Tamlyn Cairns Partnership

HMP BERWYN HEALTH AND SOCIAL CARE NEEDS ASSESSMENT

Commissioned by Betsi Cadwaladr University Health Board

Version 2.0

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Tamlyn Cairns is a trading name for a collaboration between Richard Tamlyn Ltd and Claire Cairns Associates Ltd

List of Abbreviations and Acronyms

Acronym	Definition
AA	Alcoholics Anonymous
ACCT	Assessment Care in Custody and Teamwork
ADHD	Attention Deficit Hyperactivity Disorder
AGP	Aerosol Generating Process
ASD	Autism Spectrum Disorder
AUDIT	Alcohol Use Disorders Identification Test
BBV	Blood Borne Virus
BCUHB	Betsi Cadwaladr University Health Board
BMI	Body Mass Index
CGL	Change Grow Live
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
DDA	Disability & Discrimination Act
DNA	Did Not Attend
EMDR	Eye Movement Desensitisation Reprogramming
FTE	Full-Time Equivalent
GP	General Practice/Practitioner
GUM	Genito-Urinary Medicine
HCA	Healthcare Assistant
HCSW	Health Care Support Workers
HCV	Hepatitis C
HIV	Human Immunodeficiency Virus
HMIP	Her Majesty's Inspectorate of Prisons
HMP	Her Majesty's Prison
HMPPS	Her Majesty's Prison and Probation Service
HSCNA	Health and Social Care Needs Assessment
IDD	Intellectual and Developmental Disability (also called LD)
IMB	Independent Monitoring Board
IP	In-Possession (medication)
IPP	Imprisonment for Public Protection
LD	Learning Disability (also called IDD)
LDSQ	Learning Disability screening Questionnaire
LTC	Long-Term Condition
MCOSO	Men Convicted of Sex Offences
MDT	Multi-Disciplinary Team
MDT	Mandatory Drug Testing
MH	Mental Health
MHM	Mental Health Measure
MMR	Measles, Mumps and Rubella
MOJ	Ministry of Justice
NA	Narcotics Anonymous
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NIP	Not in Possession
NPS/PS	New Psychoactive Substances
NRT	Nicotine Replacement Therapy
OMU	Offender Management Unit
ONS	Office for National Statistics
OOH	Out of Hours
OST	Opiate Substitution Therapy
OT	Occupational Therapy/Therapist
PCR	Polymerase Chain Reaction
PEEP	Personal Emergency Evacuation Plan

Acronym	Definition
PGD	Patient Group Directive
PHE	Public Health England
PHW	Public Heath Wales
PICU	Psychiatric Intensive Care Unit
PPE	Personal Protection Equipment
PPO	Prisons and Probation Ombudsman
PTSD	Post-Traumatic Stress Disorder
QCF	Qualifications & Credit Framework
QOF	Quality and Outcomes Framework
RCU	Reverse Cohorting Unit
RGN	Registered General Nurse
RMN/RNMH	Mental Health Nurse
SALT	Speech, Language and Communication Therapy
SMS	Substance Misuse Service
TB	Tuberculosis
TIA	Transient Ischaemic Attack
TTO	To Take Out (medication)
VP	Vulnerable Prisoner

Table of Contents

List of Abbreviations and Acronyms iii

Table of Contents v

Index of Tables and Illustrations viii

PART A 1

EXECUTIVE SUMMARY 2

Chapter One – Introduction 6

1.1 Aims 6
1.2 Scope 6
1.3 Methodology 6
1.3.1 Comparative *7*
1.4 Context 7
1.5 Report Overview 8

Chapter Two – Overview of HMP Berwyn and the Catchment Area 9

2.1 Prison Overview 9
2.2 Catchment Area for HMP Berwyn 10
2.3 Turnover Rate 13
2.4 Resident Demographics 14
2.4.1 Resident Sentencing Status *14*
2.4.2 Age *16*
2.4.3 Ethnicity and Nationality *17*
2.4.4 Disability *17*
2.4.5 Sexuality and Gender *19*
2.4.6 Homelessness *19*
2.4.7 Armed Forces Veterans *20*
2.4.8 Parents and Carers *20*
2.5 Chapter Summary 21

Chapter Three – Healthcare Provision 22

3.1 Overview of Healthcare 22
3.2 Healthcare in HMP Berwyn 22
3.2.1 Primary Care Staffing *25*
3.3 Clinics, Waiting Times and Did Not Attend (DNA) Rates 26
3.4 Primary Healthcare 28
3.4.1 Arrival/Reception *28*
3.4.2 GP Provision *29*
3.4.3 Out of Hours Cover *30*
3.5 Secondary Care 31
3.5.1 Escorts and Bedwatches *31*
3.5.2 Emergency Calls/Codes *33*
3.6 Oral Health 34
3.7 Optometry 36
3.8 Pharmacy and Medicines Management 37
3.8.1 In-Possession Medication *39*
3.8.2 Tradable Medication *39*
3.8.3 Medicines Administration *41*
3.8.4 To Take Out Medication (TTO) *42*
3.9 Chapter Summary 43

Chapter Four – Physical Health 45

4.1 Long-Term and Chronic Conditions (LTCs) 45

4.2 Comorbidity 45
4.3 Asthma 46
4.4 Chronic Obstructive Pulmonary Disease (COPD) 47
4.5 Diabetes 48
4.6 Epilepsy 49
4.7 Hypertension and Coronary Heart Disease (CHD) 49
4.8 Cancer 50
4.9 Management of LTCs 51
4.10 End of Life Care 52
4.11 Deaths from Natural Causes 53
4.12 Chapter Summary 53

Chapter Five – Mental Health 54
5.1 Service Provision 54
5.1.1 Primary Mental Health Provision 55
5.1.2 Psychiatry 56
5.1.3 Service Access 57
5.2 Prevalence 58
5.2.1 Depression 60
5.2.2 Anxiety 61
5.2.3 Severe and Enduring Mental Health Issues 62
5.2.4 Post-Traumatic Stress Disorders (PTSD) 62
5.2.5 Personality Disorders 63
5.2.6 Dual Diagnosis 64
5.2.7 Older Person's Mental Health Including Dementia 65
5.3 Mental Health Act Transfers 65
5.4 Chapter Summary 67

Chapter Six – Learning Difficulties & Disabilities 68
6.1 Prevalence 68
6.1.1 Autistic Spectrum Disorder Prevalence 69
6.1.2 ADHD Prevalence 69
6.1.3 Acquired Brain Injury 70
6.2 Chapter Summary 71

Chapter Seven – Substance Misuse 72
7.1 Prevalence 72
7.2 Service Provision 75
7.3 Service Activity 77
7.3.1 Clinical Service Activity 78
7.3.2 Alcohol Dependence 79
7.3.3 Non-Clinical Service Activity 79
7.3.4 Accessibility and Did Not Attend (DNA) Rates 80
7.4 Peer Support 80
7.5 Release Planning 80
7.6 Substance Use in the Prison 81
7.6.1 New Psychoactive Substances 82
7.7 Treatment Outcomes 83
7.8 Chapter Summary 84

Chapter Eight – Communicable Diseases, Screening & Immunisations 85
8.1 Blood Borne Viruses (BBV) – Screening 85
8.1.1 Blood Borne Viruses – Pathway 88
8.1.2 Hepatitis B Vaccinations 89
8.2 Immunisation 89
8.2.1 Influenza 90
8.3 Sexual Health 91

8.4 Tuberculosis 92
8.5 Covid-19 92
8.5.1 Testing 92
8.5.2 Vaccinations 93
8.6 Chapter Summary 94

Chapter Nine – Self-Harm and Self-Inflicted Deaths 95
9.1 Self-Harm 95
9.1.1 Prevalence 95
9.1.2 Responses including ACCTs 96
9.2 Self-Inflicted Deaths 98
9.3 Chapter Summary 98

Chapter Ten – Wellbeing and Health Promotion 99
10.1 Generic Health Promotion & Wellbeing 99
10.2 Smoking 100
10.3 Weight Management 101
10.4 Transgender 102
10.5 Peer Support Helpline 102
10.6 Chapter Summary 103

Chapter Eleven – Social Care 104
11.1 Overview 104
11.2 Social Care Needs – Daily Living 105
11.3 Social Care Needs – Wellbeing 108
11.4 Service Provision 108
11.4.1 Service Activity 110
11.5 Peer Support Scheme 111
11.6 Care Leavers 111
11.7 Release Planning 112
11.8 Chapter Summary 112

Chapter Twelve – Findings and Recommendations 113
12.1 Conclusions 113
12.2 Summary of Recommendations 114

Appendix A – List of Interviewees 120

Appendix B – Long-Term Condition Management 121

Appendix C – Predicted Substance Use Incidence Calculations 122

Appendix D – Full NDTMS Data 123

Index of Tables and Illustrations

Figure 1 – HMP Berwyn Comparator Prisons 7
Figure 2 – Home Area 10
Figure 3 – Health in England and Wales (% of population aged 16+) 11
Figure 4 – Health in Wales (% of population aged 16+) 12
Figure 5 – Receptions and Transfers/Releases (OMU data) 13
Figure 6 – Monthly – Turnover Rate Comparison (SystmOne data) 13
Figure 7 – Monthly Numbers of Receptions to HMP Berwyn (OMU data) 14
Figure 8 – Population Status (OMU data) 15
Figure 9 – Length of Stay (OMU data) 15
Figure 10 – Age Profile in Comparison to National Average 16
Figure 11 – Age Profile of Recent and Previous Populations (all residents in year, SystmOne data) 16
Figure 12 – Proportion of Residents in Each Ethnic Group 17
Figure 13 – Residents with a Disability 18
Figure 14 – Disability Detail (Equalities Data March 2019) 18
Figure 15 – Residents with a Learning Disability 18
Figure 16 – Residents' Sexual Orientation 19
Figure 17 – Armed Forces Veterans 20
Figure 18 – Residents with Parental Responsibility 20
Figure 19 – Healthcare Providers 22
Figure 20 – Opinion of Healthcare Overall (survey data) 23
Figure 21 – Confidence in Accessing Services (survey data) 23
Figure 22 – Reasons for Avoiding Healthcare Visits (survey data) 24
Figure 23 – Staffing HMP Berwyn Primary Care 25
Figure 24 – Primary Care Staffing in HMP Berwyn and Similar Prisons 26
Figure 25 – Clinic Details Primary Care 26
Figure 26 – Receptions and Reception Screenings (SystmOne data) 28
Figure 27 – GP Cover Comparison 29
Figure 28 – Escorts and Bedwatches (data supplied by healthcare) 31
Figure 29 – Escorts and Bedwatches (standardised data) 31
Figure 30 – Escorts per Month per 100 Residents Comparison 32
Figure 31 – Planned and Emergency Escorts (data provided by healthcare) 32
Figure 32 – Comparison of Planned/Unplanned Escorts over Three Years 32
Figure 33 – Referrals to Hospital Departments (Healthcare data) 33
Figure 34 – Hospital Appointments Cancellation Reasons (data provided by healthcare) 33
Figure 35 – Code Red/Blue Emergency Healthcare Calls (SystmOne data) 34
Figure 36 – Dentistry De-escalation Plan (Wales) 35
Figure 37 – Dentist Cover Comparison (dentists per 1,000 patients) 35
Figure 38 – Pharmacy Staffing Team HMP Berwyn 37
Figure 39 – Pharmacy Staffing Ratio 38
Figure 40 – Medication Prescribed In-Possession (SystmOne data) 39
Figure 41 – Total Prescribing (SystmOne data) 39
Figure 42 – Tradable Medications Comparison 40
Figure 43 – Rate of Prescribing of Tradable Medications (SystmOne data) 40
Figure 44 – Overview of Meds Administration Timetable 41
Figure 45 – Comorbidity Comparison (two or more long-term physical health conditions) 46
Figure 46 – Asthma Prevalence Comparison (QOF data) 47
Figure 47 – COPD Prevalence Comparison (QOF data) 47
Figure 48 – Diabetes Prevalence Comparison (QOF data) 48
Figure 49 – Epilepsy Prevalence Comparison (QOF data) 49
Figure 50 – Hypertension Prevalence Comparison (QOF data) 50
Figure 51 – CHD Prevalence Comparison (QOF data) 50
Figure 52 – Eligible Patients with LTC Management Interventions Completed (QOF data) 52
Figure 53 – Deaths from Natural Causes awaiting PPO Reports 53
Figure 54 – Mental Health Measure (Wales) 54
Figure 55 – Mental Health Team Staffing HMP Berwyn 54
Figure 56 – Mental Health Staffing Comparison 55

Figure 57 – Psychiatrist Provision Comparison ... 56
Figure 58 – Patients Seen per Month in Clinics Before and During Covid-19 (SystmOne appt. data) ... 57
Figure 59 – Expected and Actual Mental Health Prevalence (including substance misuse) ... 58
Figure 60 – Recorded Mental Health Diagnoses (SystmOne data) ... 59
Figure 61 – Depression Prevalence based on QOF Register ... 60
Figure 62 – Antidepressant Medication Issues (SystmOne data) ... 60
Figure 63 – Rate of Antidepressant Medication Issues (SystmOne data) ... 61
Figure 64 – Identified Prevalence of Anxiety (SystmOne data) ... 61
Figure 65 – Severe and Enduring Mental Health Prevalence Based on QOF Register ... 62
Figure 66 – Identified Prevalence of Psychotic Disorders (SystmOne data) ... 62
Figure 67 – Rate of Identified PTSD (SystmOne data) ... 63
Figure 68 – Rate of Identified Personality Disorder (SystmOne data) ... 63
Figure 69 – Mental Health and Dual Diagnosis Prevalence Over Time ... 64
Figure 70 – Mental Health Diagnosis Comparison (SystmOne data) ... 64
Figure 71 – Rate of Transfers Under the Mental Health Act (data supplied by healthcare) ... 65
Figure 72 – Learning Disability (QOF register) ... 69
Figure 73 – Identification Rate of ADHD (SystmOne data) ... 70
Figure 74 – Drug-Related Death Rate Comparison (males, 2017-2019) ... 72
Figure 75 – Drug Use Prevalence Percent of Adult Population Used in Last Year (CSEW 2019/20) ... 73
Figure 76 – Predicted Incidence and Actual Demand (per annum, based on 2019/20) ... 73
Figure 77 – Percentage of Annual Population in Drug Treatment (NDTMS data, 2019/20) ... 74
Figure 78 – Percentage of Annual Population in Alcohol Treatment (NDTMS data, 2019/20) ... 74
Figure 79 – AUDIT Scores (SystmOne data) ... 75
Figure 80 – Treatment Entrants Data (NDTMS data) ... 75
Figure 81 – Clinical Substance Misuse Team Staffing ... 76
Figure 82 – Non-Clinical Substance Misuse Team Staffing ... **Error! Bookmark not defined.**
Figure 83 – Substance Misuse Staffing Ratio (based on op cap) ... 76
Figure 84 – Psychosocial Treatment Groups ... 77
Figure 85 – Substance Use Profile of Patients in Treatment (NDTMS data) ... 77
Figure 86 – Substance Misuse Treatment – New Referrals and Numbers in Treatment (NDTMS) ... 78
Figure 87 – Opioid Substitution (service data) ... 78
Figure 88 – OST Maintenance and Reduction (service data) ... 79
Figure 89 – Residents in Psychosocial Treatment Comparison (treatment service data) ... 79
Figure 90 – Substance Misuse Service Peer Roles ... 80
Figure 91 – Community Services ... 81
Figure 92 – Drug Test Results (SystmOne data) ... 82
Figure 93 – NPS Use (SystmOne data) ... 82
Figure 94 – Substance Free Treatment Exits (NDTMS, 2019/20) ... 83
Figure 95 – Transfers to Continuing Treatment (NDTMS, 2019/20) ... 83
Figure 96 – NDTMS Injecting Rates amongst Drug Users (2020/21 Q1-3) ... 85
Figure 97 – NDTMS Hepatitis C Screening Data (2020/21 Q1-3) ... 86
Figure 98 – Hepatitis C Screening Activity (SystmOne data) ... 87
Figure 99 – Hepatitis B Screening Activity (SystmOne data) ... 87
Figure 100 – HIV Screening Activity (SystmOne data) ... 87
Figure 101 – Blood Borne Viruses Screening Positive Results (SystmOne data) ... 88
Figure 102 – Residents Identified as Positive for BBVs (SystmOne and PHE data) ... 88
Figure 103 – Hepatitis B Vaccination (SystmOne data) ... 89
Figure 104 – Residents with Vaccination Record (SystmOne data) ... 89
Figure 105 – Influenza Vaccinations Recorded for At-Risk Groups (data provided by healthcare) ... 90
Figure 106 – Breakdown of Influenza Vaccinations ... 90
Figure 107 – Sexual Health Screenings (SystmOne data) ... 91
Figure 108 – Sexual Health Screening Positive Results (SystmOne data) ... 92
Figure 109 – Percentage of Age Groups Vaccinated against Covid-19 (data provided by healthcare) ... 93
Figure 110 – Self-Harm in HMP Berwyn (comparison) ... 95
Figure 111 – Types of Self-Harm (SystmOne data) ... 96
Figure 112 – Opened ACCTs (safer custody data) ... 97
Figure 113 – Recent Self-Inflicted Deaths (healthcare and safer custody data) ... 98
Figure 114 – Health Before Imprisonment and Now (survey data) ... 99
Figure 115 – Accessibility of Health Promotion Services (survey data) ... 99
Figure 116 – Smoking Comparison (SystmOne snapshot data) ... 100
Figure 117 – QOF Register Obesity ... 101

Figure 118 – Strategic Context of Social Care (Wrexham Council) ... 104
Figure 119 – Disability Comparison (SystmOne data) ... 105
Figure 120 – Disability and Mobility Problems (SystmOne data) ... 106
Figure 121 – Sensory Impairment (SystmOne data) ... 106
Figure 122 – Sensory Impairments Comparison (SystmOne data) ... 107
Figure 123 – Incontinence (SystmOne Data) ... 107
Figure 124 – Self-Care Problems (SystmOne data) ... 108
Figure 125 – Overview of Social Care Provision into HMP Berwyn ... 109
Figure 126 – Proposed Peer Support/Social Care Buddy System ... 111
Figure 127 – Drivers for Demand ... 113
Figure 128 – Full Data for Selected QOF Indictors ... 121
Figure 129 – Calculation of Predicted Need ... 122

PART A

Specific Information for HMP Berwyn

EXECUTIVE SUMMARY

This latest health and social care needs assessment (HSCNA) for HMP Berwyn was undertaken in the spring of 2021. There is a full report with specific recommendations and appendices which should be read in conjunction with this Executive Summary. The purpose of this document is to provide a holistic overview of the findings for the Partnership Board, not to repeat the content of the HSCNA.

The Evolving Prison

We undertook the first full HSCNA for HMP Berwyn in 2019. Since the time of our last HSCNA several things have changed which have impacted on health need/demand:

- The continued gradual ramp up of the population to around 1,800 residents (from just 1,300 at the time of our last HSCNA). Double cell occupancy is now typical, creating new challenges to the delivery of confidential healthcare via in-cell telephony (as became more 'normal' during the pandemic).
- The inclusion of a new cohort of remand prisoners as HMP Berwyn now serves the North Wales courts. Residents now arrive directly from the community with associated need/high levels of risk in relation to alcohol/drug withdrawal alongside other acute unmet health needs. The local remand population also typically has a higher turnover rate than those who are sentenced, creating more demand in terms of resettlement/continuity of care (noting HMP Berwyn is one of the 15 UK Reducing Reoffending Prison Accelerator Projects).
- Linked to the 'local' function, an increase in the balance of Welsh prisoners, with about a third of the population now being from Wales (compared with just 22% at the time of the last HSCNA) bringing opportunities for better resettlement support back into local communities.
- A new, sizeable vulnerable prisoner community including MCOSOs, resulting in an increase in the number of elderly prisoners with associated health and social care needs.
- The impact of the covid-19 pandemic, particularly at a time when remands had only just started arriving.

Staffing

Perhaps as a consequence of being the first prison to open in North Wales, mirroring the findings of our last HSCNA, recruiting suitably skilled and qualified staff to work in the prison (both prison *and* healthcare staff) continues to be an ongoing challenge in HMP Berwyn. The turnover rate of staff (both operational and healthcare) continues to be high, creating challenges for embedding and sustaining new practice to better meet the needs of residents.

Theoretically, the resourcing of most aspects of healthcare in HMP Berwyn should be sufficient and is, in many cases, more generous than that seen in comparator prisons. However, what is masked by this is the sheer scale of healthcare vacancies which continue to be carried which are way in excess of what we see in comparator prisons. By way of example the mental health team are operating with a vacancy rate of 70%, relying on agency cover. Not only does this mean the full range of services cannot be delivered, but it also means there is more pressure on the existing staff (often new, less experienced staff) which in turn will contribute to the high staff turnover rates.

The Prison

The demographic profile of new receptions into HMP Berwyn has changed significantly since the time of opening and continues to evolve. It is critical that the prison and healthcare share a joint understanding of the demographics of the population served in order to be able to effectively identify and meet need (see Recommendation One in this HSCNA report).

Prison enablement is a theme which runs through almost all chapters of the full HSCNA and significantly impacts the ability of healthcare to be able to effectively deliver healthcare services to residents.

The physical design and layout of HMP Berwyn limits the possibilities for more wing-based care that we often see in other prisons, which is one way to reduce the burden of healthcare on operational staff. Furthermore, there is limited availability of rooms/spaces for group work meaning a greater focus on 1:1 interventions which are less efficient both in terms of healthcare delivery and prison enablement.

A clear message from the prisoner consultation element of this work was that many residents are missing healthcare appointments due to a lack of enablement. Not only does this lead to unmet individual need for individuals, but it also impacts on the wider healthcare system. By way of example, GP provision should, in theory, be sufficient to meet the level of need/demand. Despite this there is an increasing list of men (currently 436 at June 2021) who are waiting to be allocated an appointment with a GP, with waits of up to 12 weeks for a routine appointment not uncommon. On a daily basis, as a result of residents not being escorted, GP appointments are repeatedly pushed back meaning the waiting list continues to grow.

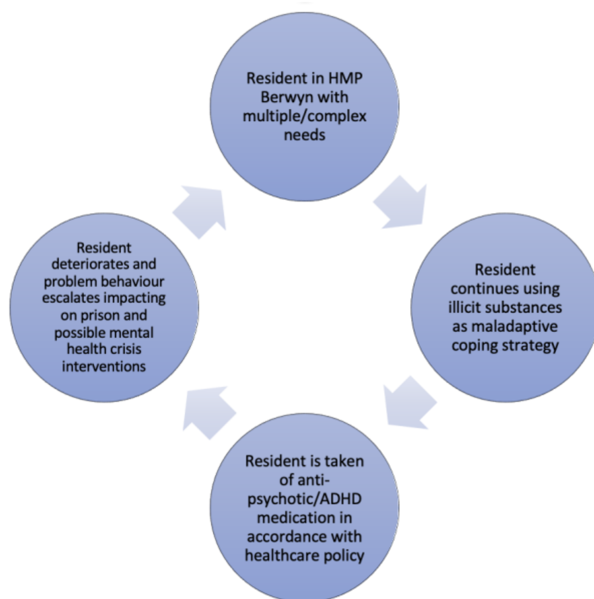
Arguably, the demand on some healthcare clinic slots (and associated escorts) could, in part, be reduced by introducing more robust first and second reception screening in the early days, reducing the need for residents to be called up for subsequent appointments (e.g., for vaccinations, blood testing etc).

The HSCNA refers to a significant unmet need in terms of access to dentistry. The Covid-19 pandemic has further exacerbated this, but the unmet need was evident before the pandemic and the previous HSCNA referred to this. The new resourcing agreement to effectively double the number of dental sessions (two dentists using both dental suites for the first time) should theoretically mean the need can be met. However, this is subject to effective and timely organised enablement from the prison. Without this, increased resources will do little to impact on unmet need.

Medicines Optimisation Policy

Led by the GP, HMP Berwyn continues to operate a very robust medicines optimisation process to reduce unnecessary prescribing and over-prescribing, which, without doubt, has become commonplace across the wider prison estate. This is well evidenced in a published paper.

There is clearly a fine line between patient safety and blanket policy (such as the removal of medications from patients following notification of use of illicit substances). It is beyond the remit of this HSCNA to undertake a service review and neither are the authors qualified to comment on clinical matters. However, there is a domino effect as a consequence of this policy which should be understood as illustrated below:



One consequence of the medicines optimisation approach is that the *demand* on some aspects of healthcare (notably GP and psychiatry slots) is much greater than we see in other prisons. There is invariably a higher level of healthcare resourcing needed to maintain this approach.

The current demand on the GP service is unprecedented and subsequently needs are not being met. Furthermore, there is a growing list of patients awaiting medicines reviews by the psychiatrist. Almost all interviewees cited that, regardless of the appropriateness of the medicines optimisations approach, there is unmet need as an unintended consequences of the regime. This is effectively system-generated demand.

The Covid-19 Pandemic

Like every other prison, HMP Berwyn have had to manage the consequences of the Covid-19 pandemic and this has created challenges. In addition to managing the obvious consequences/needs from potential infections, the reality is that the extended lockdown has meant wider health needs have gone unmet.

Residents have been confined to their cells, healthcare has, where possible, been predominantly delivered via in-cell technology and there is little doubt that longer periods of isolation and solitary confinement has affected the wellbeing of a large part of the population. This is mirrored in the community as a consequence of national lockdowns.

More hidden than the above is that many secondary care health needs have gone unmet during the pandemic. The HSCNA evidences a vastly reduced number of escorts into hospital for secondary care appointments and a reduction in visiting services (e.g. BBV services and retinal screening) who were unable to visit the prison. Fundamental to the period of Covid-19 recovery in the establishment will be identifying residents who have not had needs met during the pandemic and subsequently may develop more acute illness if left untreated.

This is more so the case in HMP Berwyn than most other prisons due to its low turnover rate. Unmet need in HMP Berwyn escalates and continues to be the responsibility of the establishment as these residents are generally not leaving very quickly. We predict the 'hangover period' from this will be quite significant into 2021 and early 2022.

Wellbeing in HMP Berwyn

There is no doubt that the current healthcare team in HMP Berwyn are doing an admirable job of attempting to meet the health needs of residents within the two key constraints already cited (i.e. staffing shortages and difficulties with enablement). There are aspects of service delivery that have improved beyond all recognition since the time of the last HSCNA (notably the implementation and development of robust social care support). Other areas which were somewhat problematic at the time of the last HSCNA, such as the medicines optimisation process led by the GP, have further developed and there is evidence of a greater level of acceptance amongst residents and staff as communication has been stepped up.

Wellbeing was not a term widely used by any interviewees in HMP Berwyn during the site visit and interview process. Prison healthcare teams with a wellbeing focus tend to focus more resources on preventative/early interventions within healthcare as opposed to reactive crisis management. For example, whilst there is clearly a need to double the dentistry resource to reduce the immediate waiting list, there is also the opportunity to improve oral heath across the establishment, given the low turnover rate, to reduce potential *demand* for dentistry in the longer-term as the population stabilises. Also, in terms of mental health, the provision of talking therapies and interventions at primary care level for residents who are mentally unwell is largely absent.

Self-harm (a prominent issue in HMP Berwyn) was clearly considered by healthcare interviewees as a prison issue and one which has only limited applicability for healthcare, yet with a wider wellbeing-focussed approach, self-harm would be seen in the context of poor wellbeing, poor coping and very much a shared healthcare and prison responsibility. As detailed in the full HSCNA report this is an area for development in HMP Berwyn.

Using the capital of some of the existing residents as trained peer supporters could usefully accelerate efforts to improve wellbeing and add a much-needed resource within the establishment to meet low-threshold need which so often goes unidentified. There are further recommendations in the HSCNA to improve the overall approach to 'wellbeing', spanning both the prison and healthcare.

Recommendations

This link summarises the individual key findings and recommendations which are included in the HSCNA report:

In contrast to other commissioned healthcare provision, the lines of governance are unclear. There is no commissioning body; the Welsh health board effectively commission and deliver the services, yet the prison has overall responsibility. An agreement will need to be reached between the prison and healthcare about the implementation and accountability mechanisms for the recommendations.

Chapter One – Introduction

1.1 Aims

This Health and Social Care Needs Assessment (HSCNA) was commissioned to better understand the health needs of the resident population in Her Majesty's Prison (HMP) Berwyn and to assess the extent to which the current need and demand for health and social care in the prison establishment(s) were being met.

The methodology used for the adult population is the Public Health England (PHE) 'toolkit' in the absence of a national equivalent for Wales,[1] and National Institute for Health and Care Excellence (NICE) which summarises:

> *A health needs assessment is a systematic method for reviewing the health issues facing a population leading to agreed priorities and resource allocation that will improve health and reduce inequalities.*[2]

It should be noted that health needs may be *met* or *unmet* and that there is a difference between a *need* and a *demand* for a service. These concepts are addressed later in this report.

The introduction to our HSCNA approach in the Part B report contains further details on the rationale for, and the intended purpose of, this prison health and social care needs assessment.

1.2 Scope

As is always the case, there is a fine line between undertaking a health needs assessment and a service audit/review. This report focuses on describing the likely and actual health needs of residents and the extent to which they appear to be being met, rather than assessing service efficacy, albeit there is a little overlap in places.

Informed by a well-developed evidence base, our HSCNAs describe *known* health needs. In the near future the health needs arising (whether directly or indirectly) from the Covid-19 pandemic are likely to eclipse these. However, informed by the current extremely limited knowledge base, we are not in a position to make any projections about the longer-term impact of the global pandemic. We cannot predict the health needs arising from infection by the virus, the knock-on effects across wider health delivery or the requirements necessary for managing the pandemic.

1.3 Methodology

The full methodology and rationale for this is included in the Part B report.

Appendix A contains the full list of those interviewed in HMP Berwyn.

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[1] PHE (2014) Health needs assessment toolkit for prescribed places of detention (parts 1 and 2). [Accessed 15/12/20].

[2] Cavanagh, S. & Chadwick, K. (2005) Health needs assessment: a practical guide. [Accessed 15/12/20].

Resident views were gathered in the prison by means of a survey which was distributed across the prison, resulting in 632 completed questionnaires from residents. This equates to 35.1% of the population based on the operational capacity (op cap) of 1,693. The survey results can be considered to be representative at a confidence level of 90% and confidence interval of +/-2.60%.

1.3.1 Comparative

Due to the relatively unique nature of HMP Berwyn, defining establishments suitable for use as comparators is not straightforward. The list of 'comparator prisons' most recently defined by the Ministry of Justice (MOJ) is broad, grouping establishments by type (e.g. all local prisons). Following discussion with stakeholders from healthcare and the prison, for the purposes of this report we have agreed to use three English prisons (these are all establishments for which we have conducted HSCNAs within the past two years, and thus have access to recent, comparable data) and HMP & YOI Parc (since it is recognised that some issues are very specific to Wales). The comparators used are listed below.

Figure 1 – HMP Berwyn Comparator Prisons

Prison	Comparator Type	HSCNA for Comparison?
HMP Altcourse	Catchment prison, agreed with stakeholders	Yes (TamlynCairns 2020)
HMP Forest Bank	Comparator prison, agreed with stakeholders	Yes (TamlynCairns 2020)
HMP Liverpool	Catchment prison, agreed with stakeholders	Yes (TamlynCairns 2020)
HMP & YOI Parc	Welsh prison, agreed with stakeholders	Yes (TamlynCairns 2021)

Whilst we have used HMP Liverpool as a comparator, it should be noted that the op cap of HMP Liverpool has effectively halved yet the healthcare staffing has remained the same, thus caution should be exercised when comparing staffing and identification of need given their current resourcing.

To assess changes over time, we have also used the previous HSCNA for comparison purposes.[3] When comparing staffing profiles, the ratio of staff per 100 residents from the previous HSCNA is based on the proposed population of 1,800, planned for shortly after the data was gathered (in contrast, the prevalence of health conditions from the last HSCNA is presented as a percentage of the actual population at the time of our data snapshot in 2019 – 1,285 residents).

When comparing data gathered for this HSCNA to data drawn from previous or comparator HSCNAs, data relating to this HSCNA is labelled in charts as HMP Berwyn (2021). This includes in cases where it covers a recent full year (e.g. 2020/21); similarly, data from other HSCNAs is labelled with their year of publication, whether the data refers to a snapshot or to a full year. Where data covering multiple years is shown in the same chart, this is labelled with the relevant year/s.

1.4 Context

The context of this HSCNA sits within the Partnership Agreement (2019)[4] which has been agreed between the Welsh Government, the Health Board and the Prison Service in Wales.

[3] TamlynCairns (2019) Health and Social Care Needs Assessment HMP Berwyn.

[4] Public Health Wales (2019) Partnership Agreement for Prison Health in Wales.[Accessed 2/2/2021].

The document 'Prosperity for All: The National Strategy for Wales' seeks to ensure that prisons and prison healthcare teams sign up to the following priorities, each led by a workstream group:

- Ensuring prison environments in Wales promote health and wellbeing for all.
- Developing consistent mental health, mental wellbeing and learning disability services across all prisons that are tailored to need.
- Producing a standardised clinical pathway for the management of substance misuse in prisons in Wales.
- Developing standards for medicines management for prisons in Wales.

1.5 Report Overview

This report (Report Part A) describes the 'story' of the establishment, specifically looking at:

- Resident Demographics
- Healthcare Overview
- Physical Health (LTCs)
- Mental Health Needs
- Learning Disability
- Substance Misuse Needs
- Communicable Diseases
- Self-Harm and Self-Inflicted Deaths
- Wellbeing and Health Promotion
- Social Care Needs

There is a rationale and evidence base for the predictions we have used throughout Report Part A; these are discussed and outlined in full in the Part B Report, following the same themes as those in Report Part A. This includes reference to research, national policy and service standards. The Part B report effectively forms a large appendix to supplement this report.

Chapter Two – Overview of HMP Berwyn and the Catchment Area

2.1 Prison Overview

HMP Berwyn is a Category C rehabilitation establishment located in Wrexham. The prison opened in February 2017 and houses adult male residents. HMP Berwyn is the largest prison in England and Wales and is the second largest prison in Europe. It is also the only prison in North Wales.

The operational capacity has gradually increased since the opening of the prison, stated by the MOJ to stand at 1,801 as of 31st March 2021.[5] The prison, which has been smoke-free since opening, consists of three houses: Alwen, Bala and Ceiriog. Each house is divided into eight communities that can each accommodate up to 88 residents. Ogwen is a care and support unit (CaSU) and accommodates up to 21 residents.[6]

The operational capacity (op cap) of HMP Berwyn is currently 1,801, increased from 1,300 at the time of the last HSCNA (March 2019) and full HMIP (Her Majesty's Inspectorate of Prisons) Inspection in March 2019.[7] The actual population has increased from 1,283 in March 2019 to 1,716 at March 2021 as reported by the MOJ.[8]

At the time of snapshot data being supplied for our HSCNA (31 March 2021), the Offender Management Unit (OMU) reported 1,726 residents in the prison, and at the time of our healthcare data snapshot (25th March 2021) there were 1,725 patients active on SystmOne.

> *"There are effectively two further jumps to come in terms of our population, the next one will take us to 1,900 which is likely to happen within the next six months, not least as there is a lot of pressure on all Cat C prisons." (Deputy Governor)*

HMP Berwyn was subject to its first HMIP inspection in March 2019. The report from this inspection summarised:

> *Opening a new prison is a big challenge especially when that process is the subject, quite rightly, of significant public interest. The challenges can be practical, but they can also be cultural. The prison opened with a very clear rehabilitative vision which has faced resistance at times. The leadership team are still working hard to find and maintain the right balance between rehabilitation and security, freedom and control, and sanctions and reward. As this report will show, some mistakes have been made and we identify some important weaknesses, but we also acknowledge the great effort that has been made to give this prison a good start. The prison is generally ordered and settled, and when measured against our tests of a healthy prison we found Berwyn to be a reasonably respectful place. Against our other tests there was more to do.*[9]

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[5] MOJ (2021) Prison population: 2021. [Accessed 19/04/21].

[6] HMP Berwyn Website.

[7] HMIP (2019) Report On An Unannounced Inspection Of HMP Berwyn by HM Chief Inspector of Prisons. [Accessed 07/05/21]

[8] MOJ (2021) Prison population: 2021. [Accessed 19/04/21].

[9] HMIP (2019) Report On An Unannounced Inspection Of HMP Berwyn by HM Chief Inspector of Prisons. [Accessed 07/05/21]

During the Covid-19 pandemic, HMIP have been conducting 'Short Scrutiny' visits to range of establishments, including HMP Berwyn.[10]

HMP Berwyn is one of the 15 prisons across the UK designated as part of the £12m Reducing Reoffending Prisons Accelerator Project. A Project Manager for HMP Berwyn (employed via the Reducing Reoffending Directorate) is currently co-ordinating a new team of senior staff to deliver a 12-month fast-turnaround intervention involving the following thematic areas:

- Housing (co-ordinator post holder)
- Education
- Neuro Diversity
- Employment
- Health & Justice (post holder based within local probation office in North Wales)
- Substance Misuse (akin to former drug strategy lead post)

2.2 Catchment Area for HMP Berwyn

At the time of the last HSCNA the majority of the population were from England. As a result of the introduction of the remand population, around a third of residents in HMP Berwyn with a record of home area, are from Wales. Due to the high turnover of remands, stakeholders reported that two thirds of releases now go into Wales.

For the 1,179 current residents with a defined home area, the data below shows the home areas from which residents originate. The data is limited to those fields with more than 10 residents:

Figure 2 – Home Area

Home area	Count (percent) of known addresses
Merseyside	250 (21%)
Greater Manchester	227 (19%)
Wrexham	83 (7%)
Cheshire	70 (6%)
Flintshire	69 (6%)
Gwynedd	66 (6%)
Clwyd	30 (3%)
Cardiff	23 (2%)
Swansea	15 (1%)
Birmingham	13 (1%)
Lancashire	12 (1%)
Newport	12 (1%)
London	10 (1%)

[10] HMIP (2020) Report on short scrutiny visits to Category C prisons 16 June 2020 [Accessed 3/6/21]

As described in the Part B Report, the health profile for prisoners generally reflects the worst seen in the general community. However, the general health in the communities served will give some indicator as to the relative health profile for residents in HMP Berwyn and also highlight where there might be differences in the population compared to that in the comparator prisons.

As an overarching indicator of health, Office for National Statistics (ONS) describe the life expectancy of males at birth in Wales as 78.51 years, a little over a year less than the figure of 79.67 years for England.[11]

There could be many reasons for the lower life expectancy; prisoners tend to originate from lower socio-economic groups and poor health is strongly correlated with deprivation:

> *The difference in life expectancy (LE) at birth between the least and most deprived areas in Wales…was 8.9 years for males…in 2017 to 2019.*[12]

The ONS report notes that males in the most deprived areas can expect 16.8 fewer years in 'good health' compared to those in the least deprived areas.

