes are at increased risk of damage to the retina at the back of the eye which can seriously affect vision. Diabetic retinopathy is one of the leading causes of blindness in the UK working population. Screening for eye changes due to diabetes is offered annually to people with diabetes from the age of 12. Diabetic retinopathy screening is provided by the specialist unit at Surrey Community Health. The diabetic retinopathy screening service run a six month cycle for prison screening and their last visit to HMP High Down they screened 14 prisoners.

6.6 NHS Health Checks

The aim of an NHS Health Check[25] is to help lower the risk of the four common but often preventable diseases: heart disease, stroke, diabetes and kidney disease through early interventions and detection. HMP High Down carried out health checks for 293 prisoners aged between 40-74 years of age, and some of the preliminary outcomes are detailed below. 70% of those who received a check were aged 40-49, and 61% were White.

Table 11: Identified health risks from health check

Identified health risks	Numbers/ %
Overweight or obese	47% (137)
High blood pressure	16% (48)
Irregular pulse	3% (9)
Smokers	62% (183)
CVD risk score over 15%	29% (84)
No exercise	19% (56)
High cholesterol	33% (97)

Table 12: Health Education advice following health checks

Advice given	Prevalence
Smoking cessation	63% (185)
General Diet	27% (79)
Low Cholesterol diet	13% (38)
Low Salt diet	7% (20)
Exercise	17% (51)

Diabetes Risk	15% (45)

Table 13: Follow up outcomes of health checks

Referral	Prevalence
Prescription of statins	4% (3)
Prescription of anti-hypertensive's	0
New attendance at gym	6% (5)
Chronic kidney disease diagnoses	4% (3)

7. Health Services

Commissioning arrangements

There are three healthcare units in HMP High Down- the detox unit, outpatients and inpatients. NHS Surrey is responsible for commissioning healthcare provision in HMP High Down through a number of providers. Surrey Community Health Services (SCHS) are currently the main providers and manage the healthcare facility. Surrey and Borders Partnership NHS Foundation Trust (SABPFT) provide a comprehensive mental health service. A local GP practice is commissioned to deliver the GP service in HMP High Down. Examples of other commissioned healthcare services include dentistry, optician, sexual health services and physiotherapy.

HMP High Down Healthcare staffing

The healthcare team in HMP High Down comprises of over 60 staff. This includes:

- Admin staff
- Health Care Assistants
- RGNs
- Pharmacy Team.

The healthcare staffing levels have improved since the last HNA. All healthcare staff are either permanent or on a contract and all but two posts have been recruited to. All staff also have a professional development plan, reviewed on a six monthly basis.

Healthcare facility

Healthcare at HMP High Down is delivered through wing based nursing, an outpatients department and an inpatient facility.

Inpatients

HMP High Down has a 23 bedded single cell inpatient facility for prisoners that require 24 hour care. The service is the equivalent to a community hospital. There is also a 12 bed step down unit that provides supported care to prisoners that require support and assistance that is greater than that provided on the residential units.

Healthcare usage

Table 14. The number of healthcare appointments in a snapshot week in January 2011

Area of healthcare provision	Number of appointments (snapshot a week in January 2011)
Inreach	Data Unavailable
Dentistry	28
GUM/ Sexual health service	24
Nurse facility	123
Nurse Practitioner	34
Phlebotomy	6
Stop smoking	19

7.1 Healthcare Processes

New Arrivals
All new arrivals are screened using the standard reception screening. This document covers:

- Demographic
- Past medical history
- Health measurements (weight, blood pressure etc)
- Immunisation history
- Current treatments
- Problems with communication
- Social history (including substance misuse)
- Psychiatric history

This document is then summarised onto the computer system SystmOne. If there are any health needs such as chronic disease, learning disability, mental health referrals are made to the appropriate professionals. Hepatitis B vaccinations are offered to all new receptions.

Accessing healthcare
Healthcare is accessed through the house block nurse who will then carry out a triage. The query is either then dealt with immediately or they are given an appointment with the doctor.

The house block nurse will administer and dispense medication (including supervised medication), make appropriate referrals to other healthcare services and if necessary carry out other tasks such as dress wounds, phlebotomy and vaccinations.

Out of Hours/Emergencies
There is a 24 hour nurse facility at HMP High Down. An out of hours GP service is provided by Harmoni. If the issue is not resolved prisoners will go to A&E.

