Surrey and Borders Partnership NHS
NHS Foundation Trust

SURREY
COUNTY COUNCIL

Evaluation of the Implementation of Surrey's Prison Social Care Service in Year One

Purpose of the Report: This report provides an overview of the implementation and progress of Surrey County Council's Prison Social Care Service in year one which was introduced under the Care Act (2014). It will provide a briefing on the current position of social care provision in Surrey prisons and explores considerations and impacts of proposed future working arrangements for the service.

Introduction:

1. Surrey County Council's (SCC) duties and responsibilities to provide social care in prisons were introduced under the Care Act (2014) 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 and this is a key principle enshrined in the Act. Local Authority responsibilities include assessing social care/occupational therapy needs, provision to meet eligible care and support needs, to signpost and advise people in prison, and to promote wellbeing and prevention.

2. There are five prisons and one approved premise located within Surrey, and a high proportion of the national female prison establishment. Surrey has a current prison population as follows:
    - HMP Highdown (Male reception prison/1203 but could be extended to 1240)
    - HMP Coldingley (Male training prison/521)
    - HMP Bronzefield (Female private remanded/sentenced prison/ 527 increased to 572)
    - HMP Send (Female sentenced prison/227)
    - HMP Downview (Female sentenced prison reopening in May 2016/355)
    - St Catherine's Approved Premises.

3. This service has been subject to independent reviews throughout year one. This report explores data from the first year of implementation and considers the progress of the service. The Association of Directors of Adult Social Care Services survey (September 2015) examined the first six months of social care activity, and reported that SCC referrals were showing very high activity and were in the top levels nationally. The

independent reviews found that the level of referrals were continuing to grow, and that eligible need is double than predicted prior to the setting up of the service. Issues raised included '*provision of aids and adaptations in the hazardous prison environment and how to challenge the stigma and discrimination engendered by disability' (Stella Charman 2015).* However, the reviews provide considerable praise from all quarters for the team's efforts and achievements and the impact throughout year one

4. Annex 1 provides four case studies to illustrate the work undertaken by the Prison Social Care Service.

5. It is vital to consider future service development with the impact of the recent expansion of HMP Highdown from 1100 to 1203 prisoners and the closure of HMP Holloway. HMP Downview re-opened in May 2016 with a long term intention to accommodate approximately an additional 355 female prisoners. HMP Bronzefield has increased its prison establishment by an additional 45 places and is to change its establishment to take more remanded prisoners servicing the London courts.

Service Specification

6. SCC Prison Social Care team sits within Surrey and Borders Partnership NHS Foundation Trust (SABP) Older Adults and Specialist Services directorate under an agreement between both organisations. The service is managed by the SCC Senior Manager for Specialist Services.

7. The service has evolved to have a whole service approach which includes social care provision by employed Support Time and Recovery workers (STR). The team is a small specialist team with staff from differing working backgrounds including mental health, substance misuse, learning disabilities, continuing health care and an Autism Spectrum Disorders (ASD) champion. The team is comprised of an operational lead, OT, senior social workers, senior social care assistant and STR's.

8. The service operates as a Single Point of Access for referrals via a secure email address with an identified lead that links into each prison, but staff do work across the prisons dependent on presentation for assessment. Referrals are accepted from prison staff, health care staff, outside statutory agencies and hand written self referrals.

9. The referrals have included a wide range of presentations including ASD, learning disabilities, dementia, illness, substance misuse, physical and mental health needs. The range of provision has included OT equipment, needs which have been met via the prison provision/peer supports, intimate social care provision, professional input, assessment for release, signposting and attendance to parole hearings/Multi Agency Public Protection Arrangements (MAPPA). All

prisons are signatories of a Memorandum of Understanding (MOU), which outlines roles and responsibilities.

Areas of Service Impact and Learning

10. In the initial stages to the service being established the provision of equipment, aids and adaptations for people with disabilities in prison was recognised to be the major need. This was true in the early stages, but we are now are seeing a mixed needs picture emerging with increased referrals for learning disabilities and ASD in quarters three and four.

11. The provision of social care was the primary challenge in the early stages. The use of external agencies and primary care providers was fully explored. The cost of using domiciliary agencies was very high with significant wasted costed hours and the use of primary care providers was not initially supported by commissioners. This led to SCC employing Support, Time and Recovery (STR) workers to provide hands on care for those with assessed eligible needs which cannot be met another way. This has led to our service evolving into a whole service approach which has proved to be positive a with more creative use of STR staff to support other tasks within the service.

