Health Equity Audit – HMP/YOI High Down

1 Definition

Data obtained as part of the HSCNA process in each of the five Surrey prisons all contributes to the overall understanding of health equity. For simplicity, this document supplements the HSCNA and summarises the findings explicitly relevant to health equity.

> *The difference between equality and equity must be emphasised. Although both promote fairness, equality achieves this through treating everyone the same regardless of need, while equity achieves this through treating people differently dependent on need. However, this different treatment may be the key to reaching equality.*[1]

2 Scope

The scope was to consider any equity issues which may affect access to prison healthcare services.

The Equality Act 2010 details nine 'protected characteristics'. Prisons are a unique environment, the table below details these characteristics and notes which apply in HMP/YOI High Down. The table then goes on to note other characteristics which the HSCNA process identified that could place residents at a disadvantage.

Characteristic	Comment
Race	Relevant in HMP/YOI High Down
Sex	This is a prison for male prisoners, though some may identify differently. This issue is also picked up under gender reassignment below.
Gender reassignment	Relevant in HMP/YOI High Down
Age	Relevant in HMP/YOI High Down
Religion and belief	Relevant in HMP/YOI High Down
Disability	Relevant in HMP/YOI High Down
Sexual orientation	Relevant in HMP/YOI High Down
Marriage or civil partnership	No evidence that it is relevant in HMP/YOI High Down. Whilst contact with partners, family and friends is important,legal status does not impact.
Pregnancy and maternity	Not relevant in HMP/YOI High Down
Literacy	Relevant in HMP/YOI High Down
'Complex needs'	This is a collective term used to describe a mixed cohort, who for various reasons struggle to cope and without specific attention could be overlooked. Relevant in HMP/YOI High Down.
Those with current health needs	Some residents have few if any health needs. Others have many - be they physical, mental, related to addictions or social care. Frequent users will be most impacted by any equity issues.

3 Methodology

Under normal circumstance most of the information for this briefing would be obtained in patient focus groups, alongside conversations with a range of stakeholders including

[1] Definition from Social Change UK (accessed 14.12.2020)

residents and officers, and observation whilst visiting the establishment. As a consequence of covid-19 the entire project was conducted remotely. We were able to obtain input from residents via a survey, but this did not identify any specific issues of equity, whilst the overall return rates were good, the number from, say, older residents or those identifying as having a disability were not enough to inform a statistically significant difference. A review of the free text answers did not lead to any conclusive findings.

This briefing, therefore, largely draws on structured interviews from the HSCNA process and data alongside information gleaned from HMIP reports.

4 COVID-19

The full HSCNA was written during the second wave of the covid-19 pandemic. It is beyond the scope of this document to comment specifically on how the pandemic has affected access to and delivery of healthcare (please refer to the HSCNA); however, it is noted:

> *Coronavirus (covid-19) has not only replicated existing health inequalities, but in some cases has increased them through its disproportionate impact on certain population groups.*[2]

Residents have spent up to 23¼ hours per day locked in their cells. A wide range of healthcare and allied services have been restricted due to the impact of covid-19 measures. The restrictions will not have impacted all residents equally.

By its very nature healthcare in prison environment presents a challenge in terms of service delivery. The NHS long-term plan[3] aims to reduce health inequalities which includes that provided within the secure estate. Prison healthcare is based on the principle of equity with community health as far as is practicable.

[2] Public Health England (2020) Disparities in the Risk and Outcomes of COVID-19(accessed 9.12.2020)
[3] DH (2019) The NHS long-term plan (accessed 14.12.2020)

5 Health Equity in HMP/YOI High Down

5a Equity with the community

A consistent key aim of current government focus and policy is to reduce health inequalities.[4]

In 2016, NHS England set out three aims directly relating to equity:

- narrow the gap between those in criminal justice and detained settings and the rest of the population in terms of health and care outcomes, through improved support from all health and social care
- reduce the number of people who are detained as a result of untreated health problems, and so support reductions in offending
- ensure continuity of care post release, and so support reductions in re-offending[5]

This sits within a wider duty to address health inequalities that is detailed in NHS England guidance.[6]

The aim of 'equivalence' between community and prison healthcare was established in 2001.

Prisoners should have access to the same range and quality of services appropriate to their needs as are available to the general population through the NHS.[7]

In 2008, prison health performance indicators were developed to measure the quality of prison health services and to help meet the objective of giving prisoners *the same range and quality of healthcare as the public receives from the NHS*.[8]

The following table considers access to healthcare in the prison in the context of access from within the wider community.

