HM Prison & Probation Service

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Meg Hillier MP
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Dear Chair,

COVID-19 and the Prison Estate

Thank you for your letter to Mike Driver of 14 September 2020. Following my appearance at the committee, I'm responding as CEO of HMPPS about the impact of the pandemic response on prisoners' mental wellbeing. You also requested an update on departmental progress since the publication in December 2017 of your report Mental Health in Prisons. I apologise for the delay in responding.

After what has been a challenging year for our prisons, I am pleased to take this opportunity to share how my department is working with health colleagues to manage the impact of the pandemic on those in our care.

Managing the impact of the pandemic on prisoners' mental health

I want to stress that the Government takes the mental health of prisoners very seriously and maintaining the safety and wellbeing of prisoners has remained a priority throughout the pandemic. COVID-19 presents a unique set of challenges that we must address to keep those in our care safe and well. We recognise that anxieties regarding COVID-19, and the regime restrictions required for infection control, may exacerbate prisoners' mental health needs. Our National Framework,

published on 2 June, sets out in detail how we will take decisions about easing coronavirus-related restrictions in prisons. This roadmap for easing restrictions has been guided by public health advice alongside an operational assessment of what can be achieved in custodial settings while keeping staff and prisoners safe.

As in the wider community, we are currently in the most challenging period of this pandemic so far in prisons. In response to increasing levels of infection in the community, and the new challenge posed by the increased transmissibility of the new variant, we took the precautionary measure of moving all adult prisons to Stage 4 of the National Framework. These temporary restrictions are about getting ahead of the virus, and preventing explosive outbreaks, loss of life and hospitalisations, and pressure on the NHS. Reflecting learning from our response to the first wave in March, we are continuing more aspects of the regime in the current Stage 4 including continuing key work and welfare checks. We remain committed to restarting Stage 3 regimes as quickly as is safe to do so and taking action to reduce contacts now will help achieve this.

We have taken a number of steps to support prisoners in our estate during this difficult time. First, to support wellbeing, we have ensured that people in prison have access to telephone contact with loved ones and, where possible, time in the open air. In response to the initial lockdown in March, we acted quickly to ensure that prisoners could stay in touch with their loved ones. 60% of the prison estate has access to in-cell telephony. For those that do not, we introduced 1,200 secure mobile handsets which can be used to contact family and friends via the usual phone system and provided every prisoner with £5 PIN credit per week. During the pandemic, we also introduced secure video calls which are now available in virtually all prisons at no cost to families. Video calls are provided through secure laptops in a designated room in each prison. The time-limited calls can be made either by prisoners following a call request to their designated contact or by families who can request a time slot through a mobile app or directly with the establishment. This provides another option for families, including those with children of all ages, to stay in touch.

Second, learning from the first wave, we have put effort into ensuring productive in-cell activities when COVID mitigations mean that time out of cell has to be limited. We are continuing to improve our offer to support prison residents during this period. For example, distraction packs, supplementary food packs and additional educational materials have been provided. We continue to monitor all aspects of delivery to ensure that a safe, but purposeful, regime is operating in all establishments.

Third, we have made resources available for prison residents and staff assisting prison residents who might be struggling. For staff, we have produced additional guidance on understanding and supporting someone who is self-harming, and tools to promote wellbeing (such as ‘conversational playing cards’ which can be used to instigate meaningful conversations). For residents themselves, we have developed a range of self-help materials, including a Wellbeing Plan created with input from mental health charity Mind. This self-help tool can be used by residents to reflect on their triggers and coping strategies and provides ideas for in-cell activities aimed at

improving wellbeing. We have worked hard to maintain the Samaritans' Listener service wherever possible during the pandemic and provide access to the Samaritans by phone when face-to-face interactions with the Listeners are not possible.

Fourth, NHS England has made available and nationally rolled out a telemedicine approach for health care providers to ensure they are able to continue pathways of care where appropriate. We have adopted a range of alternative methods to meet the mental health needs of people in prison whilst face to face interventions have been suspended or limited. This has included use of in-cell telephony for consultations, and the development of a COVID-19 mental health screen with the International Committee of the Red Cross.