The Part B Report describes the impact of Adverse Childhood Experiences (ACEs). There has been a great deal of work done in Wales exploring the impact of ACEs on life chances and research indicates a strong correlation between ACEs and incarceration. Under 4% of those with no ACEs had been incarcerated, yet this rose to 38.5% of those with four or more ACEs. In terms of health, this same correlation exists across a range of health harming behaviours, in other words the more ACEs experienced as a child, the more likely an adult is to smoke, drink excessively, use illicit drugs and have a poor diet.[13]

Community health data is generally reported differently in England and Wales, so points of comparison are limited. In general the health indicators of England are more positive than in Wales, though detailed analysis indicates that prisoners in HMP Berwyn who originate from England are from the North West which, in contrast to the rest of England has poor health data.

Figure 3 – Health in England and Wales (% of population aged 16+)

	General Health		Illness
	Health in general – Good or Very Good	Health in general – Bad or Very Bad	Any longstanding illnesses
Wales[14]	72	9	47
England[15]	75	8	42

The following illustration shows the health in the communities which form the catchment area for HMP Berwyn, RAG rated against the Welsh average:

[11] ONS (2020) National life expectancy tables – life expectancy in the UK: 2017-2019. Figure 4 data. [Accessed 8/6/21].

[12] ONS (2020) Health state expectancies by national deprivation deciles, Wales: 2017 to 2019. [Accessed 8/6/21].

[13] Bellis et al (2015) Adverse childhood experiences and their impact on health-harming behaviours in the Welsh population. [Accessed 8/6/21].

[14] Stats Wales (2020) General Health and Illness by Local Authority and Health Board [Accessed 8/6/21].

[15] NHS Digital (2019) Health Survey for England 2018 (Table 1) [Accessed 8/6/21].

Figure 4 – Health in Wales (% of population aged 16+)[16]

	General Health		Illness			
	Health in general – Good or Very Good	Health in general – Bad or Very Bad	Any longstanding illnesses	2 or more longstanding illnesses	Limited at all by longstanding illness	Limited a lot by longstanding illness
Wales	72	9	47	20	18	16
Blaenau Gwent	65	13	49	23	22	20
Bridgend	70	11	47	20	22	17
Caerphilly	67	11	52	25	24	19
Cardiff	75	8	45	17	16	16
Carmarthenshire	68	9	50	24	22	17
Ceredigion	73	9	44	16	20	15
Conwy	76	8	41	15	13	13
Denbighshire	70	10	41	16	18	15
Flintshire	76	7	42	13	14	14
Gwynedd	75	6	44	17	17	14
Isle of Anglesey	76	6	48	17	14	13
Merthyr Tydfil	67	12	44	16	20	17
Monmouthshire	75	8	43	16	15	14
Neath Port Talbot	68	9	52	25	24	17
Newport	73	8	47	22	18	18
Pembrokeshire	73	8	48	21	19	18
Powys	76	7	44	17	14	15
Rhondda Cynon Taf	69	11	47	22	20	18
Swansea	71	10	50	23	22	18
Torfaen	65	12	51	22	22	19
Vale of Glamorgan	72	7	48	21	19	16
Wrexham	74	8	44	19	14	15

Colour	Meaning
Red	More than 1% worse
Amber	0.5% either side of all Wales figure
Green	More than 1% better

[16] Stats Wales (2020) General Health and Illness by Local Authority and Health Board [Accessed 8/6/21].

2.3 Turnover Rate

The following table shows annual numbers of receptions, transfers and discharges from HMP Berwyn, as reported by the offender management unit (OMU).

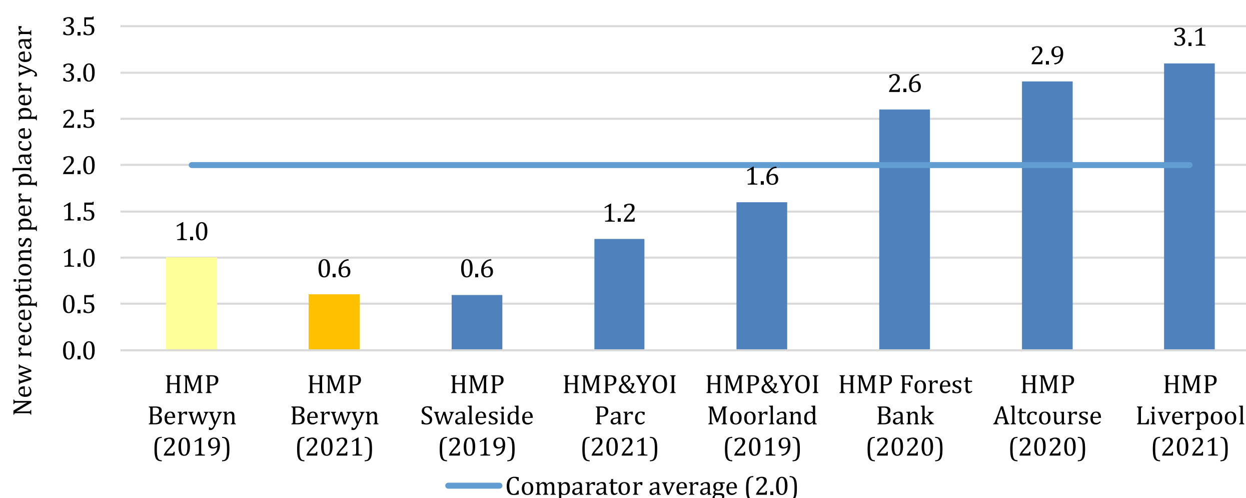
Figure 5 – Receptions and Transfers/Releases (OMU data)

Total numbers	2018/19	2019/20	2020/21 (to date)
Receptions in from the community	13	375	973
Receptions in from other prisons	1,272	1,682	518
Transfers out to other prisons	511	535	223
Discharges/releases to the community	424	882	1,317
Total number of prisoners in the prison during the period	2,242	3,331	3,302

The total number of residents entering the establishment should almost exactly match the numbers leaving. As is frequently the case, the data supplied does not exactly describe this, although here this may be explained by the rising op cap. The estimate of turnover we have used is informed by new residents recorded on SystmOne. This will not include recidivists who enter a number of times in a one-year period, but the calculation does allow comparison to other establishments.

The turnover rate based on new residents recorded on SystmOne was 0.6 for 2019/20 (0.6 new receptions per place per year). This is lower than the average among comparator prisons and has decreased since the time of the previous HSCNA. The decrease in turnover rate has been evident in almost all prisons since the onset of the pandemic as courts slowed down and transfers were more limited to reduce the spread of the virus.

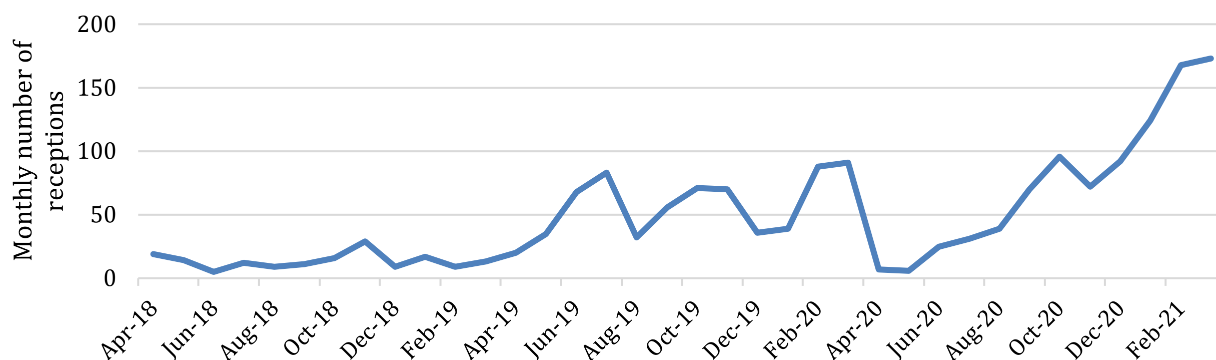
Figure 6 – Monthly – Turnover Rate Comparison (SystmOne data)



What is somewhat masked by the seemingly low turnover rate is that, since HMP Berwyn has started serving the North Wales courts, there is a clear difference in the turnover rate amongst men from Wales (higher turnover) versus their counterparts from England. Whilst, as previously described, two thirds of the population are from England, two thirds of releases go to North Wales (noting many of these men are on short stays or serving short sentences). This interesting dynamic is relevant to healthcare in terms of throughcare and resettlement.

Monthly receptions data provided by the prison highlights the impact of the Covid-19 pandemic on the prison population, with a dramatic reduction in receptions visible in April 2020. This has been followed by a gradual increase to numbers greater than in the preceding year, with an average of 155 receptions per month reported during January to March 2021.

Figure 7 – Monthly Numbers of Receptions to HMP Berwyn (OMU data)



2.4 Resident Demographics

This section draws on data from a range of sources including the prison's equality data.

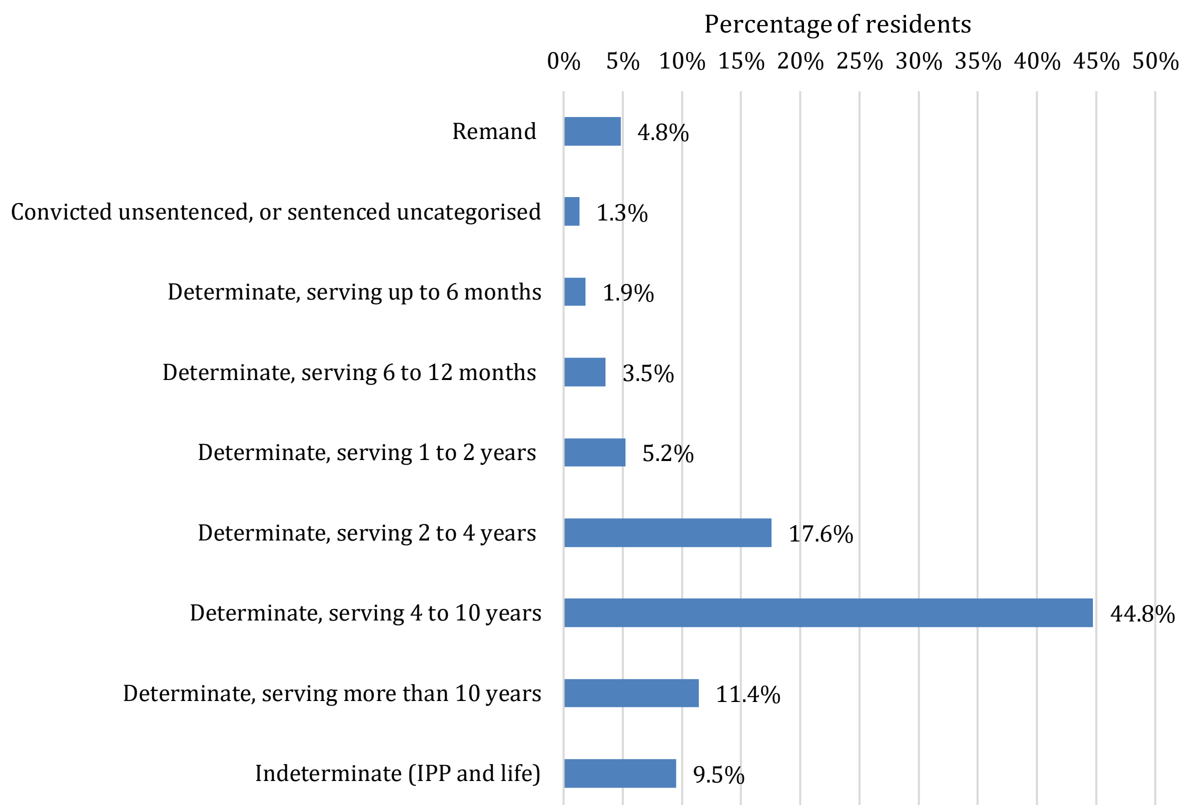
2.4.1 Resident Sentencing Status

Since the December 2019 HSCNA the establishment is started taking remand prisoners directly from the courts. At the time of our snapshot in May 2021 there were 103 remands within the establishment, which has reportedly been relatively consistent. Also worthy of note in relation to the remands is that it has helped redress the balance of English and Welsh prisoners, with remands from the North Wales court.

Eighty-five percent of the population of HMP Berwyn are serving either determinate sentences of two years or more or indeterminate sentences. One percent of those serving indeterminate sentences are over tariff.

There are also some Cat B residents in the establishment for resettlement purposes (albeit just five at the time of our snapshot).

Figure 8 – Population Status (OMU data)



When it comes to considering health needs in any one establishment, the length of stay is often more relevant than the length of sentence. This is shown in the table below, where 41% of current residents have been in HMP Berwyn for less than six months. Short stays place the main emphasis of healthcare on the identification and management of immediate health needs. Stays of a short length make it more difficult to pick up on hidden and long-term conditions, particularly those where screening may be infrequent.

Fifty-nine percent of residents have been in HMP Berwyn for more than six months. Longer stays provide the opportunity for structured care, for example in the management of long-term conditions or oral hygiene.

Figure 9 – Length of Stay (OMU data)

Length of Stay	Number of Residents	Percentage of Residents
Less than 1 month	172	10%
1 month to 3 months	293	17%
3 months to 6 months	247	14%
6 months to 1 year	156	9%
1 year to 2 years	627	36%
2 years to 4 years	211	12%
More than 4 years	18	1%

Again, since the time of the last HSCNA the establishment is now taking Vulnerable Prisoners (VPs) including Men Convicted of Sex Offences (MCOSOs). There are two wings offering spaces for 170 VPs.

> *"We are not a specialist MCOSO prison and do not provide the programmes. We take men newly sentenced from court and those in the final 16 weeks." (Deputy Governor)*

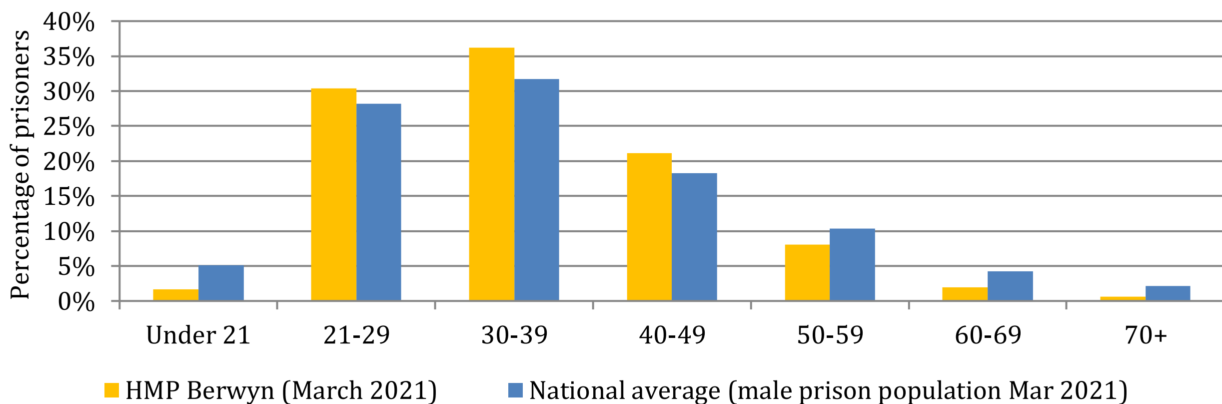
The intake of VPs, whilst relatively small, has had some impact on the age of the population since the time of our last HSCNA as is detailed in the following section.

2.4.2 Age

Age is a key indicator for likely health needs. The prison accommodates a mixed demographic of adults, as shown in the figure below. The population is younger than the prison population nationally (across England and Wales), with higher rates of under 21 to 49 year-olds and lower rates of over 50 year olds.

Eleven percent of the population of HMP Berwyn is aged 50 or over compared with 17% for male prisoners on average.

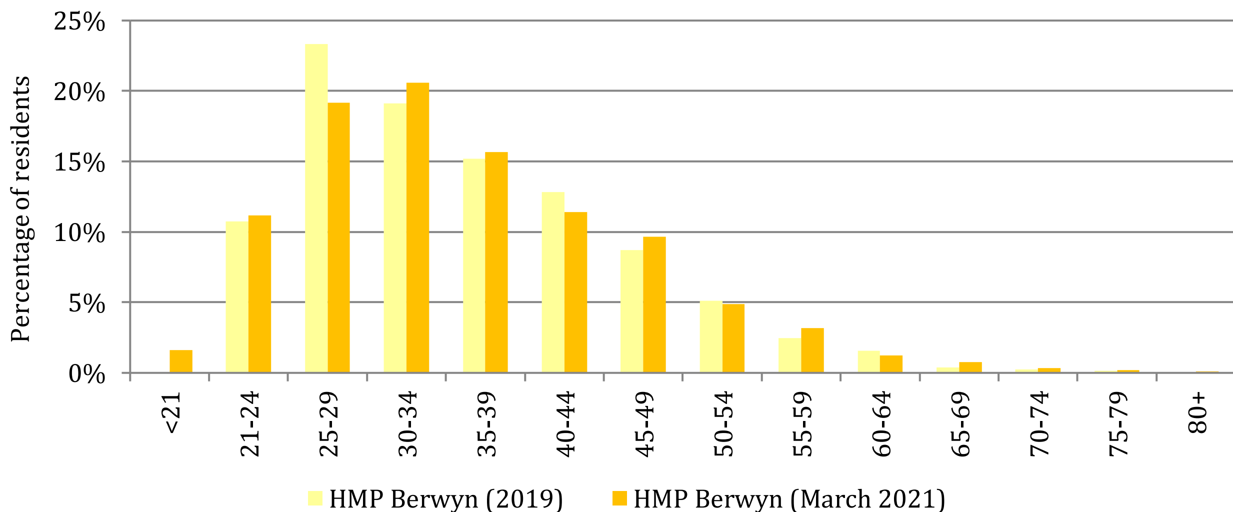
Figure 10 – Age Profile in Comparison to National Average[17]



In HMP Berwyn at the time of our SystmOne snapshot (March 2021) the youngest resident was aged 18 years, and the oldest 83 years.

Figure 11 compares the age profile of the population at the March 2021 snapshot and the HSCNA in March 2019. This shows little change, with a small decrease in those 25 -29 years old. The national backdrop is an aging prison population.

Figure 11 – Age Profile of Recent and Previous Populations (all residents in year, SystmOne data)



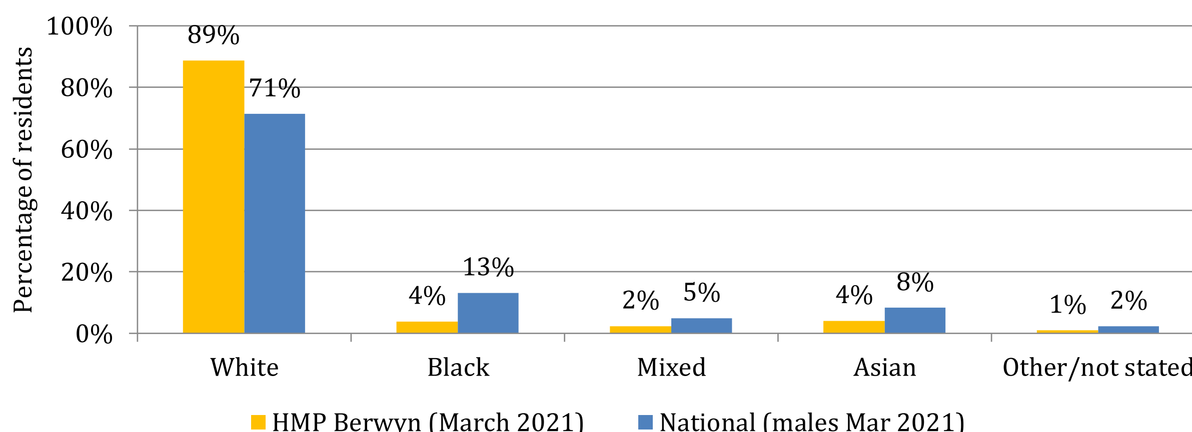
[17] MOJ (2020) Offender management statistics quarterly. [Accessed 18/12/20].

For the purposes of this report, the definition of 'older' is 50+. When describing the prison population, this definition has been adopted by Her Majesty's Prison and Probation Service (HMPPS)[18] and HMIP,[19] and is consistent with those of: AGE UK, the Prison Reform Trust and the charity RECOOP (Resettlement and Care for Older Ex-Offenders and Prisoners).[20]

2.4.3 Ethnicity and Nationality

The ethnic profile of residents in HMP Berwyn is much less diverse than the national prison average, with 89% of residents recorded as being from white ethnic backgrounds, compared to 71% nationally.[21] This reflects the local communities around the establishment, and the Welsh Government says that 95.6% of the population in Wales describe themselves as 'white'.[22]

Figure 12 – Proportion of Residents in Each Ethnic Group



HMPPS states that across the prison estate nationally, 12.6% of the prisoner population consists of foreign nationals.[23] The same data showed that, at March 2021, 3.3% (n=57) of the population at HMP Berwyn were foreign nationals, much lower than the national average. Prison data reported exactly the same figure at the time of the March 2021 snapshot. In the HMIP survey in 2019, 4% of respondents stated they were foreign nationals.

2.4.4 Disability

In Wales 18.8% of men aged 16-64 identify as disabled.[24] The equalities team at HMP Berwyn supplied data showing that 24% of the population at March 2021 was recorded as having some form of disability.

[18] PHE (2017) Health and social care needs assessments of the older prison population. [Accessed 18/12/20].
[19] HMIP and CQC (2018) Social care in prisons in England and Wales. [Accessed 18/12/20].
[20] UK Parliament (2013) Written submission from RECOOP. [Accessed 18/12/20].
[21] MOJ (2021) Offender Management Statistics Quarterly. [Accessed 29/04/21]
[22] Welsh Government (2019) Equality and Diversity Statistics 2015 to 2017. [Accessed 02/2/2021].
[23] MOJ (2021) Offender Management Statistics Quarterly. [Accessed 29/04/21]
[24] Welsh Government (2019) Equality and Diversity Statistics 2015 to 2017. [Accessed 02/2/2021].

The equalities data is lower than the 36% of respondents self-reporting any disability in the 2019 HMIP survey, and the HMIP comparator (which reported 33%). Both are lower than the SystmOne-reported 51%. The HMIP 2019/20 Annual Report showed 36% of male prisoners self-reporting a disability.[25]

Figure 13 – Residents with a Disability

HMP Berwyn	HMIP 2019 Self-Report Survey	Equalities Data (March 2021)	SystmOne Data (Snapshot March 2021)
Residents with disabilities	36% (n=63)	24% (n=421)	51% (n=879)

This variation in the definition of disability occurs in many prisons and is to be expected as the information is collected, collated and used for different purposes. What is of more relevance is the liaison, communication and joint working between the prison and the healthcare provider to meet the needs of residents with disabilities within the establishment. This is discussed further in Chapter Eleven of the HSCNA.

The equalities team at HMP Berwyn stated that 57 residents (3.3%) have a current Personal Emergency Evacuation Plan (PEEP) and have a level of disability indicating they would need help and support to evacuate to a safe place during an emergency.

The table below shows a breakdown of residents with known disabilities, as reported by the equalities team.

Figure 14 – Disability Detail (Equalities Data March 2019)

Type of Disability	Number of residents	Percentage of residents
Mental Illness	220	39.5%
Learning Difficulties (Inc. Dyslexia)	85	15.3%
Other Disability	72	12.9%
Reduced Mobility	55	9.9%
Progressive Condition	26	4.7%
Hearing Impairment - not deaf	20	3.6%
Reduced Physical Capacity	20	3.6%
Visual Impairment (Inc. Blind)	20	3.6%
Learning Disability (Inc. Autism)	17	3.1%
Dyslexia	12	2.2%
Deaf - Lip Reads	4	0.7%
Speech Impediment	3	0.5%
Deaf - Uses Sign Language	2	0.4%
Severe Disfigurement	1	0.2%

Data recording on SystmOne of residents with learning disabilities showed similar numbers to those reported by the equalities team.

Figure 15 – Residents with a Learning Disability

HMP Berwyn	Population During 2020/21	Residents at Snapshot March 2021	Residents at Snapshot March 2021 (QOF Register)
Learning Disabilities	1.1% (n=31)	2.1% (n=36)	0.9% (n=16)
Autistic Spectrum Disorders	0.7% (n=19)	1.2% (n=20)	N/A

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[25] HMIP (2020) HM Chief Inspector of Prisons for England and Wales Annual Report 2019/20. Page 155. [Accessed 08/05/21].

It is imperative that there is a shared understanding between the prison and healthcare of residents with learning disabilities within the establishment. Varying definitions and recording systems are likely confusing the overall picture, thus the likely need is almost certainly unmet.

Recommendation One – All data on disabilities (including learning disabilities) collated by the prison should routinely be shared with healthcare and visa-versa, the operational and healthcare side would benefit from a common understanding of need. Wherever LD is identified by the prison, this should be flagged with healthcare.

2.4.5 Sexuality and Gender

In the 2019 HMIP inspection report, 2% of residents surveyed in HMP Berwyn identified themselves as 'homosexual', 'bisexual' or 'other' (terminology is as used by HMIP). This was a little lower than national data which describes 95%[26] of male prisoners as heterosexual. More recent data from the equalities team showed 1.2% reported as gay or bisexual.

Figure 16 – Residents' Sexual Orientation

HMP Berwyn	HMIP 2019 Self-Report Survey	Equalities Data (January 2021)
Homosexual/Gay	1% (n=2)	0.5% (n=9)
Bisexual	1% (n=2)	0.6% (n=11)
Heterosexual	95% (n=160)	93% (n=1600)
Not Known	-	0% (n=5)

The equalities team reported that in HMP Berwyn in October 2020, there were fewer than five transgender residents (<2.9 per 1000). The average prison percentage is outlined in the HMIP 2019/20 Annual Report[27] as 2% (see Part B).

The evidence base suggesting transgender individuals have a significant range of health needs and inequalities is robust and is summarised in the Part B Report. Whilst the health services likely to be needed by this cohort are not greatly different, the likelihood of accessing these services is greatly reduced.

2.4.6 Homelessness

Homelessness is one of many factors that negatively impacts on health. SystmOne data indicates that, in March 2021, 9% of the residents at HMP Berwyn (n=156) were recorded as having disclosed being homeless during the year prior to imprisonment. This is less than comparator establishments: 17% at HMP Altcourse, 29% at HMP Forest Bank, 23% at HMP Liverpool, and 14% at HMP&YOI Parc. Homeless people, as noted in the Part B Report have a significant range of health needs and health inequalities.

It is noted that there have been several initiatives in the North Wales and Wrexham community to tackle homelessness, specifically looking into unused council accommodation. This was largely generated by the Covid-19 pandemic and the priority housing indicator.

> *"I fear that once the statutory duty and the incentives get removed, there will be more problems ahead with regards to releasing men who are homeless." (Deputy Governor)*

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[26] HMIP (2020) HM Chief Inspector of Prisons for England and Wales Annual Report 2019/20. Page 155. [Accessed 08/05/21].
[27] HMIP (2020) HM Chief Inspector of Prisons for England and Wales Annual Report 2019/20. Page 155. [Accessed 08/05/21].

2.4.7 Armed Forces Veterans

The table below sets out data regarding residents' veteran status from SystmOne and the most recent HMIP survey. The HMIP self-report of 8% is lower than the 6% self-reporting as veterans in the HMIP comparator data. The HMIP 2019/20 Annual Report showed 7% of male residents reported that they had been in the armed forces.[28] As noted in the Part B Report, veterans who are imprisoned are more likely to be convicted of sexual or violent offences. SystmOne snapshot data shows 7.1% of residents as veterans, while data from the equalities team gave a considerably lower proportion (1.6%).

Anecdotally, it has previously been reported that residents may be reluctant to report their veteran status to prison staff on coming into prison due to the impact this has on their veterans' pension but may then later disclose this to healthcare whilst discussing healthcare needs.

Figure 17 – Armed Forces Veterans

HMP Berwyn	HMIP Self-Report Survey (2019)	Equalities Data (March 2021)	SystmOne Data (Snapshot March 2021)
Armed Forces Veterans	8% (n=14)	2% (n=27)	7% (n=123)

"We have less than 30 actual veterans in the establishment today." (Deputy Governor)

The upper floor of Bala house acts as a specialist residential area for veterans. However, the work here relies on support from other agencies which has largely been restricted due to the Covid-19 pandemic.

2.4.8 Parents and Carers

This information is currently not recorded by offender management units (OMUs). The 2019 HMIP self-report survey contained one question regarding caring responsibility for children (*"Do you have children under the age of 18?").*

The proportion of residents in HMP Berwyn who reported being parents is 46%, which is lower than both the national rate of 48% for males reported in the HMIP 2019/20 Annual Report,[29] and the HMIP comparator rate (50%). Data from the National Drug Treatment Monitoring System (NDTMS) reported a slightly higher proportion (51%) of those in substance misuse treatment at HMP Berwyn recorded as being parents.

Figure 18 – Residents with Parental Responsibility

<table>
<tr><th>HMP Berwyn</th><th>HMIP Self-Report Survey (2019)</th><th>NDTMS Data (Q1-3 2020/21)</th></tr>
<tr><td>Children under 18 years (all or some living with the prisoner)</td><td rowspan="2">46% (n=78)</td><td>10% (n=41)</td></tr>
<tr><td>Children under 18 years (none living with the prisoner)</td><td>41% (n=163)</td></tr>
<tr><td>No children under 18 years</td><td>54%</td><td>20%</td></tr>
<tr><td>Declined/Missing Data</td><td>-</td><td>23%</td></tr>
</table>

[28] HMIP (2020) HM Chief Inspector of Prisons for England and Wales Annual Report 2019/20. Page 155. [Accessed 08/05/21].
[29] HMIP (2020) HM Chief Inspector of Prisons for England and Wales Annual Report 2019/20. Page 155. [Accessed 08/05/21].

2.5 Chapter Summary

The population in HMP Berwyn has changed beyond recognition since the time of the last HSCNA, and will continue to change as the ramp up continues (albeit at a slower rate than we have seen to date). The nature of the new population (remand vs sentenced, those with disabilities, elderly prisoners) has changed. It is imperative that healthcare have a robust understanding of the population they are serving at any given time and, as this changes, this needs to be communicated with healthcare in order that associated health needs can be met.

Recommendation Two – On a monthly basis, the prison should provide a simple summary of the demographics of the population to the healthcare team in order that changes can be quickly spotted and adjustments made where necessary.

- The operational capacity has increased from 1,300 at the time of the last HSCNA (March 2019) to 1,801. The population will continue to increase, albeit at a somewhat slower rate than has been observed in the last two years.
- Two thirds of current residents in HMP Berwyn are from England and a third are from Wales. Despite this, two thirds of releases are into North Wales, reflecting the higher turnover of Welsh residents since the establishment now serves the North Wales Courts.
- At 0.6, the turnover rate in HMP Berwyn is lower that most comparators. At our snapshot 59% of residents had been in the prison for more than six months.
- The prison now accommodates remands and sentenced men; 85% of the population are serving sentences of over two years or indeterminate sentences.
- Despite now accommodating both vulnerable prisoners including MCOSOs (both typically older than average) the age profile of the population is younger than the national prison average, albeit there has been an increase in the proportion of residents over 55 since the time of the last HSCNA. A very small numbers of elderly men can have a disproportionately large impact on demand for healthcare.
- Reflecting the catchment area served, the prison population is less ethnically diverse than the national prison average.
- Data on disability was contradictory, describing anything from a quarter to over a half of residents as having a disability. There were inconsistencies between equalities and healthcare generated reports on prevalence of viability. **See Recommendation.**
- The numbers known to be homosexual or bisexual is lower than average and lower than the numbers described by HMIP. There are few transgender residents.
- The proportion of residents who were homeless in the year prior to imprisonment is lower than the national prison average.
- SystmOne snapshot data shows 7.1% of residents as ex services personnel while data from the equalities team gave a considerably lower proportion (1.6%).
- A slightly lower than average proportion (46% of residents) were recorded as being parents of under 18-year-olds.
- It is imperative that the changing population is observed and communicated with healthcare on a regular basis in order for health needs to be met. **See Recommendation.**

Chapter Three – Healthcare Provision

3.1 Overview of Healthcare

Current provision is both commissioned and delivered by Betsi Cadwaladr University Health Board (BCUHB). As detailed below, BCUHB subcontract a very limited number of delivery areas to two providers.

Figure 19 – Healthcare Providers

Element	Provider
Primary Care	BCUHB
Pharmacy	BCUHB
General Practitioner	Gables Offender Management
Dental	BCUHB
Optometry	Prisons Opticians Trust (formerly Pen Optical)
Integrated Substance Misuse Service	BCUHB
Integrated Mental Health	BCUHB

In addition to the above, the Therapies service within HMP Berwyn, again provided by BCUHB, incorporates the following in-house provision:

- Speech & Language Therapy (SLT)
- X-ray
- Occupational Therapy (OT)
- Physiotherapy (PT)
- Podiatry (by sessional intervention)
- Dietetics

The latest HMIP report stated:

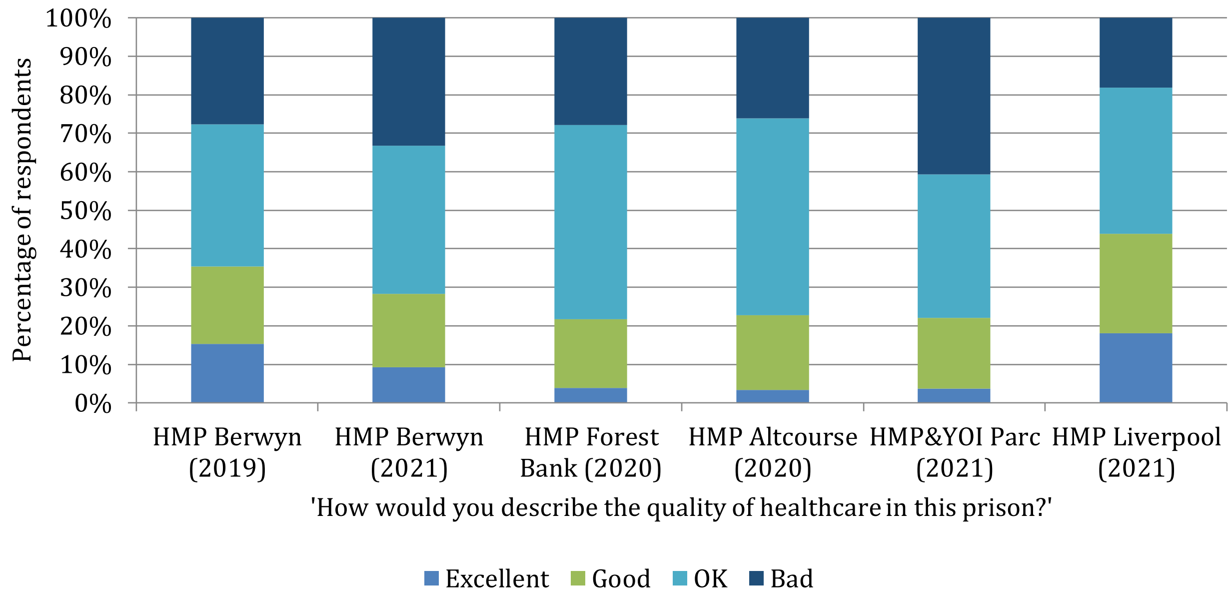
> *The health provision was integrated and well led, and its quality and governance were very good overall. Governance meetings included an area health board, quarterly partnership board and local quality assurance meetings. Medicines management, clinical governance and integrated health operational meetings reported to the higher governance structures, and daily staff safety meetings covered daily risks.*

3.2 Healthcare in HMP Berwyn

Healthcare at HMP Berwyn is open seven days per week, 24 hours per day. Overnight nursing cover was introduced in April 2019 in response to growing demand. There are no dedicated health or social care beds.

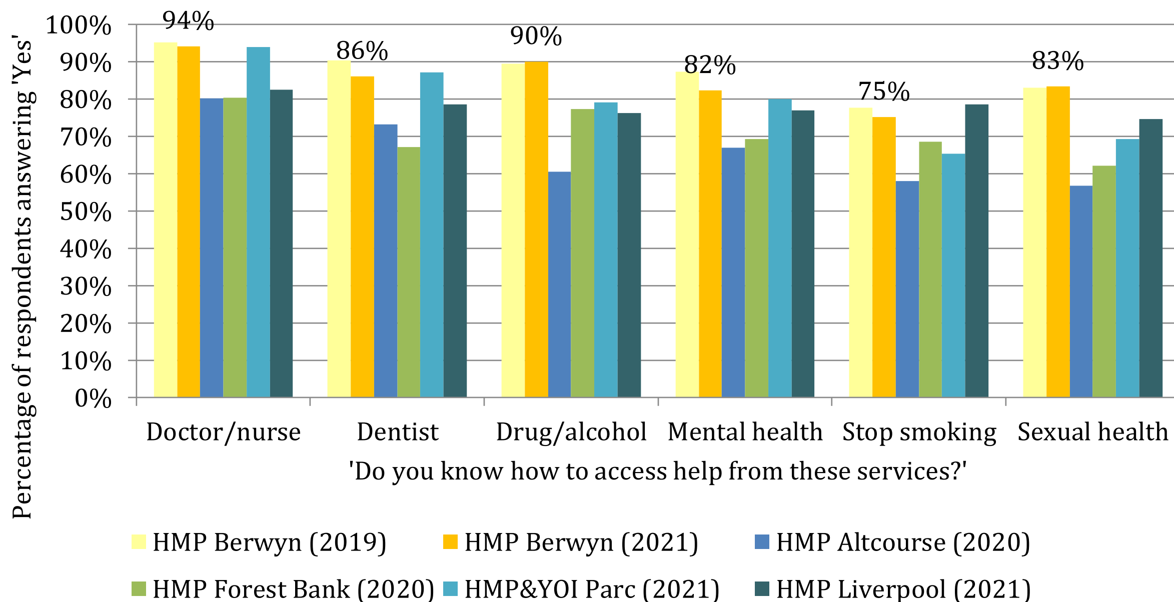
In the resident consultation, the percentage with positive views on healthcare was high next to most of the recently surveyed comparator prisons, with 28% of residents reporting that they thought healthcare was 'excellent' (9%) or 'good' (19%). There was a slight reduction in the percentage with positive views compared to the 2019 HSCNA. The context is that for nearly a year, healthcare provision has been severely impacted by the pandemic, so this is to be expected and mirrors our findings in other prisons late 2020/early 2021.