Prisoner transfer/ release
When a prisoner is transferred to another prison through SystmOne their patient health record is easily electronically transferred to another prison via a secure notification system If they are transferred to an Immigration Removal Centre a written summary of their notes is sent with them.

When a prisoner is released they are provided with a list of GPs and dentists in Surrey. National numbers are also given to assist the prisoners in finding a GP or dentist in their area. A discharge summary letter is faxed to their GP, or a printout is provided to the prisoner.

Complaints and queries (inc. PALS)
Complaints about healthcare are initially dealt with in-house. If there is no local resolution, the prisoner is given the information to refer the complaint to the external PALS (Patient Advice Liaison Service). There is no independent PALS or healthcare complaint service provided directly in HMP High Down.

7.2 Service Provision

Healthcare Clinics
There are regular clinics in HMP High Down. Some of the clinics are nurse led; where as other services such as optometry, GUM and physiotherapy are delivered by visiting practitioners.

Table 15: The healthcare provision in HMP High Down

Area of healthcare provision	Provision 2009	Provision March 2011
Mental Health Inreach	Monday- Friday	Monday- Friday
Dentistry sessions per week	10 sessions per week	4 dentistry sessions per week
GUM/Sexual Health service	1 clinic per week	1 clinic per week
Podiatry/ chiropody sessions per week	2 clinics per week	1 clinic per week
Optometry	4 sessions per month	8 sessions per month
Asthma	2 clinics a week	1 clinic a week
Phlebotomy	weekly clinic	Daily through the wing based nurse
Physiotherapy	3 clinics per week	3 sessions a week
Diabetes	Bi- weekly clinic	1 clinic per week
Smoking cessation	2 clinics a week	2 sessions per week
Hepatitis b vaccination	daily	Daily through the wing based nurse
Wellman clinic	weekly	No specific clinic, however health champions deliver awareness of health services; encouraging prisoners to access main stream services.

Since the 2009 HNA, the number of diabetes clinics has increased. Phlebotomy has also changed from a weekly clinic setting to the service being delivered by the wing based nurse as required.

Pharmacy

The supply of all medicines is provided by a separately commissioned organisation, Direct Pharmacy. A clinical pharmacy and medicines management service is provided by staff from HMP High Down.

Table 16: The top 10 prescribed items in HMP High Down

Top 10 prescribed drugs			
Position	**2009 HMP High Down**	**2011 HMP High Down**	**Top 10 most prescribed generic drugs in England, October 2010[26]**
1	Methadone	Paracetamol	Simvastatin
2	Suboxone	Ibuprofen	Aspirin
3	Fluoxetine	Methadone	Levothyroxine sodium
4	Mirtazapine	Citalopram	Ramipril
5	Citalopram	Buprenorphine/ suboxone	Bendroflumethiazide
6	Diclofenac	Salbutamol inhaler	Paracetamol
7	Ibuprofen	Mirtazapine	Salbutamol
8	Loratadine	Diclofenac	Omeprazole
9	Omeprazole	Omeprazole	Lansoprazole
10	Salbutamol	Co-Codamol	Co-codamol

The drugs prescribed in 2009 reflected a high prevalence of substance misuse and mental health problems within the prison. Pain relief is no longer available through canteen; therefore pain relief is accessed through a registered nurse after a triage. By issuing them via the pharmacy their usage by an individual is logged on SystmOne and in the medicine records kept on the pharmacy computer. This reduces potential overdoses, contraindications or misuse of these medications. Both Paracetamol (a pack of 16) and

Ibuprofen 200mg (A pack of 12) are available on the home remedy list and are available to the prisoners via a nurse triage.

In comparison based on the national top ten prescribed drugs, drugs prescribed for cardiovascular disease (CVD) make up four of the five highest places among the top 10 most prescribed generic drugs.

GP Provision

GP services are provided during two sessions daily Monday to Friday.