12. Initially there were issues regarding referrals being accepted for advocacy due to them not being seen to fall within the terms of the Care Act (2014). This situation was addressed and remedied 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.

13. There is a need to recognise that developing social care in prisons includes developing peer support programmes. This was explored in the early stages and is in the process of developing to run along the lines of friends, families and communities to address low level need which is not intimate personal care. This offers a personalised and less time constrained input than is provided from SCC employed STR workers. Concerns were raised regarding individual relationships and bullying. However, where the role is formalised and supported there is evidence that it can work very well. This is supported at HMP Coldingley where SCC provides support/supervision and work closely with these workers to address low level need. They see all new arrivals during their first week, and identify early concerns. They have become instrumental in making referrals and championing social care. The social care team is working with each prison establishment to develop PEER models with a standardised role expectation, foundation training and support/supervision. We are in the process of developing a system along the lines of HMP Coldingley in HMP Highdown and HMP Send. In HMP Bronzefield they have an existing system of disability assistants in place, and we are developing with the prison a social care champion's model. In the future we will be exploring the implementation of recognised qualifications.

14. Other areas of impact have included unplanned movements for release/transfer where the team have not been informed. There is a need for closer working with the Community Rehabilitation Companies which has been reported as a general issue across prisons. There are obvious challenges in the recording of data across three IT systems, appropriate sharing of information, and the impact of health and prison staff not accessing the same systems. Additionally there are issues with delays in the fitting of OT equipment by the contractor.

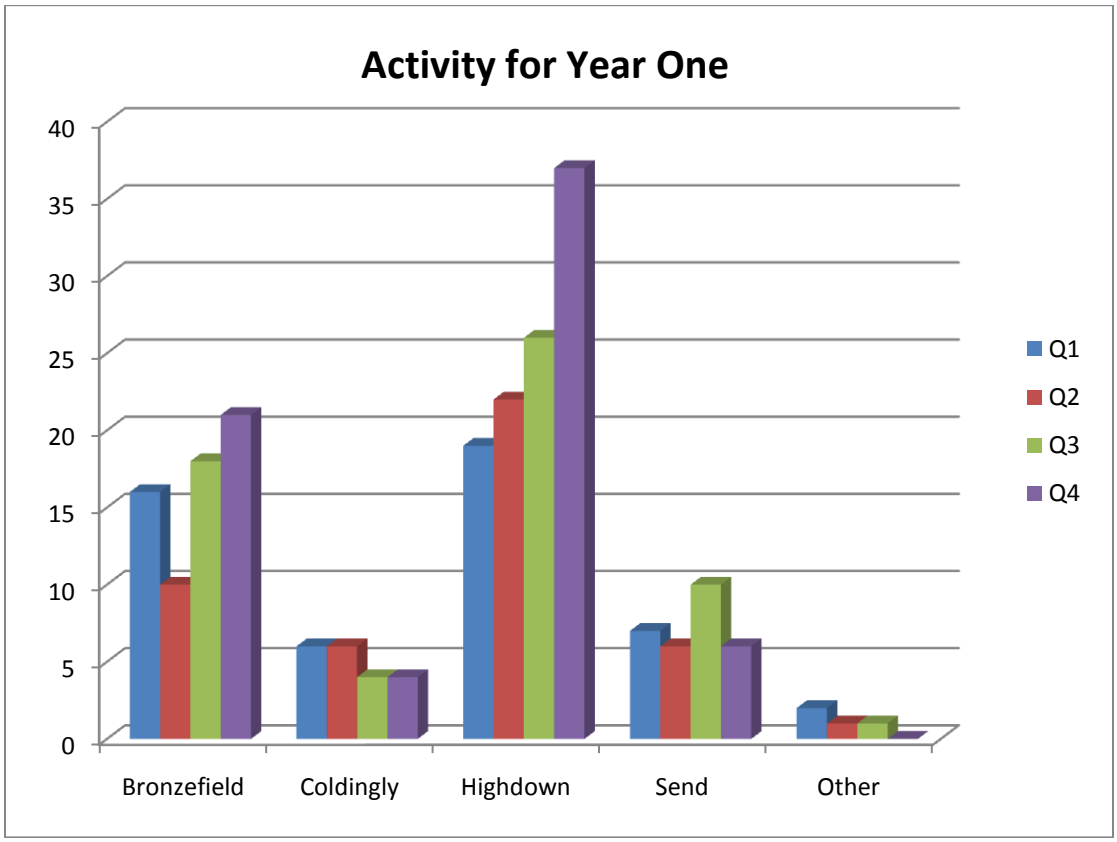
15. As the service has progressed we recognise that some needs are masked whilst others can be exacerbated by the prison regime, and release needs can be different.