I am aware that the pandemic and the regime restrictions introduced in response to it have brought new risks to safety. While our most recent statistics show some signs of progress, we recognise that there is still work to be done in addressing high levels of self-harm. During 2020 there were 67 self-inflicted deaths in custody, the lowest number since 2012. There were also 58,870 self-harm incidents in the 12 months to September 2020, an overall decrease of 5% from the previous 12 months. However, in the most recent quarter self-harm incidents increased 9% on the previous quarter, and that the levels of self-harm in the female estate in particular have seen a concerning rise during this period. Efforts to reduce self-harm remain a priority. A range of products have been made available to support Governors in devising and implementing local safety and welfare plans designed to mitigate these risks, including additional guidance and tools to understand and support someone who is at risk of self-harm. Guidance has been provided to ensure that people at risk of harm to themselves or others can be case managed safely, in compliance with infection control measures and in the context of operational pressures. We are continuing to provide care and support to people at risk of self-harm or suicide through ACCT (Assessment, Care in Custody and Teamwork) case management.

We have tailored guidance for supporting specific groups of people in prison whose wellbeing may be more impacted by COVID-19 measures put in place, including older prison residents, those with learning disabilities and/or autism, transgender residents, and groups known to be at increased risk of self-harm, suicide, or violence.

Of particular concern is self-harm in the women's estate. A women's self-harm taskforce has been set up to coordinate and drive forward a range of measures to reduce levels of self-harm, including a number of immediate measures to support women during these restrictions including an increase in pin phone credit and access to video calls to enable women to keep in contact with their children and families. In addition to this, ACCT version 6 is being rolled-out first in the women's estate, providing a better framework for supporting women at risk of self-harm through a more tailored and multi-disciplinary support model.

I can also report that Offender Management in Custody (OMiC) will be rolled out in the women's estate in 2021. OMiC is making transformational improvements in the

way we support and case manage prison residents through their sentences, including through key work. Key work will better support residents and give them an avenue to discuss those issues which without support may lead to self-harm. In recognition that key work has not yet been rolled out in the women's estate, we have published guidance on the delivery of well-being checks that can assist in helping women feel safe and cared for. This guidance was published on an exceptional basis and introduces temporary measures that are being put in place during the COVID-19 pandemic and prior to roll-out of OMiC.

The national COVID-19 vaccination rollout commenced in the English prison estate 29 January 2021 starting in prisons with residents over 80 years old and following JCVI priorities 2-4.

Progress on recommendations of the Mental Health in Prisons Report

In your letter, you welcomed progress in addressing concerns raised in your report the agreement of a revised National Partnership for Prison Healthcare and associated workplan, and the publication of the National Prison Drugs Strategy. You also requested an update on the work ongoing to address several recommendations in the report.

Health screening and the mental health needs of prisoners

I can confirm that the standardised health screening tools on the electronic records system was launched in 2018. This provides a consistent approach to determining the threshold for referring an individual for a mental health assessment within the first days of arriving in prison. Referrals to mental health teams continue to be encouraged at all stages of the prisoner journey. Regional Health and Justice commissioners collate and monitor health indicators across a range of information, including mental health needs across each establishment.

Following the implementation of the Health and Justice Information Service (HJIS), the first phase of new indicators went live on 10 September 2020. Our health colleagues report that work is ongoing to develop a more enhanced range of mental health indicators. An independent review has been commissioned to understand the current mental health needs and demand on prison mental health services during the pandemic and this will form the preliminary stage of reviewing the prison mental health specification published in 2018.

