Understanding the Health Needs of Scotland’s Prison Population: A synthesis report

Annex A: Collated recommendations

The Scottish Government
Health and Social Care

Physical Health - High-Level and Strategic Recommendations

1	Prison should be viewed as a unique opportunity to address the physical health inequalities commonly experienced by those living in prison. To achieve this, prison health care services and SPS, should view the prison sentence as a time to provide appropriate physical health care assessment, treatment, care and education to those who require it.
2	SPS and prison-based health care should adopt a holistic and proactive model of care which recognises the social and economic determinants of health, encourages those within prison to prioritise their health, and supports them to increase their personal agency in health care related decisions.
3	Physical health care in prison should be patient-centred and incorporate regular check-ups, screening, health education and health promotion activities. Care should be determined in consultation with patients and health care decisions clearly communicated.
4	There is a clear need to address the issues of health care staff shortage and retention within Scotland's prisons. The establishment of a career route for prison health care staff is recommended which incorporates appropriate remuneration to reflect the nature of the work undertaken by prison health care staff, emotional and practical support, and opportunities for training and career advancement.
5	Steps should be taken within the NHS and SPS to ensure greater levels of organisational recognition and value for the work undertaken by prison-based NHS staff.
6	There is a need for coordinated, joined up data sources relating to the physical health of Scotland's prison population. Ideally, such a system would allow the establishment of a robust record of physical health, mental health and social care needs, including data on both prevalence of disease/illness and health care outcomes (e.g. treatment and disease progression over time). The PHS-PCLS dataset is an example of how such data linkage can be achieved, and, if expanded to include a wider range of health data, could yield further insight into the health care needs of Scotland's prison population.
7	SPS (and private contractors), health and social care, and third sector organisations should jointly determine a model of health care provision to prevent gaps in the provision of prescription medication and/or ongoing primary and secondary care treatment. This model might seek to incorporate increased in-reach of third sector organisations who provide support on release, GP pre-registration prior to liberation as standard, and

	the provision of specialist community-based holistic support for unplanned releases.

Physical Health - Operational Recommendations

9	A common pathway to access primary health care services across the prison estate should be established. This pathway should permit confidential self-referral and incorporate support for those with additional needs (e.g. literacy) to ensure equitable access to all. The pathway should allow for the prioritisation of those with immediate needs and should incorporate a clear mechanism for requests for second opinions and complaints from people in prison (or their carers where appropriate).
10	A method of establishing a comprehensive health record to follow the individual into prison, through the prison journey, and back into the community on liberation should be determined. This health record should be accessible to people in prison and those with formal care or guardianship arrangements relating to people in prison.
11	A common prescribing formulary should be introduced across Scotland's prison estate to ensure consistency and to reduce the need for prescription variation following inter-prison transfers that may cross health board boundaries.
12	The initial primary care assessment for new receptions into prison should be followed up with a second more thorough physical health assessment in the following days. This is in recognition that physical health care conditions may not be prioritised at the point of reception and to ensure the enhanced capture of health care needs.
13	SPS and health care providers should jointly establish a system to escort people in prison to clinical and dental facilities that maximises the time available each day for health care staff to see their patients. Consideration could be given, where appropriate space exists or can be re-purposed, to locating health care facilities and the dispensary on the halls to reduce the demands on SPS staff.
14	The current arrangements for the transportation of patients to secondary care appointments should be reviewed to develop a model of transportation that ensures the minimisation of missed appointments.
15	To alleviate the burden presented by transportation of patients to secondary care appointments, the expansion of Near Me technology to support secondary care appointments within the prison environment, where appropriate, should be supported

16	To combat low awareness and knowledge of health-related issues amongst those living in prison, training in health literacy should be mandatory for all staff working within prisons. All new staff (SPS, NHS and third sector) should be provided with education on the health inequalities of those residing in prison, the health services available to those in prison, and the pathways to access these.
17	The quantity and quality of accommodation available within Scotland's prison estate should be reviewed to ensure accessible and adaptable facilities for those with physical disabilities, those recovering from a hospital stay or other illness, and those with palliative or end of life care needs. This review should give consideration to Scotland's aging prison population and ensure that the prison estate is fit to support the physical health care needs of those residing there.
18	A range of exercise options should be made available for people residing in prison for whom the gym is not preferred or appropriate.
19	Access to healthy food options for people living in prisons should be reviewed, giving consideration to the provision of food storage facilities within cells or close by on the halls.

