

INSPECTING AND MONITORING

Health In Prison

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INSPECTING AND MONITORING

United Nations International Covenant on Civil and Political Rights

 "All persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person."
 [Article 10]





National Preventive Mechanism

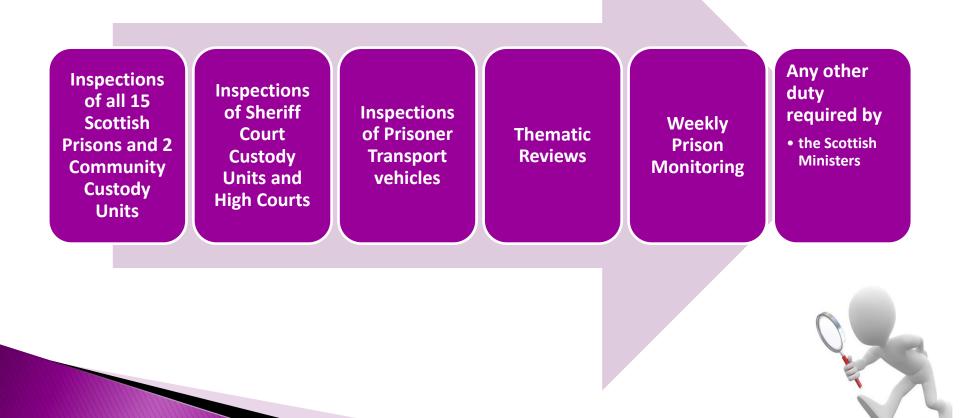
The UK signed up to the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) which requires that all places of detention are visited regularly by independent **bodies.** HMIPS is a member of the NPM and the Chair







HMIPS Who are we and what do we do?



HMIPS Inspection Partners



CHILDREN & YOUNG PEOPLE'S Commissioner Scotland







Healthcare Improvement Scotland takes lead responsibility for inspecting Standard 9 – Health and Wellbeing During prison inspections where establishments hold prisoners under the age of 18, the office of the **Children and Young People's Commissioner** are invited

The Scottish Human Rights Commission provide an important contribution to every prison inspection by providing an expert view on whether prisoner's human rights are upheld.

Education Scotland participate in all prison inspections and take lead responsibility for inspecting Standard 6 – Purposeful Activity

The **Care Inspectorate** take lead responsibility for inspecting Standard 7 - Transitions from Custody to Life in the Community

Human Rights Based Approach



The Right to Health: AAAQ

All facilities, goods and services needed to enjoy the right to the highest attainable standard of health (health care, housing, work, food, income and so on) must be:	Available in sufficient quantity.	_
	Accessible to everyone without discrimination, including being physically accessible and affordable.	
	Acceptable, respecting issues of confidentiality and being sensitive to cultures, communities and gender.	Human rights and the right to health
	Scientifically appropriate and of good quality.	With Health Scotland is a national Health Board working my analysis of though public, private and third sector any analysis of the enduce health inequalities and improve health. We are committed to working with others and the provide a range of services to help our stakeholders take the action required to reduce health inequalities and improve health. We measure the measure of the provide the services is at the core of protecting manning. Definition of the measure of the services is at the core of protecting manning. All services the tamper of the measure in the service is at the core of protecting manning.

- All services that impact on health and wellbeing should be available, accessible, acceptable, scientifically appropriate and of good quality.
 Reducing health inequalities is essential to protect the right to health.
- Reducing health inequalities is essential to protect the right to health.
 Applying a human rights-based approach (HRBA) will strengthen work to address health inequalities and improve health.
- An HRBA approach helps to focus on the people who need the most support to participate in society and lead a fulfilling life. It also places a greater emphasis on the duty of public services to do this.

Key actions

 Apply an HRBA in your organisation and directly in the work you do.
 Help embed an HRBA in practical ways in all public policy and practice in Scotland.

Health Needs Analysis - Prisons

Initiated in 2020 by Scottish Government

4 pieces of research:

- social care
- mental health
- substance use
- physical health

Identified key prison related themes

- high level of health and social care needs
- high level of comorbidity
- long-standing issues of staff shortage and retention
- poor data quality
- difficulties sharing information between organisations
- a lack of national consistency in health and care provision
- facilities ill-suited for people with disabilities or with care needs



2022 Health in Prison Inspections

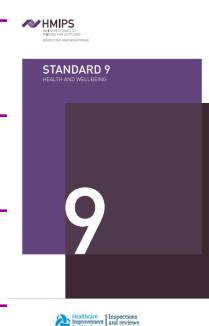
Promoting excellence in Healthcare

Inspections: Standard 9 'Health and Wellbeing' based on 17 quality indicators reflecting a human rights approach and the relevant NHS standards.