Figure 20 – Opinion of Healthcare Overall (survey data)



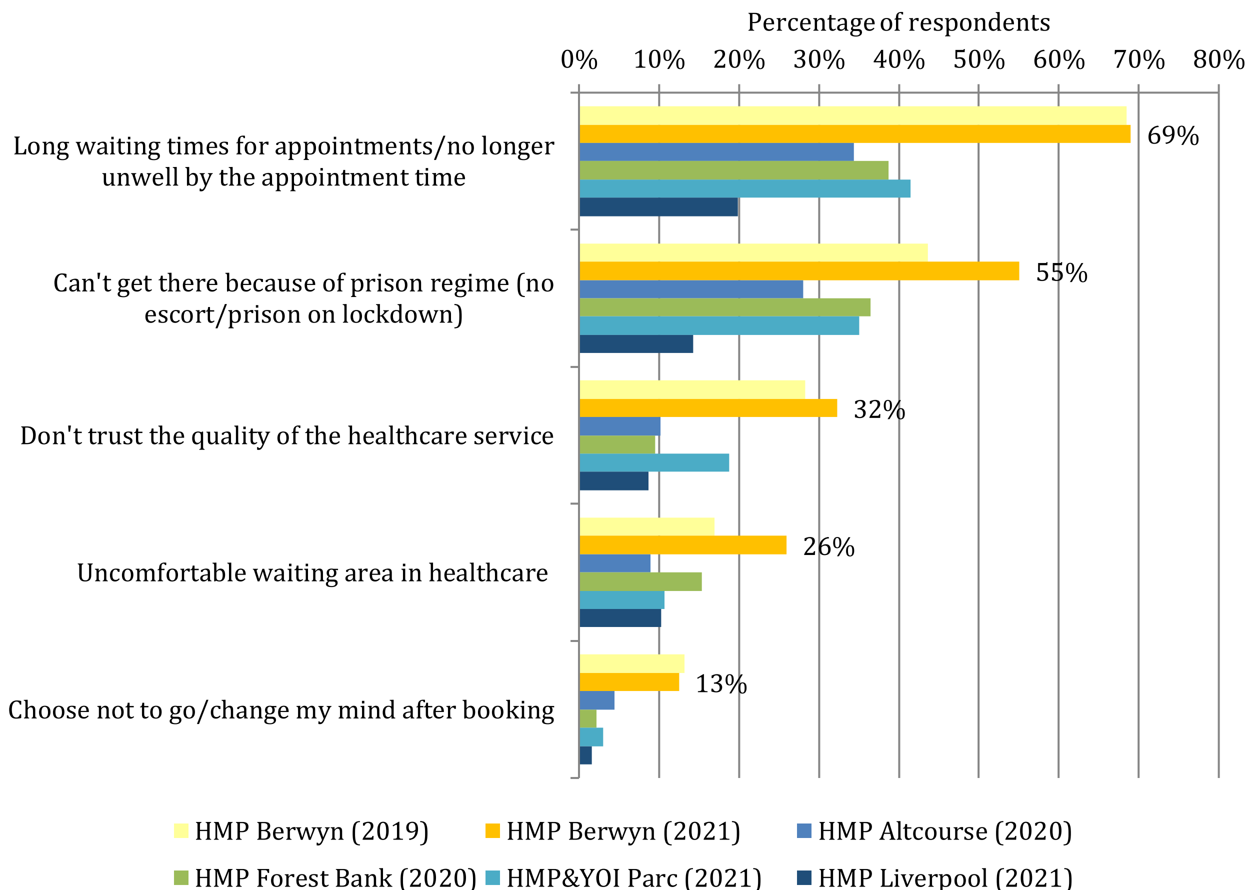
The proportion of residents who said they knew how to access healthcare services was generally higher in relation to comparator prisons, though a little lower than in the 2019 survey. Residents were most likely to say they were aware of how to access the GP (general practitioner) and substance misuse services, and least likely to be aware of how to access smoking cessation services.

Figure 21 – Confidence in Accessing Services (survey data)



In the survey, residents were asked 'What stops you going to healthcare?' – residents at HMP Berwyn appeared much more likely to report being put off visiting healthcare than residents at other recently surveyed establishments. The most common reason cited was a long waiting time for appointments; unsurprisingly given recent Covid-19 related restrictions, a high proportion of residents responding to the survey (55%) also reported being put off by access issues due to the prison regime. This is far higher than comparators and higher than any of the prisons where we have undertaken an HSCNA during the Covid-19 pandemic.

Figure 22 – Reasons for Avoiding Healthcare Visits (survey data)



The Health & Wellbeing mentors commented that a lack of available officers to escort patients to appointments was causing larger DNA rates:

> *"We often get people calling to say they've got an appointment and they want to go but an officer hasn't collected them…even when there's an officer marked as working healthcare they're really disorganised and you might get one officer covering five clinics which isn't enough." (Peer Mentor)*

> *"The majority of calls we get are from prisoners saying they have an appointment, and they haven't been collected." (Peer Mentor)*

Healthcare staff reported that enablement from the prison has worsened since the onset of the pandemic and that more patients are not able to get to appointments despite stating they were available.

Whilst officers were reported to be profiled to work with healthcare, there was a lack of efficiency and organisation meaning minimal numbers of men got to the right place on time.

Recommendation Three – The prison should consider better resourcing and training of officers to support healthcare appointment escorts.

3.2.1 Primary Care Staffing

A review of the grading structure of healthcare provision has been undertaken, with a new operating model commencing in April 2021. The focus with the review has been to ensure there are protected resources for the three key elements of primary care, mental health and substance misuse. At the time of the last HSCNA the mental health team were routinely involved in many primary care duties, hindering their ability to deliver mental health interventions.

The following table describes the primary care staffing complement (dental, pharmacy, mental health (MH), substance misuse and social care staffing are discussed in the relevant chapters/sections).

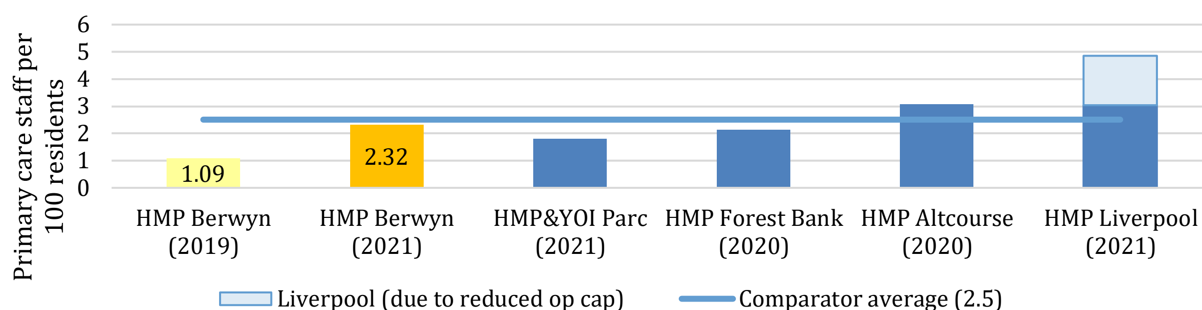
Figure 23 – Staffing HMP Berwyn Primary Care

Role	Band (or equivalent)	Full-time equivalents (FTE)	Comments
Head of Healthcare		1	
Deputy Head of Healthcare		1	
Primary Care Manager	7	1	
Charge Nurse	6	7.8	1 vacancy
Staff Nurses	5	10	2.4 vacancy
Staff Nurses	5	4	
Streamlining Nurse	5	2	
Phlebotomist		1	
HCSW		6	
HCSW		4	12-month contracts
Administrator		1	
Finance Support		1	
PA		1	

It should be noted that from August 2021, paramedics will also be working within HMP Berwyn. There are effectively four whole-time equivalent posts to cover seven days per week. This resource is included in the below staffing comparison chart and is provided/managed externally via BCUHB.

The chart below illustrates that the staffing ratio in HMP Berwyn is a little below average when compared to similar prisons for which this information is available. It has, however, increased since the last HSCNA. Note that the staffing level at HMP Liverpool is currently unusually high due to a reduced op cap (the additional staffing per 100 residents as a result of this is indicated by the lighter section of the column).

Figure 24 – Primary Care Staffing in HMP Berwyn and Similar Prisons



Note that the above is the *theoretical* staffing model and does not account for vacancies (in any establishment). The Covid-19 pandemic has impacted on the staff team in HMP Berwyn as seen in all other prisons.

3.3 Clinics, Waiting Times and Did Not Attend (DNA) Rates

There is a wide range of primary healthcare clinics in HMP Berwyn, as shown in the table below.

Figure 25 – Clinic Details Primary Care

Clinic	Reported Frequency per week or FTE	Waiting time (current longest wait, working days)	Observations	
Secondary screening	6 sessions		Provided by BCUHB – mental health and SMS	Unmet Need
GP	21 sessions	69 days and increasing day by day	Provided by Outside agency – Gables Offender Management	Unmet Need
Nurse Triage	14 sessions a week – 2 daily		Provided by BCUHB	Met Need
Dentist	Onsite 5 days a week 10 sessions per week	Urgent care - no patients on list. Routine - 430 days	Provided by BCUHB Note business case agreed to double the resource.	Unmet Need
Dental hygienist	Onsite 4 days a week 8 sessions per week		BCUHB	Unmet Need
Dental therapist	Onsite 5 days a week		BCUHB	Unmet Need
Optician	2 sessions week	42 days	Provided by External agency	Potential unmet need – waiting time
Retinal screening	Every 9-12 months		Provided by External agency	Potential Unmet need due to no visits during covid
Physiotherapy	20 sessions each week 5 days per week - onsite	48 days	Provided by BCUHB	Potential unmet need – waiting time

Clinic	Reported Frequency per week or FTE	Waiting time (current longest wait, working days)	Observations	
Podiatry	0.2 wte – 2 sessions	59 days	Provided by BCUHB	Unmet Need
GUM	0.2 wte – 2 sessions		Provided by BCUHB	Met Need
SALT	5 days a week 15 sessions per week	48 days	Provided by BCUHB	Potential unmet need – waiting time
X-ray	3 sessions on site, 2 on call. Plus 1 session ultrasound per week		Provided by BCUHB	Met Need
Audiology	0.27 wte - 2 sessions week		Provided by BCUHB	Met Need
Occupational Therapy	5 days a week 15 sessions a week		Provided by BCUHB	Met Need

Across the range of HSCNAs conducted by our team, we found that the average DNA rate across primary care clinics tends to be around 13%; among recent comparators it was 14% (average across HMPs Forest Bank, Liverpool and Parc in 2020, all pre-Covid-19). HMP Berwyn reported an average DNA rate across primary care clinics of 9% between September 2020 and February 2021, which is lower than average, though it should be noted that many primary care clinics (e.g. dentistry, optician) were not specifically reported on SystmOne, so the true DNA rate across all clinics may be different.

The table above indicates that the DNA rate for some clinics may have been affected by the Covid-19 pandemic, though the average DNA rate during an earlier six months, October 2019 to March 2020, was lower at 6% on average – this is unusual; at most establishments we have recently seen reductions in DNA rates due to some of the changes resulting from Covid-19 related restrictions. BCUHB's quarterly Quality, Safety and Performance reporting did indicate a reduction in DNA rates (across all clinics) coinciding with the first national lockdown – from a total DNA rate of around 16% in December 2019, this dropped to just under 5% in April 2020. The DNA rate appears to have increased again, but not to the same levels seen previously, with a rate of 7% reported in March 2021.

The relatively low DNA rate is likely due, in part, to the work of the health and wellbeing peer mentors who remind patients the day before appointments.

The latest quarterly report from healthcare also noted;

> *177 men did not attend 209 planned appointments during March; all appointments are scheduled to UniLink to ensure attendance. The men who missed appointments are contacted by the Health and Wellbeing Peer Mentors via telephone. This is an increase in the number of missed appointments in recent months.*

3.4 Primary Healthcare

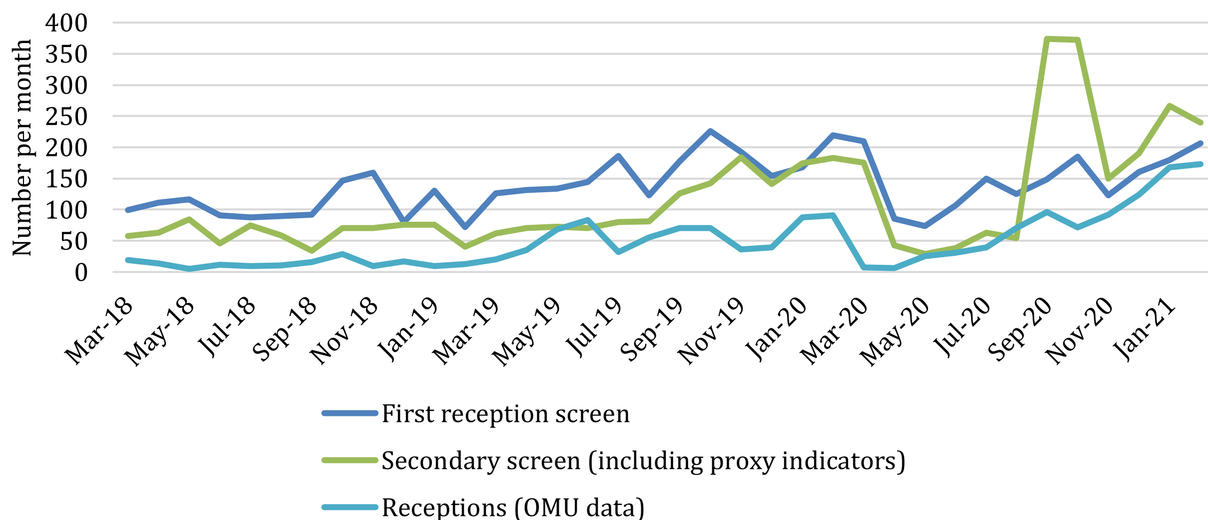
3.4.1 Arrival/Reception

A registered nurse (adult or RGN) is present for all first reception screenings (first night).

SystmOne data indicates that during 2020/21, all newly registered residents were recorded as having received a first reception screening. Though none had a secondary screening explicitly recorded, 80% were recorded as having been offered interventions that would typically be done at a secondary screen, such as blood borne virus (BBV) screening. As shown in the chart below, a higher number of residents were recorded as receiving first and secondary (indicated by proxy measures such as BBV screening offers) screenings than were reported by the OMU to have entered the prison, suggesting all new receptions, residents not considered new receptions (e.g. court returns) and some existing residents are likely offered appropriate screenings.

The drop in receptions in March 2020 is clearly visible in the chart below, followed by a gradual increase.

Figure 26 – Receptions and Reception Screenings (SystmOne data)



Typically in other prisons, residents would have both a first and a second reception screen. Now the process is only to offer second screenings for remands and those newly sentenced (not those transferred). The second screen is a rapid screen undertaken by the substance misuse or mental health (on a rotational basis) team by telephone.

> *"The second screen is a very quick process, it is done by phone and currently by the mental health or substance misuse teams." (Primary Care Lead)*

Whilst the rationale for not doing second reception screen is that men will have been screened at their previous establishment, the reality is that the regime and healthcare approach in HMP Berwyn is very different to most other establishments, therefore there is a robust argument that more resource should be put into 'front-end' screening and assessment, particularly given the difficulties with enablement once residents are on main accommodation. The turnover rate in HMP Berwyn is relatively low therefore resourcing this should yield more benefits than resourcing the 'catch up' process when elements of second screenings (e.g. BBV testing, vaccinations etc) have been missed.

Our findings from prisoner research in other prisons suggests that very few health needs are fully disclosed during the first reception screen when residents first arrive:

> *"You are just not up for discussions at that point and it's all a bit hectic. After you've had a night and settled down you're in a better frame of mind to think about your health needs and the like." (Prisoner, HMP Rye Hill, April; 2021)*

Recommendation Four – All men should have a first and second reception screening. The focus on the second screen should be where the bulk of the work lies to ensure health needs are properly identified and care pathways in place, given the first night screening is predominantly risk-based.

3.4.2 GP Provision

GP clinic provision is 21 sessions per week, with a GP available on call out of hours (see OOH section below). There are two principle GPs at HMP Berwyn in addition to other GPs who can cover clinics either in person or remotely.

The four key aims of the GP provision were cited as:

- Availability
- Accessibility
- Flexibility
- Continuity

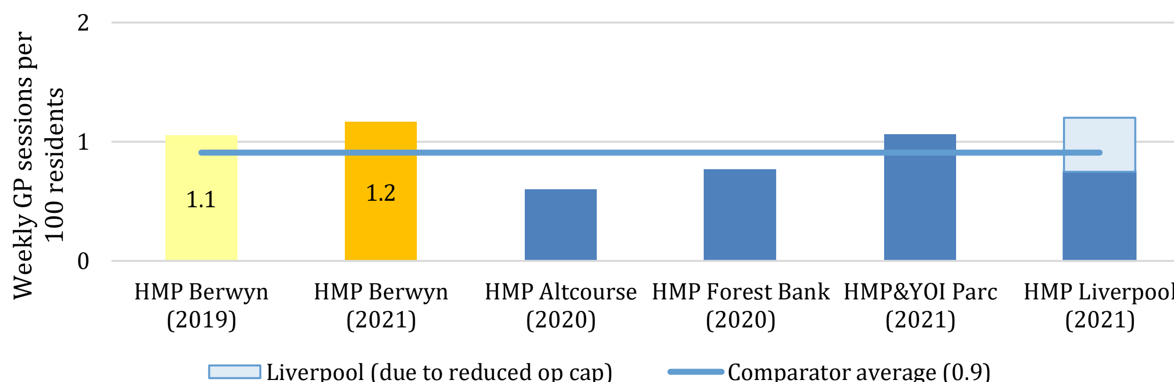
Since the Covid-19 pandemic the majority of consultations became by telephone which was reported to be less than ideal:

> *"We are now at two thirds occupancy so many men are sharing cells which isn't helpful when trying to do private consultations and offer some confidentiality." (GP)*

However, it is now accepted that the likelihood is, moving forward that around two thirds of appointments will be face to face and a third will be done by telephone.

The level of GP cover places the rate of provision in HMP Berwyn slightly above average among comparator prisons, with a slight increase since the last HSCNA. Note that the below excludes GP clinics for substance misuse prescribing:

Figure 27 – GP Cover Comparison



Note that the staffing level at HMP Liverpool is currently unusually high due to a reduced op cap (the additional staffing per 100 residents as a result of this is indicated by the lighter section of the column).

Note that there is no nurse prescribing in HMP Berwyn thus, when considering staffing comparisons, there is more reliance on GP provision in HMP Berwyn than we typically see in other prisons.

The new remand population have presented additional challenges to GP provision:

> *"We generally get little if any information on remands about previous prescribing and they're often intoxicated with various substances on arrival. Presentations are generally far more acute and there is a lot more risk attached to the remands." (GP)*

The efficiency of the GP clinic operation was cited as problematic for a number of reasons, including the prison regime, whereby patients do not arrive until 9am, despite the first appointment being at 08:30.

Whilst nurse triage is in place, the lead GP felt that there is a need to improve the co-ordination of GP slots to improve ability to meet need, particularly as slots are now needing to be more protected for certain new groups (e.g. remands and MCOSOs). However, healthcare were confident there was enough admin capacity to manage appointments slots, but accepted there could be fine tuning once enablement issues had been addressed.

> *"We both <two GPs> have 100 men on each of our waiting lists now. These men have not yet been given an appointment." (GP)*

On 4 June the waiting list had reached 430 men, with average waiting times of between nine and 12 weeks to access the GP for routine appointments.

All GP sessions have been run normally, however the occupancy of clinics is reportedly low due to patients not being escorted into healthcare, as opposed to insufficient resources.

> *"The patients due for morning clinic end up getting pushed back into the afternoon creating a knock-on effect for afternoon and evening clinics thereafter." (Head of Healthcare)*

3.4.3 Out of Hours Cover

HMP Berwyn, since the time of the last HSCNA, now has 24-hour healthcare. Reception can be busy late into the night with late arrivals from court.

Out of hours GP cover is offered via The Gables. This is generally telephone advice for the overnight nurses. Interestingly the lead GP noted that calls to the out of hours line had increased since 24 nursing cover had been in place.

> *"We provide an out of hours service to 12 prisons and calls from Berwyn account for about 50% of all calls we receive to the line!" (GP)*

There is never a need for a GP to attend out of hours, the nature of calls are generally for advice.

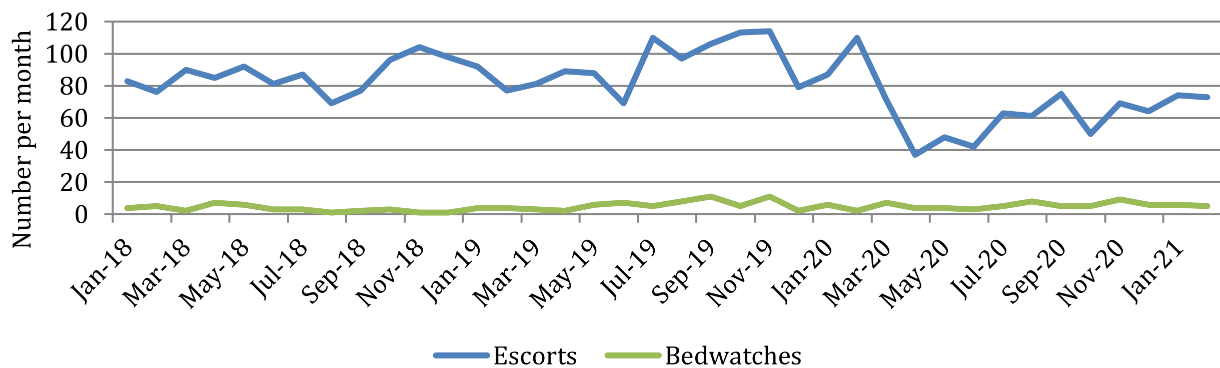
3.5 Secondary Care

3.5.1 Escorts and Bedwatches

As part of the development of HMP Berwyn there was always an understanding that, as far as possible, healthcare would provide resources 'on site' to reduce demand on community services given the large-scale population served by the establishment. The rate of escorts from HMP Berwyn to hospital continues to be lower than the rate seen in other comparator prisons.

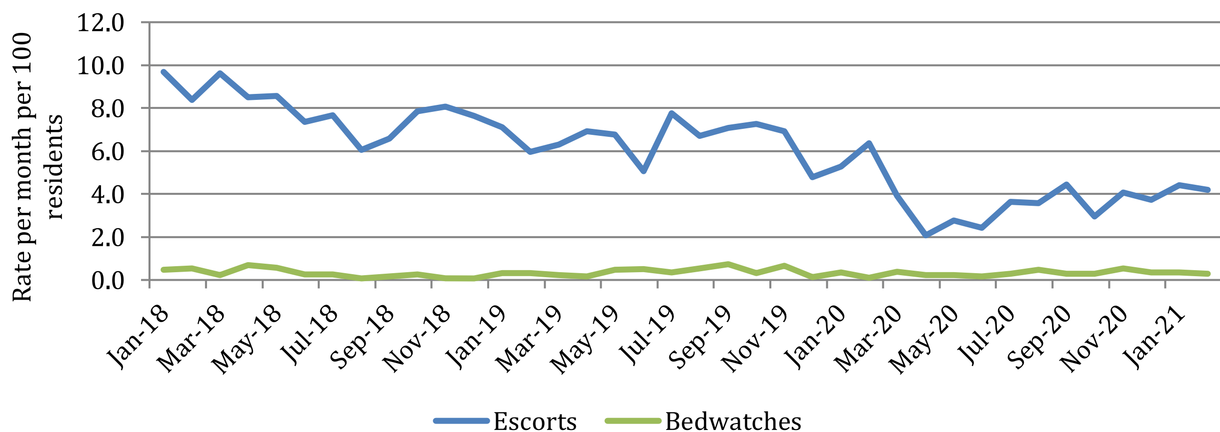
Data provided by healthcare described a dramatic reduction in the numbers of escorts in March and April 2020, and a gradual increase in the following months; this reflects anecdotal reports of what happened across the whole of society during the pandemic. During 2019/20, there were an average of 94 escorts reported per month; from April 2020 onwards this dropped to 60 (the average number of bedwatches remained more consistent at six per month).

Figure 28 – Escorts and Bedwatches (data supplied by healthcare)



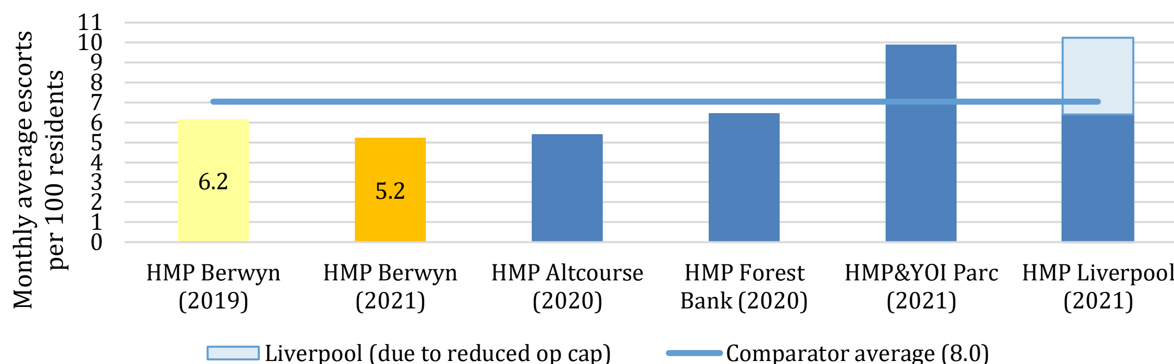
The below shows the same data but standardised per 100 residents to take account of the population growth.

Figure 29 – Escorts and Bedwatches (standardised data)



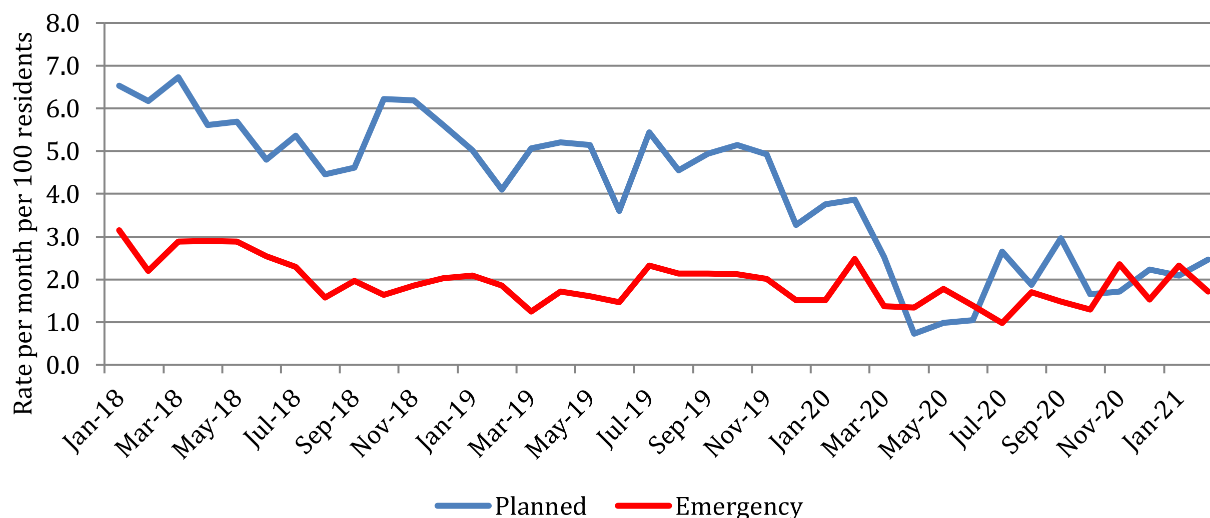
An average of 94 escorts per month (taking the pre-Covid-19, 2019/20 average as an indication of likely 'normal' activity) means that HMP Berwyn has a relatively low rate of escorts per 100 residents compared to the other prisons detailed below. Note that the relative level of escorts at HMP Liverpool is currently unusually high due to a reduced op cap (the additional escort input resulting from this is indicated by the lighter section of the column).

Figure 30 – Escorts per Month per 100 Residents Comparison



In 2019/20, 70% of escorts were for planned appointments, and 30% were for emergencies. In 2020/21 (up to February), however, 47% of appointments were for emergencies. As can be seen from the chart below, the sharp drop in escorts coinciding with the first national lockdown in March and April 2020 was almost entirely in planned appointments, with little change in monthly numbers of emergency hospital visits. The below data is standardised to account for the population growth in the same time period.

Figure 31 – Planned and Emergency Escorts (data provided by healthcare)



The below considers planned and unplanned escorts over time in HMP Berwyn as a rate (standardised to take account of the ramping up of the population over the last three years). As can be seen below there has been a sharp fall in planned escorts during the Covid-19 pandemic as we would expect but also a reduction in unplanned escorts:

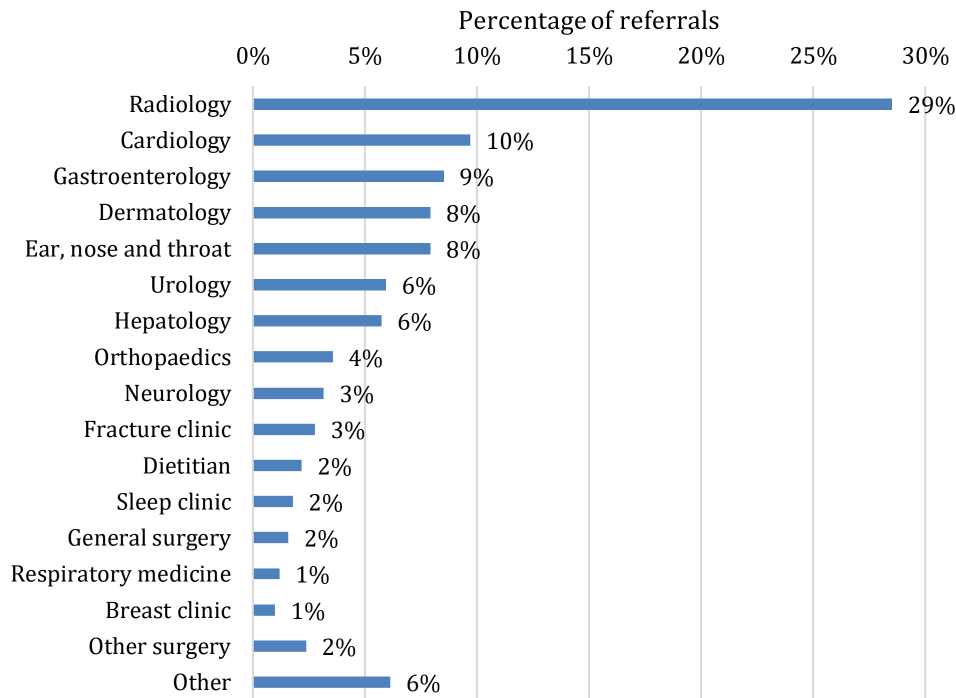
Figure 32 – Comparison of Planned/Unplanned Escorts over Three Years

Year	Average population in year (reported by MOJ)[30]	Average planned escorts per month	Monthly rate of planned escorts per 100 residents	Average unplanned escorts per month	Monthly rate of unplanned escorts per 100 residents
2018/19	1171	62	5.3	24	2.1
2019/20	1530	66	4.3	29	1.9
2020/21	1719	32	1.8	28	1.6

[30] MOJ (2020) Prison population figures. 'Population' from Monthly Population Bulletins. [Accessed 11/05/21]

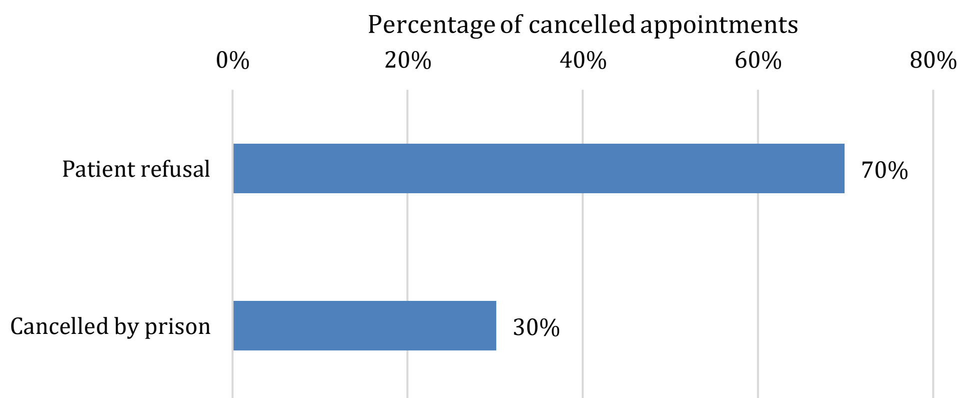
The chart below shows the percentages of referrals over a recent two years (2019/20 and 2020/21) that were to different hospital departments. Radiology was the most commonly visited department, followed by cardiology and gastroenterology.

Figure 33 – Referrals to Hospital Departments (Healthcare data)



Data provided by healthcare showed a total of 83 hospital appointments cancelled during the most recent available 12 months (March 2020 to February 2021). Most (70%) of these cancelled appointments were due to patient refusal. Unusually, none were reported as cancelled by the hospital departments the patient was due to attend (in other establishments, these have made up the majority of cancellations during the Covid-19 pandemic, as a result of lockdown restrictions).

Figure 34 – Hospital Appointments Cancellation Reasons (data provided by healthcare)

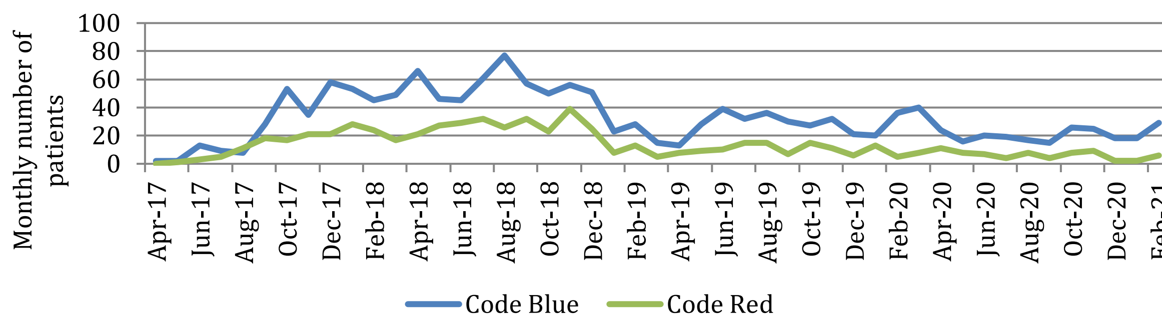


3.5.2 Emergency Calls/Codes

SystmOne data indicates that during 2019/20, records showed an average of 27 code blues, and 10 code reds, per month – this reduced slightly in 2020/21 (up to February) to 21 code

blues and six code reds per month on average. BCUHB's monthly Quality, Safety and Performance reporting showed 16 code blues and 13 code reds recorded in March 2021.

Figure 35 – Code Red/Blue Emergency Healthcare Calls (SystmOne data)



The new paramedics, starting June 2021, will be the first responders to codes, which should free up capacity within the primary care team. It is anticipated that the paramedics will also do other non-urgent duties (e.g. reception screening, wound care clinics etc) in between attending codes.

> *"I expect we will see a reduction in urgent escorts to hospital after the paramedics start in post." (Primary Care Lead)*

3.6 Oral Health

The Part B Report explores dental care need. Interviewees confirmed the evidence base, reporting the need amongst residents in HMP Berwyn to be particularly high.

Waiting times for dentistry, pre the Covid-19 pandemic was already high (six to eight months) and subject to some scrutiny.

> *"Dentistry is not so much about the number of patients on your books, it's about how stable that population is. In Berwyn, because of the long population ramp-up' we've had a constantly changing population which has been a challenge." (Dentist)*

Again, prior to the pandemic, external scrutiny noticed the unacceptably long waiting times (HMIP):

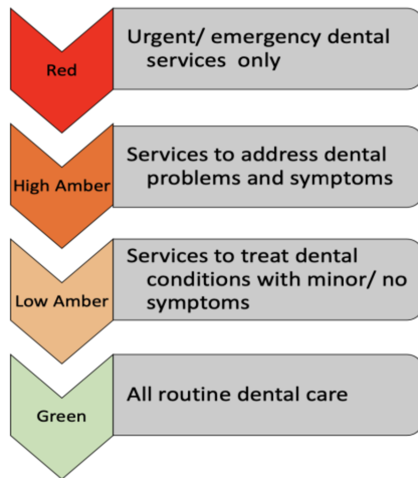
> *The quality of dental care was good but the 42-week waiting time for routine care was excessive.*

The Covid-19 pandemic has further exacerbated the above and the service has been seeing only emergency and urgent patients:

> *"About 90% of dentistry is AGPs <aerosol generated procedures>. Because of Covid 90% of what we do got suspended for the most part of a year." (Dentist)*

The chief dental officer, in response to the Covid-19 pandemic, published the Wales De-escalation Pandemic Plan for Dentistry, which relates to community settings. The purpose of this is to ensure a risk-based approach to continuing dental care safely. Wales was in the 'red' phase initially and had moved to high amber in February 2021. At the time of writing (May 2021) Wales was in low amber.

Figure 36 – Dentistry De-escalation Plan (Wales)

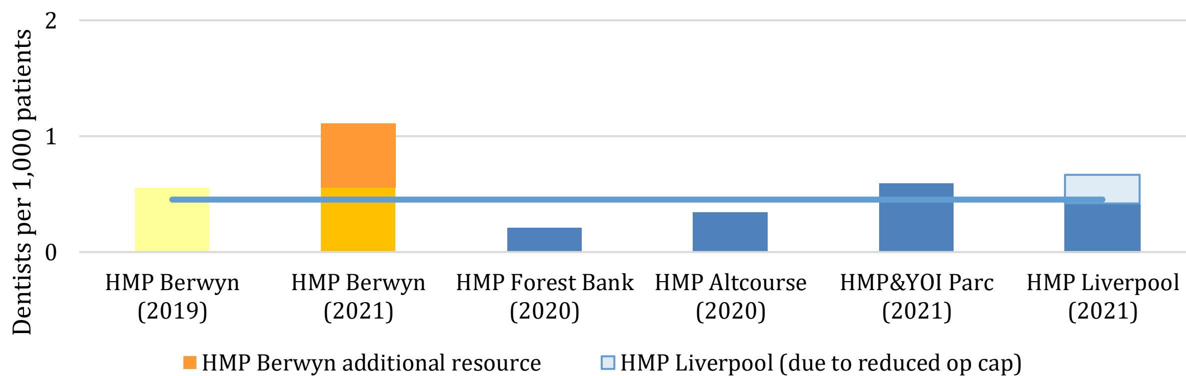


AGPs are now being re-introduced in HMP Berwyn but only for cases which are urgent. This is due to the extra time and resource needed for deep cleaning, decontamination etc. between each procedure, even with the good level of airflow in the dental suite in HMP Berwyn.