Mental Health - Strategic recommendations

1	A fundamental change is required in how the mental health of individuals in prison is perceived, given the demonstrated mental health needs of Scotland's prison population. A model of care should be adopted across all prisons that focuses on assessing and meeting individual needs, supporting individuals' wellbeing, and providing a caring and supportive environment. Trauma-informed care is one model that may be appropriately considered.
2	The model of care adopted should have individuals' needs and wellbeing at its centre and strive to make the prison environment more therapeutic with a greater focus on meaningful activity. To break the cycle of repeated imprisonment, individuals should leave Scotland's prisons with better life opportunities than when they started their sentence.
3	Greater resources are required for NHS mental health services. Rather than use community-based formulations, modelling should be used to determine service provision, accounting for the known demographic and social characteristics of the population in each prison, recognising that most individuals come from communities of multiple deprivation, have had adverse life experiences and many have multiple and complex needs. The outcomes of these models for each prison should be published.
4	An increase in funding for clinical psychology and allied health professionals within the multidisciplinary mental health team is needed in many of

	Scotland's prisons where current input is either none or limited. As the model of care is developed, a need for increased resources from other professional groups may too become apparent.
5	Standards for prison mental healthcare should be adopted. These could be newly developed or adopted from existing standards such as those published by the Royal College of Psychiatrists (2018). Adopted standards should include staffing requirements per prison resident to ensure consistency across the estate.
6	The development of a formal partnership between SPS (and private contractors, currently Serco and Sodexo), health and social care, and third sector organisations is necessary to drive forward the high-level changes recommended. This partnership should be empowered to deal with strategic and operational issues across the prison and health services. This must include a mechanism to empower decision making across all NHS Boards that interface with the prison estate[1]. There should be mechanisms for governance, and processes embedded to enable routine quality improvement and assurance.
Mental Health - Operational recommendations	
7	The set of health indicators monitored at a national level by Public Health Scotland should be expanded to include reliable data relating to the mental health of individuals in prison. Mental health outcomes should be specified so that progress to achieve these can be monitored.
8	Action is required to address the longstanding staff shortages and retention issues across prison staff and health staff employed within Scotland's prisons. Consideration should be given to the adoption of 'forensic careers' for professionals working across justice and health settings. This would support staff to develop skills and obtain experience of working with patients in different settings, including high, medium, and low secure hospital units; in the community; and in police cells, courts and prisons.
9	Investment in prison facilities is required to provide adequate space to conduct clinical assessments and interventions with individuals in prison.
10	SPS (and private contractors) and healthcare providers should jointly identify a solution which increases the time available each day, currently four hours, for health staff to see their patients in the prison health centres.
11	Training about mental health and trauma should be mandatory for all staff working within prisons to reduce stigma and improve the relationships between prison residents and staff. The induction process for new staff should include education on the remit and role of the various service

	providers working within the prisons to facilitate joint working and ensure referrals to other providers are made as appropriate.
12	A second mental health screening should conducted in the days following reception, when someone may be better placed to engage in discussion and the immediate stressor of being imprisoned is not as acute. This should be done by a trained mental health professional.
13	Specialty services available in the community, including neurodevelopmental assessment and old age psychiatry, should be accessible to people in prison. That someone is in prison should not be a barrier to accessing appropriate services directly or via videoconferencing technology.
14	Given the expansion of telehealth and online mental health resources available in to people in the community a modernisation is required for digital communications and technology in prisons. Videoconferencing technology should be more widely adopted to support remote mental health service delivery. People in prison should have greater opportunities to use digital technology to access online mental health resources.
15	Information sharing agreements should be introduced so that all professionals involved in the care and support of a person in prison can appropriately, effectively, and efficiently access relevant information relating to mental health needs.
16	Mechanisms for the two-way sharing of information between prisons and the families of people in prison about the mental health, care, and safety of their loved one should be examined.
17	A common prescribing formulary should be introduced across all of Scotland's prisons to eliminate the need to adjust established medication regimens on inter-prison transfer.
18	The throughcare system should be reviewed and consideration given to the development of standards as well as to auditing of performance against these standards.

Substance use – High level and strategic recommendations	
1	Better consistency and continuity of care should be achieved through the negotiation and agreement of a detailed partnership agreement between all the key partners involved in the commissioning and delivery of substance use services and supports across prisons (and wider criminal justice pathways)[1]. This new (substance use) partnership agreement should detail a core set of principles for working better together and will have the core aim