4 Marmot Review (2010) *Fair Society, Healthy Lives*. Strategic Review of Health Inequalities in England post 2010. (accessed 9.12.2020)
5 NHS England (2016) Strategic Direction for Health Services in the Justice System: 2016-2020. (accessed 9.12.2020)
6 NHS England (2015) Guidance for NHS commissioners on equality and health inequalities legal duties. (accessed 9.12.2020)
7 DH and HMPS (2001) *Changing the Outlook: A Strategy for Developing and Modernising Mental Health Services in Prisons*. (accessed 9.12.2020)
8 NOMS, DH and HMPS (2007) *Prison Health Performance Indicators*. Gateway Reference 8921. (accessed 9.12.2020)

	Equivalence with Community	Comments on equity in HMP/YOI High Down (who might not have equitable access, what are barriers)	Recommendations
Access to all healthcare	Healthcare is generally wing (house block) based. Whilst healthcare services cover the full 24 hours every day, most healthcare provision is in core hours.	Whilst formal applications are in writing which some residents will struggle with, nursing staff are visible in the houseblocks. There will need to be a decision about the hours covered as the prison is reconfigured.	Use the full range of patient feedback to confirm that patients are able to make applications and attend appointments.
Access to GP	GP appointments are not currently available within the same, or a faster timescale than is typically seen in the community	Access to the GPs is via nurse triage. Some residents complain about this. However GP waits are reported to normally be less than two weeks, but have increased dramatically during the pandemic (reported to be 56 days).	Triage ensures efficient use of GP resources. Retain. Review ways to reduce the current GP waiting times.
Access to dentistry, physiotherapy, podiatry, GUM and optician services	Both in the community and in secure settings, these types of services have all been severely disrupted by the pandemic	As a consequence of the pandemic there are long (and growing) waiting lists for these services. It appears that all residents requiring these services are equally disadvantaged.	Explore opportunities for additional dental clinics once the current restrictions are lifted. The HSCNA also contains recommendations to increase optician input in the short term and podiatry input on a permanent basis.
Access to Substance Misuse Treatment	The same range of substance misuse treatment services are available as would be found in the community.	Most groups are currently suspended because of covid-19. Fellowship groups are not currently visiting. In the community there is access to virtual groups and telephone support.	
Access to Mental Health Support	The HSCNA identified a number of gaps in mental health provision which means there is not equity with the community	The HSCNA identifies significant staff shortages which appear to be the cause of gaps in service provision.	See Recommendation 16 in the HSCNA, *Revise and resource the model of mental health provision to provide cover over the weekends and into the evening.* See Recommendation 18 in the HSCNA, *Develop a plan to clarify recruitment and retention problems within mental health and how these might be addressed.* See Recommendation 19 in the HSCNA, *Increase the psychology provision*.

The HSCNA draws attention to the multidisciplinary complex case meetings which aim to identify and support residents who may otherwise be struggling.

The survey notes that compared to similar prisons, residents in HMP/YOI High Down appear a little less likely to report knowing how to access services. This may be a consequence of the current restrictions, meaning residents are out of their cells less, less able to see notices or talk with peers.

5b Equity with reference to protected characteristics and other factors

<table>
<tr><th>Characteristic</th><th>Comment</th></tr>
<tr><td>1. Race</td><td>The HSCNA considers both ethnicity and race. The HSCNA notes that the profile of residents in HMP/YOI High Down is more ethnically diverse than that of prisoners nationally, with only 60% of residents recorded as being from white ethnic backgrounds, compared to 72% nationally.[9] Almost a quarter of the HMP/YOI High Down population (23%) is of black ethnicity. The HSCNA offers more detail.

Our survey explored residents' views of healthcare, both access and the service received. The questions did not allow distinction for comparison of answers by ethnicity or race; we only select a few questions and also the sample size would have been too small for valid comparison. The free text included comments about waiting times and so on, but these were generic. Some free text comments described a perception that access for 'vulnerable' prisoners is less good than access for 'main' prisoners.

The full HMIP Inspection report dates back to 2018.[10] At this time the annex which describes survey responses stated that BAME respondents reported that they found accessing a doctor or a nurse as easy as their counterparts.

Whilst the low numbers meant the differences were not statistically significant, the HMIP survey found few differences between BAME and White respondents.[11]

<table>
<tr><th>Question</th><th>BAME</th><th>White</th></tr>
<tr><td>It is very/ quite easy to see a doctor</td><td>25%</td><td>26%</td></tr>
<tr><td>It is very/ quite easy to see a nurse</td><td>65%</td><td>65%</td></tr>
<tr><td>It is very/ quite easy to see a dentist</td><td>13%</td><td>11%</td></tr>
<tr><td>It is very/ quite easy to see a mental health worker</td><td>6%</td><td>14%</td></tr>
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</td></tr>
</table>

[9] Prison data provided by equalities team. National data from MOJ (2020) Offender management statistics (accessed December 2020)

[10] HMIP (2018) Report on an Unannounced Inspection of HMP High Down by HMIP May 2018 (accessed December 2020)

[11] HMIP (2018) Report on an Unannounced Inspection of HMP High Down by HMIP May 2018 (accessed December 2020)

<table>
<tr><th>Characteristic</th><th>Comment</th></tr>
<tr><td>2. Gender reassignment</td><td>The HSCNA identifies that there are a small number of transgender residents in HMP/YOI High Down. The report states:
CNWL are currently investigating the pathways for transgender residents in the men's prisons, and the findings will help further inform the development of these pathways. Our discussions with prison and health staff highlight some potential issues to consider.