There are ten dental sessions per week provided by a dentist. In addition, there are ten sessions from the hygienist and eight sessions from a dental therapist. Services are provided in the purpose-built dental facility which includes two dental suites, albeit only one is currently in use.

The chart below shows the level of dental cover in HMP Berwyn compared to other similar prisons (dentists per 1,000 patients; this does not include therapist or hygienist provision). Cover at HMP Berwyn is above average relative to comparator prisons. As noted previously, the staffing level at HMP Liverpool is currently unusually high due to a reduced op cap (the additional staffing resulting from this is indicated by the lighter section of the column).

Figure 37 – Dentist Cover Comparison (dentists per 1,000 patients)



What is not evident in the above is the huge workforce challenges that have been experienced by the dental service, particularly through the Covid-19 pandemic where key staff have been shielding/isolating or on long-term leave. Replacing these staff has proved challenging, albeit there is hope that, from June 2021, there should be more stability of the staff team.

> *"Our capacity on paper has always been enough, and we do have two dental suites available, but we are only using one as we don't have the full staff complement." (Dentist)*

The routine waiting list currently includes 668 men (reduced from just over 700 two months ago) and the longest wait is 19 months. The average waiting time recorded on SystmOne

stands at 430 days. This is the longest dental wait time we have seen in any prison HSCNA and, for a large proportion of residents, is a longer wait time than their stay in HMP Berwyn.

Some progress, as of this month, is starting to be made into the routine work, including extractions, denture work and non-permanent fillings (which do not require AGP), albeit the huge demand for urgent care (where there is now also a 4-5 week wait) absorbs the vast majority of dental time available.

It was also acknowledged that the absence of availability of lateral flow tests for prisoners was slowing down the ability of the service to return to 'normal' operation. There is, however, sign-off for the introduction of a 9-month WTE dentist to augment capacity to deal with the Covid-19 backlog.

The latest focus group with the Health & Wellbeing mentors (receiving questions from patients) also revealed common frustrations:

> *"Any idea of when the dentist will be back open? I have lost my front tooth and don't even want to get out of jail without a new one, its embarrassing, ive <sic> been waiting nearly a year now?"*

> *"I have been waiting for the dentist for over 6 months and im <sic> suffering from regular tooth ache and bad breath my tooth is chipped and cracked and hurts when I eat"*

> *"hiya ive bin <sic> waiting months for my teeth to be done when the dentist is back up n running <sic> - would there be any chance of getting inplants <sic> if paid for? As my teeth are getting bad n its <sic> making me really depressed. Thanks."*

There is an impact of the above on primary care:

> *"We get lots of calls for dental pain and we tend to give paracetamol on PGD." (Lead Nurse)*

It is likely that, even with the additional capacity, it will take some time to meet the oral health needs of residents, given the backlog and the low turnover rate of the establishment. There is currently no preventative role within the service, which could in the longer-term help meet needs at an earlier point. This was introduced in response to the previous HNA (including toothbrush exchange schemes etc.) but has since ceased.

Recommendation Five – Consideration should be given to reinstating the oral health promotion post within dentistry to provide advice and guidance and support the wider service.

3.7 Optometry

The Prison Opticians Trust provides services into HMP Berwyn, the service appears to have met need before Covid-19 but following the first lockdown there has reportedly initially been no provision at all and then, latterly, limited cover. A waiting list has now accrued (42 days).

Note that dependent upon the optician, retinal screening can form part of this service. As explained in Chapter Four residents with diabetes require annual retinal checks. Currently the national Welsh specialist service visits every nine to twelve months. Under normal circumstances this should meet need, however, as the service has not visited during the

pandemic for a period of 12 months, there is now unmet need and patients who will be overdue.

Recommendation Six – Retinal Screening sessions should be established without delay to meet the needs of patients who have not benefitted from this service during the pandemic.

3.8 Pharmacy and Medicines Management

Reconciliation of prescribed medication is deliberately a key component of the healthcare service in HMP Berwyn. There is a robust medicines optimisation framework with all new receptions (including transfers) for reconciliation of medication:

> *"In most cases prisoners arrive here and they have been over medicated. We deal with this from the first day." (GP)*

Whilst outside the scope of this report, A research paper has been produced since the last HSCNA which covers the process and short-term outcomes for prisoners subject to this meds reconciliation process.[31]

> *About 1941 sentenced men arrived at HMP Berwyn between February 2017 and November 2018. Nearly one-third (634, 33%) were on a prescribed psychoactive medication. Seventy-five percent of these (474/634) required a prescription change due to appropriateness or safety concerns. Nearly half (295, 46.5%) received changes at reception despite having already undergone medicines reconciliation at their previous prison.*

Stakeholders, during interview, continued to express some disquiet about the "de-prescribing" regime, albeit there appeared less 'noise' around this than was the case at the time of the last HSCNA, likely as a result of improved communication with residents.

Specifically in terms of pharmacy, the HMIP report concluded:

> *The pharmacy provision was developed. The robust medicines management process was clinically sound, but it was unpopular with some prisoners.*

The prison benefits from an onsite dispensing pharmacy. The current resourcing of the service is listed below:

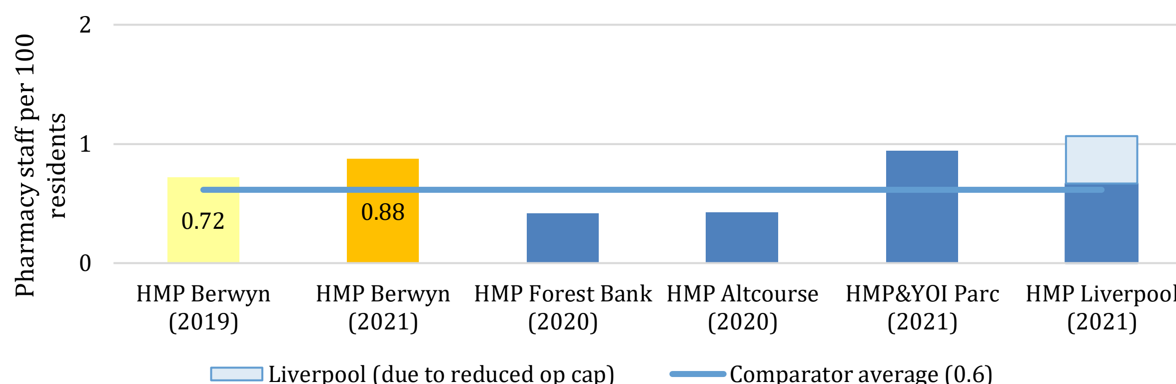
Figure 38 – Pharmacy Staffing Team HMP Berwyn

Role	Band	Full-time equivalents	Comments
Lead Pharmacist	8	1	
Senor Clinical Pharmacist	8	1	
Pharmacist	7	1	1 vacancy (covered by locum)
Chief Pharmacy Technician	7	1	
Pharmacy Technicians	5	6.8	Accuracy checking technicians
Pharmacy Technicians	5	1	12-month temp contracts. Both vacant, one maternity cover
Pharmacy Technicians	4	2	Non-accuracy checking technicians
Pharmacy Assistants	2	2	Dispensing

[31] Bebbington, Lawson, Nafees, Robinson and Poole (2020) 'Evaluation of a framework for safe and effective prescribing of psycho active medications in a UK prison' ; Crim Behaviour and Mental Health (Wiley online library) 2020;1-12

The chart below shows the ratio of pharmacy staff per 100 residents for HMP Berwyn and comparator prisons for which this data was available. Provision at HMP Berwyn continues to be well-resourced compared to other similar prisons. Note that resourcing in HMP Liverpool is artificially high due to the op cap reducing by 50% (the additional staffing resulting from this is indicated by the lighter section of the column) and also note that in HMP Parc, three quarters of all meds administration is undertaken by pharmacy techs, hence resourcing.

Figure 39 – Pharmacy Staffing Ratio



Despite the above, the pharmacy team report feeling very stretched, particularly since the ramp up of the population.

> *"Some of the new population now includes MCOSOs and many of them have multiple items of medication. They often have long-term conditions and it generally feels like there is more need now. Ideally we would be doing blister packs to help some of these elderly men with taking their medication but it's not something we have had the capacity to introduce." (Lead Pharmacist)*

Like all staff teams, the pandemic has created staffing challenges for the service as a consequence of staff self-isolating, staff on sick etc. It is reported that this situation is now more stable.

The latest HMIP inspection reported noted the inclusion of the pharmacy team in reception as an area of good practice:

> *The presence of a member of the pharmacy team in reception enabled prompt medicines reconciliation and easy access to medicines information for new arrivals.*

However, due to the Covid-19 pandemic this had to be stripped back due to the need to focus on the key service (i.e. dispensing) which was already at risk due to staff absence.

> *"We recognise this is a really important service to provide and it can really prevent problems further down the line ensuring people have their right meds when they arrive – but we have to balance this against other priorities like the bread and butter work of the dispensing which needs to be maintained at all costs." (Lead Pharmacist)*

Pharmacy technicians (Band 5 trained as accuracy checking technicians) are now back in reception three days a week wherever possible.

The pharmacy team are attempting to do medicines-use reviews as a clinic within healthcare, though this is resource intensive (around 30 mins needed per patient) and is subsequently more limited than staff would like it to be. By way of an example, there were just three such reviews performed last month.

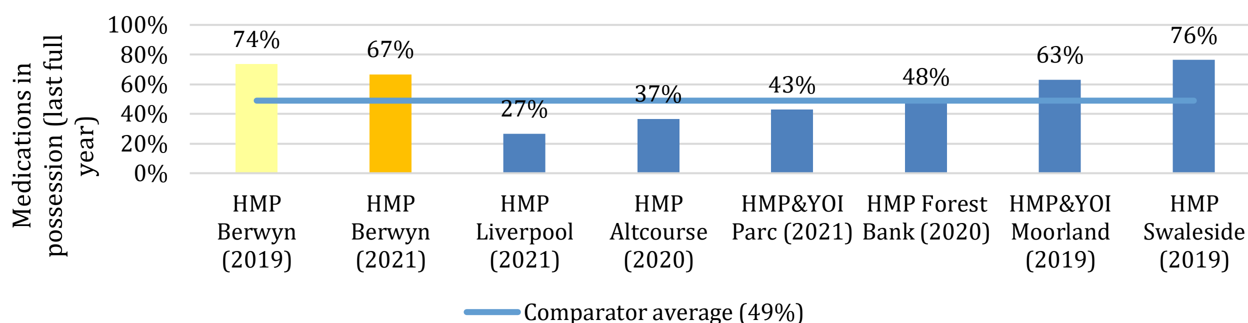
Recommendation Seven – Linked with the medicines optimisation policy which is now well established in HMP Berwyn, the pharmacy team should develop regular clinics for medicines reviews.

3.8.1 In-Possession Medication

SystmOne data indicates that 86% of residents at our snapshot in March 2021 had an IP risk assessment on record. This is a little lower than comparators, with 94%-100% of residents at comparator prisons having an assessment on record.

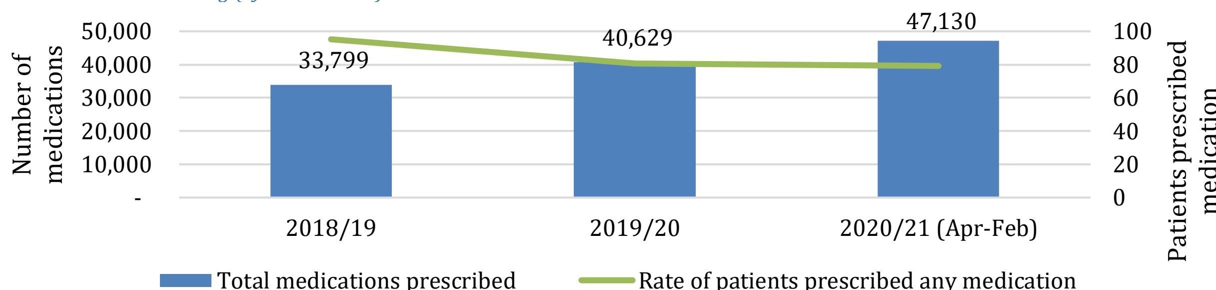
The actual rate of IP prescribing during 2019/20 was 67% according to SystmOne data; this changed very little in the last year (67% in 2020/21 to February) although it had reduced a little from the reported 74% in 2019, almost certainly due to the small remand population, largely unsuitable for IP medication. The rate of IP medication is higher than comparators and should, theoretically, reduce the burden on daily meds administration.

Figure 40 – Medication Prescribed In-Possession (SystmOne data)



Prescribing data from SystmOne shows an increase in the numbers of medications prescribed (prescriptions issued) in 2020/21 compared to previous years; this may be at least partly due to the increasing population. The *rate* of residents receiving any medication appears to have slightly declined.

Figure 41 – Total Prescribing (SystmOne data)



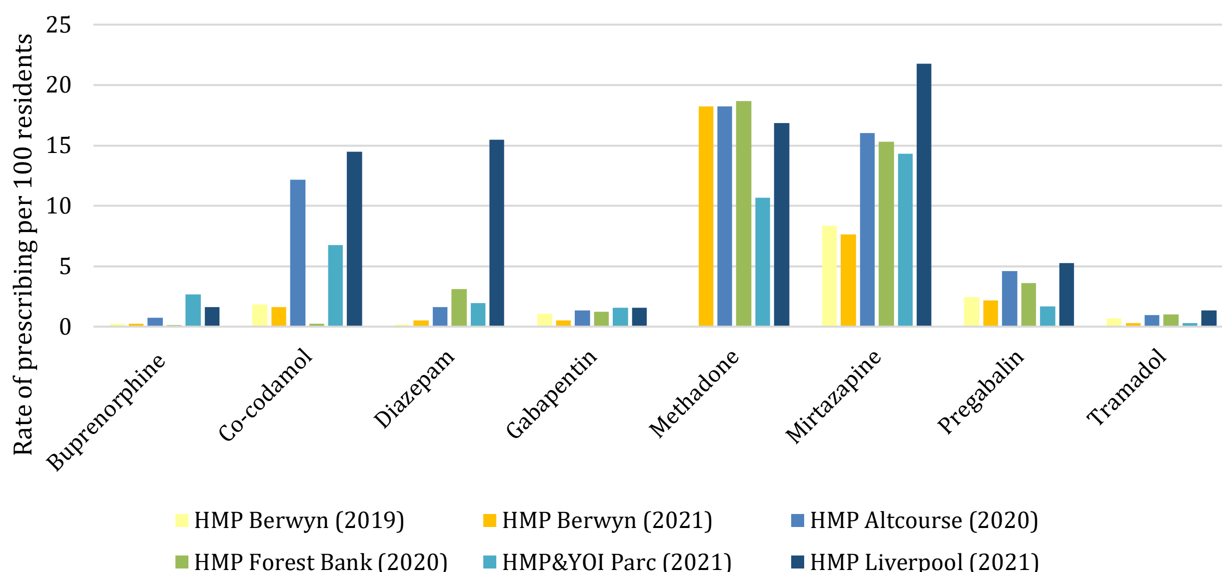
3.8.2 Tradable Medication

> *"We have a robust approach to tradable meds here and we are always trying to get the rates right down. As well as our IP policy, our pharmacy techs on reception help us keep an ear to the ground in terms of what's coming in. We also get information form the prison MDT process which we check against our records then update SystmOne so primary care are kept in the loop." (Lead Pharmacist)*

For context, the chart below compares the prescribing rate for 2019/20 against recent prescribing rates of potentially tradable medications in similar prisons for which this data

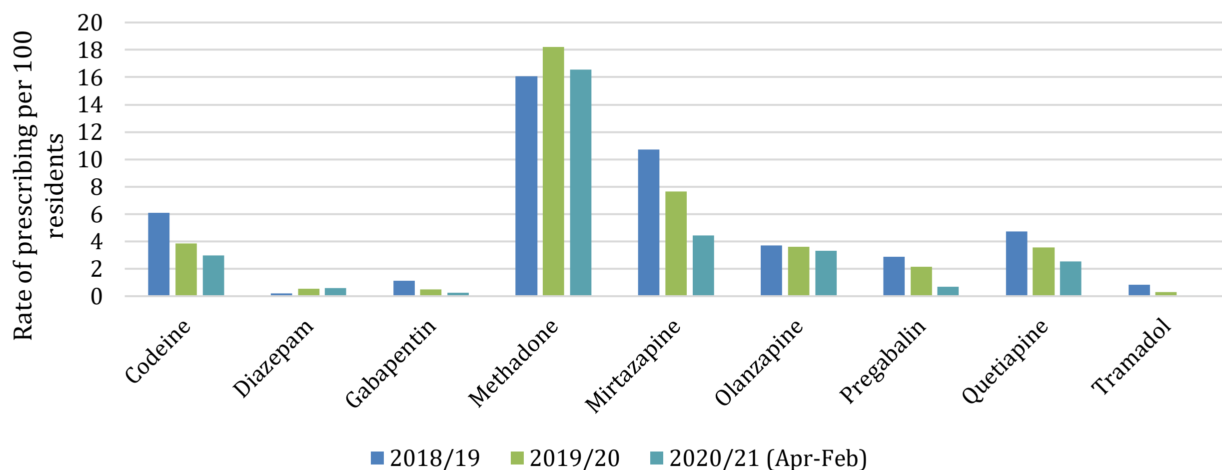
was available. HMP Berwyn appears to have a low prescribing rate of most such medications (note the rate of methadone prescribing was not available from the last HSCNA for comparison).

Figure 42 – Tradable Medications Comparison



Despite already being at a minimal rate at the time of the last HSCNA, SystmOne shows a general reduction in the rate of residents prescribed several potentially tradable medications, though the prescribing rates of methadone has changed little:

Figure 43 – Rate of Prescribing of Tradable Medications (SystmOne data)[32]



SystmOne data indicates that 22% of residents spending time in HMP Berwyn during 2020/21 (to February) had been prescribed paracetamol, and 15% had been prescribed ibuprofen (note this will not include patients given these medicines without a prescription).

Despite the low level of prescribing of tradable medication there is no pain management pathway for residents in HMP Berwyn. It is accepted that whilst drug seeking behaviour is common amongst prisoners, there is a cohort of patients in HMP Berwyn who report being in

[32] Note 'buprenorphine' includes Espranor and 'codeine' includes co-codamol.

chronic pain (albeit this does not necessarily need to be treated by means of pharmacological interventions).

Stakeholders reported that there are cohorts of residents who experience chronic pain often mixed with depression and anxiety.

> *"There should be some re-education around chronic pain." (GP)*

Recommendation Eight – There should be a pain management pathway in place, ideally taking a very holistic view of pain management (MDT process) including focus on associated mood disorders.

3.8.3 Medicines Administration

Medicines are administered from the administration points in each of the three house blocks on a daily schedule as follows:

Figure 44 – Overview of Meds Administration Timetable

Morning Administration (NIP)	7:15-8:15	Delivered by Primary Care Team
Controlled Drugs	8:15-9:30	Delivered by Primary Care Team
In-Possession Meds	11:30-12:15	Delivered by Pharmacy Team
Evening Administration (NIP) plus any urgent meds from the day	16:30-17:30	Delivered by Primary Care Team

In practice, however, most mornings medications run until 11am due to lack of enablement.

Note that, unlike the process we see in any other establishments, substance misusers who receive their opiate substitution medication each morning (8:15 am slot) also have to attend separately to receive any other medication, thus a large proportion of residents effectively queue in two different systems.

The morning meds administration process is typically almost four hours, by far the longest we have seen in any establishment. This is despite the fact that an above-average proportion of the residents in Berwyn receive their medication in-possession.

Medication is delivered by the pharmacy to each of the three houses in advance of the medication rounds. Urgent medication is delivered prior to the end of evening administrations.

Healthcare cited challenges in terms of not always getting officer support for meds administrations. Prison stakeholders noted that meds administration times did not streamline as effectively with the prison (working) regime as it could.

Recommendation Nine – There should be a full review of the current meds administration process in HMP Berwyn, ideally taking reference from some other large-scale prisons to look at number of hatches, streamlining of medication, time taken to issue medication, resources used (pharmacy techs versus primary care nurses) etc.

Homely remedies continue to be available, managed by the primary care team. A recent addition to the Homely Remedies list is Nyxoid (naloxone to prevent overdose). This involves the training of prisoners with the substance misuse nurse prior to release and then nurses prescribing off the homely remedies list for release. SystmOne data shows that in 2020/2021

(when this was introduced) there were 99 instances of Nyxoid dispensing for a total of 85 patients.

3.8.4 To Take Out Medication (TTO)

All prisoners are issued with TTO medication. This is processed by the pharmacy team the day before release as residents are often released early in the morning.

It was noted that recently, several DATIX (incident reports) have been raised following the absence of some medication going with residents transferring to other prisons. This is currently being investigated by the lead pharmacist.

3.9 Chapter Summary

- Healthcare in HMP Berwyn is 24/7 (a change since the last HSCNA). There is no in-patient facility.
- Patient perspectives on healthcare have changed since the last HSCNA with fewer reporting healthcare as good or excellent and more reporting healthcare being 'bad'. The overwhelming frustration reported in the survey was access. 55% of survey respondents said they were unable to get to their healthcare appointments due to the prison regime/lack of escorts. See Recommendation.
- There has been a review of the healthcare team since the last HNA which is still a work in progress. The primary care team now sits independently of mental health and substance misuse. The resourcing for the team is in line with comparator prisons and the primary care team have not struggled with the same extent of staff vacancies as the substance misuse and mental health team have.
- Unusually, new arrivals in HMP Berwyn only have a single healthcare reception screen (with the exception of remands who also get a telephone screen on their second day). Subsequently some health needs are unmet. Given the enablement issues previously identified, doing more robust health screening as part of the reception process would likely better identify unmet need. See Recommendation.
- GP provision is sub-contracted to the Gables. Resourcing per 100 men is slightly higher than comparator prisons, however the role of the GP in HMP Berwyn is far more central than seen in many other prisons, particularly given the medicines optimisation policy. Sessions have all been run, however, due to poor enablement, patients have not been escorted to sessions resulting in resource wastage. Subsequently, the waiting time to see a GP (routine appointments) has increased to 9-12 weeks with 430 men currently waiting to be allocated a GP appointment. There is potential for more robust administration of GP appointment slots.
- The rate of hospital escorts for planned care continues to be lower in HMP Berwyn than in comparator prisons, given there is a wide range of secondary care services on site. The Covid-19 pandemic has, in HMP Berwyn, like every other prison impacted on the number of external appointments and as a consequence of this there will likely be some longer-term unmet need. The new paramedic posts within healthcare will almost certainly reduce the need for emergency hospital escorts further.
- There are significant problems with meeting the oral health needs of residents in HMP Berwyn due to very long dental waiting times. The waiting times were already long prior to the pandemic and have become further exacerbated. This is having a knock-on effect with primary care who are dealing with patients reporting dental pain. A plan has recently been approved to double the dentist resource. With effective enablement this should go a long way to getting on top of the unmet need.
- There is currently no oral health promotion work undertaken in HMP Berwyn. Given the low turnover rate and the average length of stay, re-introducing this would, in the long-term, alleviate some pressure from the dentist. See Recommendation.

- A higher-than-average proportion of medication (67%) in HMP Berwyn is in-possession, which should, in theory reduce the burden of medicines administration. Despite this, morning meds reportedly takes around four to five hours, impacting on both the running of the prison regime and also taking significant resources from healthcare. The current meds administration process requires a full review. **See Recommendation.**
- The staffing of the pharmacy team in HMP Berwyn is generous in comparison to comparator prisons. Despite this, the majority of meds administration is run by the primary care team and there has been no resource available to perform functions such as medicines reviews. **See Recommendation.**
- Whilst the actual number of prescriptions issued has increased since the time of the last HSCNA, so has the population. The *rate* of patients prescribed medication has actually slightly decreased.
- Tradable medication continues to be the lowest we have seen in line with the medicines optimisation policy. Despite this there is no pain pathway in place. **See Recommendation.**
- There are a cohort of residents in HMP Berwyn who are in chronic pain, yet there is no pain pathway in place. **See Recommendation.**
- As identified in Section 3.8 there is a deliberately robust prescribing regime in HMP Berwyn with more limited access to pain-relieving medication than is typically seen in other establishments. It is noted that this regime is not accompanied by a pain management pathway. In order to ensure the needs of residents in chronic pain are met, particularly in the absence of pharmacological interventions the development of such a pathway should be addressed. **See Recommendation.**

Chapter Four – Physical Health

4.1 Long-Term and Chronic Conditions (LTCs)

Throughout this chapter, we have estimated the expected prevalence for each condition specifically for HMP Berwyn, weighted for the age profile of the current prison population. The Part B Report includes more general background context, prevalence estimates and commentary on methodology including age-weighted estimates. Where possible, the estimates are specifically for prison (and in some cases male prison) populations. These are generally UK studies but do not take account of local nuances in Wales. Where information exists, each section in this chapter comments on the community profile for Wales.

We have compared this to the numbers of residents reported by SystmOne as being on the Quality and Outcomes Framework (QOF) register (indicating a current diagnosis of an 'active' condition) for each condition.

We have also noted the historical prevalence of the same conditions where possible, for the period October 2019 to March 2020 (based on the average number of residents on the QOF register during this time and the average population of the prison as reported by the MOJ),[33] as a benchmark to gauge whether current identification may have been impacted by the Covid-19 pandemic. Due to recent changes in the QOF register it was not possible to provide this information for asthma or COPD.

As an overview, there is a strong correlation between LTCs and both increasing age and social inequalities. As noted in Chapter Two, the age profile in HMP Berwyn is dissimilar to the national average for residents, in that there are more under 21–49-year-olds and fewer over 50-year-olds.

In wider society, compared to the highest social class, those in the lowest social class have a 60% higher prevalence of LTCs and a 30% higher severity of conditions.[34] Typically, disproportionate numbers of prison residents are drawn from the most deprived areas.

4.2 Comorbidity

The recorded prevalence of comorbid physical health conditions at HMP Berwyn is below the average across comparator prisons and the proportion has decreased since the time of the previous HSCNA. We define this as the proportion of residents recorded on SystmOne as having two or more long-term physical health conditions.[35]

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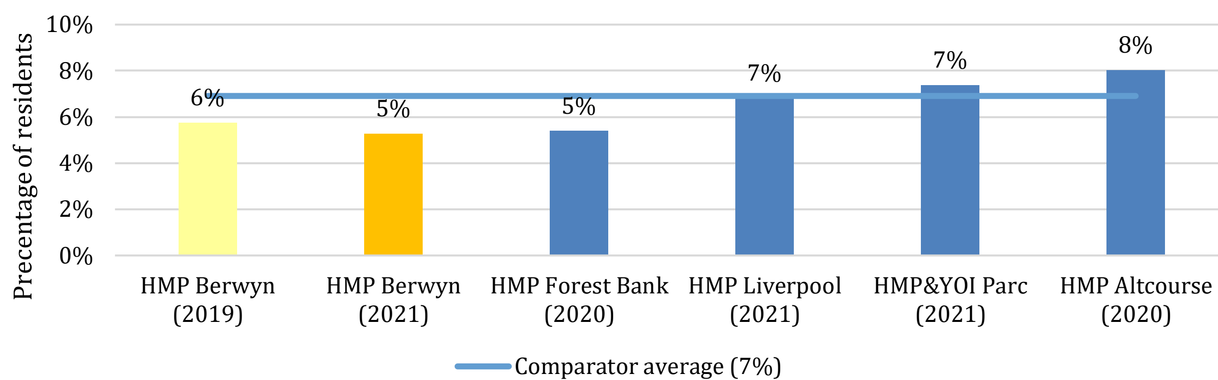
[33] The average of MOJ (2020) Prison population figures. 'Population' from Monthly Population Bulletins. [Accessed 18/3/21].

[34] Department of Health (2012) Long-term conditions compendium of information: 3rd edition. [Accessed 18/3/21].

[35] Conditions included are asthma, COPD, CHD, hypertension, diabetes, epilepsy, and sickle cell anaemia.

Figure 45 – Comorbidity Comparison (two or more long-term physical health conditions)



Given the socio-demographic profile of the local communities from which HMP Berwyn residents are drawn, we would expect that we might see a higher-than-average prevalence of co-morbidity. This suggests possible under-identification and unmet need.

4.3 Asthma

Asthma prevalence in Wales is reported to be one of the highest in the world. Asthma UK Cymru findings suggest there are 260,000 people living with asthma in Wales, 205,000 adults and 55,000 children, which equates to one in 10 children and one in 12 adults currently being treated for doctor diagnosed asthma.

Findings of the Welsh Health Survey (2009) state that 13% of adults reported that they were currently being treated for a respiratory disease which includes asthma. In Wales, in adults there are 4,000 hospital admissions for asthma, a rate which is nearly 30% higher than the rest of the UK and 75% of these admissions could have been avoided.

Asthma deaths in Wales are more common than anywhere else in the UK.[36]

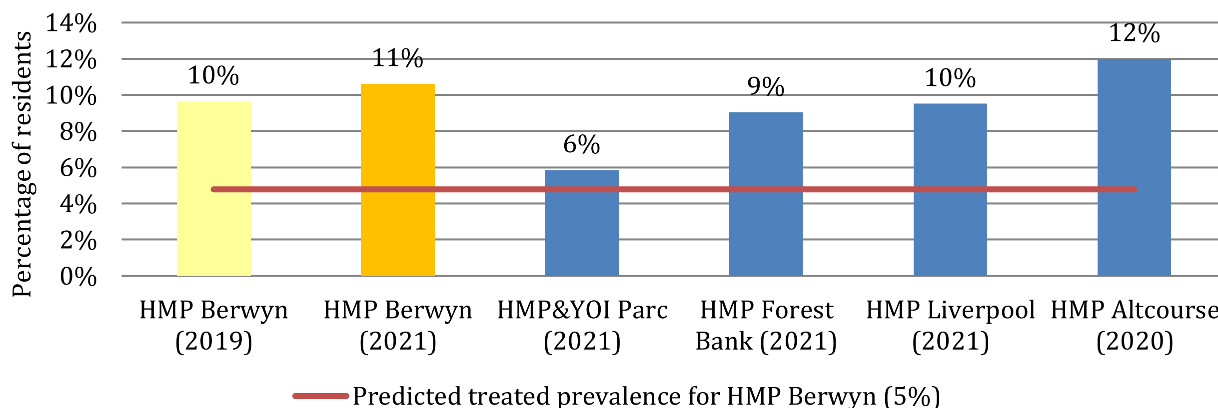
The Part B Report includes more general background context, prevalence estimates and commentary on methodology.

Based on the age-related prevalence of asthma and the current snapshot population, we would expect to see 204 residents (12%) diagnosed with asthma and 82 residents (5%) treated. This will be a conservative estimate as it does not take account of the higher prevalence of asthma in Wales than the England and Wales average (noted above). The diagnosed rate is greater than expected, with 323 residents (19%) having a recorded diagnosis and the treated rate is also higher than predicted with 183 residents (11%) on the Quality and Outcomes Framework (QOF) register as being currently treated.

The rate in HMP Berwyn for treated asthma is higher than predicted, has increased since the time of the previous HSCNA and is higher than most of our comparator prisons.

[36] NHS Wales (N.D.) Asthma. [Accessed 18/12/20].

Figure 46 – Asthma Prevalence Comparison (QOF data)



Due to changes in QOF data, we cannot compare this to the rate of identification pre-Covid-19. The disparity between the diagnosed and treated numbers is common, and may be due to historical diagnoses which have not been removed from SystmOne.

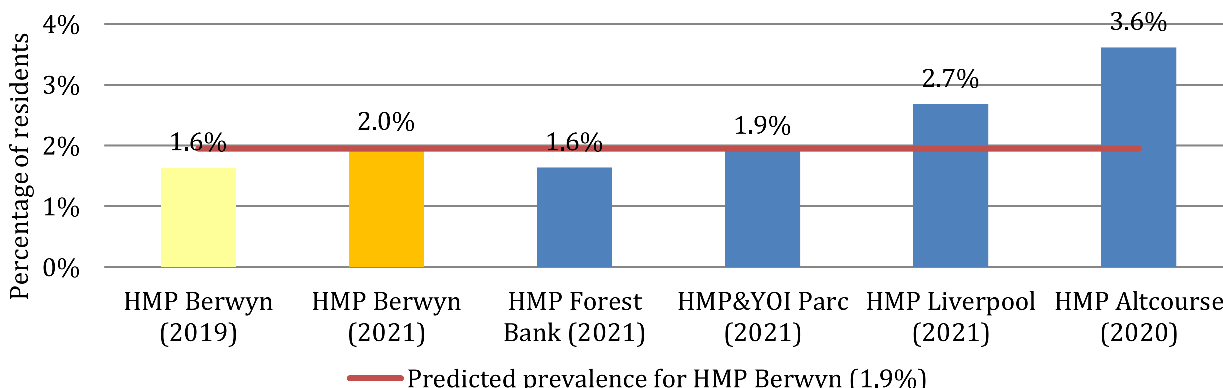
4.4 Chronic Obstructive Pulmonary Disease (COPD)

In Wales, the observed prevalence of COPD is similar to that of the whole of the UK, though rates of hospital admissions and mortality due to COPD are higher than the UK average.[37]

The Part B Report includes more general background context, prevalence estimates and commentary on methodology.

Based on the age-related prevalence of COPD and the current snapshot population, the predicted estimate for the number of residents in HMP Berwyn identified with COPD was 1.9% (n=34). At the March 2021 snapshot, there were 34 residents with a recorded diagnosis on SystmOne, all of whom were on the QOF register as being treated for the condition. The rate of identified and treated COPD in HMP Berwyn is, however, below average among comparators.

Figure 47 – COPD Prevalence Comparison (QOF data)



Due to changes in QOF data, we cannot compare this to the identified prevalence prior to Covid-19.

[37] British Lung Foundation (2020) Chronic obstructive pulmonary disease (COPD) statistics. [Accessed 18/12/20].

There are no spirometry trained nurses in HMP Berwyn. Diagnosis of COPD would (theoretically) require letters to be sent to the community hospital (and potentially an escort). This results in further unmet need and likely under identification.

Recommendation Ten – HMP Berwyn should have access to appropriately trained and skilled spirometry nursing, ideally 'in house'.

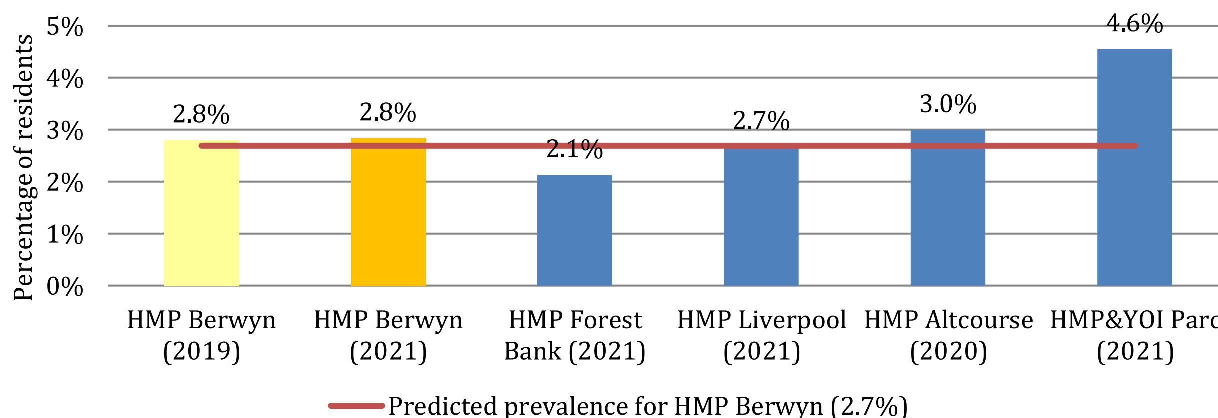
4.5 Diabetes

More than 198,883 people in Wales are living with diabetes. This is 7.6% of the population aged 17 and over - the highest prevalence in the UK - and the numbers are rising every year. Around 90% of these people have type 2 diabetes. Estimates suggest a further 61,501 people in Wales have type 2 diabetes but have not yet been diagnosed. This brings the total number living with diabetes in Wales up to more than 260,000 … This is the most devastating and fastest-growing health crisis Wales is facing.[38]

The Part B Report includes more general background context, prevalence estimates and commentary on methodology.

The rate of diabetes is increasing rapidly in society at large, meaning that we frequently find that actual identified rates exceed predictions. The predicted prevalence of diabetes, based on age-specific prevalence data and the current age profile of residents at HMP Berwyn, is 46 residents (2.7% of the population). The 3.0% identified (n=51) and 2.8% treated (n=49) are similar to the predicted prevalence. The rate of identified and treated diabetes in HMP Berwyn is below average among comparators.

Figure 48 – Diabetes Prevalence Comparison (QOF data)



The identification rate at our snapshot does not appear to have been impacted by the Covid-19 pandemic – during a pre-pandemic and likely more 'normal' period (between October 2019 and March 2020) there was an average of 2.6% on the QOF register.[39]

Note that diabetes is linked with ethnicity and given that white males are overrepresented in HMP Berwyn against the prison estate average, we might anticipate seeing a slightly lower than 'expected' prevalence.

The new dietician post within healthcare will routinely see people diagnosed with diabetes, which is a new development since the last HSCNA.

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38 Diabetes.org (N.D.) Diabetes in Wales. [Accessed 18/12/20].

39 Number on QOF register is based on historical QOF 'How Am I Driving' data; average population is based on MOJ-reported population at the end of each month from monthly Prison population figures. [Accessed 01.05.2021].