Table 17: An example of the GP Provision in HMP High Down

Day	Clinic times	No. of consultations	Admin time	On-call	Additional duties
Monday	08:30-11:30am 14:00-16:30pm	18 in the morning 45 mins emergency clinic 6 in the afternoon	11:30-12:30	12.30 – 1400 16.30 – 18.30	Visit Care & Separation unit after 11am.
Tuesday	08:30-11:30am 14:00-16:30pm	18 in the morning 45 mins emergency clinic 6 in the afternoon	11:30-12:30	12.30 – 1400 16.30 – 18.30	Review general patients on inpatients unit

The GP service has been planned to allow for emergency appointments as well as pre-planned appointments. The structure of the GP service has improved from the last HNA. The 18 pre-planned appointments allow for a 10 minute consultation, which is in line with the national average time of 8-10minutes for a GP consultation[27].

Table 18: Number of GP appointments and waiting times

Area of healthcare provision	Number of appointments (snapshot a week in January 2011)	Average wait for appointment
GP	144 (equivalent of approximately 29 appointments a day)	variable from instant appointment for emergencies to a 1 – 4 days wait according to capacity

Waiting Times

The 2009 HNA highlighted that long waiting times were the biggest obstacle to receiving healthcare treatment. Since then, the Department of Health has updated the NHS Constitution providing guidance on waiting times for GP services and consultant led referrals. These waiting times are largely being met, other than the dentistry targets.

Table 19: waiting times for healthcare services in March 2011 compared to national guidance

Area of healthcare provision	Average wait for appointment March 2011	National guidance[28]
GP	- Variable from instant appointment - Emergencies to a 1 – 4 days wait according to capacity - Nurse triage for all on the day of the request	Access to a primary care professional within 24 hours or a primary care doctor within 48 hours
Inreach	Data unavailable	Mental health treatment will commence no

		longer than 18 weeks from the point of referral
Dentistry	9 weeks for routine appointment	- Urgent care for dental pain and minor trauma- within 24 hours. - Or a practitioner will see the patient within 24 hours to make an assessment as to the appropriate course of action. - Routine care within six weeks of as request[29]
GUM/ Sexual health service	Data unavailable	No guidance
Nurse facility	None, immediate access	Access to a primary care professional within 24 hours
Nurse Practitioner	Dependant on clinic	No guidance
Phlebotomy	No wait	No guidance
Stop smoking	Data unavailable. (see 10.1)	No guidance

8. Developments since last Health Needs Assessment

HMP High Down has experienced many positive changes over the last year that have significantly improved the patient journey through healthcare. Some of the key developments are outlined below.

Prison Health Delivery Plans and Partnership Board

A prison health partnership board chaired by a senior member of Surrey Community Health Services meet on a quarterly basis. Representatives include HMP High Down prison Governor, mental health lead, healthcare manager and NHS Surrey. The group oversees the prison health delivery plan which was developed in 2010.

Reduction in healthcare appointment 'did not attend' (DNAs)

The appointment of a dedicated officer funded by healthcare to distribute outpatient appointment slips to prisoners and follow up DNAs with house block officers. The 2009-10 IMB Report stated that this intervention reduced the DNA rate of healthcare appointments from 50% to 15-20[30].

Health promotion

HMP High Down has implemented a health promotion action group (HPAG) that is chaired by a senior member of the prison management team. The HPAG has membership from the physical education department, IMB, healthcare, occupation health and NHS Surrey Public Health Team. A health promotion action plan has been developed to support a multi-disciplinary approach to developing and health promotion across the prison. The action plan is monitored on a quarterly basis by the group.

Service user representatives/ engagement

As HMP High Down has a high prisoner turnover, consistent service user representatives is difficult to maintain. However, eight healthcare champions have been recruited by healthcare and there are representatives from each of the house blocks. The role of a healthcare champion includes health promotion, signposting other prisoners to healthcare services and advocating for other prisoners on their house block.

Management of long term conditions/ chronic disease

The 2009 full HNA identified chronic disease management as an area of development at HMP High Down, and improvements have been made aided by the implementation of SystmOne and QOF templates. Health care staff have received training in diabetes, with one member of staff undertaking a Masters in Diabetes Care with the view to further developing the diabetes care pathway for prisoners.

A new post for a *'Chronic Diseases Associate Practitioner'* has been developed. This post will have responsibility for maintaining the chronic disease register and following up new receptions that report a history of chronic disease. The recording and identifying of prisoners *at high risk* of certain conditions has also been greatly improved through SystmOne.

Healthcare staff

The healthcare staffing levels have improved since the last HNA. All healthcare staff are either permanent or on a contract and all but two posts have been recruited to. All staff also have a professional development plan, reviewed on a six monthly basis.

