



Social Care Services Board  
25 January 2016

Social Care in Prisons Update Report

**Purpose of the report:** The report provides a briefing on the current position of social care provision in Surrey prisons and explores considerations and impacts of proposed future working arrangements of the service.

**Introduction:**

1. Surrey County Council's (SCC) duties and responsibilities to provide social care in prisons were introduced under the Care Act from April 2015. In relation to social care, as far as possible, people in prisons should be treated consistently and on the basis of equivalence to those in the rest of the population. This is a key principle enshrined in the Act. However, people in prison cannot qualify as carers, have a choice of accommodation nor receive direct payments.
2. Annex 1 provides a case study as an example of social care activity carried out in prisons in Surrey.
3. A report was received by the Adult Social Care Select Committee on 10 April 2015 which recommended that the committee support the development of a new service model to meet these duties; the service to be managed by Surrey and Borders Partnership Foundation Trust (SABP). It was also recommended that the service be reviewed after one year and an update report brought back to the Committee.
4. This report highlights data from the first six months of operation as well as areas for development in line with a service evaluation stage 2 report commissioned by the Adults Leadership Team (ALT) and approved by the Care Act Project Team.
5. The report considers the progress made in the first six months and compares where possible to the national picture described by The Association of Directors of Adult Social Services (ADASS) survey of

social care activity published in September 2015. A key finding is that SCC referrals are showing very high activity, in the top levels nationally, which is indicative of a successful implementation.

6. It is important to consider future service development with the impact of the expansion of HMP Highdown (1100 to 1240 prisoners) and the closure of Holloway. There is an intention to reopen HMP Downview to accommodate approximately an additional 350 female prisoners, and to expand the capacity of HMP Send (female sentenced prisoners) and HMP Bronzefield (to accommodate female remand prisoners) from HMP Holloway closure from April 2016.

### Service specification

7. The Prison Social Care team sits within SABP Older Adults and Specialist Services directorate under an agreement for the management of Surrey Prison Social Care within Surrey and Borders Partnership Trust (SABP) by the SCC Senior Manager for Specialist Services.
8. The provision of social care was recognised as a risk. We fully explored offering the opportunity to staff from in – house older people’s homes closures, external agencies and discussions with the primary care providers (which was not supported by HMP Bronzefield or the public prisons commissioners). The primary operational challenge for the team over the past few months has been the recruitment of support, time and recovery (STR) workers to provide hands-on care for those assessed with eligible needs, which cannot be met solely through peer support or the provision of equipment. However, the situation has been carefully monitored so that no clients have suffered unmet need, and during October and December 2015 recruitment took place which will address the challenge from January onwards.
9. The service operates as a Single Point of Referral via a secure email address into SCC Prison Social Care Team with an identified lead that links into each prison (but staff work across the prisons dependent on presentation for assessment). Referrals are made via the prison staff, health care staff, outside services and self referrals. People referred have had a range of needs including OT equipment, needs which have been met via the prison provision/peer supports and social care input or assessment for need to be released/transferred. There have also been a small number recognised to require full health provision including end of life care.
10. **There were a total of 99 referrals** in the first 2 quarters with a mixture of presentations including mental health, substance misuse, physical disability, autism and illness. The number per prison is :

- a. Highdown (43)
- b. St Catherines Approved Premises (2)
- c. Bronzefield (28)
- d. Send (14)
- e. Coldingly (12)

11. These numbers are higher than had been predicted and the ADASS survey supports that Surrey's activity is in the top 5 nationally (HMP Highdown and HMP Bronzefield) and highest in the southern region. Our self referrals have tripled in HMP Bronzefield and are increasing across the other establishments, which evidences our presence in the prisons. There is a need to recognise that developing social care in prisons early on includes developing peer support programs for those with low need. There is an effective system in operation at HMP Coldingly which is being explored with the other establishments. Data from quarter 3 is also supporting this higher than expected activity and we would expect a growth with the impact of the closure of HMP Holloway and the increase to HMP Highdown.

12. All prisons have now agreed to be signatories of a Memorandum of Understanding (MOU), which outlines roles and responsibilities, has been supported by the National Offender Management Service (NOMS).

13. Initially there were issues regarding referrals being accepted for advocacy due to them not being deemed to fall within the terms of the Care Act. The ADASS report recommends that authorities 'review their thresholds for providing advocacy to ensure that they are compliant with the Care Act'. This situation is now under review by the Senior Commissioning manager for advocacy services, who is concerned that support should be available to ensure that the user voice is heard and that all have access to services to which they are entitled based on the principle of equivalence. We have now seen a marked increase in these referrals being accepted.

#### **Future considerations**

14. It is important to plan for the impact to Surrey with the closure of HMP Holloway and the expansion of HMP Highdown, HMP Bronzefield, expected changes to HMP Send establishment and the reopening of HMP Downview to accommodate serving female prisoners from HMP Holloway.

15. Along side this unknown impact there is a need to explore future models including :

- a. Continuing with current arrangements (direct SCC service hosted in SABP) where the main advantage has been the linkage into substance misuse and forensic mental health services where social care responsibility falls under the same SCC manager.
- b. Commercial enterprise.
- c. Primary care providers (referrals are low in areas where this model has been adopted).
- d. Full re-procurement (would be helpful to have full year's data and the impact of the closure of Holloway if considering this model).

### **Conclusions:**

16. Surrey's data nationally is in the higher levels which includes taking into account the impact of multiple prisons. In Surrey we have established a peer support system in Coldingly which we are developing in the other establishments and our self referrals are increasing which supports our impact and presence in the prisons.
17. It is important to recognise that it has been difficult to provide social care provision in the prisons. Several ways have been explored but none to date have been successful. The recruitment of STR workers is underway and will address this issue.
18. After only 8 months in operation, the service is still in the process of developing and it is too soon to be clear on costing's especially with the impact from the expansion to HMP Highdown, and the closure of HMP Holloway to HMP Send, HMP Bronzefield and the opening of HMP Downview.
19. The current recommendation from the external report is to maintain the current arrangements. This will also provide time to explore the enterprise approach and if longer term evidence shows Surrey's approach continues to be successful this may be a structure to be considered to other LA's.

### **Recommendations:**

20. It is recommended that following the success of the first year, the Board support the continuation of the current model of service for a further two years.

### **Next steps:**

- Draft operational procedures to be circulated (February 2016)
- Recruitment to STR posts (current)
- Explore impact of HMP Holloway closure and HMP Highdown increase (April 2016)

- Stage 3 evaluation to be completed and focus on impact and costings.
  - To develop self referral process across HMP Highdown and HMP Send (process in place at HMP Coldingly and HMP Bronzefield).
  - Explore peer prison support for low and non personal care across HMP Highdown, HMP Bronzefield and HMP Send (process in place at HMP Coldingly).
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**Sources/background papers:**

- ADASS report on early evaluations
- Team data
- Evaluation report (Stage 2) by Stella Charman (October 2015)

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