16. It is important to plan for the future impact to Prison Social Care in Surrey with the expansion of HMP Highdown, opening of HMP Downview and changes to HMP Bronzefield, and how we meet this need with the revised reduced allocation.

Year One: Data

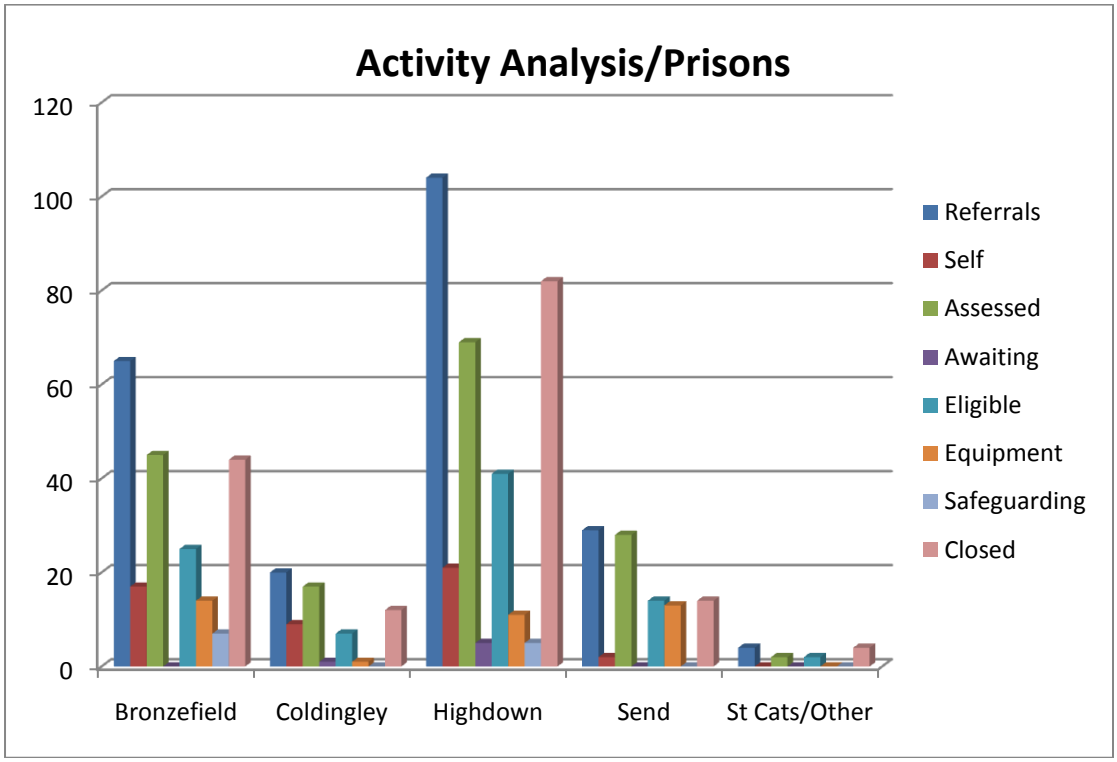
Activity for year 1

Prison	Q1	Q2	Q3	Partial Q4	Total
Bronzefield	16	10	18	21	**65**
Coldingley	6	6	4	4	**20**
Highdown	19	22	26	37	**104**
Send	7	6	10	6	**29**
Other	2	1	1	0	**4**
	50	**45**	**59**	**68**	**222**