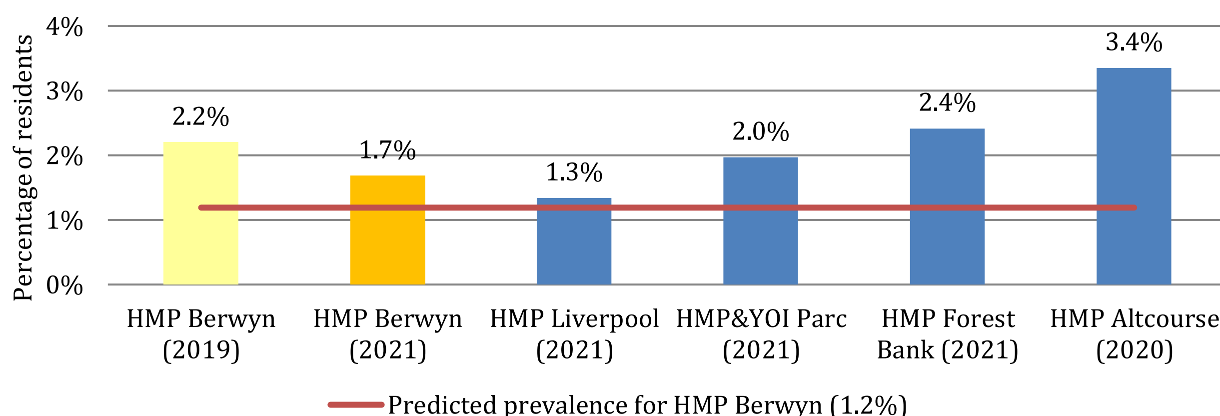
4.6 Epilepsy

The Part B Report includes more general background context, prevalence estimates and commentary on methodology.

Identified rates of epilepsy are higher than the predicted prevalence, with 1.7% of the population (n=29) treated for epilepsy, compared to 1.2% (n=21) predicted. This is, however, lower than the average of 2.3% among comparator establishments.

The figures used refer to those on the QOF register as being prescribed medication for epilepsy and thus should only include cases that have been medically verified (and exclude those who are prescribed anti-seizure medication for unrelated conditions e.g. bi-polar). A higher number of residents (equal to 4.4% of the population) were recorded on SystmOne as having an epilepsy diagnosis (not necessarily current or confirmed).

Figure 49 – Epilepsy Prevalence Comparison (QOF data)



The prevalence at our snapshot seems typical, with an average of 1.9% on the QOF register between October 2019 and March 2020.[40]

4.7 Hypertension and Coronary Heart Disease (CHD)

The Part B Report includes more general background context, prevalence estimates and commentary on methodology.

The local context is that in the general population of Wales, the proportion of men over 16 years of age with high blood pressure was 20%.[41]

The identification rate for hypertension is well below the expected prevalence based on the population age profile – we would expect 244 residents with hypertension (14.2%), while just 75 (4.3%) were recorded as diagnosed on SystmOne, and 70 (4.1%) were on the QOF register as being currently treated. This is also low among comparators, although identification at comparators was also lower than predicted.

HMP Berwyn currently has a hypertension waiting list, although it was noted that there is significant crossover with residents on this list and also cardiac patients.

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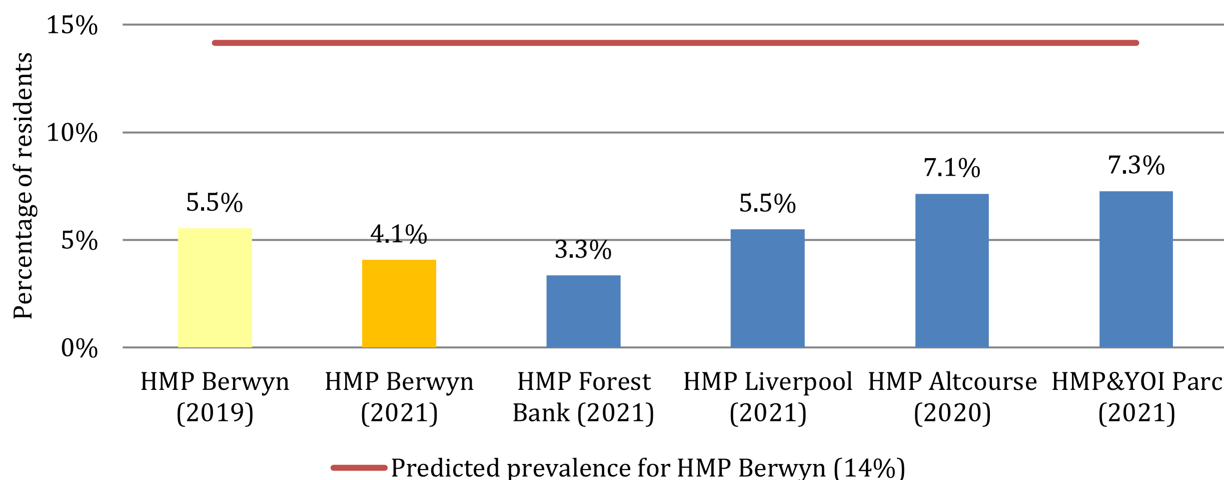
[40] Ibid.

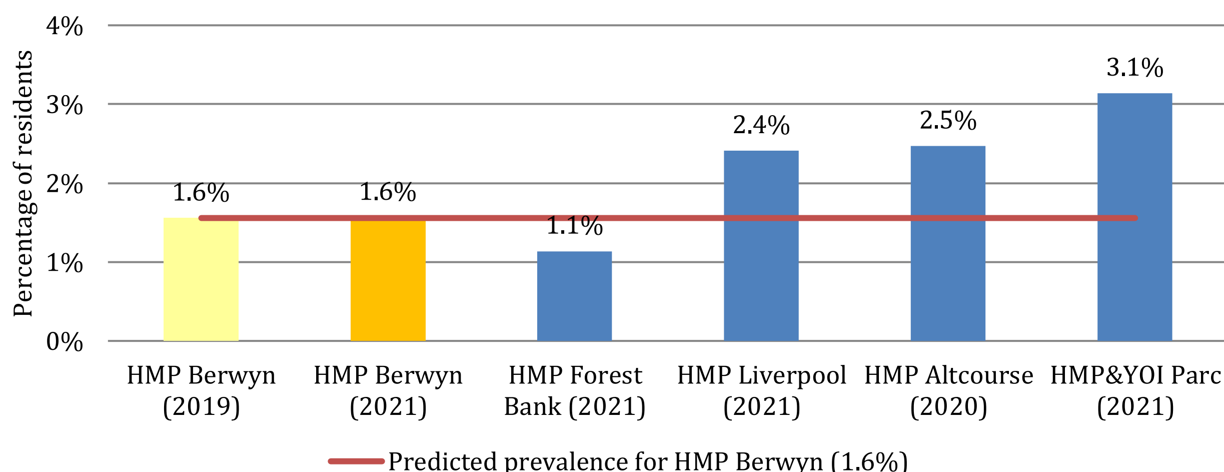
[41] StatsWales (N.D.) Illness by gender and year. [Accessed 18/12/20].

Figure 50 – Hypertension Prevalence Comparison (QOF data)



Identification for CHD was at the predicted rate, with 1.6% of the population (n=28) diagnosed and 1.6% (n=27) treated, compared to the predicted 1.6% (n=27). However, this rate of identification was relatively low among comparators.

Figure 51 – CHD Prevalence Comparison (QOF data)



The prevalence of hypertension at our March snapshot appears to be typical for HMP Berwyn – during a more 'normal' period (between October 2019 and March 2020) an average of 4.3% of the population were recorded as being on the QOF register.[42] For CHD, identification at our snapshot also seemed typical (1.6% between October 2019 and March 2020).

At our March 2021 snapshot, 10 residents were on the stroke and transient ischaemic attack (TIA) QOF register at HMP Berwyn. This likely reflects a met need.

4.8 Cancer

The Part B Report includes more general background context, prevalence estimates and commentary on methodology.

[42] Number on QOF register is based on historical QOF 'How Am I Driving' data; average population is based on MOJ-reported population at the end of each month from monthly Prison population figures. [Accessed 01.05.21].

Identification for cancer is similar to predicted rates with 0.6% (n=10) of the population being treated and a rate of 0.7% (12 men) predicted. The rate of identification was similar (0.9%) during the six months prior to the pandemic (October 2019 to March 2020).

> *"We have had two men here with cancer recently, one with pancreatic cancer and one with bowel cancer." (Primary Care Lead Nurse)*

4.9 Management of LTCs

The GP-led medication review process is described as offering a safety net to ensure the need of residents with long-term conditions are met, primarily as when repeat prescriptions are requested from the GP, there is an opportunity to ensure LTC interventions have been carried out. However, stakeholders reported, during interviews, that the management of long-term conditions was an agreed area for future focus to ensure the needs of residents are met.

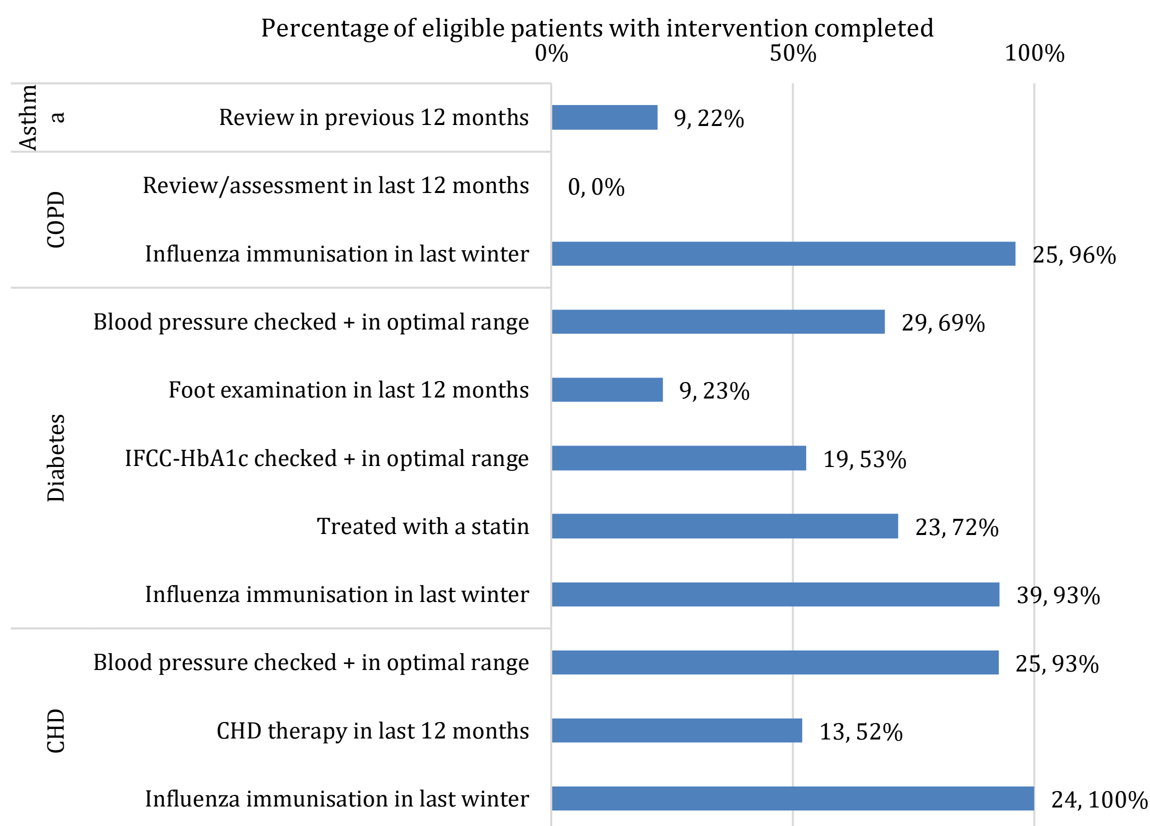
The latest HMIP report noted:

> *At the time of inspection, there were 147 prisoners with long-term conditions. The majority had comprehensive up-to-date care plans, but some patients did not have one at all and some reviews were overdue. The primary care team was aware of this and more nurse-led clinics had been booked to address it.*

Note that the previous HSCNA identified management of LTCs as an area where there is likely unmet need.

The chart below is based on the 'How Am I Driving' QOF report, which states the number of residents eligible for various interventions related to the management of health conditions (such as patient reviews, diabetic foot checks etc.) and then numbers for whom a record of these interventions exist on SystmOne. A selection of relevant indicators is shown for each condition. It should be noted that due to recent changes in QOF reporting nationally, interventions for asthma or COPD that took place prior to the changes (in September 2020) will not be shown, thus numbers of interventions shown for these conditions will be artificially low.

Figure 52 – Eligible Patients with LTC Management Interventions Completed (QOF data)



The above is merely an indicator of likelihood of met need. It does not guarantee quality or appropriates of interventions and some indications can be misleading. By way of an example, a diabetic patient who is also using NPS will almost certainly have sub-optimal Hba1C levels as insulin is often reportedly reduced/taken away from the patient due to the clinical risk associated with insulin in conjunction with illicit new psychoactive substances (NPS) use.

Interviewees accepted that there was some distance to travel to ensure the needs of residents with LTCs were adequately met. Whilst this has been the case for some time, the onset of the pandemic in March 2020 further delayed implementation of more structured and routine LTC management.

Four Band 5 posts are currently being recruited to lead on LTC management, as well as vaccinations. These post holders will work Monday to Friday.

Recommendation Eleven – It is imperative that residents with LTCs are supervised and managed by appropriately skilled and trained professionals.

4.10 End of Life Care

There were fewer than five residents receiving palliative care at HMP Berwyn as of March 2021. A lead professional has been working jointly with HMP Berwyn to implement the 'Dying Well in Custody' plan and to develop care plans for residents on an end of life pathway.
It is noted that, due to the layout of the establishment into effectively 24 equal sized communities, there is no obvious facility/option to deliver end of life or palliative care outside of the main population, which is far from ideal.

See recommendation in final chapter re low stimulus environment.

4.11 Deaths from Natural Causes

The Prison and Probation Ombudsman (PPO) had no reports available for deaths from natural causes in HMP Berwyn since its opening in 2017. One death was reported in March 2018 as due to 'other, non-natural causes' (cardiac arrest due to the use of new psychoactive substances (NPS)). Safer Custody and Healthcare provided details of some deaths that are awaiting PPO reports. Deaths known not to be from natural causes are detailed elsewhere in this report.

Figure 53 – Deaths from Natural Causes awaiting PPO Reports

Initials	Date Deceased	Comments
MB	14/05/2018	Passed away in hospice
HH	23/01/2020	
PW	25/03/2021	Covid-19
TD	26/05/2020	Covid-19 Passed away in hospital
KM	10/12/2020	Passed away at HMP Cardiff – transferred for appearance in Court
WB	24/02/2021	Covid-19 Passed away in hospital

4.12 Chapter Summary

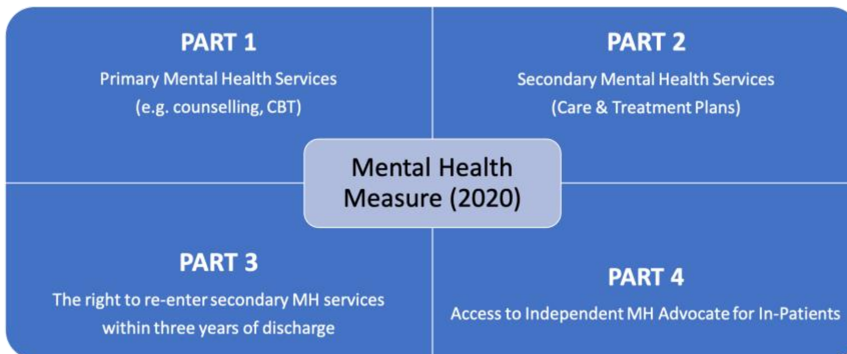
- Many long-term conditions are highly age correlated. Despite a larger proportion of residents in HMP Berwyn now being over 50 years, the identified prevalence of comorbidity in HMP Berwyn has actually reduced since the time of the last HSCNA and is lower than seen in comparator prisons. This is likely due to under-identification of need rather than lack of need.
- There is an unusually high prevalence of recorded asthma amongst residents in HMP Berwyn, more so than at the time of the last HSCNA and now more than double the predicted prevalence given the age of the population.
- The proportion of residents identified with COPD and diabetes is within the expected range. There are no spirometry trained nurses within the team. **See Recommendation.** The addition of a new dietician post into the team means men with diabetes can now benefit from a dietician review.
- There are above average rates of epilepsy in HMP Berwyn
- Healthcare have struggled to meet the needs of men with long-term conditions and have not had specialist expertise to run specific clinics and offer diagnoses. This is likely to be addressed with the addition of the new band 5 posts, however it needs to be accepted their role will invariably be work that, in other establishments would be undertaken by very experienced band 6s. **See Recommendation.**
- Whilst relating to very small numbers of individuals, end of life care pathways are in the process of being developed as part of the national charter. The needs of these residents are understood to be met, albeit the physical environment for providing end of life care is less than ideal.

Chapter Five – Mental Health

5.1 Service Provision

All mental health service provision in Wales, including in the secure estate, comes under the mental health measure (MHM) which is in four parts:

Figure 54 – Mental Health Measure (Wales)



The integrated mental health team is provided by Betsi Cadwaladr University Health Board (BCUHB). The service is available seven days per week between 8am and 6pm, albeit due to staff vacancies the service is currently limited to five days per week.

The latest HMIP report noted:

> *BCUHB provided good mental health services, with a wide range of evidence-based therapeutic interventions to meet the needs of prisoners. The team included mental health nurses, psychologists, psychology assistants and a full-time consultant psychiatrist. Joint work between mental health services, health care and the prison was very good. A weekly multidisciplinary meeting reviewed new referrals and allocated or signposted them promptly, and a daily team meeting discussed urgent referrals.*

The staffing structure was revised as part of the wider review of healthcare staffing in April 2021. This is in recognition that mental health staff were routinely becoming more involved in core healthcare duties (supporting primary care) which was impacting on the ability to deliver mental health interventions.

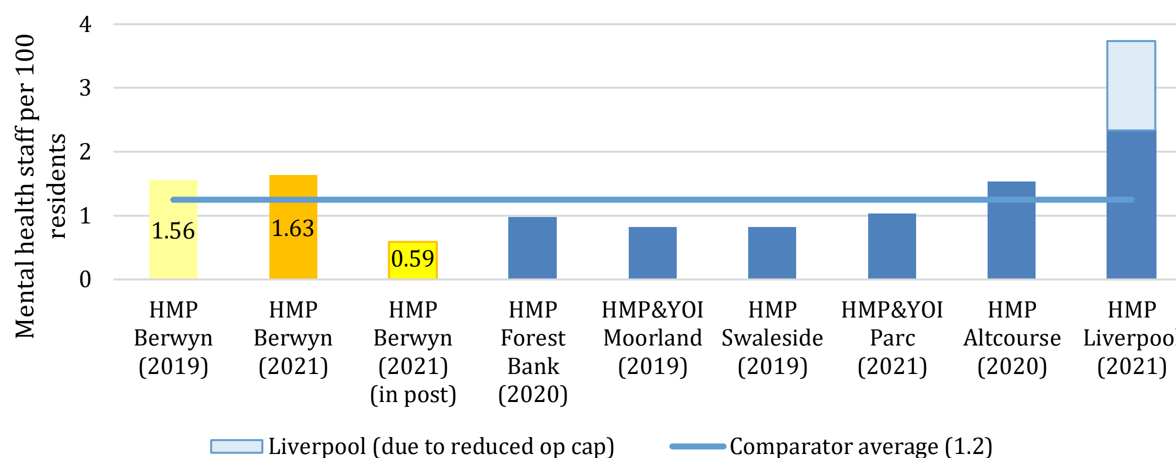
The new structure for the team is shown below.

Figure 55 – Mental Health Team Staffing HMP Berwyn

Role	Band	Full-time equivalents	Comments
Mental Health Manager	Band 7	1	In post
Senior Nurse	Band 6	6	Only one in post
Staff Nurse	Band 5	6	2.5 in post (Includes 2 x streamlining nurses)
Assistant Practitioner/Recovery Workers	Band 4	6	1 in post
HCSW	Band 3	5	All in post, however used for primary care – reportedly just 1.5 WTE
Lead Clinical Psychologist	Band 8b	0.8	In post
Clinical Psychologist	Band 8a	1	Vacant
Psychology Assistant	Band 4	2	One in post
Administrator	Band 3	1	

The chart below illustrates the combined mental health staffing available for HMP Berwyn per 100 men against comparator prisons. Note that the staffing level at HMP Liverpool is currently unusually high due to a reduced op cap (the additional staffing per 100 residents as a result of this is indicated by the lighter section of the column).

Figure 56 – Mental Health Staffing Comparison



As with all staffing comparisons in this HSCNA, the 2021 column above represents a theoretical model and does not take account of staff vacancies. In the mental health team, the vacancy levels continue to be significant (at 70% vacancies – shown by the 'in post' column above), effectively crippling the ability to deliver a core service.

> *"Staff recruitment and retention is a massive issue. Mental health nurses who have left said they didn't like doing emergency responses and they didn't feel equipped for this role. These staff have moved on and it will take a while for potential new recruits to understand we now have a different system." (Mental health Lead)*

> *"We are really just running a crisis service now. We don't have the staff in place to deliver a stepped care model." (Mental health lead)*

5.1.1 Primary Mental Health Provision

There is currently no provision for residents with primary mental health needs, other than the prescribing of anti-depressant medication. Part One of the Mental health measure states that these patients are managed in primary care.

From interview with the GP, these patients are presenting to primary care, albeit the GP is limited in terms of a pathway other than the prescribing of pharmacological interventions (which has increased significantly as explored in section 5.2.1).

This lack of primary mental health provision is, in part, due to the above identified staffing shortages, meaning the focus is on providing a mental health crisis service, albeit it is unclear whether the future focus of mental healthcare will include those with primary mental health needs.

The chaplain noted a gap in provision and stated that chaplaincy are dealing with a lot of men with low level mental health issues. The chaplaincy service also supports individuals who have suffered a bereavement.

"There are a lot of men who have been bereaved due to the pandemic or are very anxious about being bereaved who we are supporting. Prisoners here do seem to be disproportionately affected by bereavement" (Chaplain)

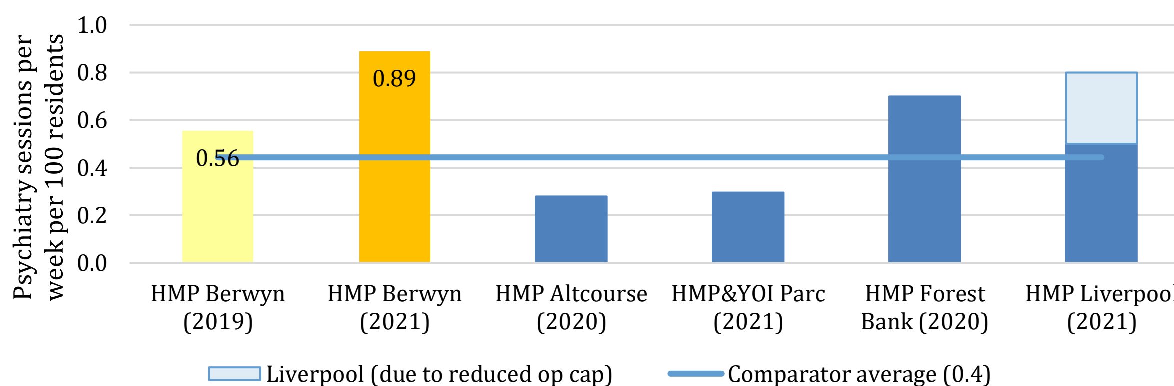
"There's a big hole here for people who have mental health problems. You hear it all the time that they can't get help from anyone." (Peer Mentor)

See recommendation thirteen.

5.1.2 Psychiatry

Psychiatry provision constitutes 14 sessions of adult psychiatry plus two sessions of forensic psychiatry per week. This level of psychiatrist cover (per 100 men, based on the current op cap of 1,801) is high relative to comparators and has increased since the last HSCNA.

Figure 57 – Psychiatrist Provision Comparison



As noted previously, the staffing level at HMP Liverpool is currently unusually high due to a reduced op cap (the additional staffing per 100 residents as a result of this is indicated by the lighter section of the column).

There is little guidance about the number of staff a mental health team should have, but a 2007 benchmark is the Royal College of Psychiatrists (RCPsych) guidance.[43] Applying its formula to HMP Berwyn, it recommends 1.1 FTE consultant psychiatrist for a prison of this size and category. Being dated, this publication does not take account of the enhanced nursing and other roles now available.

The level of psychiatry resourcing in HMP Berwyn appears high, however is a consequence of the medicines optimisation policy, which is less evident in almost all comparator establishments. The system-generated demand for psychiatric reviews in HMP Berwyn is high, as many men come in with medication which is subject to the medicines optimisation process. Furthermore, six-monthly reviews are done for all patients on anti-psychotic medication.

"A review takes just over an hour. If you have ten receptions in that's 10 hours of psychiatry time needed before meds are sorted so a list very quickly builds up." (Mental Health Lead)

The waiting time for psychiatry at March 2021 was six days.

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[43] RCPsych (2007) *Prison psychiatry: adult prisons in England and Wales*. [Accessed 14/2/21].

5.1.3 Service Access

The Threshold Assessment Grid (TAG) is used to make referrals to the team, albeit it was recognised that this system has its limitations. There are currently around 200 TAG referrals received per month.

> *"We get some inappropriate referrals through the TAG such as a man threatening to self-harm because he didn't get his canteen. At the other end of the spectrum we come across patients brought to our attention by prison officers who are clearly very unwell but they have never been made known to us!" (Mental Health Lead)*

The mental health team (on a rota with the substance misuse team) undertake the second reception screening of all men on remand (by telephone call) exploring whether men have been previously known to mental health services and where diagnoses were made.

> *"Many men share cells so they don't want to talk to us about mental health in front of their cell mate. Often they don't answer their phones in which case they are listed for a call the next day." (Mental Health Lead)*

New receptions who are sentenced simply have a case note review.

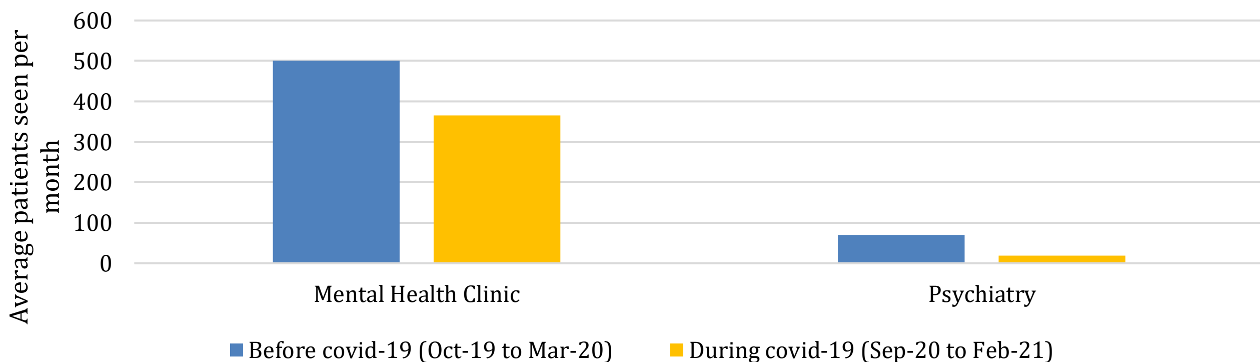
It was stated during interviews that the Betsi Mental Health Division are reluctant to share notes for patients with the establishment.

Recommendation Twelve – Joint work should be undertaken between the prison mental health team and the Betsi mental health division to strengthen links to smooth the pathway/transition for local patients given the number of remands.

At our snapshot in March 2021, the reported waiting time for a mental health initial assessment appointment was eight working days according to SystmOne waiting list and appointment data. The wait for an appointment with the forensic psychiatrist was reported to be six days, and a much longer wait of 69 days was reported for clinical psychology.

DNA rates for mental health clinics appear to have decreased during the Covid-19 pandemic (from 11% DNA between October 2019 and March 2020, to 2% between September 2020 and February 2021); a reduction in DNA rates was also apparent for psychiatry clinics (from 18% to 1% over the same time period). However, the numbers of booked and completed appointments also appear to have reduced during this time.

Figure 58 – Patients Seen per Month in Clinics Before and During Covid-19 (SystmOne appt. data)



In our resident survey, 82% of respondents said they knew how to access mental health services. This was a little lower than the 87% at the time of the last HSCNA in 2019, but was much higher than the average of 73% across four comparators.

Service provision is, by default, limited by the prison regime:

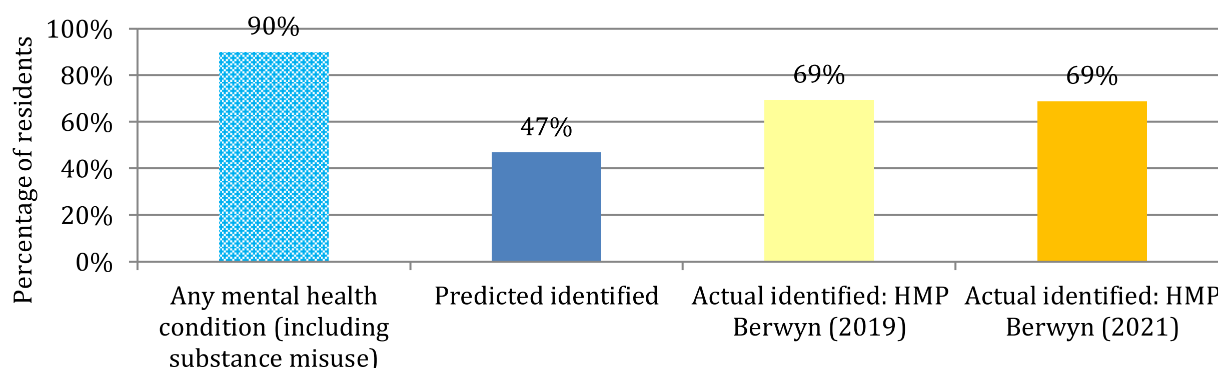
> *"Meds are from 7-11, bang up is at 11:30 which effectively leaves two hours to deliver a mental health service to 1800 men!" (Mental health Lead)*

5.2 Prevalence

Prevalence estimates from research show 90% of residents in the secure estate have some mental health problem (including substance misuse).[44] It should be noted that although this study is over two decades old, it remains the most relevant prevalence study, conducted in all the (then) 131 prisons.

Based on the above, and the assumption that 52% of those with a mental health condition are likely to be identified,[45] it can broadly be estimated that we might expect 47% of the population in HMP Berwyn to be identified with one or more mental health conditions, including substance misuse. This is compared to the actual rates of identification below, with our SystmOne data snapshot at March 2021 describing a higher than predicted rate. The rate has not changed since the last HSCNA.

Figure 59 – Expected and Actual Mental Health Prevalence (including substance misuse)



While 1,188 patients at the March 2021 snapshot were identified as having mental health issues including substance misuse, 1,007 were identified with mental health issues specifically (including those with dual diagnosis, but not those with substance misuse diagnoses only). SystmOne data indicates that of these 1,007 patients (58% of residents), 302 had one or more of their conditions recorded at HMP Berwyn. The SystmOne mental health records for the remaining 705 patients had been made at other establishments.

The chart below shows the proportion of residents recorded on SystmOne as being diagnosed with various mental health conditions during recent years and at a current snapshot. Note that one resident may be diagnosed with multiple conditions.

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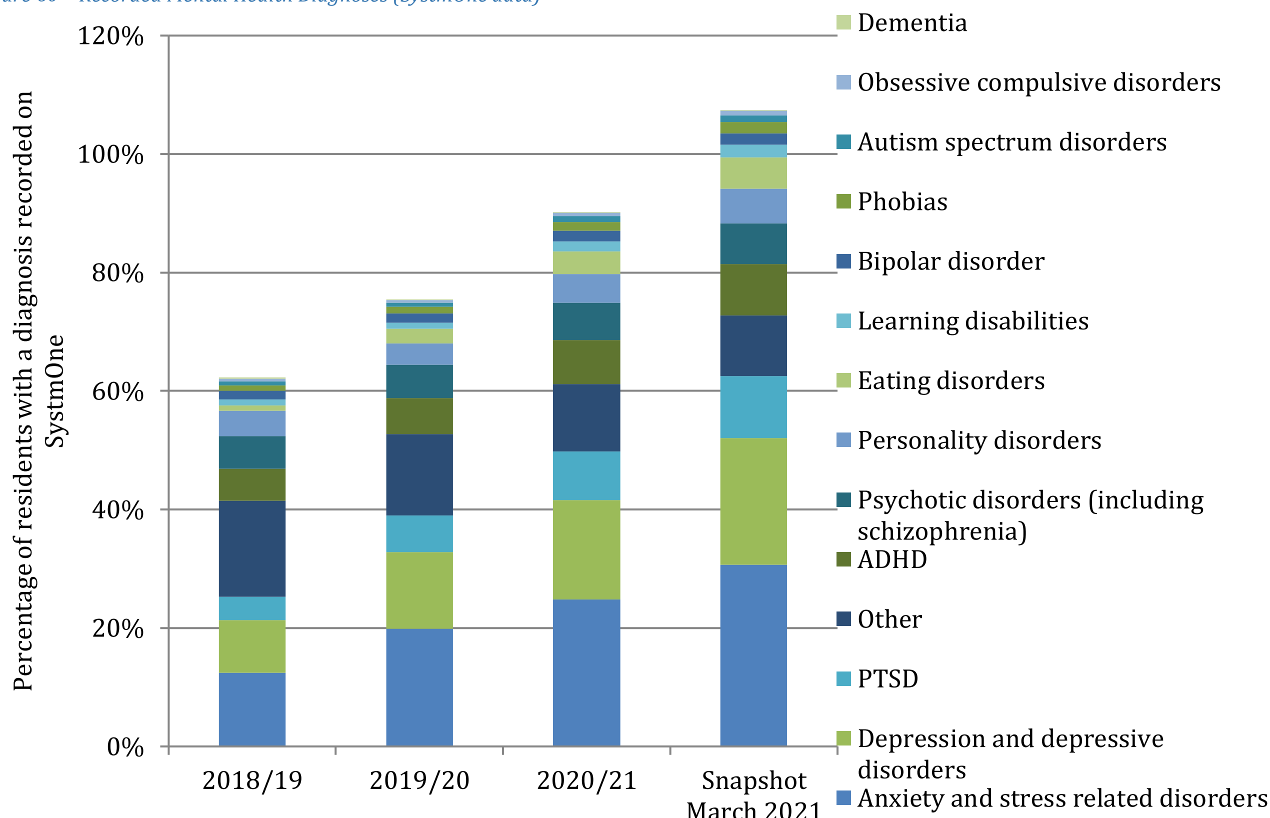
[44] Singleton, N. *et al.* (1998) Psychiatric morbidity among residents in England and Wales. [Accessed 18/12/20].

[45] Sainsbury Centre for Mental Health (2003) Primary solutions: an independent policy review on the development of primary care mental health services. From a table prepared by Muijen, M. after Goldberg, D. and Huxley, P. (1992) Common Mental Disorders: A Bio-Social Model. London: Routledge.

Figure 60 – Recorded Mental Health Diagnoses (SystmOne data)



This indicates that the proportion of residents with recorded diagnoses has increased each year, with depression and anxiety being the most commonly diagnosed conditions.

This is a unique time: as the months of restrictions continue, the impact of the pandemic on prisoners' mental health is building:

> *The most disturbing effect of the restrictions was the decline in prisoners' emotional, psychological and physical well-being. They were chronically bored and exhausted by spending hours locked in their cells. They described being drained, depleted, lacking in purpose and sometimes resigned to their situation.*[46]

Using prevalence estimates for individual conditions (from the same research study[47]), we provide a further breakdown of common mental health conditions below. For individual conditions, we have estimated the likely prevalence based on the sentencing characteristics of the prison's population, since remand and sentenced residents are known to have differing prevalence rates for many mental health conditions.[48] The key message across all the following sections are that there is significant under-identification of almost all likely recorded mental health conditions.

[46] HMIP (2021) What Happens to prisoners in a pandemic?. [Accessed 22/2/2021].

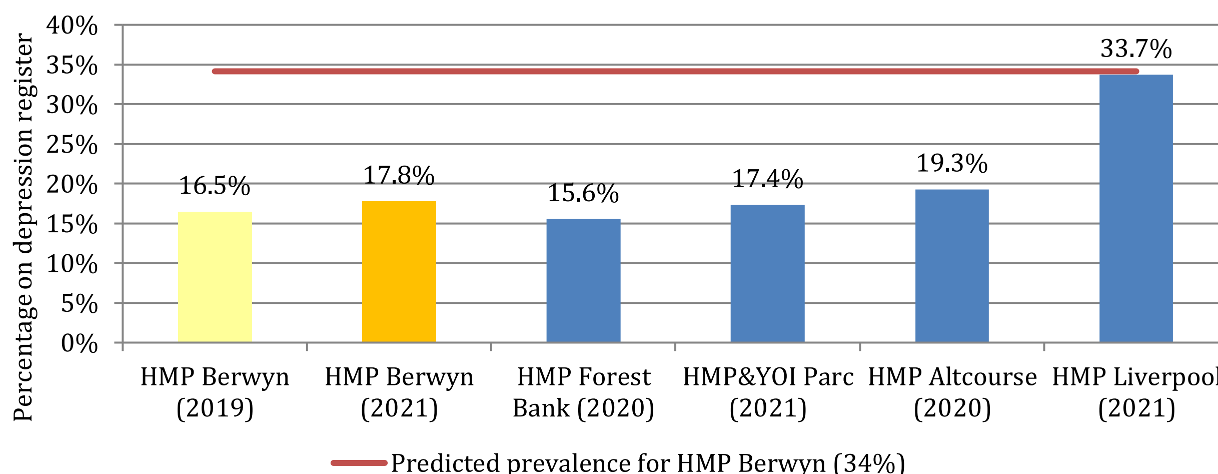
[47] Singleton, N. *et al.* (1998) Psychiatric morbidity among residents in England and Wales. [Accessed 18/12/20].

[48] Note that while YOIs also have different likely prevalence of mental health conditions, the numbers are very low and this has not been taken into account when estimating prevalence.

5.2.1 Depression

Although use of QOF registers for condition management is not compulsory in Wales, it was reported that these are used to keep track of patients. At the time of our snapshot in March 2021, 17.8% of residents (n=307) were shown as being on the QOF register as receiving current treatment for depression (compared to 21.3% with recorded read codes indicating depression on SystmOne – some disparity is normal). As can be seen in the chart below, the proportion of the population on the QOF register is below the predicted rate of depression, and also below average next to comparator prisons (the average across comparators was 21%).

Figure 61 – Depression Prevalence based on QOF Register



Past QOF data indicates that the rate of identified depression at the time of our snapshot is likely lower than is typical; the average proportion of the population on the QOF register during a pre-pandemic six-month period (October 2019 to March 2020) was 17.8%, the same as that at the time of our snapshot.

Despite this, stakeholders, during interview noted that, one of the consequences of the pandemic was an increase in rates of depression. This is also evident in the prescribing of anti-depressant drugs as seen below.

