

Health In Prison

Wendy Sinclair-Gieben

HM Chief Inspector of Prisons for Scotland



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?

Inspections
of all 15
Scottish
Prisons and 2
Community
Custody
Units

Inspections
of Sheriff
Court
Custody
Units and
High Courts

Inspections
of Prisoner
Transport
vehicles

Thematic
Reviews

Weekly
Prison
Monitoring

Any other
duty
required by

- the Scottish
Ministers



HMIPS Inspection Partners



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 PANEL principles are:



Participation – people should take part in decision-making and have a voice. Policies and practice should support people to participate in society and lead fulfilling lives.



Accountability – organisations and people are accountable for realising human rights.



Non-discrimination – everyone has the same rights (regardless of their ethnicity, gender, income, religion, etc.).



Empowerment – people, communities and groups should have power. They need to know and claim their rights in order to make a difference.



Legality – all decisions should comply with human rights legal standards.

The Right to Health: AAAAQ

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.

Scientifically appropriate and of good quality.



NHS Health Scotland is a national Health Board working with and through public, private and third sector organisations to reduce health inequalities and improve health. We are committed to working with others and we provide a range of services to help our stakeholders take the action required to reduce health inequalities and improve health.

Key messages

- The delivery of health and social care services is at the core of protecting human rights.
- 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.
- 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



STANDARD 9
HEALTH AND WELLBEING

9



Quality Assurance for
Prisoner Healthcare

Annual Report – January 2023

Document Owner: Prisoner Healthcare Inspection team

Reporting to: His Majesty's Inspectorate of Prisons (HMIPS)

Purpose: To provide HMIPS with a summary of the inspection visits carried out by the Healthcare Improvement Scotland (HIS) prison inspection teams from the past year, in accordance with HMIPS Standard 9: Health and Wellbeing

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

Principle of
equivalence

Access to
healthcare

Neurodiversity
FASD
ABI

Checking of
healthcare (from
DIC)

Mental Health
SRU and Place of
Safety

Addictions -
benefits and
prison rules

Funding staff and
primary care

Review of model


Prisoner
perception

Family
engagement


Prisoner cohorts

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, 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?