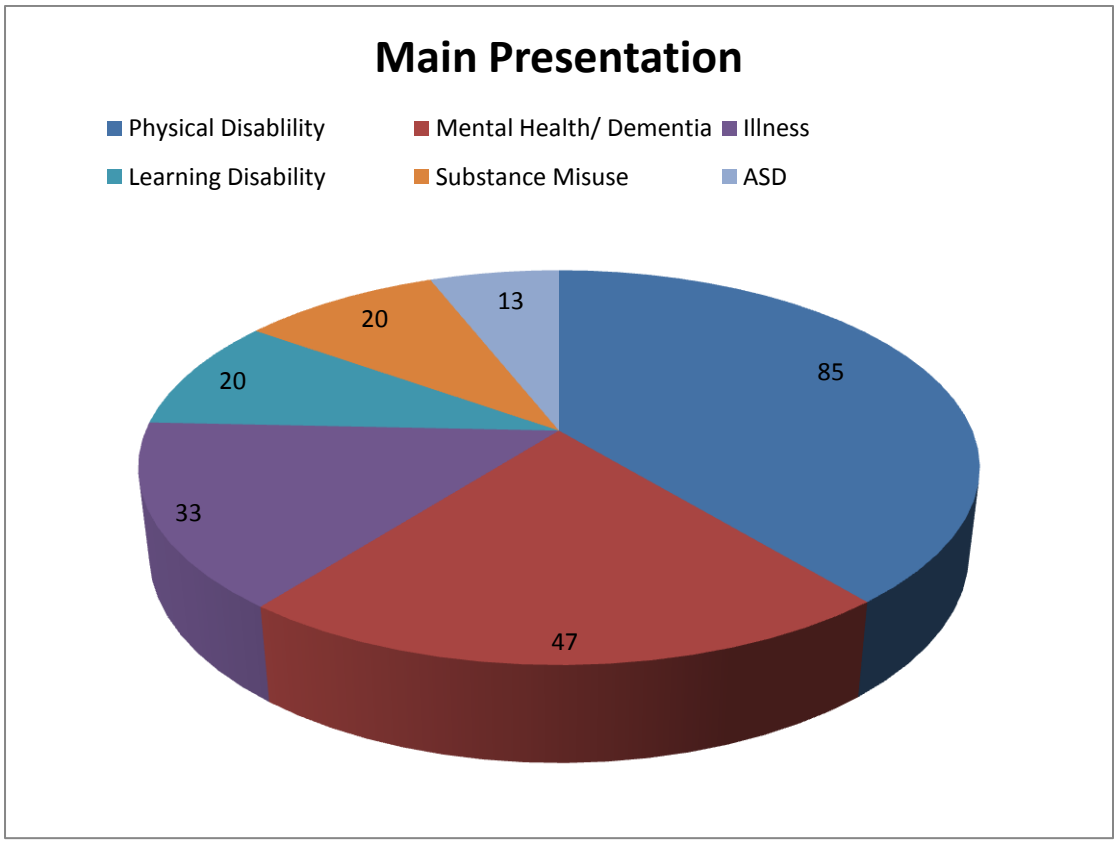
Activity Analysis/Prison

Prison	Bronzefield	Coldingley	Highdown	Send	St Cats/other	Total
Referrals	65	20	104	29	4	**222**
Self	17	9	21	2	0	**49**
Assessed	45	17	69	28	2	**161**
Awaiting	0	1	5	0	0	**6**
Eligible	25	7	41	14	2	**89**
Equipment	14	1	11	13	0	**39**
Safeguarding	7	0	5	0	0	**12**
Closed	44	12	82	14	4	**156**



Main Presentation

Prison	Bronzefield	Coldingley	Highdown	Send	St Cats/other	Total
Physical Disablility	27	9	33	16		85
Mental Health / Dementia	17	Under 5	26	Under 5	Under 5	47
Illness	9	7	14	Under 5		33
Learning Disability	5	Under 5	11	Under 5		20
Substance Misuse	Under 5	Under 5	16	Under 5		20
ASD	6	Under 5 (also illness)	Under 5	Under 5		13



Age

Age	Bronzefield	Coldingley	Highdown	Send
Under 25	7	0	17	Under 5
25-50	32	10	48	14
50-65	13	9	22	12
Over 65	9	Under 5	16	Under 5
Unknown	Under 5	0	Under 5	0

17. Self referrals tripled in HMP Bronzefield and are increasing across the other establishments, which evidences our presence in the prisons. Data from quarter three and four is showing a significant increase in activity at HMP Highdown and Bronzefield. We expect a further growth with the impact of the closure of HMP Holloway and the increase to HMP Highdown. Across all establishments the highest age group for referral/input is 25 to 50.

18. In the early stages the majority of presentations involved physical needs and as we have evolved as a service we are seeing recent increases in learning disabilities, ASD and mental health including dementia. In the early days there were some issues in relation to appropriate substance misuse referrals for release/rehabilitation programmes.