The table below shows numbers of 'issues' (prescriptions of a drug) recorded on SystmOne each year for the two most commonly prescribed anti-depressant drugs over time. Note that this does not accurately indicate numbers of patients, since one patient may receive multiple issues of the same drug.

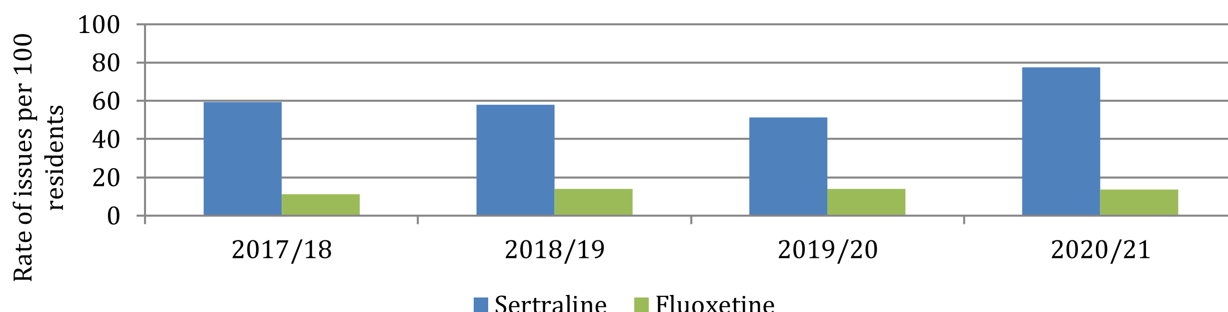
Figure 62 – Antidepressant Medication Issues (SystmOne data)

Medication (count of items issued)	2017/18	2018/19	2019/20	2020/21	Snapshot March 2021
Sertraline	646	1,090	1,453	2,313	171
Fluoxetine	120	264	401	406	38

The above shows there has effectively been a 255% increase in prescriptions of anti-depressants in the last four years.

The table below shows the rate of 'issues' (prescriptions of a drug) of antidepressant medications per year per 100 residents (based on number of patients reported by SystmOne as spending time in the prison during the year). This is important given the rise in population numbers in the establishment since the opening, thus the below is a more reliable indicator of the growth in anti-depressant prescribing. This effectively shows a 39% increase in the rate of prescribing of anti-depressants from 2019/2020 to 2020/2021. Whilst there has been an increase reported in other prisons during 2020/2021 it has been nowhere near this scale.

Figure 63 – Rate of Antidepressant Medication Issues (SystmOne data)

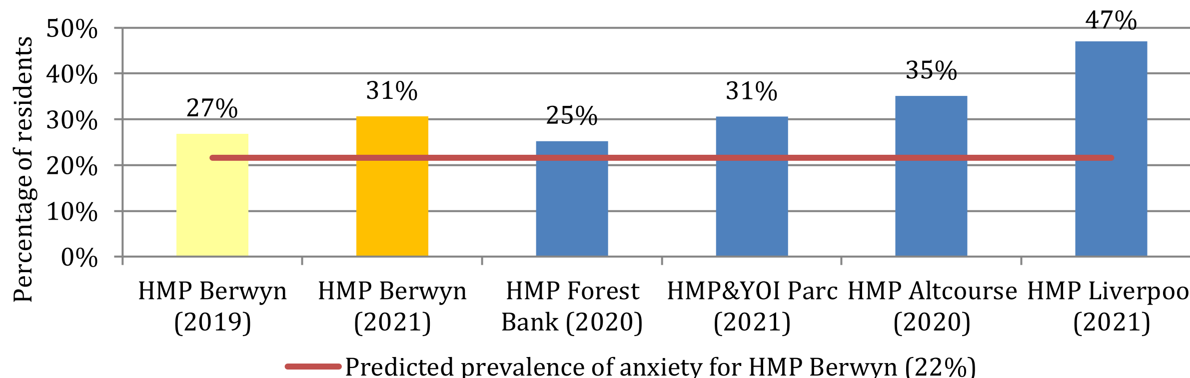


Recommendation Thirteen – There should be a structured programme of talking therapy to support pharmacological interventions at primary care level for the significant number of residents who are experiencing sub-threshold mental health issues such as depression and anxiety.

5.2.2 Anxiety

The numbers of residents identified with anxiety and stress-related disorders are higher than expected at HMP Berwyn (529 residents, or 31%, compared to 22% expected). This is not unusual among comparator prisons, though there has been a slight increase since the last HSCNA.

Figure 64 – Identified Prevalence of Anxiety (SystmOne data)



'Coping with Anxiety and Low Mood' (CALM) groups were running prior to the pandemic and have since been suspended. Patients who have these symptoms are given a self-help book to work through following a telephone call with the mental health team.

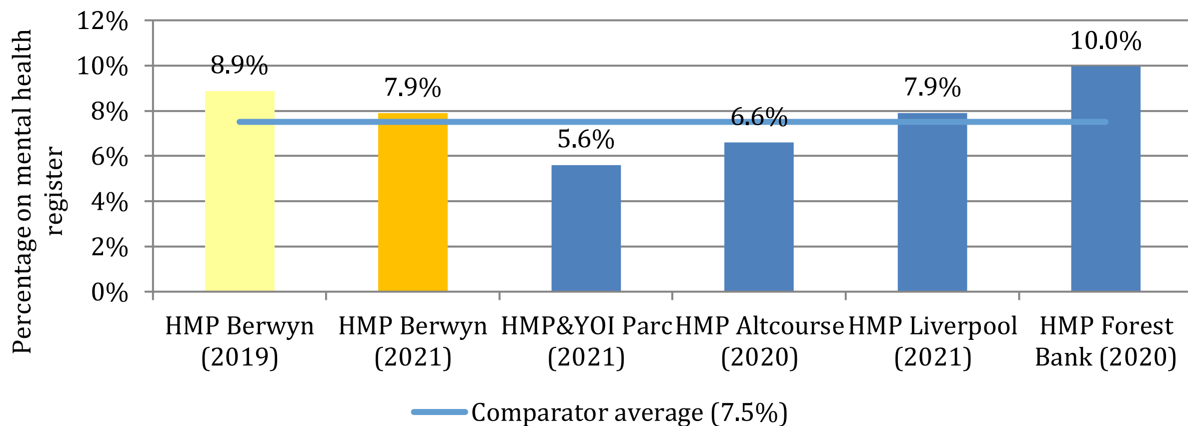
> *"There are a lot of men in here who should really be in secondary mental health services, but we are not able to look after them given the staff shortages." (Mental Health Lead)*

5.2.3 Severe and Enduring Mental Health Issues

QOF data reported that 7.9% of the population (n=136) were identified as having severe and enduring mental health problems (including schizophrenia, bipolar affective disorder or other psychoses). This is about average next to comparator prisons and has decreased slightly since the last HSCNA.

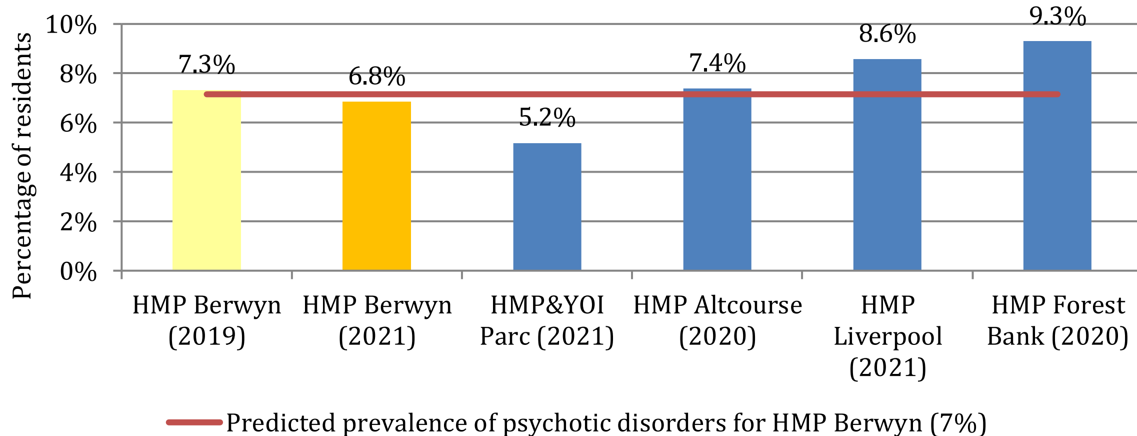
The average identified prevalence during a pre-pandemic six-month period (October 2019 to March 2020) was 9.0%, a little higher than at the time of our snapshot.

Figure 65 – Severe and Enduring Mental Health Prevalence Based on QOF Register



The identified rate of psychotic disorders (including schizophrenia) is very similar to the 7% predicted, and average among comparators; it has changed little since the last HSCNA.

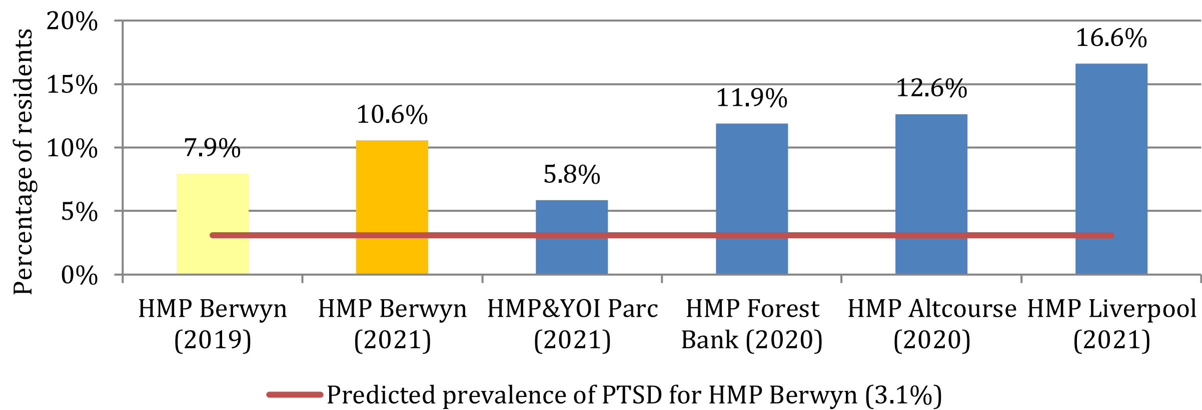
Figure 66 – Identified Prevalence of Psychotic Disorders (SystmOne data)



5.2.4 Post-Traumatic Stress Disorders (PTSD)

The rate of residents with a recorded diagnosis of PTSD was much higher than predicted, with 182 residents, or 10.6% identified (compared to 3.1% predicted). This is a slight increase from the 7.9% reported in 2019. However, this was slightly lower than the average of 11.7% among comparators).

Figure 67 – Rate of Identified PTSD (SystmOne data)



There has been a lot of work on Adverse Childhood Experiences (ACEs) in Wales which has resulted in an awareness of the impact of trauma in adults.

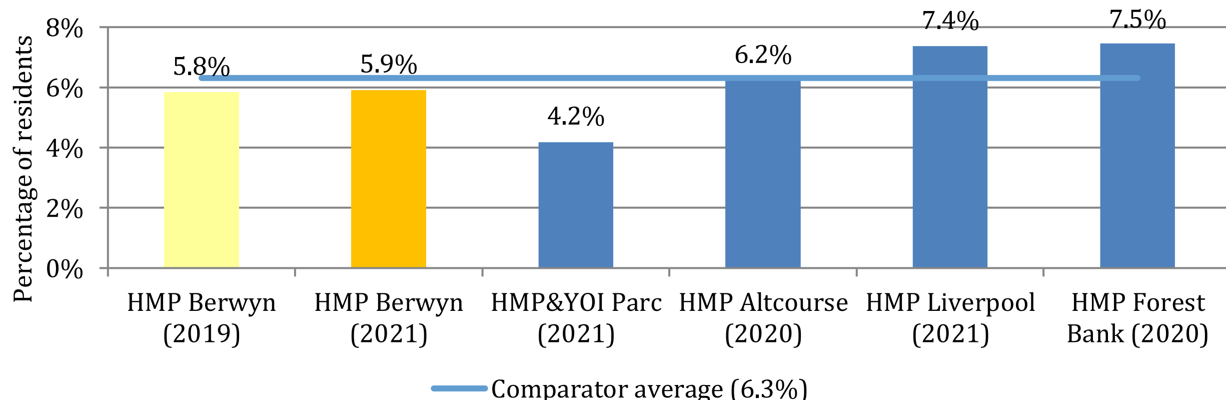
There is no dedicated provision for individuals in HMP Berwyn with PTSD.

Recommendation Fourteen – Given the high prevalence of identified PTSD in the establishment, and given it has risen quite significantly since the time of the last HSCNA, there should be a bespoke programme of evidence-based trauma informed interventions for this patient group (e.g. EMDR).

5.2.5 Personality Disorders

Research suggests that we might expect around 64% of the population of HMP Berwyn to have a personality disorder. However, it should be noted that the predictions include a wide range of personality disorders (including anti-social personality disorder which could include criminal behaviour), whereas those identified in HMP Berwyn (102 residents or 5.9%) will have a formal diagnosis. Data from comparators shows that the rate at HMP Berwyn is not unusual, being close to the average of 6.3% among comparator prisons. The rate of identification of personality disorders has changed little since the last HSCNA.

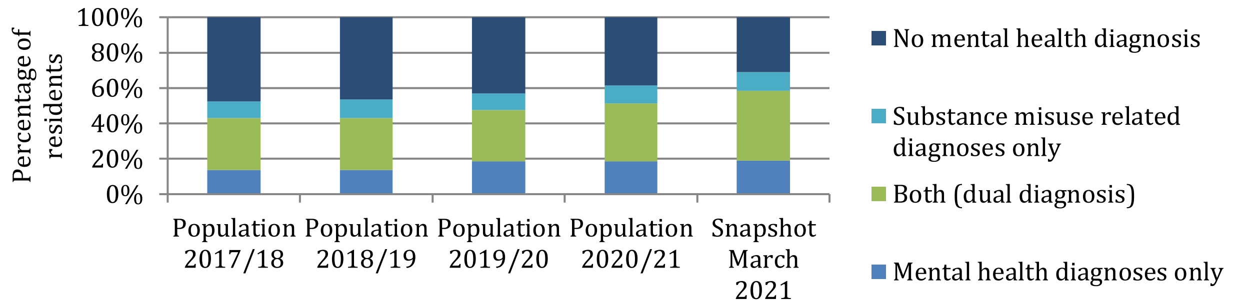
Figure 68 – Rate of Identified Personality Disorder (SystmOne data)



5.2.6 Dual Diagnosis

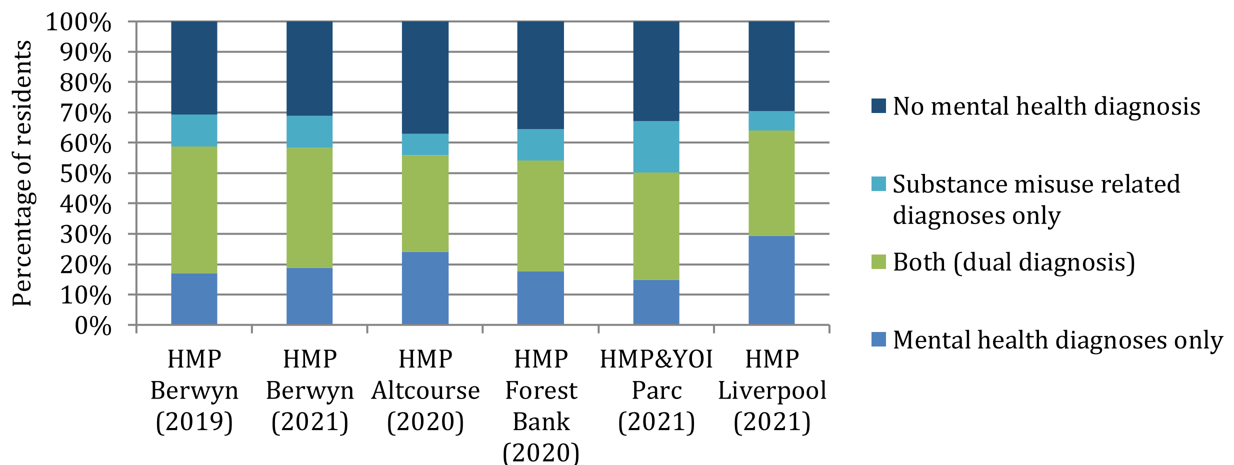
The chart below shows the proportion of the population recorded on SystmOne as having co-occurring mental health and/or substance misuse problems (dual diagnosis) over the past few years. This shows that the identification rate has increased, with most of the change being in greater identification of dual diagnosis (concurrent mental health and substance misuse problems).

Figure 69 – Mental Health and Dual Diagnosis Prevalence Over Time



Though the recorded prevalence of mental health problems overall (including substance misuse) is about average at HMP Berwyn next to comparators, the profile of identified conditions seems to be more skewed towards dual diagnosis than most:

Figure 70 – Mental Health Diagnosis Comparison (SystmOne data)



Dual diagnosis can describe those with any mental health issues who also use substances or can just describe residents who fall under Part 2 of the MHM and are drug or alcohol dependent.

Unusually there is no dual-diagnosis lead or focus within healthcare in either the mental health or substance misuse team. Within the substance misuse team is an RMN, albeit this is by chance rather than design and there is reportedly little capacity to develop dual diagnosis work. There are no joint meetings or care pathways for individuals with dual diagnosis.

Recommendation Fifteen – There should be a new, dedicated dual-diagnosis lead and care pathways, in accordance with NICE guidelines, working across both mental health and substance misuse. This is particularly important in HMP Berwyn given the medicines optimisation policy.

5.2.7 Older Person's Mental Health Including Dementia

There has been an increase in the number of older prisoners in HMP Berwyn since the time of the last HSCNA.

The concern in this area is not just with formal diagnosis of dementia, but with the full range of age-related cognitive impairment and other psychogeriatric issues. Considering the age profile of the prison, we would expect there to be between two and nine residents in total (0.1%-0.5%) currently with dementia.[49] We would also expect roughly 1-2% of the population (n=13 to n=35) to be experiencing some level of age-related cognitive impairment.

SystmOne data indicates that, at our March 2021 snapshot, five residents (0.2% of the population) had a record indicating dementia; not all of these were on the dementia QOF register. QOF data for a pre-pandemic period (October 2019 to March 2020) suggested a slightly higher typical rate, with 0.3% of the population on the QOF register during that time. As is the case for most other conditions, stakeholders, when interviewed, felt that the need was far higher than this, due to undiagnosed conditions.

> *"There are many men that come in here that have not engaged with their GP or any community services for many years." (Mental Health Nurse)*

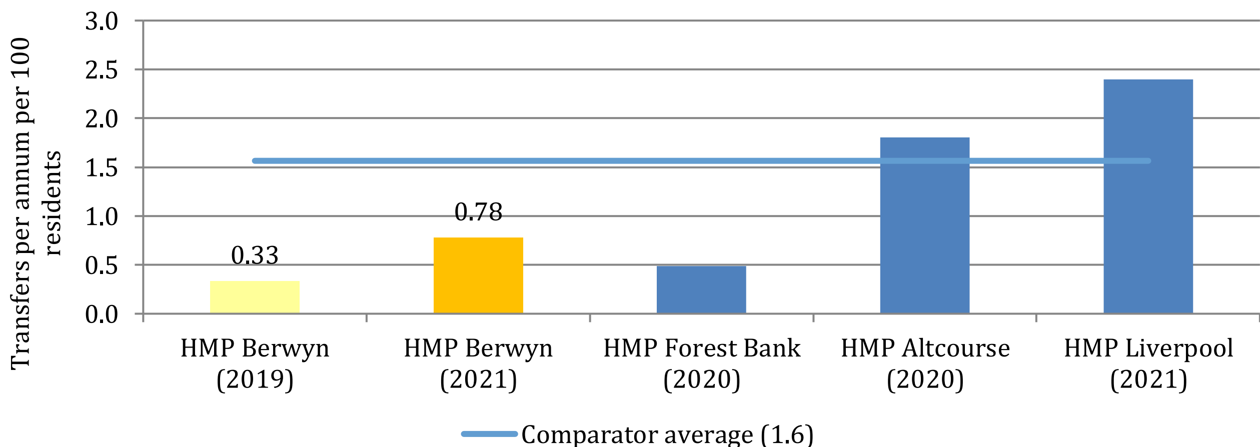
The current process is a TAG referral which will then be forwarded to an occupational therapist to do a cognitive assessment.

> *"We will caseload people with dementia if we know about them but at the moment there are no patients that have been identified to us." (LD Nurse)*

5.3 Mental Health Act Transfers

Healthcare reported 14 residents transferred under the Mental Health Act (MHA) during the past 12 months (mid-March 2020 to mid-March 2021). This is an increase from the rate reported in the last HSCNA but indicates a below average annual rate of residents next to the three comparators for which this data was available.

Figure 71 – Rate of Transfers Under the Mental Health Act (data supplied by healthcare)



[49] Moore, E. (2017) Health and social care needs assessments of the older prison population: A Guidance Document. [Accessed 4/1/21].

"Since we have the remand population we are seeing more men coming into prison that really shouldn't be and they are very mentally unwell." (Mental Health Lead)

Information regarding referral dates was not available, so it was not possible to ascertain typical waiting times for transfer. The average waiting time for transfer from comparators was highly variable (43 days HMP Forest Bank and 101 days from HMP Liverpool; these were the only two comparators for which data was available). At the time of the previous HSCNA, the wait time for transfers from HMP Berwyn was 38 days on average (ranging from 15 days to 62 days).

It was noted in interviews that, since the onset of the Covid-19 pandemic, MHA transfers are taking far longer than usual, due to the national shortage of Psychiatric Intensive Care Unit (PICU) and high secure beds (transfers to Ashworth and Rampton were cited as taking almost six months).

Residents awaiting transfer under the MHA are generally housed within main accommodation, unless there are high levels of risk in which case they are housed in the care and separation unit. Whilst housing mentally unwell patients in segregation was deemed far from ideal, it was stated that this is the only low stimulus environment within the establishment. As the population increases there are more men being transferred to hospital with unmet needs whilst awaiting transfer.

"We are doing a lot of crisis management with some very unwell patients that should not be here. Their behaviour deteriorates and they become impossible to manage from a prison point of view and we try and pick up the pieces." (Mental health Lead)

Recommendation Sixteen – The prison should consider options for developing a small 'low stimulus' environment for the most vulnerable/unwell patients, including those awaiting mental health act transfers.

5.4 Chapter Summary

- This chapter effectively reflects *known* mental health needs. What is often masked by this data is a level of unidentified (and subsequently unmet) mental health need, particularly amongst those patients who are subthreshold the current mental health service (i.e. the majority of residents in HMP Berwyn). Our stakeholder interviews revealed that there is a significant cohort of individuals in HMP Berwyn who currently have unmet needs. Note that in other establishments there is provision at primary mental health level (for example psychological wellbeing practitioners, talking therapy roles etc.) which is not *currently* evident in HMP Berwyn.
- The prevalence of poor mental health in HMP Berwyn is higher than the predicted level (69%), albeit three quarters of diagnosis had been made at previous establishments, not in HMP Berwyn. Assuming these men are not on the caseload of the mental health team, their needs will be unmet.
- Residents with primary mental health needs in HMP Berwyn are managed by the GP, in line with the Mental Health Measure. The prescribing of anti-depressant medication has increased by 39% in the last year. This is, in no small part, likely a consequence of the Covid-19 pandemic and whilst it mirrors the findings we have seen in other prisons, it is more pronounced in HMP Berwyn. As identified above, there are no onward care pathways for this cohort of individuals. **See Recommendation.**
- The theoretical resourcing to meet the mental health needs of men in HMP Berwyn is robust. However, due to inability to recruit to the posts the reality is that the team are running at only 30% of capacity, effectively only providing a crisis/emergency response for the most acutely unwell patients. This is not a criticism of the hard work within the team, but a reflection of the reality. The current staffing shortage is likely to continue, at least in the short term, therefore it is critical that other means of meeting the needs of mentally unwell patients are explored. **See Recommendation.**
- There is an unusually high recorded prevalence of PTSD in HMP Berwyn (over 10% of the population). **See Recommendation.**
- There is a particularly high prevalence of dual-diagnosis in HMP Berwyn but no ability to meet this need, no specialist post and no pathway. **See Recommendation.**
- Mirroring findings in almost all our prison HNAs, delays in being able to transfer very mentally unwell patients to secure facilities are not uncommon (notable to PICU and high secure beds). These patients are managed on main accommodation and, apart from the seg, there is no low-stimulus environment for this patient group whilst awaiting transfer. Needs can therefore quickly escalate demanding further resources from the mental health team. **See Recommendation.**

Chapter Six – Learning Difficulties & Disabilities

6.1 Prevalence

Literature uses the terms learning disabilities (LD) and intellectual and developmental disability (IDD) interchangeably, thus this chapter covers both.

> *"A key issue we have here is a lack of understanding of the difference between learning difficulty and learning disability." (LD Nurse)*

By way of an example, data supplied for this HSCNA process by the prison identified 85 prisoners (representing 15.3% of the snapshot population) with learning difficulties (including dyslexia) and an additional 17 as having learning disabilities (representing 3.1%). The latter is far higher than is known to, or recorded by, healthcare. See previous recommendation.

It is widely accepted that there is under-identification of the needs of individuals with learning disabilities within the criminal justice system:

> *It has been estimated that only about 20% of adults with learning disabilities are known to learning disability services, so it is likely that many defendants in the CJS who have learning disabilities have not been diagnosed as such and are not known to specialist services.*[50]

HMP Berwyn report that all new residents are assessed using the Do It Profiler[51] during induction. This tool identifies neurodiversity and can lead an MDT to explore support and appropriate location for residents with a range of different issues.

The Learning Disability Screening Questionnaire (LDSQ) is now undertaken with all new remands. There is also an intention to catch up with the wider population and undertake LDSQ on the existing population, however there is currently a waiting list of 445 residents who have not been screened (note that many of these men have been in the establishment for some time). Those that score over a threshold are then seen by the learning disability nurse.

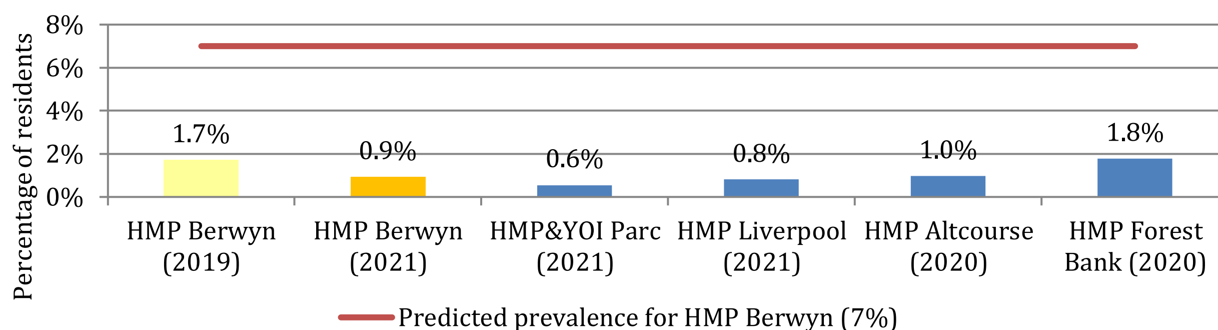
Recommendation Seventeen – The generic reception screen for all residents should include the LDSQ as this forms an opportunity to efficiently perform screening in the most resource-effective way.

In our resident survey, 27% (n=170) of respondents reported that they had a learning difficulty or disability. This is a little higher than the average of 24% across comparators (HMPs Altcourse, Forest Bank, Parc and Liverpool).

The recorded identified rate of learning *disability* in HMP Berwyn was less than 1% (16 residents) on the QOF register disability (March 2021 snapshot). This is well below the predicted 7% based on literature. However, comparator prisons also reported a lower proportion than predicted, and the rate at HMP Berwyn was similar to the comparator average of 1.0%.

[50] Nursing Times (2019) Learning disabilities: supporting people in the criminal justice system [Accessed 10/2/21]
[51] See website [Accessed 16/3/21]

Figure 72 – Learning Disability (QOF register)



We would expect a smaller number of identified residents to be reported on the QOF register indicating their condition was currently 'active', compared to the proportion with any related diagnosis recorded on SystmOne. At HMP Berwyn there were 36 residents (2.1%) with any recorded learning disability on SystmOne.

An LD nurse forms part of the mental health team and caseloads men with identified learning disability needs (currently 10 residents). Referrals are made from the team to education, but surprisingly, there are no referrals from education into the LD nurse. This is in the process of being addressed via measures such as an upcoming LD awareness week.

6.1.1 Autistic Spectrum Disorder Prevalence

The identified prevalence of autism spectrum disorders (ASD) at HMP Berwyn is similar to the UK average, with 20 identified residents (1.2%) recorded on SystmOne, against an average prevalence of 1% across the UK.[52] The rate is also similar to the 1.3% average among comparators.

> *"To a certain extent men with autism can actually do better in a structured environment like a prison where there is a strict and predictable regime so individual needs are not always easy to identify." (LD Nurse)*

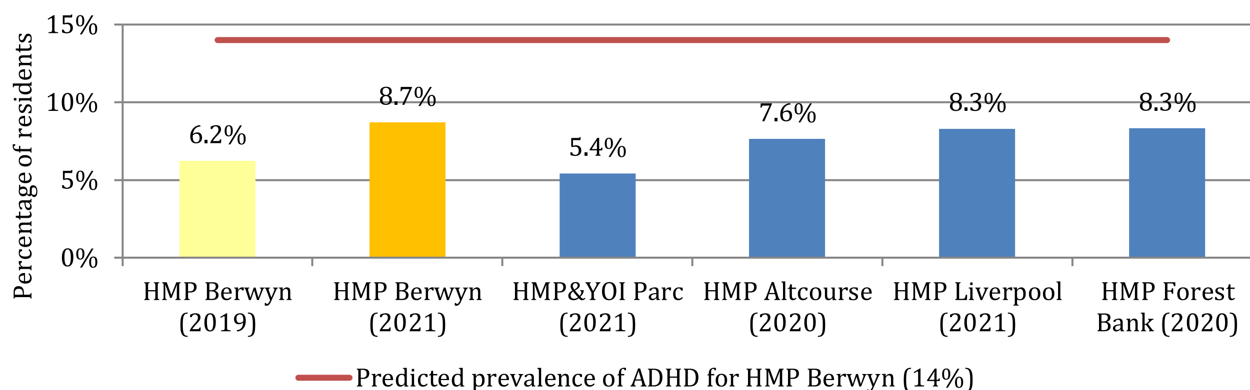
There is currently no care pathway for patients with autism although the LD nurse includes this within her remit and caseloads those most vulnerable. From 2022 there will be capacity within the team to diagnose autistic spectrum disorders.

6.1.2 ADHD Prevalence

Whilst the diagnosis rate for Attention Deficit Hyperactivity Disorder (ADHD) is low against predictions at 8.7% (n=150) it is slightly higher than the average across comparators (7.4%). This is particularly noteworthy as the prisons in and around Merseyside have been part of a large-scale pilot on ADHD with associated specialist prescribing, thus the identification rates in Liverpool prisons tends to be significantly higher than that seen nationally.

[52] NHS Wales (N.D.) Autism spectrum disorders. [Accessed 18/12/20].

Figure 73 – Identification Rate of ADHD (SystmOne data)



SystmOne prescribing data in March 2021 indicates 29 residents (1.7% of the population) currently being prescribed medication for the treatment of ADHD (mostly methylphenidate, with fewer than five patients prescribed Concerta, Lisdexamfetamine or Atomoxetine).

> *"We have a lot of patients in here with ADHD who clearly need treatment but they don't get it. There used to be a psychiatrist with a special interest in this area but they have now left." (MH Lead)*

Given that a sizeable proportion of residents in HMP Berwyn originate from prisons in the Merseyside area, their needs will have been identified and met through the Merseyside pilot. In the absence of prescribing and ADHD specialism in HMP Berwyn, this presents a level of unmet need which subsequently can escalate.

> *"Patients with ADHD are typically impulsive and there is often a cross-over with substance misuse, as a coping strategy. Their risk is high. When substance misuse is identified in here <HMP Berwyn> the men are taken off ADHD meds which then causes escalation of substance misuse and behaviour problems. This is a very recurrent theme and we have a backlog of men who have had meds stopped as a result of this." (MH Lead)*

Recommendation Eighteen – There should be a psychiatrist with a special interest in ADHD who can diagnose, assess, initiate and review prescribing for patients linking with new the dual-diagnosis pathway into substance misuse (see previous recommendation).

6.1.3 Acquired Brain Injury

There are around 900,000 hospital admissions for head injuries each year, 10% of which are categorised as severe. Head injuries are proportionately higher among young adults and those over 75 years. Estimates state that from 31%[53] to 60%[54] of offenders have a history of traumatic brain injury. Traumatic brain injury is especially associated with offending patterns in young offenders.[55]

[53] Waiter, L. *et al.* (2016) Prevalence of traumatic brain injury and epilepsy among residents in France: results of the Fleury TBI Study. [Accessed 8/12/20].

[54] Parsonage, M. (2016) Traumatic brain injury and offending. [Accessed 8/12/20].

[55] Williams, H. *et al.* (2010) Self-reported traumatic brain injury in male young offenders: A risk factor for re-offending, poor mental health and violence? [Accessed 8/12/20].

Head injury doubles a person's risk of going on to experience mental health problems.[56] A French study postulates a link between traumatic brain injury and the high rate of epilepsy amongst residents.[57]

At our March 2021 snapshot, 30 residents in HMP Berwyn had a record of having experienced brain injury (this included those recorded as having had a cerebral infarction and those with traumatic cerebral injuries). This represented 1.7% of the population at that time.

Where there is suspicion of a brain injury a referral is made to an occupation therapist for a cognitive tests. If further support is required this is managed via the occupation therapist.

6.2 Chapter Summary

- The recorded prevalence of learning disability is lower than the likely need would suggest it should be. This is already a focussed area of work via a dedicated LD nurse and plans are in place to engage with education etc. to increase awareness and referrals where need is identified. LDSQ is administered in reception however only for remands and there is a sizable backlog from the existing population who are yet to be screened. **See Recommendation.**
- There is understood to be a high prevalence of men with autistic spectrum disorders in the establishment, though the prison environment can often mask these needs.
- ADHD is recognised as a significant issue an area of unmet need. The recorded prevalence of ADHD in HMP Berwyn is particularly high, especially given it is in line with HMPs Liverpool, Altcourse and Forest Bank where a large-scale pilot of ADHD identification and prescribing was executed. **See Recommendation.**
- It is recognised in HMP Berwyn that brain injury is a form of LD and there are pathways in place to identify and meet this need.

[56] Parsonage, M. (2016) Traumatic brain injury and offending. [Accessed 8/12/20].

[57] Waiter, L. *et al.* (2016) Prevalence of traumatic brain injury and epilepsy among residents in France: results of the Fleury TBI Study. [Accessed 8/12/20].

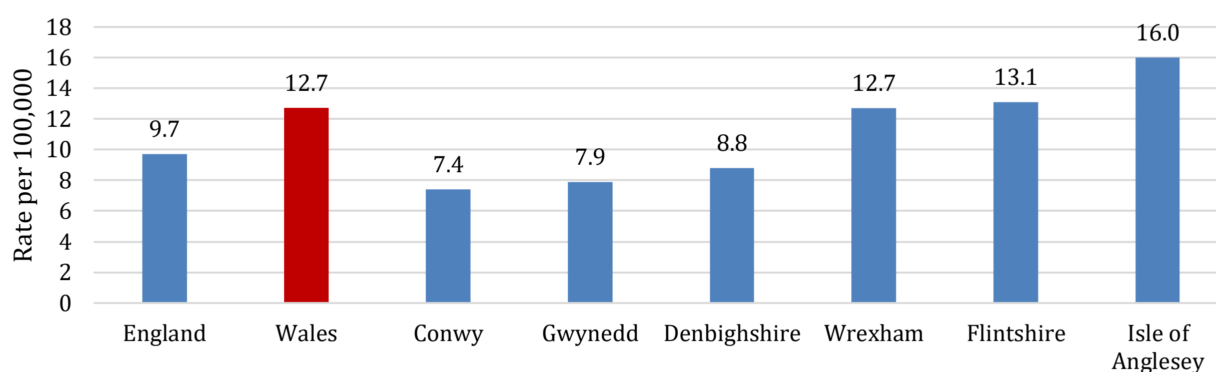
Chapter Seven – Substance Misuse

7.1 Prevalence

The most recent published data on drug-related deaths (published October 2020) clearly shows a far higher rate of drug related deaths in Wales than in England.[58]

> *In 2018, drug related mortality reached record levels in Wales and across the UK. Drug poisoning deaths were the highest on record, having increased by 78 per cent in the previous 10 years. Whilst the most recent data from the Office for National Statistics for deaths registered in 2019 indicate a decrease of 26 per cent, it is too soon to consider this a trend. In addition, the COVID-19 pandemic may well impact on drug deaths recorded in future years.*[59]

Figure 74 – Drug-Related Death Rate Comparison (males, 2017-2019)[60]



HMIP noted:

> *Drugs were too readily available. In our survey, 48% of prisoners said that drugs were easy to get. A substantial number of health emergencies were related to psychoactive substances, and one death in custody had been attributed to their use. The prison had taken a wide range of actions to address drug supply and demand, and there was evidence that drug availability was reducing. The number of drug finds had declined, and in the year to the inspection, the mandatory drug testing positive rate had reduced to 21.49%, although this was high for the type of prison. The substance use strategy was weak and not supported by a plan to coordinate, drive and measure the effectiveness of actions taken.*[61]

Public Health Wales estimate that rates of recent 'very heavy' binge drinking are higher in Wales (19%) than in England (14%) but lower than those in Scotland (24%). Explained in the Part B Report, the impact of alcohol misuse is greatest in the most deprived groups.

The Crime Survey for England and Wales (CSEW) reports on self-declared drug use amongst 16-59-year-olds and describes how, across all of Wales, overall drug use is below the England/Wales average but use of certain substances is slightly above average. This is shown in the RAG-rated table below, red being where Wales is above average and green where it is below.

[58] ONS (2020) Deaths related to drug poisoning by local authority England and Wales 1993-2019 (Table 4 – Males) [Accessed 21/5/21].

[59] Public Health Wales (2020) Harm reduction database Wales: drug-related mortality; annual report 2019-20. [Accessed 21/5/21].

[60] ONS (2020) Deaths related to drug poisoning by local authority England and Wales 1993-2019 (Table 4 – Males) [Accessed 21/5/21].