Improvement in clinical practice

- The prescribing, tracking and auditing of medication have been improved dramatically through the electronic database system.
- Any prisoners that have in possession medication are informed of the side effects and dosage. They are also given the medication box and must sign to say they have understood the purpose of the medication and potential side effects.

- Each residential wing has a named nurse that administers medication, triages and refers to other professionals as appropriate. They also carry out Chlamydia screening, hepatitis b vaccinations and other procedures such as dressings.

Health Checks

In 2010-11, NHS Surrey was awarded funding from the Strategic Health Authority to implement NHS Health Checks in prisons and achieved above their target of 226 checks. This funding was extended by NHS Surrey for 2011-12, and the programme has continued its success.

9. Recommendations

1. Long term conditions

- Regular audits of asthma patients should be undertaken to ensure timely monitoring and correct prescribing.
- Given the high numbers of patients with diabetes, it is suggested that the services available to diabetes patients are reviewed in line with the National Service Framework for Diabetes[31], to ensure their needs are being met.

2. Infectious Diseases

- Increase the number of prisoners being screened for Hepatitis B and Hepatitis C.
- Continue to improve the rates of Hepatitis B vaccination to achieve above 80% coverage.
- Ensure that new prison or healthcare staff are screened for TB as part of their pre-employment occupational health check.
- Ensure that healthcare staff, prison staff and prisoners have an awareness of TB and recognise the signs in themselves and others.
- Ensure that prisoners from high incidence TB countries are offered a BCG immunisation and screened for an unrecognised active or latent TB infection.

3. Sexual Health

- Increase the number of young prisoners being screened for Chlamydia.

4. Oral Health

- Dental waiting times should be regularly reviewed and major service changes should be undertaken if the recommended waiting times cannot be met.

5. Learning Disabilities

- The work of the Learning Disability Nurse should concentrate on fulfilling the standards of the PHPQI in order to achieve a GREEN rating in 2012.
- A register of people with learning disabilities should be shared between the prison and healthcare team to ensure that appropriate support is put in place for prisoners who need this.

6. Smoking Cessation

- An evidence based stop smoking service should be in place in line with NICE best practice guidance. This should include routine brief advice on smoking to all smokers, as well as referral to specialist Stop Smoking Support if appropriate.
- Data on any staff or prisoners who quit smoking should be reported to the NHS Surrey Stop Smoking Service. A standard form is available on request from the NHS Stop Smoking Service.

7. Diet

- HMP High Down should undertake regular reviews of the food that is served- not only through the menu sheet but what is actually served on the hot plate, in collaboration with prisoners.
- Regular education on the benefits of healthy food choices should be implemented, to include the following:
  - Education on food contents: in particular salt, sugar and fats in foods (in preparation for release an awareness of food labels should be considered)
  - Education on effects of foods on the body
  - Effects of foods on the mind/ behaviour
  - Benefits of fresh fruits and vegetables.

8. Health Promotion Action Group

- A review of the achievements against outcomes should be sent to the Prison Health Partnership Board once a quarter.

9. Screening

- HMP High Down should continue to work with the NHS Bowel Screening programme to implement bowel screening for eligible prisoners.

10. Alcohol

- Surrey DAAT is developing an alcohol strategy for Surrey Prisons. The DAAT, CARATs and probation should consider a discharge care pathway that includes referral to community alcohol brief intervention services.

11. Mental Health

- Increase the number of counselling sessions to reduce the long waiting lists.
- Mental Health Data is to be to be provided for the commissioning dashboard.

12. Mental Health- staying 'mentally well'

- Whilst IAPT will provide structured talking therapies, the Health Action Group should consider a mental health awareness campaign, in partnership with First Steps.