Future Considerations and Next steps:

- HMP Holloway has been closed in stages from May 2016, and HMP Downview has reopened to accommodate approximately an additional 355 female prisoners. We are aware from the Health Needs Assessment that there could be high levels of need including high levels of mild to moderate learning disability needs.
- HMP Highdown has increased to 1203 places and we are seeing an increase in activity.
- HMP Bronzefield has increased its numbers by 45 female remand prisoners and has changed its establishment to accommodate more remand prisoners. This would also indicate an increase in demand which is being supported by increased referrals in recent months.
- There is a future intention to explore HMP Downview as a small national unit to accommodate older females with high physical needs.
- Need to explore future development of PEER support programmes.

Conclusions:

Due to the success of the first year, there is an agreement to continue the current model of service. In Surrey we have established self referral systems, bedded in social care and continue to develop peer support systems. We reported high activity in quarters one and two. This trend continued with an increase in numbers of referrals, assessments and those who receive social care provision in quarters three and four at HMP Highdown and HMP Bronzefield.

After a year in operation, the service is still in the process of developing. It is important to plan for the future impact to prison social care in Surrey with the expansion of HMP Highdown, opening of HMP Downview and changes to HMP Bronzefield, and how we meet this increased need with the revised reduced allocation.

We recognise the importance of partnership working with the prison, health commissioners/providers and other local authorities to provide effective social care services. We have received positive feedback from prison colleagues, prisoners and their families. We have had positive outcomes for prisoners and provide social care/OT provision, social care assessment/professional support to prisoners with dementia, illness, learning disabilities, mental health, autistic spectrum and physical health needs.

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Sources/background paper:

- ADASS report on early evaluations
- Team data
- Evaluation report (Stage 3) by Stella Charman (March 2016)

Annex 1 - Prison Social Care Case Study 1

Background and Referral

JV was a young Asian male who originated from the Berkshire area was remanded to a Surrey prison for an offence of serious violence to a family member during a domestic dispute. He had very serious long term health conditions including visual impairment, epilepsy, blocked arteries and had suffered strokes which had left him partially paralysed down one side. JV was receiving a small package of care prior to coming into prison.

He was referred to the prison social care team from the prison primary health care provider due to his vulnerable presentation and high need.

Assessment and Social Care Input

The practitioner liaised with the area team for background information on needs, presentation and details regarding the package of care that he had been receiving. This included support with administering medication [he would forget the prescribed regime] and preparing meals. It was evident very early on that JV was vulnerable with eligible social care needs and would require more support than was reported whilst in the prison.

JV was unable to carry out his personal care, keep his cell clean/tidy, change/make his bed, mobilise around the prison and struggled with fine motor movement including light switches/controls. The practitioner undertook the following:

- Liaised with safer custody regarding support that could be offered and it was highlighted that a close family member was also in the prison.
- Discussion held with JV regarding his family member providing support, where he disclosed that he had been receiving some support because he did not want strangers to provide intimate personal support (i.e. bathing).
    - It is recognised that generally other prisoners cannot support with intimate personal care other than in circumstances of close family members. It became apparent that prior to being remanded that close family members had supported him with intimate care.
- Discussion with the family member who wanted to support JV and who provided further background information.
- Referral for advocacy to support JV through the assessment process under the Care Act (2014).
- Since arrival in the prison JV had been self harming. He was supported in his ACCT reviews (prison self harm assessment tool) to ensure his views were considered.
- JV was struggling with his sight to see the controls on his TV and to locate light switches. The practitioner liaised with the community sensory worker, and JV was supplied with coloured raised stickers to place on switches in order to help identify them.
- Incidents of seizures were increasing and issues regarding medication were highlighted as the GP had reduced his access due to a potential

for him to misuse his epilepsy drugs. The practitioner liaised with prison security who could verify that there was no evidence to support any substance misuse. The practitioner advocated on behalf of JV with health providers regarding the medication issues which led to a review change to provide him with access to his medication.

- During the assessment process it was evident that JV struggled to retain information and to process complex information which raised questions regarding his capacity for some decisions and understanding the process.
- The practitioner undertook a Mental Capacity Assessment regarding JV's decision making to share his assessment. It was felt that it was in his best interest to share the assessment with his legal representative. The practitioner liaised with his solicitor and shared his assessment including the issues in relation to mental capacity. The solicitor had also raised these queries and was intending on presenting to the court these concerns due to questions as to if prison was the right place.