Data sharing between health and justice

Since the publication of your report, the Information Sharing Agreement framework has been developed, published and circulated to regional NHSE/I commissioners to use when sharing clinical records between prisons and the community. (NHS services are commissioned by clinical commissioning groups (CCGs) and NHSE/I. Health services for people in prison are directly commissioned by NHSEI). However, the use of this framework is not mandated, but is shared with NHS partners for its use. Work is continuing with NHS Digital, NHS X and NHS England on the development and implementation of a Primary Care Record Management

system that will allow the electronic transfer of clinical records between prisons and the community. We are working to deliver a minimum viable product ready for testing in the first quarter of 2022. If successful, roll out and implementation across the secure estate will follow that year.

Improvements in transferring prisoners to hospitals or secure units

In your letter, you asked what progress had been made in publishing annual data on secure transfers. The 2018-19 NHS Benchmarking audit undertaken on 28 February 2019 has now been published and is available online. A further audit had been commissioned for March 2020, however the prison data return rate was significantly impacted by the COVID-19 pandemic. Since March 2020, all prison transfers and remissions have been closely monitored on a monthly basis to identify any changes as a result of the pandemic compared with the average movement for that time of year. This information is shared with colleagues and partner agencies.

Recruitment of staff

I am pleased to report that the Prison Officer Recruitment programme, now Ministry of Justice Resourcing, led to a net increase of 3,844 FTE Band 3-5 prison officers between October 2016 and September 2020.[1] Improvements to the recruitment process were implemented to reduce both the time and cost to hire, increase the diversity of new recruits and attract the right people with the right skills. Following a significant improvement to our pre-employment checks processes, we are now operating at a satisfactory speed for all frontline staff, other than those appointed to the High Security Estate who are subject to further Counter Terrorism Checks.

Information on the number of mental health staff working in prisons is unfortunately not collected on a national basis.

The availability of drugs in prison

We have continued to monitor the effectiveness of the National Prison Drugs Strategy. Since 2019, the Drug Strategy and Delivery team has delivered 32 full diagnostic visits, four bespoke visits and two follow-up visits to gauge which actions have had impact. Incentivised substance free living (ISFL) units continued to operate until COVID-19 restrictions were applied. These units reported reductions in drug finds and positive drug tests as well as reduced violence. Following the publication of guidance, all prisons have received quality assurance for their strategies from officials at the Ministry of Justice and areas for development have been highlighted. Bimonthly support workshops have been developed with Prison Group Director drug leads to share good practice and deliver communications and updates on drug developments. As a result, there has been an increased focus on treatment and recovery for those in prisons, ensuring closer partnership working when transitioning back into the community.

[1] The Prison Officer Recruitment Programme, now MoJ Resourcing, recruited 14,645 (headcount) Band 3-5 prison officers between October 2016 and September 2020. In this period, the number of Band 3-5 prison officers (FTE) increased from 17,955 to 21,799 a net increase of 3,844 FTE.

Mental health training for prison officers

You asked about the number and proportion of prison officers that have completed 'mental health awareness training' and 'enhanced mental health training' and requested an update on how we are ensuring that prison officers are able to understand and support the mental health needs of prisoners.
Unfortunately, we do not hold all the data required centrally. We are currently undertaking an exercise to collate this information and will provide it in due course. We can report on attendance at our national 'workshop for trainer' courses which are designed to upskill a smaller cohort with the knowledge and resources to deliver training to colleagues at a local level. From 1 Jan 2017 to 27 October 2020, 31 'Introduction to Mental Health Awareness' workshop for trainer courses were run nationally, with a total of 185 learners marked as having attended or booked on to this course. During the same period, 39 'Enhanced Mental Health' workshop for trainer courses were held, reaching 252 learners.

All prison officers have access to a range of training and guidance to support them in better understanding and supporting the mental health and wellbeing of prisoners. As well as specific mental health training courses, key principles on this topic are also reflected in a range of other resources available to all staff. These resources include a suicide and self-harm learning tool developed in partnership with Samaritans and a range of guidance relating to known risk factors.

I hope this response reassures you that we are actively managing the effect of the pandemic on prisoners' mental health and provides you with a thorough update on the progress of MoJ and NHS England since the publication of your report Mental Health in Prisons in December 2017.

Yours sincerely

Dr Jo Farrar