[61] HMIP (2019) Report On An Unannounced Inspection Of HMP Berwyn by HM Chief Inspector of Prisons. [Accessed 7/5/21]

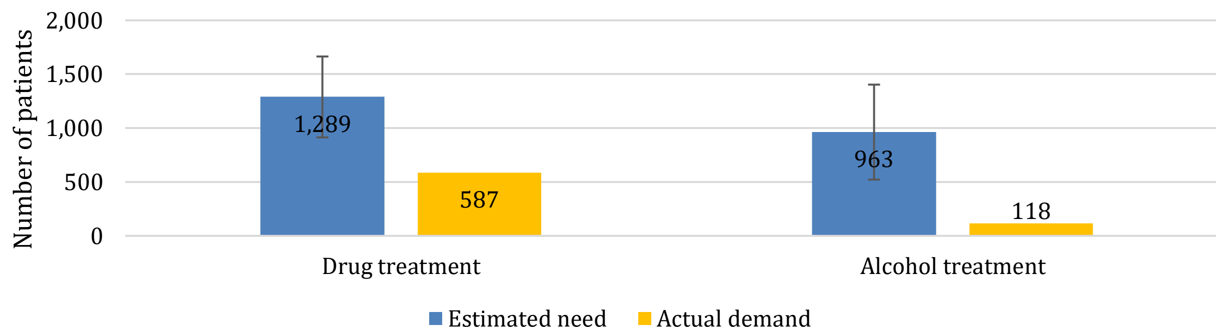
Figure 75 – Drug Use Prevalence Percent of Adult Population Used in Last Year (CSEW 2019/20)[62]

Substance	England and Wales total	Wales
Any drug	9.4%	8.5%
Any Class A drug	3.4%	2.7%
Powder cocaine	2.6%	1.8%
Ecstasy	1.4%	0.9%
Amphetamines	0.3%	0.5%
Hallucinogens	0.7%	0.9%
Cannabis	7.8%	7.7%

Data analysis in this chapter is based on NDTMS (HMP Berwyn, unlike other Welsh prisons, does report to NDTMS and no concerns were raised regarding data accuracy) and SystmOne where applicable (it was reported that SystmOne did not necessarily reflect all treatment activity). Note that no NDTMS data was available for one of the comparators (HMP & YOI Parc).

The following chart compares the expected annual incidence of substance misuse[63] among the population of HMP Berwyn to the actual demand for treatment, based on NDTMS data (on the full year 2019/20 as reported to NDTMS; using 2019/20 as likely to be more indicative of 'normal' activity, prior to any impact from the Covid-19 pandemic). Calculations for the expected incidence are based on an average male prison population and can be found in Appendix C. Data relating to substance misuse is derived mainly from the national drug treatment monitoring system (NDTMS). Full NDTMS data is included in Appendix D.

Figure 76 – Predicted Incidence and Actual Demand (per annum, based on 2019/20)



The observed demand for drug treatment at HMP Berwyn is lower than predicted. In the prospective HNA published for HMP Berwyn before the prison opened, it was estimated that 22% of prisoners were likely to need help with substance misuse treatment. Despite now having a remand population the actual demand (at only 6% of new receptions entering treatment) is significantly lower than was envisaged at the time of the prospective HNA.

NDTMS data suggests that those in treatment are likely to report a somewhat different profile of substance use compared to an average training prison with predominantly more non-opiate drugs.

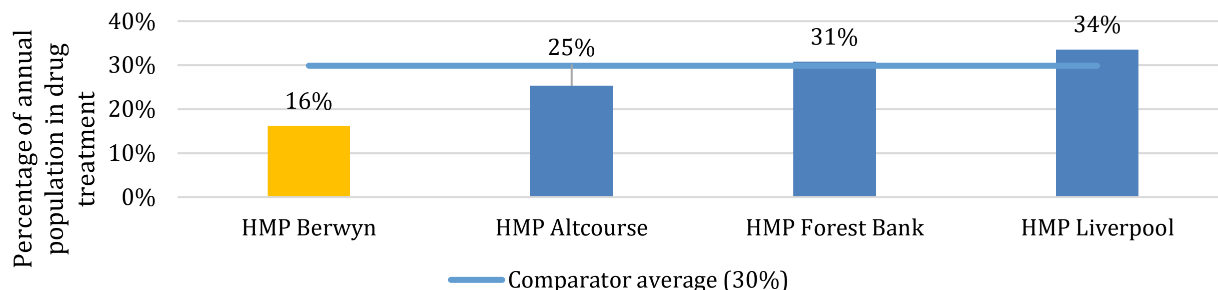
As a useful comparison with similar prisons, the number of patients recorded on NDTMS as entering drug treatment in 2019/20 in relation to the annual population of the prison (op cap plus receptions to the prison as reported on NDTMS) was relatively low at HMP Berwyn. This

[62] ONS (2019) Crime survey England and Wales. Data Tables 3.08. [Accessed 9/6/21].

[63] Based on an estimated annual population calculated as the average MOJ-reported op cap over the year, plus the number of new patients reported as registered on SystmOne during the year.

is also consistent with findings at the time of our last HNA in 2019 when the proportion of residents in treatment was also below expectations.

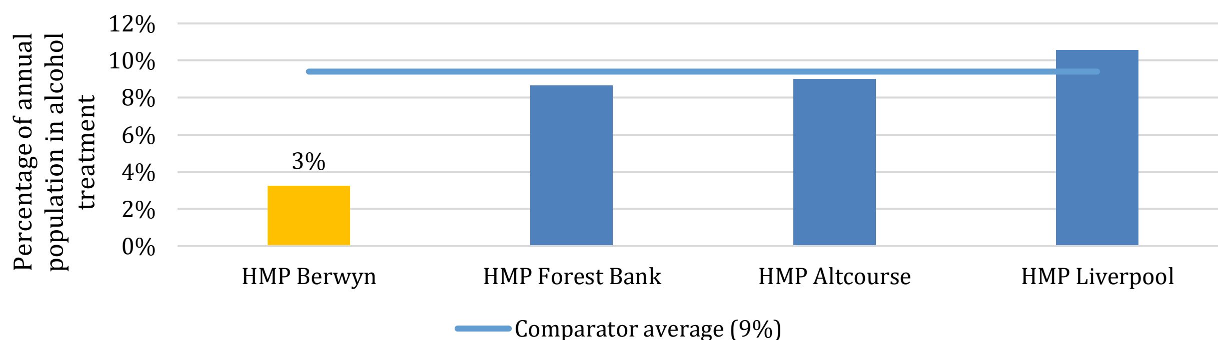
Figure 77 – Percentage of Annual Population in Drug Treatment (NDTMS data, 2019/20)



For alcohol treatment, the observed demand at HMP Berwyn is also far lower than predicted (this is not unusual and attracting prisoners to alcohol treatment is notoriously challenging in any establishment). It is, however, important to note that the figure for actual treatment demand above will not include those reporting alcohol use alongside opiate drugs (all those reporting opiate use are categorised on NDTMS as opiate users, regardless of other substance use).

During 2019/20, 109 patients (18% of those with a score recorded) were recorded on NDTMS as having an AUDIT (alcohol use disorders identification test) score of 20 or above – indicative of probable dependent drinking. This was considerably lower than the 31% reported in prisons nationally (of all types). In the first nine months of 2020/21, 59 patients had a score of 20+ (16% of those with a score recorded, compared to 32% nationally).

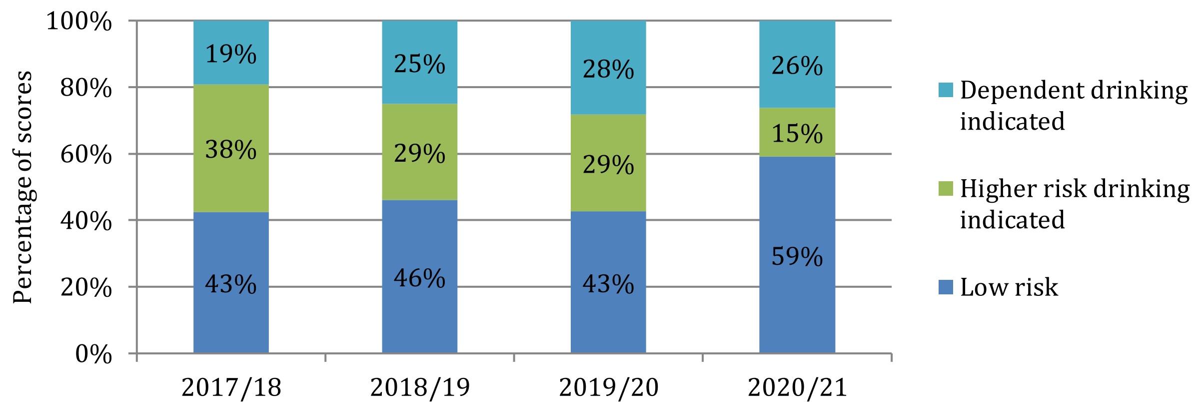
Figure 78 – Percentage of Annual Population in Alcohol Treatment (NDTMS data, 2019/20)



As with drug treatment, the proportion of residents in treatment for alcohol use appears to be low relative to comparators at HMP Berwyn. The chart above shows engagement with alcohol treatment in comparator prisons as a percentage of each prison's annual population (op cap plus receptions as reported to NDTMS).

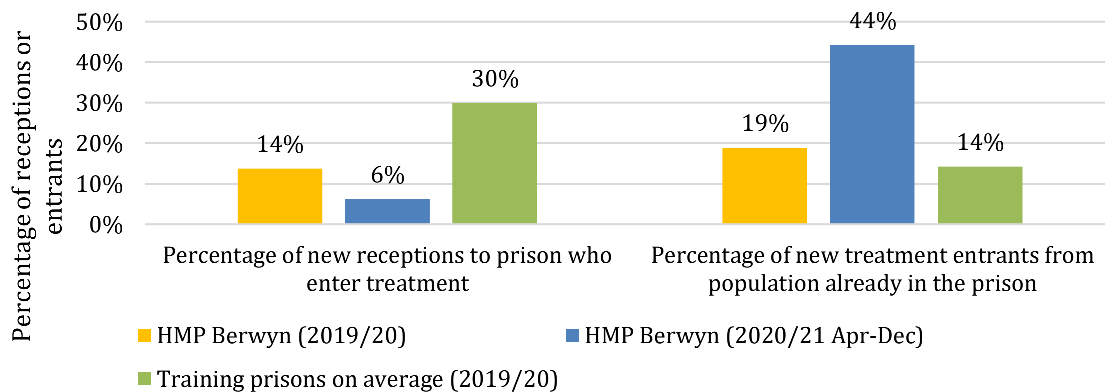
During 2020/21 (year to February), 49% (n=1,315) of new registered patients had an Alcohol Use Disorders Identification Test (AUDIT) score recorded on SystmOne. Of these, 26% (n=167) had a score of twenty or above, indicative of probable dependent drinking.

Figure 79 – AUDIT Scores (SystmOne data)



NDTMS data suggests that, compared to the average for training prisons, a lower proportion of new receptions to HMP Berwyn enter drug or alcohol treatment; this has reduced further in the last year. The proportion of treatment entrants from the existing prison population (i.e. who did not enter treatment directly from reception) was a little above average in 2019/20 but has risen sharply at HMP Berwyn in 2020/21 to date – an increase was also evident in training prisons on average (to 30% in 2020/21) but the rise was more pronounced at HMP Berwyn. This is likely due to new receptions being isolated following reception due to Covid-19 risk.

Figure 80 – Treatment Entrants Data (NDTMS data)



Recommendation Nineteen – The likely need for substance misuse treatment is far greater than the current demand. There should be more robust substance misuse screening for all new receptions to try and identify need and get people into treatment at the start of their stay.

7.2 Service Provision

The integrated substance misuse service at HMP Berwyn is provided by Betsi Cadwaladr University Health Board (BCUHB). The service is available seven days per week from 8am to 5pm, providing both clinical and non-clinical interventions.

The staffing profile for the clinical substance misuse team is detailed below:

Figure 81 –Substance Misuse Team Staffing

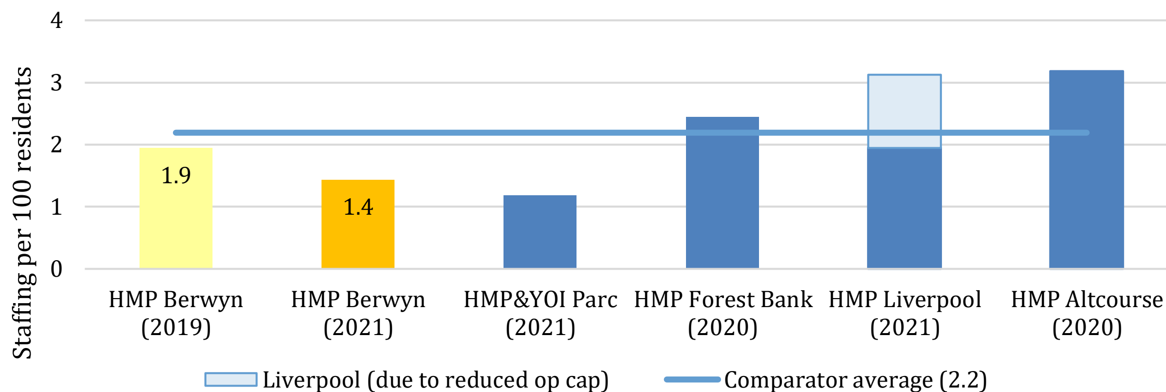
Role	Band or equivalent	Full-time equivalents	Comments
Team managers	Band 7	2	1 post vacant
SMS Practitioners	Band 6	6	2 posts vacant
SMS Practitioners	Band 5	11	
Assistant Practitioners	Band 4	8	5 posts vacant
Health Care Support Workers	Band 3	3.8	

What is not recognised in the above is the reality which is that the clinical team are running at just 70% of normal capacity due to the inability to recruit staff to posts and thee is no agency backfill.

> *"Staff across the team are working with caseloads of 74 men. We now have 600 people in service with us." (Substance misuse Lead)*

The chart below illustrates the ratio of substance misuse staff (including both clinical and non-clinical staff) at HMP Berwyn relative to population size. This appears low next to most comparator establishments (note this does not include admin provision as this is often described differently between prisons). As noted previously, the staffing level at HMP Liverpool is currently unusually high due to a reduced op cap (the additional staffing per 100 residents resulting from this is indicated by the lighter section of the column).

Figure 82 – Substance Misuse Staffing Ratio (based on op cap)



The interventions normally offered include:

- Digital Interventions (pre-recorded narrative on laptops) 2 x sessions over 2 week period – 2 workbooks with support prior on the phone
- NPS 2 x sessions – 2 workbooks
- Hooch
- Cannabis
- Alcohol
- Coping Skills
- Relapse prevention

The team offer a range of non-accredited groups.

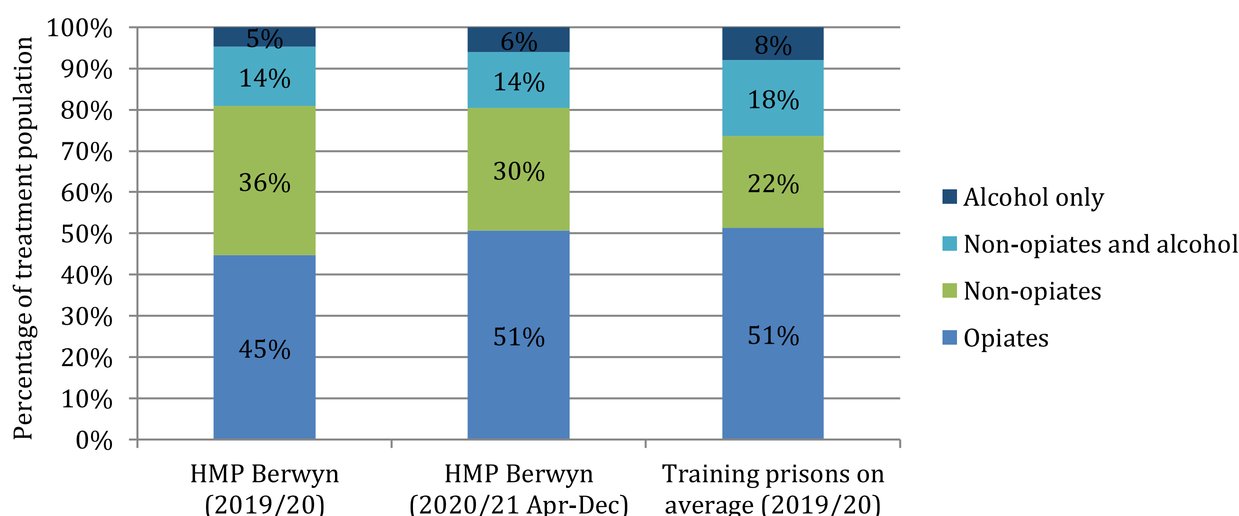
Figure 83 – Psychosocial Treatment Groups

Group/Programme name	Number of Participants	Duration (sessions)
NUDGE – low intensity group	10/12	4
CLAY (conscious living and you) – based on DBT	10/12	12
Alcohol Roads to Recovery	10/12	10
Release Planning	10/12 dependent on releases	1
Prenoxad/Nyxoid training	10/12 dependent on releases	1
Relapse Prevention	10/12	1
Alcohol Awareness	10/12	1
Acupuncture	10/12	6
Community SMS Joint clinics Psychosocial support Community SMS joint clinics prescribed	1 resident at a time	As required
NPS Awareness	10/12	1

7.3 Service Activity

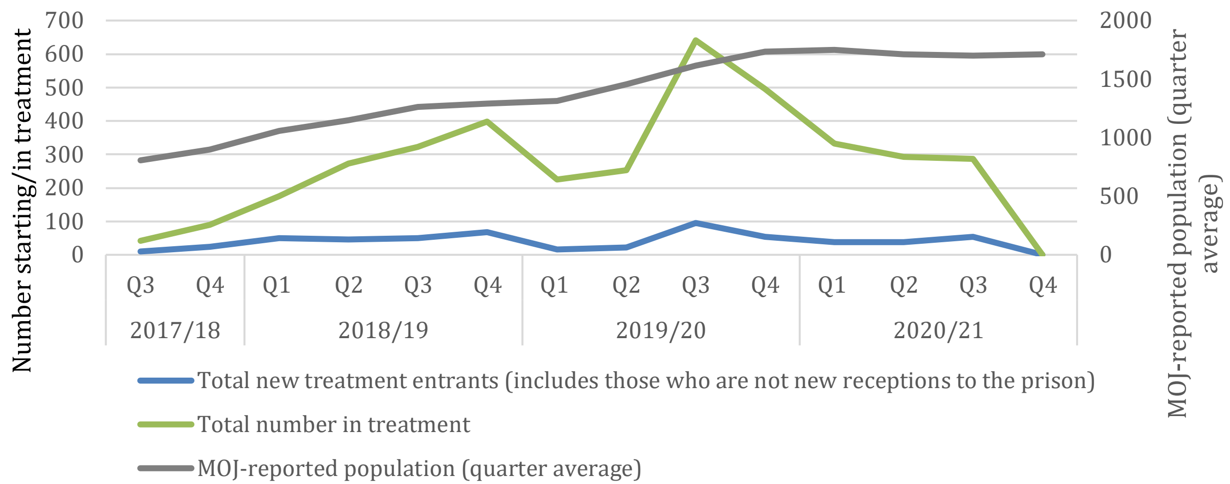
As reported on NDTMS, the substance use profile of those in treatment at HMP Berwyn is more weighted towards non-opiate use compared to training prisons on average, with lower proportions of patients in treatment reporting alcohol use compared to an average training prison. The substance use profile has not changed greatly (either in HMP Berwyn or training prisons on average) in the last year.

Figure 84 – Substance Use Profile of Patients in Treatment (NDTMS data)



Data relating to the current and historic in-treatment population was taken from NDTMS. The chart below describes numbers in treatment from the opening of HMP Berwyn to present and includes figures for new entrants and total numbers in treatment. There has been an overall increase in numbers in treatment (in concordance with the rising population of the prison) but a visible reduction from the last quarter of 2019/20 onwards.

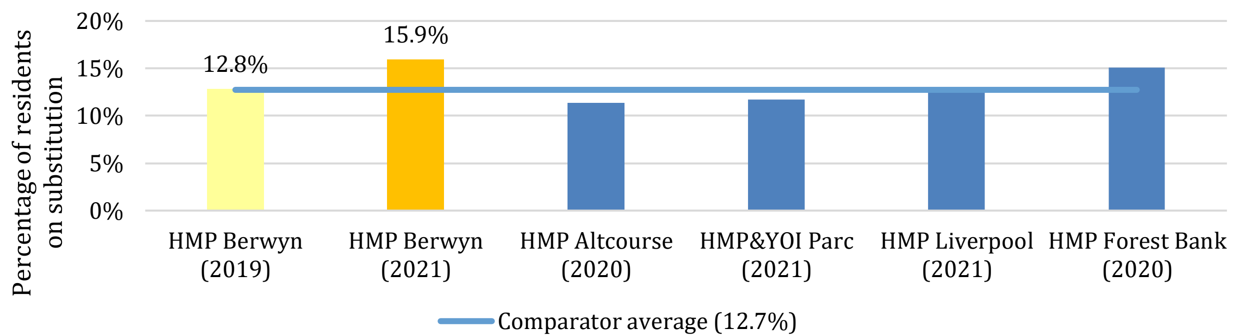
Figure 85 – Substance Misuse Treatment – New Referrals and Numbers in Treatment (NDTMS)



7.3.1 Clinical Service Activity

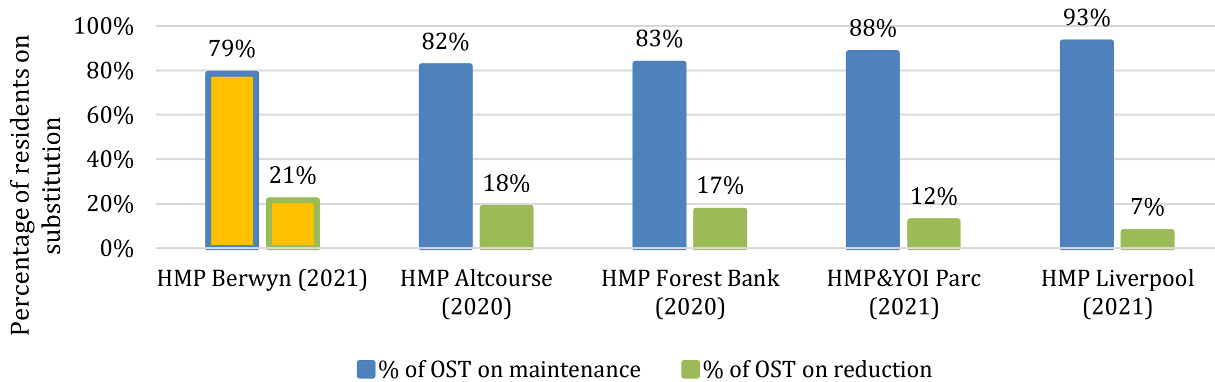
At a March 2021 snapshot, the substance misuse service reported 275 patients receiving clinical treatment. All of these patients were reported to also be receiving psychosocial treatment. This was a higher proportion of the snapshot population than most comparators for which this data was available, and somewhat higher than the proportion reported at the time of the last HSCNA. Note that this appears in contrast to the relatively low proportion of new receptions starting treatment as noted above, and the lower percentage of the annual population being treated in HMP Berwyn next to comparators. This may be due to changes since 2019/20 (as indicated by the increase from the last HSCNA) and also the difference between annual and snapshot data may indicate that longer-term residents are more likely to spend time in substance misuse treatment (this is supported by the relatively high proportion of treatment entrants from within the resident population rather than at reception).

Figure 86 – Opioid Substitution (service data)



Of the 275 patients prescribed OST at the March 2021 snapshot, 79% (n=223) were reported to be on maintenance and 21% (n=61) on reduction. Whilst not dissimilar to comparators, this is a little more skewed towards reduction. On average across comparators, 86% of OST patients were on maintenance and 14% on reduction.

Figure 87 – OST Maintenance and Reduction (service data)



It was also reported that Naltrexone is available on release when appropriate. In 2019/2020 there were 99 issues of Nyxoid for 85 patients.

NDTMS-reported intervention length at HMP Berwyn was somewhat longer than the average for training prisons (273 days on average in April-December 2020, compared to 161 days for training prisons on average).

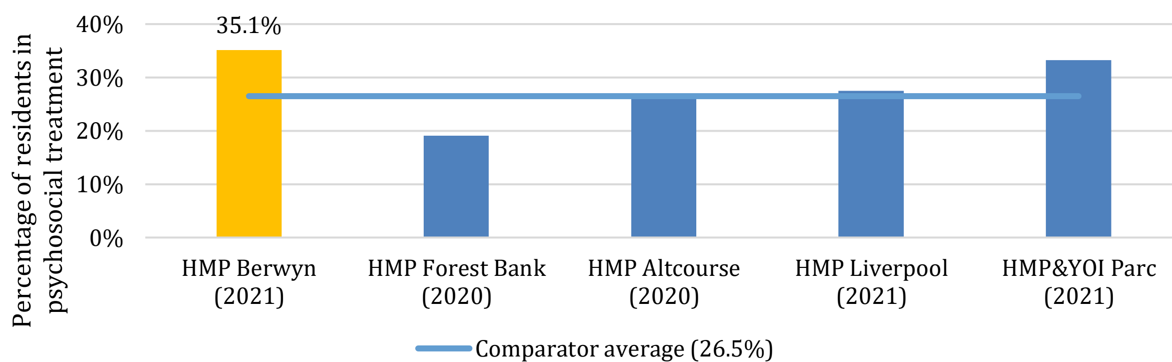
7.3.2 Alcohol Dependence

At a March 2021 snapshot, BCUHB reported fewer than five patients receiving medication for alcohol detox; this was a similar proportion of the population than the 0.1% reported at the time of the last HSCNA in 2019. Comparators reported similarly low levels (0.5% at HMP & YOI Parc and 0.4% at HMP Liverpool).

7.3.3 Non-Clinical Service Activity

At a March 2021 snapshot, the substance misuse service reported 606 patients receiving psychosocial treatment. Of these, 45% (n=275) were also receiving clinical treatment. This represents 35.1% of the population at the time, higher than the average among comparators for which equivalent data was available.

Figure 88 – Residents in Psychosocial Treatment Comparison (treatment service data)



7.3.4 Accessibility and Did Not Attend (DNA) Rates

In the most recent six months available (September 2020 to February 2021), SystmOne reported an average DNA rate of less than 1% for substance misuse clinics. This is a slight decrease from the 4% DNA rate reported between October 2019 and March 2020. However, given that the majority of interventions for the service involves calling the resident, the DNA rate is somewhat arbitrary. SystmOne reported a wait time of one working day for the substance misuse clinic at our March 2021 snapshot (though this is likely an underestimate as we were not able to obtain data on residents currently awaiting appointments).

In the resident consultation, 90% of residents who responded said they knew how to access substance misuse treatment. This was similar to the 89% at the time of the 2019 HSCNA survey; both were considerably higher than the average of 73% across four comparators.

7.4 Peer Support

Prior to the onset of Covid-19 it was reported that Alcoholics Anonymous (AA) visited the establishment and ran one group per week. One weekly Narcotics Anonymous (NA) and two weekly SMART recovery groups were run by men in the prison, facilitated by BCUHB. All are currently suspended due to the pandemic. There was also a peer support group, however it was reported that prior to Covid-19 all the groups were suspended due to losing operations support and room availability on house blocks.

The service is supported by peer mentor roles as follows:

Figure 89 – Substance Misuse Service Peer Roles

Role	Full-Time Equivalents	Paid/unpaid	Comments
Recovery Champion	3	Paid	One full time recovery champion dedicated to each community.
Recovery Champion	Approx. 8 – 12 prior to Covid-19 restrictions	Unpaid, on a voluntary basis often alongside other work placements	Recovery champions have been suspended due to lockdown restrictions.

More peer mentors are about to be re-trained and there is an intention to recruit to further peer mentor posts. The intention is, once Covid-19 restrictions are lifted, peer mentors will work in reception on the wings and will assist with group facilitation.

7.5 Release Planning

As previously identified, Naloxone (predominantly Nyxoid) is provided to patients on release.

The table below shows the areas, reported by the service, as the most common that men are released to; by far the majority of releases (approximately 200 per year) are reported to be to North Wales (note that the disproportionate releases into North Wales are due to the remand population).

Figure 90 – Community Services

Town/city	Community Provider
North Wales	Dechrau Newydd (Kaleidoscope)
Liverpool	We are with you
South Wales	DDAS
Manchester	CGL
Birmingham	CGL

> *"We have good links with the community treatment services in Wales. We regularly meet on Microsoft Teams and we discuss upcoming releases. We don't have the same setup in England." (Substance Misuse Lead)*

Executive releases (and other short-notice releases) were cited as being problematic for the team in terms of continuity of care and maintaining treatment.

7.6 Substance Use in the Prison

A key area of focus as part of the Prison Accelerator Programme in HMP Berwyn is substance misuse. It was recognised, following a drug diagnostic visit in March 2021, that there were some areas for focus which will become part of the localised action plan, including:

- Re-writing the prison drug strategy to include input from health
- Staff training of residential staff to better understand substance misuse services on offer, including utilising residents to co-facilitate. This will include e-learning, development of service directories and other marketing strategies to raise overall awareness
- Considering the applicability of staff substance misuse champions (mirroring the approach, for example, in HMP Stocken) for substance misuse
- Continuity of care back into the community, increasing engagement with substance misuse treatment provision and effectively sharing information with community services
- Prison environment – considering options such as a drug-free wing, creating more therapeutic environments and spaces, incorporating work of recovery colleges etc.

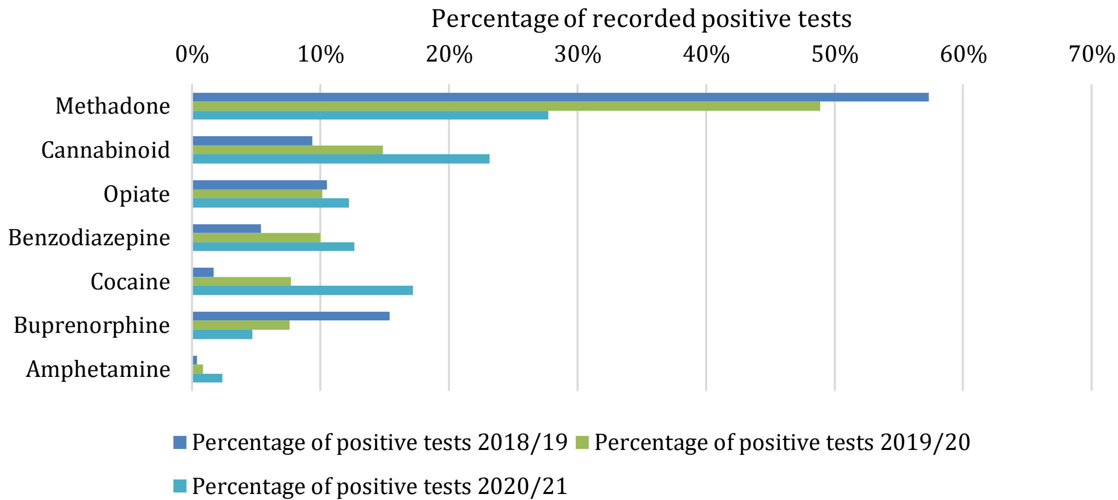
It was reported that since the introduction of the body scanner, the availability of substances has reduced.

> *"We do have a revolving door cohort from Wrexham in here and the body scanner has largely put a stop to the supply from that route." (Substance misuse Lead)*

Unlike many other prisons, incoming mail is not photocopied in HMP Berwyn.

The following chart shows positive drug test results recorded on SystmOne during the past three years. The most common substance residents tested positive for was methadone, however, this appears to have reduced in 2020/21 to date. The proportion of positive tests that indicate cannabinoids increased considerably in 2019/20 and 2020/21, as did those indicating cocaine.

Figure 91 – Drug Test Results (SystmOne data)

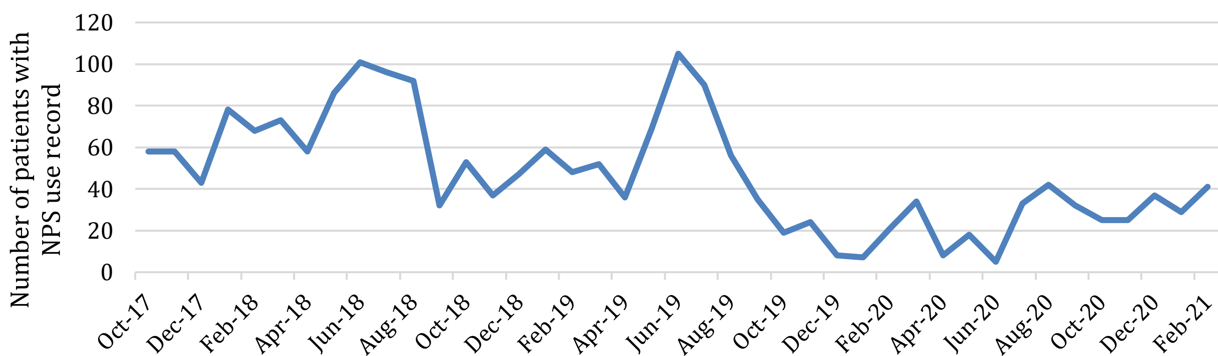


7.6.1 New Psychoactive Substances

The Part B Report contains much fuller information in relation to the impact of new psychoactive (NPS/PS) type drugs in prisons, and on prison healthcare teams in general. NDTMS indicated that NPS/PS use in HMP Berwyn is somewhat higher than the national average, with 8.3% of patients in treatment during 2019/20 and 9.8% in the first nine months of 2020/21 reporting primary use of NPS/PS drugs (compared to 4.3% and 3.9% respectively, in prisons nationally).

The prevalence of NPS use appears to have declined over the past couple of years according to SystmOne records; an average of 63 residents per month were recorded on SystmOne as using novel psychoactive substances (NPS) during 2018/19, reducing to 42 per month on average in 2019/20 and 27 per month in 2020/21. This is despite the increase in the prison's population.

Figure 92 – NPS Use (SystmOne data)



What is disguised in the above data is that the seemingly low prevalence of NPS use from early 2020 is not likely to show new need, as the most recent MDT data showed that the proportion of random drug tests positive for NPS in December 2020 was 24%, a significant increase on previous months/years. Interviewees commonly cited observations that NPS use was significant.

We conclude that there is high prevalence of NPS use in HMP Berwyn, however only a small proportion of NPS users engage with the substance misuse treatment service.

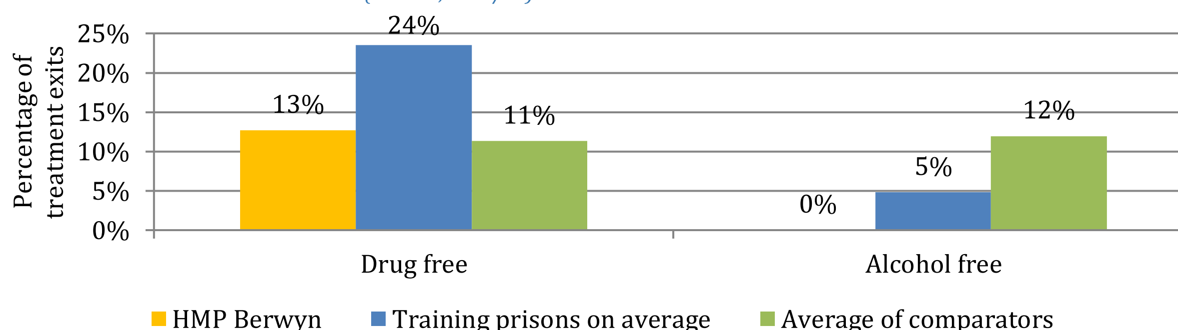
Recommendation Twenty – The substance misuse team should specifically target NPS users, especially those testing positive via the MDT process with brief interventions in an attempt to better engage this cohort into treatment.

7.7 Treatment Outcomes

Caution needs to be taken when interpreting treatment outcome data as it relates solely to those who leave drug treatment (whether they choose to leave treatment, are released, or are transferred to another prison). A successful treatment outcome can include a discharge substance-free or with only occasional use, or an onward referral, for example to another prison or a community agency.

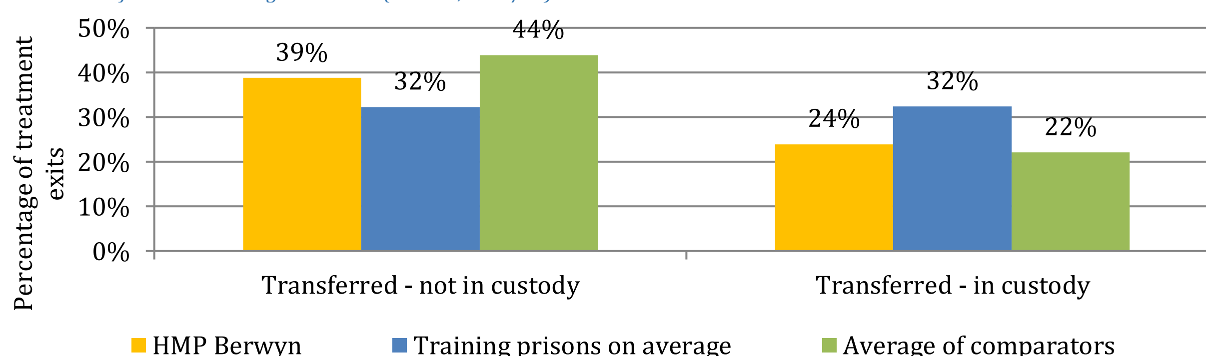
NDTMS reported that 13% of patients leaving treatment in HMP Berwyn left drug free in 2019/20 (taking this as likely indicative of more 'normal' activity pre-pandemic); lower than the average across all training prisons but similar to the average of three comparator establishments.[64] None were reported to have left treatment alcohol-free nor as occasional users. In 2020/21 (Quarters 1-3), HMP Berwyn reported 24% of patients leaving treatment drug-free, compared to 34% in training prisons on average (1% of patients left treatment at HMP Berwyn alcohol-free).

Figure 93 – Substance Free Treatment Exits (NDTMS, 2019/20)



A quarter of treatment exits from HMP Berwyn in 2019/20 were reported by NDTMS to be of individuals who remain in treatment and were transferred to a substance misuse service in another prison; this was fairly similar to comparators. The majority (39%) of those leaving treatment were transferred to another treatment provider in the community.