Outcome

The case was presented to the court and he was released to an alternative bail address, whilst the criminal justice system made decisions regarding prosecution in the public interest coupled with his ability to plead and provide instruction on the process. This required the practitioner to liaise with the home area to provide a package of care on release. There were concerns raised as to how JV would get to the address due to his vulnerable physical state and ability to use transport. This was highlighted to home based area and a taxi was arranged.

Annex 1 - Prison Social Care Case Study 2

Background and Referral

AS was a middle aged male who originated from the London area. He was remanded to a Surrey prison for breaching a restraining order which had been obtained following ongoing domestic issues within the family home. He was known to have a serious alcohol problem. Whilst in prison he presented as settled and comfortable with the prison regime but had cognitive issues which had not been reported before. He was released with no notice to approved premises and within 24 hours the unit was reporting issues with cognitive capacity. He breached his order by returning to the family home and was returned to prison. He was referred to the prison social care team from the prison primary health care provider.

Assessment and Social Care Input

The practitioner looked into his recent background as his cognitive functioning was markedly affected, which was a new presentation. He was assessed and believed to have suffered from Wernicke's fit whilst possibly in police custody due to sudden alcohol withdraw and had no urgent treatment which resulted in a Korsekoffs diagnosis. This was affecting his capacity and memory, and it was believed that part of the reasoning for the breaches was tied into his memory issues as he still saw the family home as his home. The practitioner undertook the following:

- Liaison with health to provide the correct diagnosis to understand the cognitive functioning issues.
- Referral for advocacy to support AS through the social care assessment.
- Completion of the assessment where he was assessed as having high social care support needs with most daily living tasks (i.e. reminding and prompting with personal care and medication and severe memory issues).
- The practitioner undertook a Mental Capacity Assessment regarding AS's decision making on his care needs and accommodation.
- A best interest decision was made whereby he would require supportive accommodation on his release.
- Liaison took place with locality team to make a planned release to appropriate accommodation.
- A residential placement was identified and funding agreed.

Outcome

AS was escorted to the placement and placed on an urgent Deprivation of Liberty Safeguard (DoLs) which was followed by a standard authorisation. It is reported that he has settled in well and he has not returned to prison.

Annex 1 - Prison Social Care Case Study 3

Background and Referral

WF was an older female serving a long prison sentence who originated from the London area. She had significant health issues including chronic obstructive pulmonary disease (COPD), arthritis and heart issues. She had been referred previously and was assessed to not have eligible needs. Due to some further deterioration she was referred again by heath care.

Assessment and Social Care Input

The practitioner undertook the following:

- Liaised with health to inform the assessment.
- She was re-assessed and found to have suffered significant deterioration which had affected her health and mobility.
- OT assessment and aids/adaptations were provided.
- A key issue identified was in relation to her medication as she was no longer allowed possession of her medication. This meant she was expected to attend the medication hatch twice a day which was very difficult due to distance and her impaired mobility.
- Social care liaised with the prison to arrange a block move to reduce the distance which was agreed.
- Social care staff have been requested to provide relevant reports and attendance to her parole hearing set for the near future.

Outcome

WF had a cell move which reduced the issues regarding access to medication. She has a small care package to provide support with personal care. Social care staff are to complete assessments to inform release plans and to attend her parole hearing in the near future to explore release options.

Annex 1 - Prison Social Care Case Study 4

Background and Referral

DA was a young male with a history of anti social incidents who had been in prison previously. Behaviour included swearing at prison officers, not following instruction and low level violence. He had learning disabilities and a support package in the community. There were incidents of behavioural issues which had resulted in him being placed in the segregation unit. The prison staff referred to social care.

Assessment and Social Care Input

The practitioner undertook the following:

- Referral for advocacy to support DA through the assessment process under the Care Act (2014).
- Attendance at a multi disciplinary meeting to discuss his presentation which also provided a picture of how he was presenting in the prison.
- He was assessed as having high social care support needs and was experiencing high levels of frustration due to his lack of understanding which was provoking his behaviours.
- Liaison with his community team to inform the assessment and understand the package he received to inform a support plan.
- Support plan developed to provide support for him to ensure he attended appointments and understood them, support with personal care, keeping his cell clean and emotional support (talking though issues). There was an immediate decrease in behaviours.
- Professional support through adjudications.

Outcome

The prison has reported a decrease in the presenting difficult behaviours. His support package has continued.