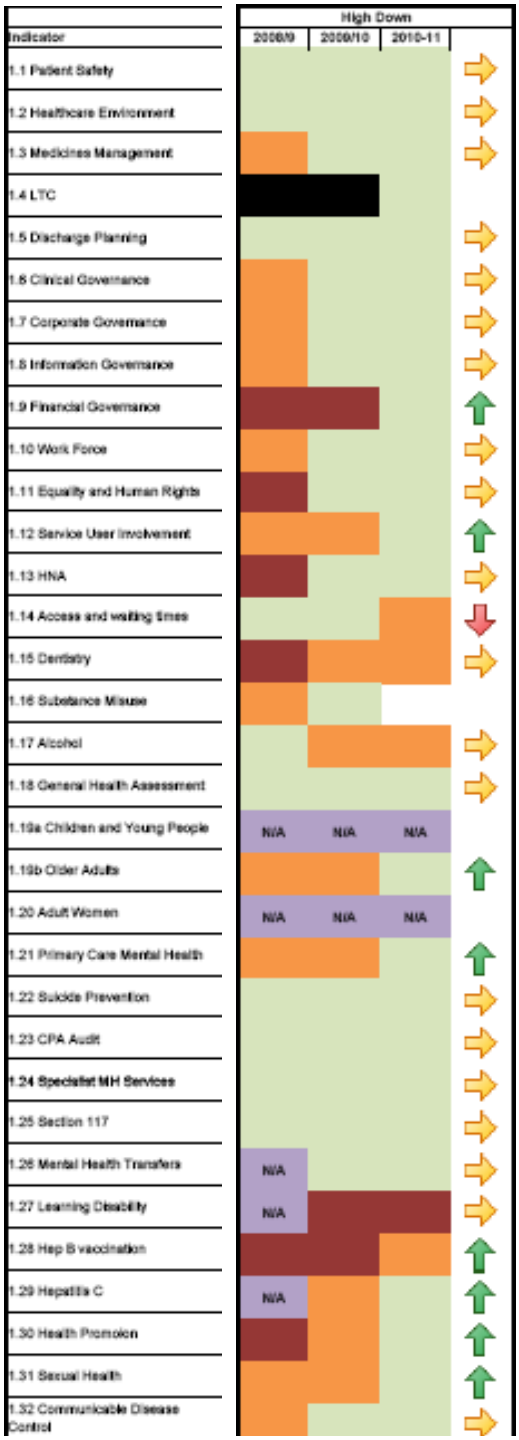
13. Canteen homely medicines

- The prison and Surrey Community Health should review the provision of paracetamol and ibuprofen on the canteen list and consider introducing it, along with an education campaign around paracetamol use.

14. Physical activity

- HMP High Down should explore increasing gym access for the prisoners that are unemployed.

Appendix A- Prison Health Performance and Quality Indicators 2011



Appendix B- HMP High Down CQC report

Highdown CQC Compliance visit report dated November 2011

The Care Quality Commission carried out a routine compliance visit to Highdown prison and reported on their findings in November 2011. The report identified that the prison was broadly compliant across all outcomes but if also highlighted problems in one or two areas including the dental service and counselling services.

Relevant views in the report

"Most prisoners to whom we spoke felt involved in their physical and mental health treatments, others were dissatisfied, one describing healthcare as terrible. The prisoners' responses to various surveys indicate high levels of satisfaction about the length of consultations and of being listened to and a fair level of satisfaction regarding patient involvement, patients being given information and being able to ask questions.

Most prisoners, we spoke to during our visit told us that their care needs were being met. The PCT monitors prisoners' experiences effectively and with their participation. However we have concerns over the provision of dental services" There have been problems over the provision of dental services and the number of sessions has fallen by half from 8 to 4 sessions per week. Dental appointments are prioritised. The waiting time for dental appointments has grown considerably. At the time of the inspection the waiting time was 5 months and the waiting list comprised 165
patients.

CQC judgement

"There are problems in the provision of dentistry services. These have partially been addressed by the employment of a locum dentist, however there are only 4 sessions weekly as opposed to the previous provision which was 8 sessions each week."

Actions taken as a result of the CQC report to address dental problems

The PCT has met with the dental team to discuss the problems identified by the CQC. The lost sessions have been caused by long term sickness, difficulties with the IT system and a small number of operational problems. The PCT supported a further recruitment campaign to increase the number of dentists available both permanently and in reserve on the bank. The following actions have been agreed.

1. A business continuity plan has been requested. This includes replacing the lost sessions within the next 6 months to reduce the waiting list
2. A recruitment drive has identified a new part-time dentist who is now working 2 days a week.
3. The permanent appointee to this post takes up her position at the beginning of April
4. Further appointments will be made to the bank to give the service more leeway to cover sickness and annual leave
5. The waiting list has been reduced form 165 patients at the time of the report to 64 as at the end of February 2012.

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