	of implementing improved and consistent practice as well as improving experiences for those individuals receiving support.
2	A multi-agency, multiple and complex needs, working group should be convened by Scottish Government to operationalise the learning from this needs assessment (and should be combined with learning from the concurrent Mental Health needs assessment study). The group should include lived/living experience and family representation.
3	There should be coherent, national oversight and governance of progress towards achieving all of the outcome-based recommendations (detailed below), through the instigation of an independent National Oversight and Assurance Group. The group will need to pay particular attention to the need for urgent action to address the significant data deficiencies highlighted in this report.
4	By building upon the successful coordination and planning work adopted that led to Scotland's prisons becoming smoke free, SPS, private prisons, and Integration Authorities should consistently and fully implement the MAT Standards across all of Scotland's prisons. This should include being evidenced through detailed consultation work with all key sub-groups of Scotland's prison population (i.e. male/female/young people and sentenced/remand populations).
Outcome-based recommendations	
Outcome theme 1: The wrong starting place	
5	The needs of all those who experience problems with substances are effectively supported in the community, reflected by Sheriffs and Courts utilising greater and broader use of diversionary measures to prevent individuals unnecessarily being sent to prison.
6	All stakeholder strategies and delivery plans reflect an understanding of a starting premise that substance use in Scottish prisons is an integral part of a coping mechanism to a range of complex issues (not withstanding that it causes a range of problems) and requires both psychosocial and medical intervention.
Outcome theme 2: Continuity of treatment and support	
7	As part of the full implementation of MAT Standards there will be greater continuity of treatment for individuals between prisons (transfer) and between community and prison (into and out of custody).
8	For those moving through the criminal justice system, including into and out of prison, critical through-care support (in relation to family contact, housing, casework, legal issues, and managing benefits) is experienced continuously from arrest through to community reintegration.

Outcome theme 3: Policy perspectives	
9	Substance use policy across Scotland's prisons and the wider criminal justice system have adopted a prevention-first approach, and fully co-ordinate and integrate with all relevant disciplines supporting multiple and complex needs. This should be evidenced across all levels of national, regional, and local planning frameworks.
Outcome theme 4: Systemic complexities	
10	Prisons will be actively incorporated into all relevant local, regional, and national planning structures (especially ADPs, Community Planning Partnerships, and Community Justice Partnerships).
11	Integration Authorities are fully inclusive of Community Justice and prison partners, with the active involvement of all agencies in joint commissioning and leading to a visible use of pooled treatment budgets.
12	Whilst not disregarding the multiplicity of complex needs, there is a fully functional and integrated approach to address the consistent overlap between substance use and mental health.
Outcome theme 5: Non-substance use specific needs	
13	Those entering and leaving prison do so with greater support for the maintenance of existing housing or provision of suitable housing upon leaving prison (to avoid them re-entering the negative cycle of substance use that is often associated with homelessness, temporary or unsuitable housing provision).
Outcome theme 6: Substances and substance use	
14	Drug screening in Scotland's prisons is used to gain intelligence about, and understand the patterns of, substance use among the prison population, and to indicate opportunities to deliver health and psychological interventions.
15	Individuals who enter prison with a primary dependency (physical and psychological) on alcohol should have access to appropriate psychological interventions (as well as pharmacological).
Outcome theme 7: Substance use specific needs – in-prison	
16	All individuals entering Scotland's prisons receive sufficient information and support to enable them to make informed choices about their prison-based care and treatment, including early conversations about support for abstinence and recovery, where appropriate. Those living in prison feel confident that disclosing substance use will lead to support and help as needed.
Outcome theme 8: Throughcare and liberation	
17	Continuity of care is experienced before, during and after custody (through stronger and continuous case management, earlier planning for release, avoidance of Friday or Bank Holiday release, increased provision by

	statutory and third sector community-based services to engage with the needs of individuals throughout this process, working in co-operation with prison services and other justice services), such that individuals experience less pressure to use substances or to relapse following liberation.
18	The Prison2Rehab pathway is consistently available to people leaving all of Scotland's prisons, with good accessibility for all of those who require it.
Outcome theme 9: Specific populations	
19	Young people's location of incarceration is close enough to their home to support continuity of care and their familial networks, reflecting the learning from the recent diversification of the female prison estate in Scotland, and contributing to the prevention of problematic alcohol and drug use.
20	People on remand have greater access to the range of substance use interventions and support that are already made available to the sentenced prison population.
21	The female population receive enhanced trauma-informed interventions to mitigate the need to use substances to cope with consistent underlying and existing traumas.
22	Individuals with acute co-occurring psychiatric and substance use needs are not remanded or sentenced to a prison environment, but rather are supported in specialist psychiatric or community provision.
Outcome theme 10: Workforce	
23	There is a fully resourced, trained, and confident workforce, across sectors, who all consider working with substance use to be a legitimate part of their role.
Outcome theme 11: Recovery	
24	Recovery and substance-free interventions are comprehensively developed across all of Scotland's prisons, with access available to all those who request them.
Outcome theme 12: Data	
25	Data collection and monitoring arrangements are consistently supported and evidenced by a fulfilment of HMIPS Standard 9 (Health and Wellbeing) at all of Scotland's prisons and are reflected in a successful delivery of the Prisons Digital Health & Care Systems Provisioning Programme.
26	In moving towards a fulfilment of HMIPS Standard 9 (see 12.1 above), and in response to the high levels of risk carried within the prison system, the key health, social care, local authority, and justice partners routinely share common health and substance related data.