Transgender residents may have health needs (e.g. for screens or treatments) from their birth gender as well as their current gender. These may be interventions their current prison does not routinely (possibly never) consider or carry out. It is important that each transgender resident's health needs are carefully considered with regard to both genders, e.g. with age-related screening for certain cancers.

Specialist services for transgender people are comparatively few and far between. If a transgender resident is actively involved in secondary care (e.g. if transitioning), then this care may be at a considerable distance from their prison. This may necessitate an unwanted transfer of secondary care or logistical problems in accessing the existing secondary care. Telemedicine may offset some of this. This applies as much to specialist psychological support as it does to physical health.

Release planning can also be difficult due to the relative paucity of specialist services in the community.

The report recommends: Ensure transgender pathways are fit for purpose.</td></tr>
<tr><td>3. Age</td><td>The HSCNA states:
The general age profile of the population in HMP/YOI High Down is younger than the prison population nationally; there is higher proportion of men between 21 and 29 years of age and fewer over 40s. Only twelve percent of the population of HMP/YOI High Down is aged 50 or over, this compares to 17% nationally.

The report found no equity issues affecting any specific age group. The HMIP survey reported the following:

<table>
<tr><th>Question</th><th>Aged 50 and over</th><th>Aged under 50</th></tr>
<tr><td>It is very/ quite easy to see a doctor</td><td>14%</td><td>27%</td></tr>
<tr><td>It is very/ quite easy to see a nurse</td><td>60%</td><td>66%</td></tr>
<tr><td>It is very/ quite easy to see a dentist</td><td>5%</td><td>12%</td></tr>
<tr><td>It is very/ quite easy to see a mental health worker</td><td>13%</td><td>11%</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>Characteristic</th><th>Comment</th></tr>
<tr><td>4. Religion and belief</td><td>Our team used to enquire about religion and belief. We wrote many HSCNAs where we consistently found this had no bearing on access to health care or on the service providers. We note that some beliefs can impact on patient choice, but so do many other factors. As noted, the HMIP survey reported the following views:

<table>
<tr><th>Question</th><th>Muslim</th><th>Non-Muslim</th></tr>
<tr><td>It is very/ quite easy to see a doctor</td><td>27%</td><td>25%</td></tr>
<tr><td>It is very/ quite easy to see a nurse</td><td>60%</td><td>65%</td></tr>
<tr><td>It is very/ quite easy to see a dentist</td><td>20%</td><td>10%</td></tr>
<tr><td>It is very/ quite easy to see a mental health worker</td><td>8%</td><td>12%</td></tr>
</table>

Whilst there are some differences, small numbers mean there is no statistical significance.</td></tr>
<tr><td>5. Disability</td><td>In common with many other of our prison HSCNAs we found the definitions and recording of disability to be very inconsistent. The conclusion from the report is that the departments in the prison do not have a clear understand of the numbers of residents with disabilities, that there is no consistency between departments and that without this knowledge it is not possible to target information and responses to respond to needs.

The ‘buddy scheme’ via which peers help each other is largely suspended due to the pandemic. It was not clear how residents are currently able to access the sort of help this scheme offers at present (carrying meals, cleaning etc).

Noting the relatively low numbers of respondents, the HMIP survey described little difference in views:

<table>
<tr><th>Question</th><th>Consider themselves to have a disability</th><th>Do not consider themselves to have a disability</th></tr>
<tr><td>It is very/ quite easy to see a doctor</td><td>27%</td><td>25%</td></tr>
<tr><td>It is very/ quite easy to see a nurse</td><td>64%</td><td>64%</td></tr>
<tr><td>It is very/ quite easy to see a dentist</td><td>8%</td><td>13%</td></tr>
<tr><td>It is very/ quite easy to see a mental health worker</td><td>13%</td><td>10%</td></tr>
</table></td></tr>
<tr><td>6. Sexual orientation</td><td>The equalities team data described 1.4% of the population as gay or bisexual, though a lot of data was missing. The HMIP data, which described 4% of respondents in HMP/YOI High Down identified themselves as ‘homosexual’ or ‘bisexual’ (terminology is as used by HMIP). This was equal to the proportion reported in comparator HMIP data (4%) and the national data which also describes 96% of male prisoners as heterosexual.[12]</td></tr>
</table>

[12] HMIP (2019) HM Chief Inspector of Prisons for England and Wales Annual Report 2018/19. Page 116. (accessed December 2020)

Characteristic	Comment
Literacy	With less time out of cell during the pandemic, we are concerned that patients have fewer opportunities to have someone else read and write for them. Healthcare has recently reviewed application forms to make them easier to use and read.
'Complex needs'	This is a collective term used to describe a mixed cohort, who for various reasons struggle to cope and without specific attention could be overlooked. There is a weekly multi-disciplinary complex care meeting.
Those with current health needs	Some residents have few if any health needs. Others have many - be they physical, mental, related to addictions or social care. Frequent users will be most impacted by any issues.