Integrated Health and Social Care in Prisons Briefing Note - February 2020

## Project Phase 3: Testing the models (October 2019 – August 2020)

**HMPs Perth and Castle** **Huntly/Perth and Kinross HSCP** (started 1/10/19)

237 people have been referred with 91 progressing to an assessment. 33 assessments have been completed. Since 14 January 2020, the project has been screening all people on short-term sentences, remand and every person in custody aged 50 and over. In general few new care packages have been required and two existing packages have been reviewed. Independence aids and continence support have been provided and links with advocacy services and the statutory throughcare team made. Key issues include people not wishing to disclose their health and social care needs and the impact of high numbers of people in prison leading to difficulties getting access to people in cells or to support people in mainstream physical education or work. Discussions are underway between local partners an Scottish Government to develop a positive transition between the end of the test of change (31 March 2020) and the intended date for mainstreaming (1 April 2021)

**HMP Shotts/North Lanarkshire** (started 1/11/19)

Positive relationships are developing across the professional teams in the prison. To date eight assessments have been undertaken. No care packages have been required but independence aids have been provided and physiotherapy assessment in preparation for release. The test notes the need to deliver more effective support on release for people with additional needs.

**HMP Grampian/Aberdeenshire HSCP** (started 1/12/19)

The key issue appears to be that the needs that people in prison have for support are rarely physical. The eligibility criteria for care management support used in the community focusses on physical needs meaning most people in prison fall outwith the threshold for service. There are also issues with people getting to appointments in the prison and being able to independently make their own arrangements by phone or post. There are difficulties in sharing information effectively across the different organisations.

**HMPs Greenock and Low Moss/Glasgow City HSCP** (due to start end February 2020)

This is the most complex test of change from a governance perspective. Glasgow HSCP hosts the prison health provision for the three prisons across three different HSCPs. Significant effort early in the project ensured good communication and buy-in from the partner HSCPs but it took some time to establish a preferred structure which will be delivered as an integrated service alongside the health provision. The recruitment process to the test of change posts has been impacted by issues around backfilling posts. The test will not start until the end of February.

**HMP Kilmarnock/East Ayrshire HSCP**

CJSW report focus on health and social care needs: a local operating procedure is under development to improve early identification of care needs and provide clear guidance on how to share the information. We have made links with Social Work Scotland Justice Standing Committee, Scottish Government and Community Justice Scotland around any development of CJSW reports.

## Issues emerging

* **Variation in the application of eligibility criteria** for personal care and social support means that people in prison who do not have access to family or community networks of support do not meet standard thresholds.
* **Third sector**: the Third Sector in prisons has generally developed organically rather than through strategic planning and commissioning.
* **Self-Directed Support**: Whilst tests of change assessment re based on principles of personalisation, choice and control, delivering in prisons where people have little control or choice over their daily lives presents challenges.
* **Peer support and carer roles:** People in prison are supported and support other people in prison. The SPS has policies governing this but there are questions about the rights of people providing peer support - are they are voluntary carers or re they undertaking paid roles raising questions about carer rights and/or regulatory status.
* **Ordinary and temporary residence:** Working across local authority boundaries is proving difficult and there is evidence that this can delay a person’s ability to achieve smooth transitions back to the community and even to apply for release on licence. Where local authorities/HSCPs commission the third sector in prisons, it appears this may be targeted only at their own ordinary residents.
* **Workforce and recruitment:** The tests have had significant problems in recruiting to short terms posts. In the longer term, work in prisons may not be attractive across the health and social work and care professions and specific support may be necessary.
* **Information sharing:** Health and local authorities already share information but the SPS needs to be incorporated more fully to ensure the right information is easy to share.

## What next?

1. Scottish Government has commissioned a strategic needs assessment which together with the data from the tests of change will inform financial modelling for integrated health and social care in prisons. The model will be reviewed through the SG Health and Social Care in Prisons Programme and fed into national and local government finance processes with the view to mainstreaming integrated health and social care in prisons in April 2021.
2. We are currently developing plans to support implementation leading up to and potentially beyond April 2021. **Views from HSCPs both with and without prisons in their area are invited to help us get the right levels of engagement.** Don’t hesitate to contact me.

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