The prison takes all reasonable steps to ensure the health and wellbeing of all prisoners.

Healthcare professionals play an effective role in preventing harm associated with prison life and in promoting the health and wellbeing of all prisoners.

HMIPS and HIS continued to inspect prisons and healthcare throughout the pandemic





Quality Assurance for Prisoner Healthcare

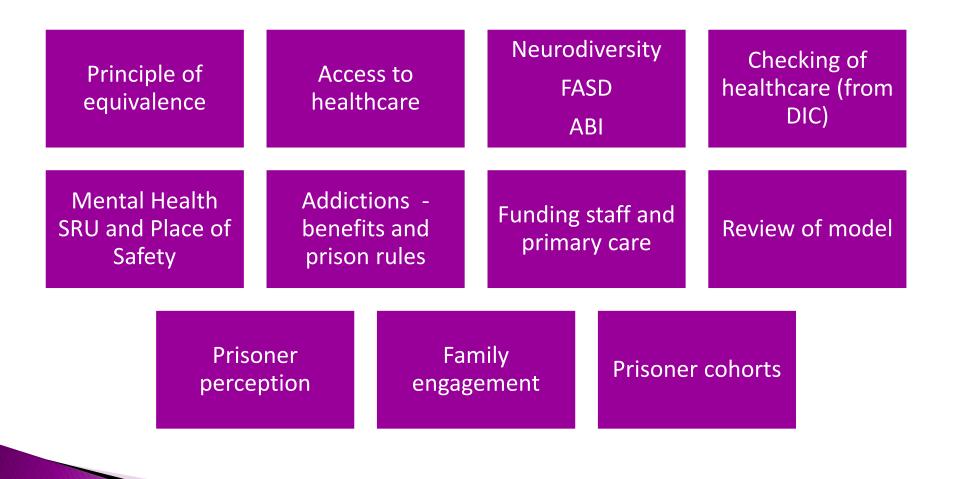
Annual Report – January 2023



HIS Findings from 2022 - shared issues across Scotland

Challenge	Impact
Prescribing	Inconsistent prescribing practices leading to complaints
Working Conditions	Fabric of older establishments leading to infection control risk
Staffing shortfalls	Shortfalls in nursing, medical, SPS staff leading to inconsistency in access to care
	Receiving prisoners unable to access healthcare assessment due to late arrival time - no out of hours healthcare staffing
	Fatigue in all groups
Transport	Contributing to patients being unable to access secondary care appointments

Challenges inequalities and benefits



Case Study: Prisoner transport

"The patient was referred by Gastroenterology in August 2022. They had concerns about unintentional weight loss and had performed a CT scan. This had shown a new, enlarged 1.5cm supraclavicular lymph node. Clearly the concern was malignancy and required timely investigation."



The patient had then failed to attend three separate patient clinic appointments made for him. The doctor allocated the case contacted the prison health centre after the second missed appointment expressing serious concern. They were informed that the patient had missed his first appointment due to a court appearance and had missed his second due to the failure of GEOAmey transport provision. The patient missed the third appointment again due to the failure of GEOAmey transport provision. The patient missed the third appointment again due to the failure of GEOAmey transport provision, despite the doctor highlighting the severity of the patient's condition to the prison health care team.

There was a several week delay in the patient's care, the doctor reports that this time was of clinical significance and may now be to the detriment of the patient."

Thematic reviews

Deaths in Prison Custody

Who cares 1 and 2 – looking at the experiences of the older population in prison

Home Detention Curfew

Expert Review of Mental Health in a YOI

Under 18 health and wellbeing survey

Segregation in Scottish prisons - due to be published in March

Prisoner progression - interim report due in March

Diversion from custody

Independent Review of the Response to Deaths in Prison Custody

November 2021

Two pillars of trauma-informed practice are choice and control. Our Review showed clearly that families bereaved through a death in prison custody have neither.





Questions?