Figure 94 – Transfers to Continuing Treatment (NDTMS, 2019/20)



[64] The comparator prisons included are: HMP Altcourse, HMP Forest Bank, and HMP Liverpool.

NDTMS data indicates that patients transferred from HMP Berwyn to treatment in the community, and those transferring to treatment at another prison, were similarly likely to successfully pick up treatment at their new provider within three weeks compared to those from comparator prisons.

As previously mentioned, the Prisons Accelerator Project in 2021/2022 will include a renewed focus on throughcare for substance misuse patients back into community services including improved information sharing to improve continuity of care (primarily Kaleidoscope). The substance misuse team already hold regular Teams calls with the community service to discuss upcoming local releases.

7.8 Chapter Summary

- The actual demand for drug treatment is somewhat lower than our predicted estimate. Against comparator prisons the rate of patients in substance misuse treatment was almost half of what is observed elsewhere. Compared to the average across all Cat C prisons, the substance misuse profile in HMP Berwyn has a greater emphasis on non-opiate related substances than we typically see.
- Over a third of the population in HMP Berwyn (35.1%) are in substance misuse treatment. In March 2021, 275 residents were receiving clinical treatment (predominantly methadone), representing 15.9% of the population. This is an increase since the time of the last HSCNA (then 12.8%) and is also higher than comparators. There is a greater focus on methadone reduction (21% of patients) as opposed to maintenance than seen in comparator prisons (14% of patients), again, reflecting the medicines optimisation approach in HMP Berwyn.
- Only 3% of the population are recorded to be in alcohol treatment – compared with 9% across comparator prisons. This is despite 26% of residents who had an AUDIT score recorded reporting dependent drinking. The proportion of receptions receiving clinical treatment for alcohol withdrawal is in line with comparator prisons.
- Whilst theoretically, the resourcing for the integrated substance misuse service is sufficient the reality is that the team are running with two thirds vacancies, effectively hindering their ability to provide a comprehensive service.
- The length of treatment intervention at HMP Berwyn (average 273 days) is far longer than the average across comparators (161 days).
- MDT data suggests NPS use is prevalent in the establishment, however data on those in treatment show low demand suggesting this population is not being reached by the current substance misuse team. **See Recommendation.**
- Treatment outcome data on release suggests only 13% of patients successfully completed drug treatment in the last year and no patients successfully completed alcohol treatment. This is a lower rate than seen nationally and will be a focus area within the Prison Accelerator Project.

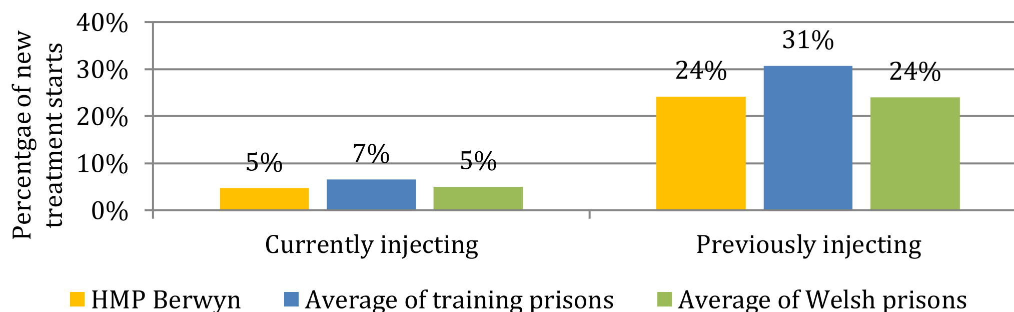
Chapter Eight – Communicable Diseases, Screening & Immunisations

The health protection team is part of the national team, which sits underneath Public Health Wales, and has an overview of communicable diseases, screening and immunisations across all Welsh prisons, championed by a lead nurse for Health & Justice. In addition to this, there are public health teams within local authorities, specifically in Wrexham.

8.1 Blood Borne Viruses (BBV) – Screening

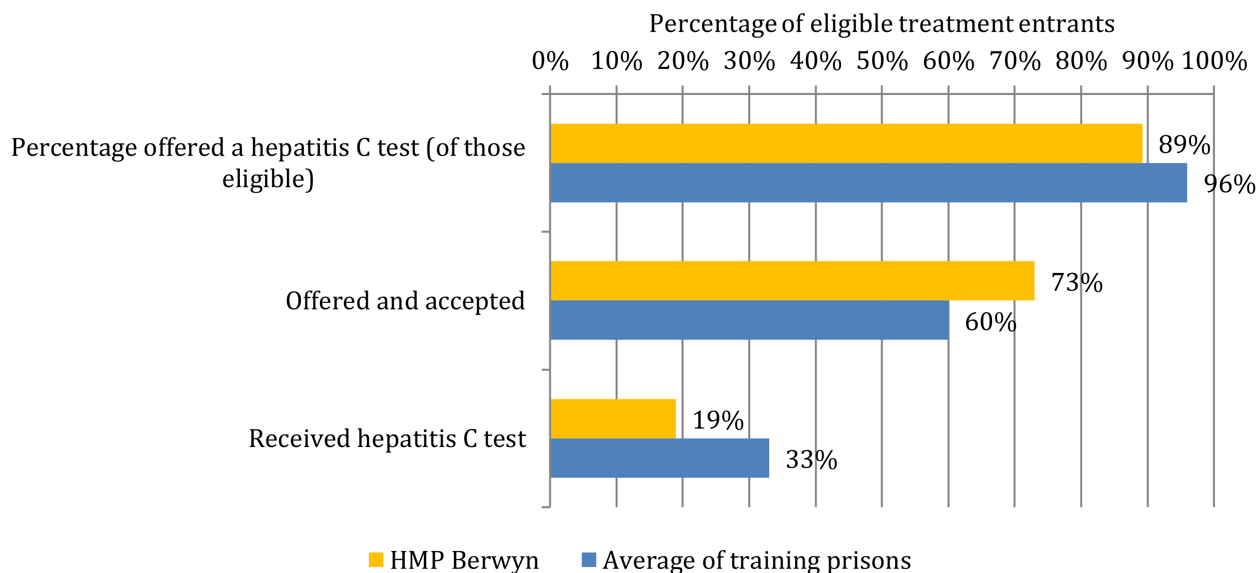
NDTMS data describes the proportion of residents starting substance misuse treatment who have previously injected and who are currently injecting. This is important as it is an *indicator* of likely need, however, NDTMS covers only those in substance misuse treatment. The data presented in the figure below covers the first nine months of 2020/21. HMP Berwyn reported a lower proportion of substance misuse treatment entrants currently injecting and a higher proportion of past injectors, compared to the national average for training prisons (though it was similar to the average for Welsh prisons).

Figure 95 – NDTMS Injecting Rates amongst Drug Users (2020/21 Q1-3)



NDTMS data shows above average rates of those eligible for hepatitis C testing as accepting interventions, but a below average proportion completing them.

Figure 96 – NDTMS Hepatitis C Screening Data (2020/21 Q1-3)



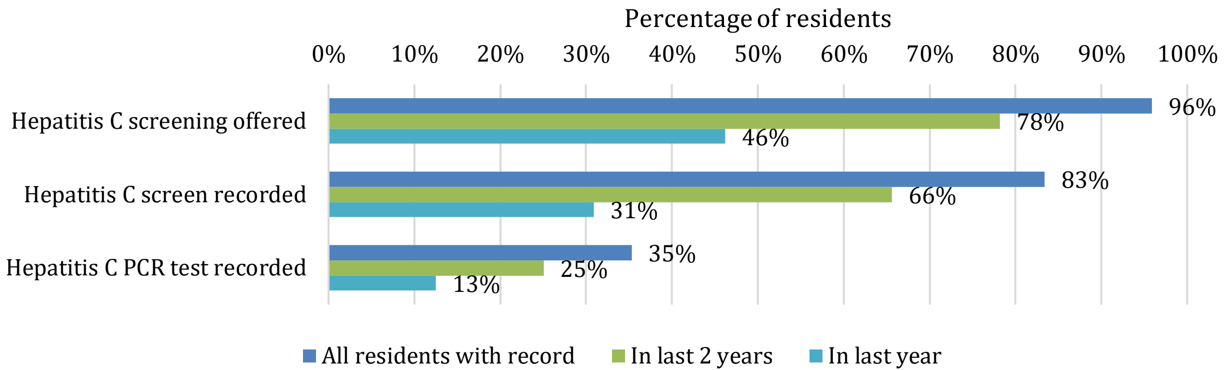
Dry blood spot testing is part of the reception screening so all residents in HMP Berwyn are offered this. This is ideally performed during the first reception screening, however interviewees commented that this does not always happen and that a waiting list often develops for new receptions who need DBST. These patients will be offered a clinic time to attend at a later date. Likely for this reason, we see a drop in the take up rate of BBV screens following those offered. Patients electing to return for DBST is effectively opting in rather than opting out.

> *"Whilst it should be done as part of reception screening it isn't always. We do try and have a clinic list to catch-up but this is hard because there often isn't any room availability." (Substance Misuse Lead)*

Recommendation Twenty-One – Dry blood spot testing should not only be offered but also administered as part of the first reception screen process to increase take-up.

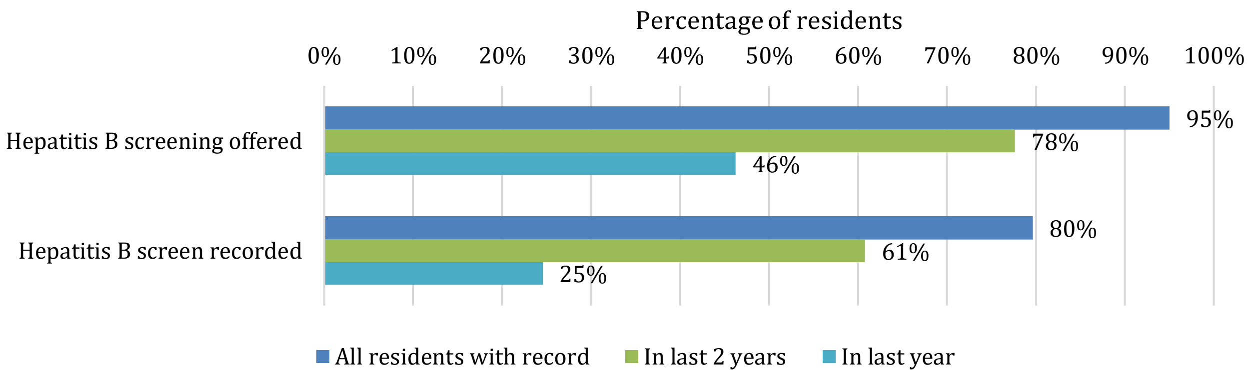
The proportion of current patients (at the time of our March 2021 snapshot) recorded on SystmOne as receiving hepatitis C screening interventions are shown below. Almost all (96% of) current patients have a record of having been offered a screening. According to the SystmOne data available, 83% of residents had a hepatitis C screening on record, and 35% had gone on to have a polymerase chain reaction (PCR) test (note that for some patients, their screenings may have been recorded at other establishments). Of current residents, 3.9% (n=68) had ever had a positive PCR test result recorded, and 0.5% (n=9) were recorded as ever having received an onward referral and/or treatment. It was commented that the visiting BBV service ceased during the pandemic.

Figure 97 – Hepatitis C Screening Activity (SystmOne data)



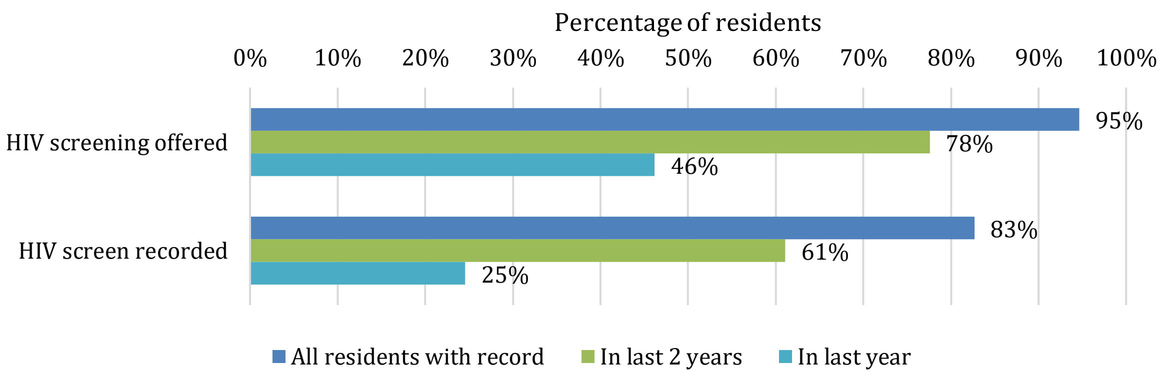
The proportions of residents who had a record of receiving hepatitis B screening interventions are shown below. According to SystmOne data, 80% of current residents at the time of our snapshot had a hepatitis B screen on record; 1.6% of residents (n=28) had ever had a positive test result recorded and none were recorded on SystmOne as having received an onward referral and/or treatment specifically for hepatitis B.

Figure 98 – Hepatitis B Screening Activity (SystmOne data)



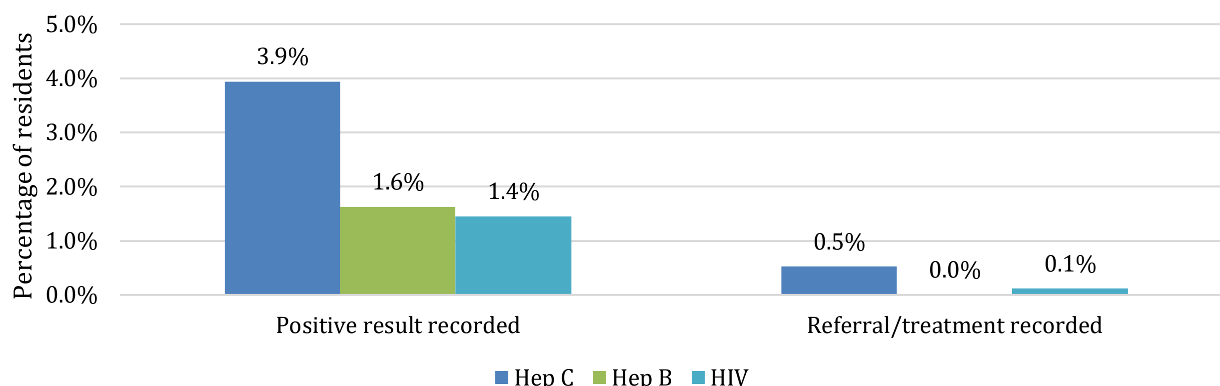
Human immunodeficiency virus (HIV) screening interventions as recorded on SystmOne are shown below. Of the residents at the time of our snapshot, 83% had an HIV screen on record; 1.4% of residents (n=25) had ever had a positive test result recorded and fewer than five were recorded on SystmOne as having received an onward referral and/or treatment. As previously noted, during the pandemic there has been no visiting service for treatment.

Figure 99 – HIV Screening Activity (SystmOne data)



The chart below illustrates that while screening uptake is similar for each virus (with around 80% of current residents having been screened at some point), hepatitis C is more commonly identified, as would be expected (note the hepatitis C figure reflects positive PCR tests rather than positive screenings).

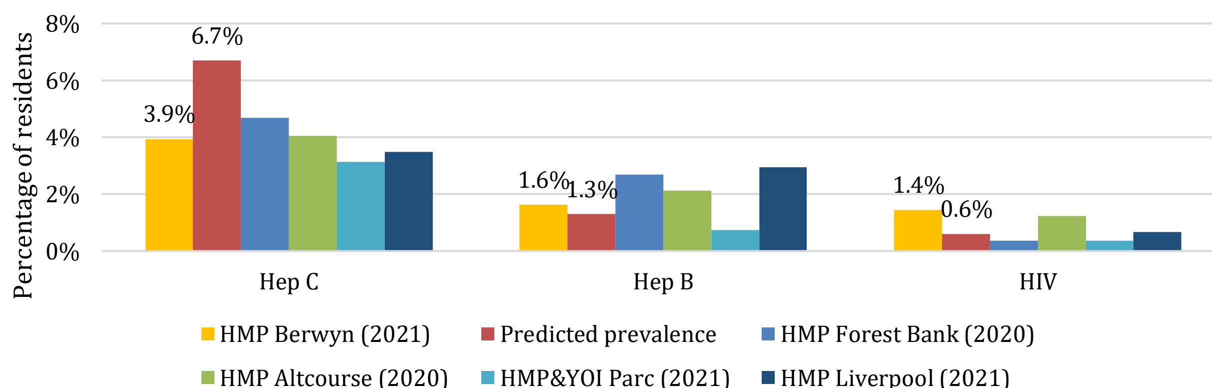
Figure 100 – Blood Borne Viruses Screening Positive Results (SystmOne data)



In summary, as a proportion of all residents at our March 2021 snapshot, 3.9% (n=68) had a record of ever having had a positive hepatitis C PCR, 1.6% (n=28) had a record of a positive test result for hepatitis B and 1.4% (n=25) had a record of a positive HIV test. To put the numbers identified as positive for BBVs in context, the chart below shows these against PHE estimates of the proportion of the prison population living with each of these viruses (as described in Report Part B),[65] and comparators for which this data was available.

Public Health Wales estimate that 10% of all prisoners are hep C antibody positive.[66]In HMP Berwyn 9% of residents have a record of ever being hep C antibody positive.

Figure 101 – Residents Identified as Positive for BBVs (SystmOne and PHE data)



8.1.1 Blood Borne Viruses – Pathway

The community team provides the onward referral pathway, albeit it was noted that, for remands, some residents may have left the establishment before this process has got going.

At present hepatology visit HMP Berwyn once a week to see patients who have tested positive. It was reported that men can wait six weeks for medication to arrive for treatment as this is not routinely held as stock within the pharmacy. This is in the process of being rectified.

[65] PHE & WHO (2018) Public Health England Health and Justice annual review 2017/18. [Accessed 7/12/20].
[66] https://phw.nhs.wales/topics/hepatitis-c/

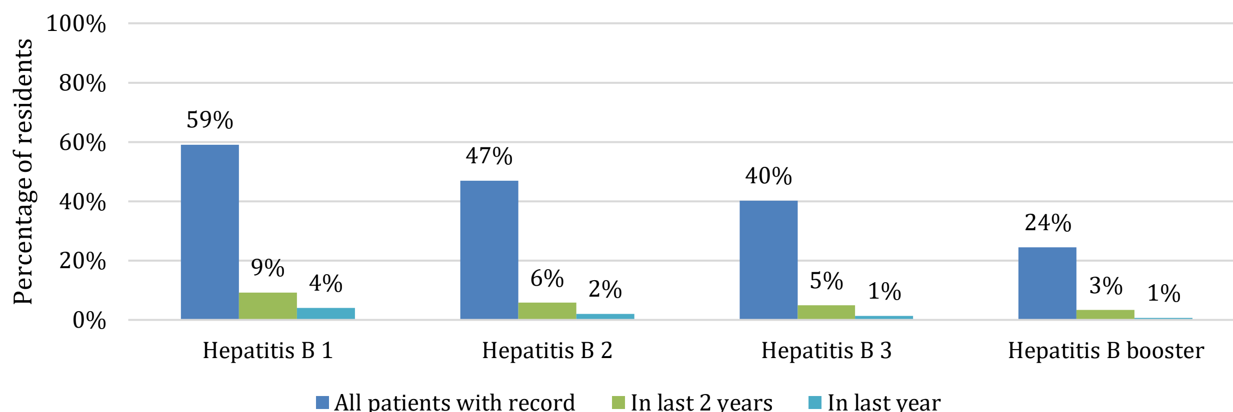
There is an intention to introduce swab testing using a PCR machine following a positive DBST which will give results within a day. This gives an accurate result and means men can start a treatment pathway sooner.

> *"HCAs can do the tests and swabs, however a nurse will be required for positive cases to have the conversation with the patient and make the referral to the community team." (SM Lead)*

To meet the needs, the intention is for hepatology to increase to three visits per week.

8.1.2 Hepatitis B Vaccinations

Figure 102 – Hepatitis B Vaccination (SystmOne data)



SystmOne records show that 59% of all current residents (at our March 2021 snapshot) have a record of ever having started a course of hepatitis B vaccination. A figure of 40% were recorded as having completed a course and 24% had a booster dose on record. We do not have the data sets to make rigorous comparisons with other local prisons during the pandemic, although in broad terms these figures suggest that the potential need for hepatitis B vaccinations is being identified and much of the need is being met.

8.2 Immunisation

Figure 103 – Residents with Vaccination Record (SystmOne data)

HMP Berwyn (vaccinations recorded anywhere)	All patients with record	In last 5 years	In last 3 years	In last 2 years	In last year
Influenza	69% (n=1194)	51% (n=882)	41% (n=700)	33% (n=563)	25% (n=439)
MMR 1	31% (n=527)	10% (n=180)	8% (n=140)	5% (n=82)	0.9% (n=16)
MMR booster	18% (n=309)	6% (n=100)	5% (n=82)	3% (n=52)	1.0% (n=17)
Meningitis ACWY 1	8% (n=138)	7% (n=127)	5% (n=78)	2% (n=34)	0.2% (n=3)
Shingles	0.1% (n=1)	0.1% (n=1)	0.1% (n=1)	0	0
Diphtheria, tetanus, polio 1	18% (n=310)	5% (n=84)	4% (n=76)	4% (n=64)	0.9% (n=16)
Diphtheria, tetanus, polio 2	12% (n=208)	0.8% (n=13)	0.8% (n=13)	0.6% (n=10)	0.1% (n=2)
Diphtheria, tetanus, polio 3	11% (n=196)	0.4% (n=7)	0.4% (n=7)	0.4% (n=7)	0.2% (n=3)
Diphtheria, tetanus, polio booster	16% (n=269)	1% (n=18)	0.6% (n=10)	0.3% (n=6)	0.3% (n=5)
Hepatitis A	15% (n=252)	3% (n=50)	2% (n=36)	2% (n=31)	0.4% (n=7)
Pneumococcal	2% (n=41)	2% (n=29)	1% (n=18)	0.7% (n=12)	0.1% (n=1)

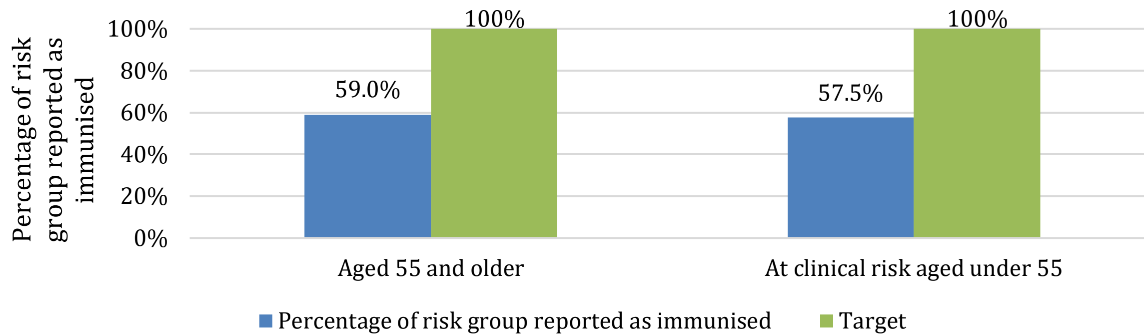
The SystmOne data above suggests that around a third of current residents at the time of our snapshot had a record of measles, mumps, and rubella (MMR) vaccination; 16% were known

to have been vaccinated against diphtheria, tetanus, and polio and 15% had a record of hepatitis A vaccination. It is likely the actual figures are higher as many people are unclear on their vaccination history; this uncertainty makes it hard to assess unmet need.

8.2.1 Influenza

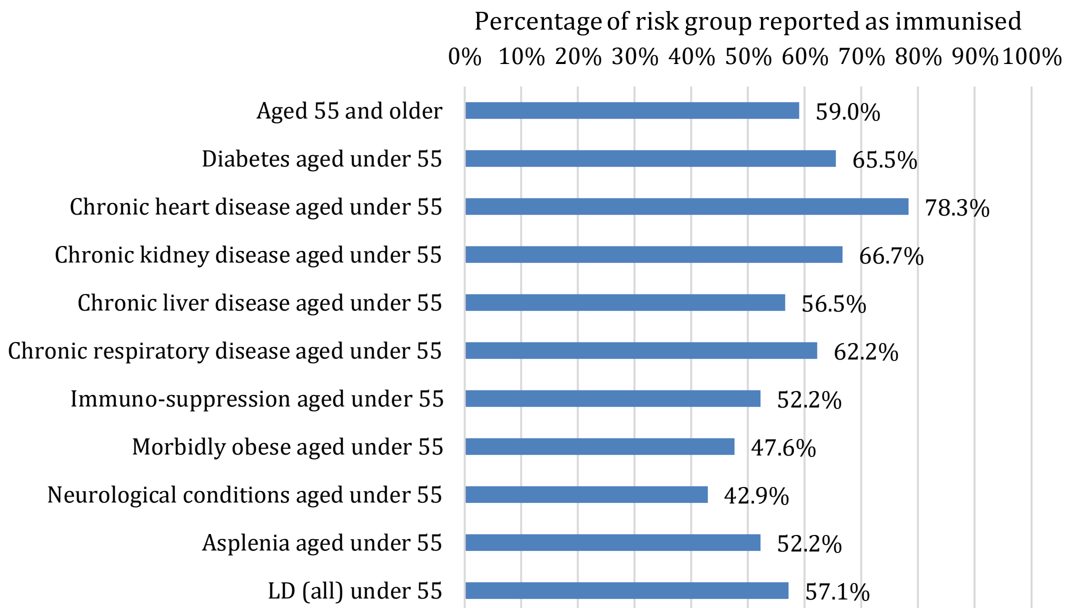
Twenty-five percent of residents had a record on SystmOne of influenza vaccination in the last year. Data provided by healthcare reported 26% of all patients receiving a vaccination, but also showed that far higher proportions of specific at-risk groups of patients had been vaccinated as is illustrated below:

Figure 104 – Influenza Vaccinations Recorded for At-Risk Groups (data provided by healthcare)



The below shows a further breakdown of the above:-

Figure 105 – Breakdown of Influenza Vaccinations



It was noted that there has been a significant focus on flu vaccinations since the onset of the Covid-19 pandemic and the national directive was to offer *all* men flu vaccinations (not just those defined as 'eligible'). This is likely to remain in place for the current year. Subsequently there has been a drive to get residents vaccinated.

However, the data above suggests that there is still some way to go to ensure those over 55 and those at clinical risk are vaccinated. The rate of vaccinations is below the Welsh prisons average and well below the Cat C prison average, particularly for those at clinical risk.

> *"The take up for the flu vaccination has not been as good as it has been for the Covid vaccine." (Primary Care Lead)*

It is noted that there is only 0.5 clinics per week allocated for flu vaccinations, which is insufficient for the size of the population. There are discussions about incorporating the flu and Covid-19 vaccinations together to increase uptake.

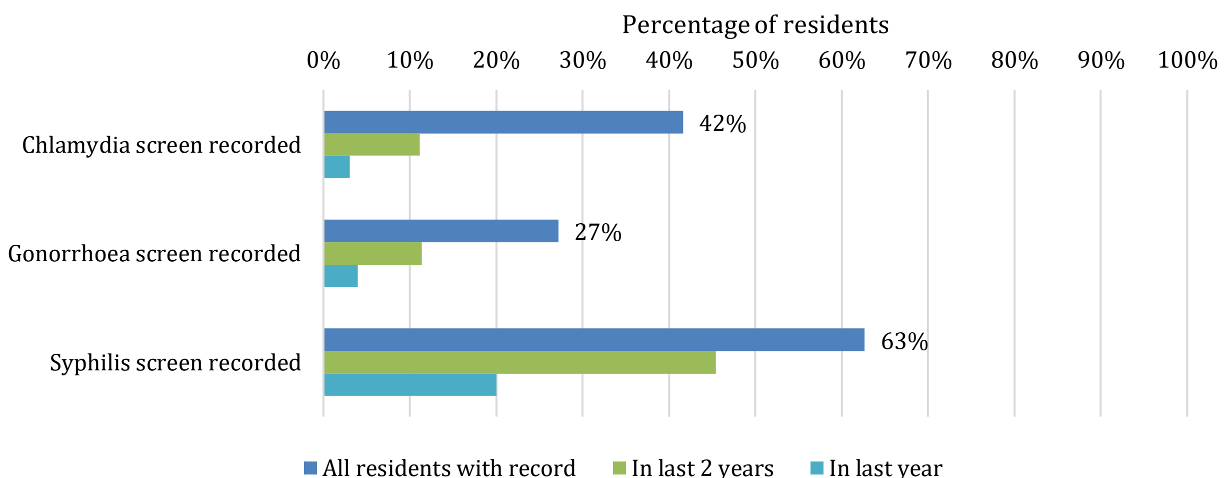
The vaccination pathway is from first reception screening, following which all men are now put onto a waiting list for vaccinations.

Recommendation Twenty-Two – Further increase efforts to ensure those over 55 and those at clinical risk have access to the flu vaccine.

8.3 Sexual Health

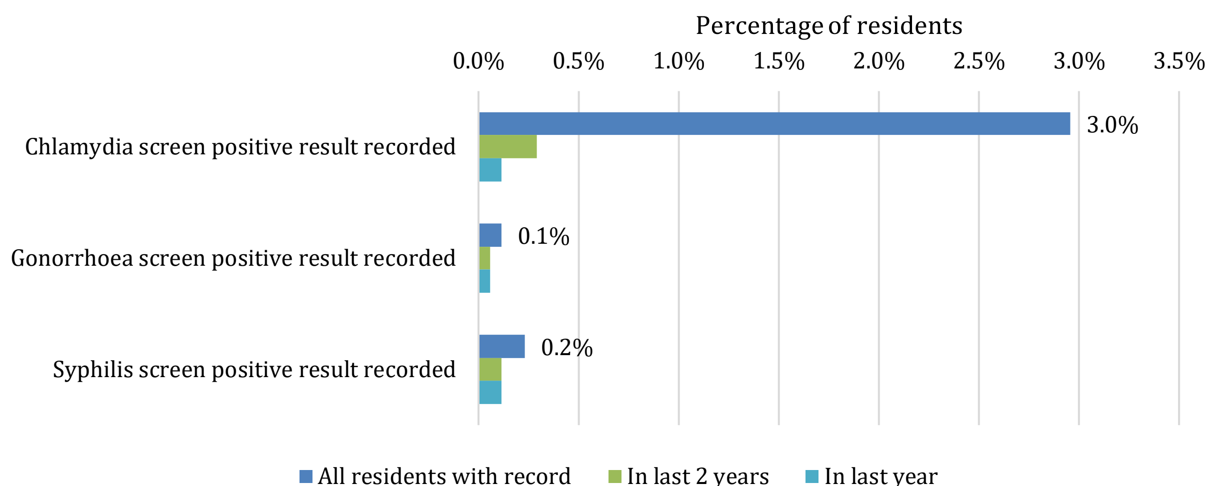
As a result of a national review undertaken by the Welsh Government in 2016 of sexual health services in Wales, an inconsistency in the provision of these services to people in vulnerable groups was identified; prisoners were specifically flagged as an area for further exploration. Subsequently, a report by the health protection team in PHW is in the process of being finalised which specifically explores the sexual health provision in all the Welsh prisons.

Figure 106 – Sexual Health Screenings (SystmOne data)



The SystmOne data above shows that of current residents at our March 2021 snapshot, 42% of patients had been screened for chlamydia, 27% for gonorrhoea and 63% for syphilis. The chart below shows patients with positive results recorded; chlamydia is by far the most commonly identified STI with 3% of current residents having ever had a positive result recorded.

Figure 107 – Sexual Health Screening Positive Results (SystmOne data)



Healthcare deliver nurse-led sexual health clinics and there is a visiting GUM service once a week that reportedly meets need.

8.4 Tuberculosis

The prevalence of tuberculosis (TB) is far lower in Wales (3.1 per 100,000 population) than it is in England (8.3 per 100,000 population), albeit these are whole population estimates and as explored in the Part B Report, we know TB to be more prevalent in prison settings. In addition, a large proportion of residents originate from England.

The national prison healthcare screening template includes tuberculosis (TB) screening questions and all new receptions and transferred residents are asked these. SystmOne data indicated that 3.1% of current residents had a TB vaccination on record (none within the past five years); fewer than five were recorded as ever having had a positive test for TB. TB was reported to be very rare although appropriate pathways existed. Needs are likely identified and met as they arise. There has been a recent positive case of TB identified within the establishment which has been managed in accordance with the pathway.

8.5 Covid-19

8.5.1 Testing

HMP Berwyn have been involved in a pilot across Wales (which is continuing) where all new receptions (both transfer and remand) are routinely swabbed on day one and day six, the results (as of 16 June 2021) being as follows:

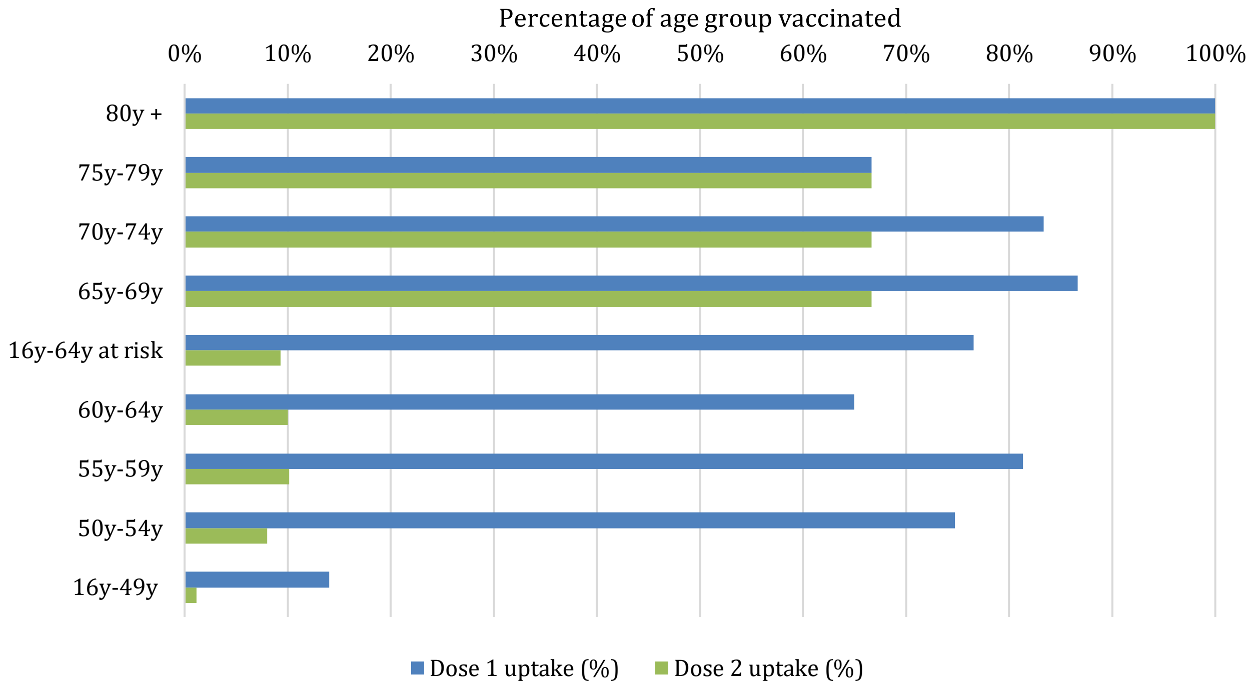
- 1390 swabs have been conducted on Day 1 (27 of which were positive)
- 1330 swabs have been conducted on Day 6 (12 of which were positive)

Additionally, a total of 504 swabs have been carried out to date for symptomatic residents, of which 161 were positive.

8.5.2 Vaccinations

More detailed data provided by healthcare showed that by the end of March 2021, 623 patients (across all age groups) had received one dose of a Covid-19 vaccination, and 83 had received two doses. As the chart below illustrates, roll-out of both doses to older age groups was more complete than to younger residents (who make up the bulk of the prison's population); this reflects practice across the community.

Figure 108 – Percentage of Age Groups Vaccinated against Covid-19 (data provided by healthcare)



A Covid-19 'firebreak' was introduced in the establishment in February 2021 to control the spread of infection which was largely positive.

At the time of our SystmOne data snapshot (25th March 2021), 384 of the current patients had been recorded as receiving a vaccination against Covid-19; this equates to 22% of the population. Most (95%) of those vaccinated had received their vaccination at HMP Berwyn. There does not appear, so far, to be a particular resistance to the coronavirus vaccinations, at least no more so than in the general community.

> *"We are currently following the national plan for vaccinations and are now on the over 40s." (Primary Care Lead)*

Somewhat unusually, the Lead Pharmacist has been leading the drive for Covid-19 vaccinations to date.

8.6 Chapter Summary

- As part of the reception process, all residents are offered screening for BBVs by means of dry blood spot testing. The take-up rate of this is lower than we might expect to see, likely due to the absence of second reception screens for all but remands. Second reception screens in other establishments include both the offer *and administration of* testing simultaneously (opt out) without the need to book patients to attend a further clinic (opt-in). **See recommendation.**
- BBV testing data indicates that there are numbers of positive results for HBV, HCV and HIV, yet these data sets also indicate that much small numbers engage in treatment. This is reportedly due to the BBV service not visiting the establishment during the pandemic.
- There is a high rate of STI testing and the vast majority of positive results are for chlamydia.
- The number of patients recorded as receiving any of a wide range of vaccines have dropped dramatically during the pandemic. Whilst there have been efforts to increase the flu vaccination across the whole population, only 59% of over 55s have received their flu vaccine and only 57.55% of those at clinical risk. **See Recommendation.**
- Covid-19 testing is performed on day one for all new receptions, with a current positive test rate of 2%. The test is repeated on day six (with a positive rate of 0.9%). Of the tests carried out on symptomatic residents, 32% were positive.
- The Covid-19 vaccination programme is being rolled out across the prison. The approach replicates that in the community by prioritising older and clinically vulnerable patients first. There is an intention to incorporate the Covid-19 vaccination with the flu vaccination at reception.

Chapter Nine – Self-Harm and Self-Inflicted Deaths

9.1 Self-Harm

The latest HMIP report (2019) noted that:

> *The strategic management of suicide and self-harm required improvement. Strategic meetings were poorly attended and too little was done to analyse, understand and take action to address the causes of self-harm. Most of the at-risk prisoners on assessment, care in custody and teamwork (ACCT) case management did not feel sufficiently cared for. ACCT documents required improvement, and initial assessments and care plans were weak. Quality assurance was in place but had not addressed these issues. There were sufficient Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) but prisoners had limited access to them overnight.*

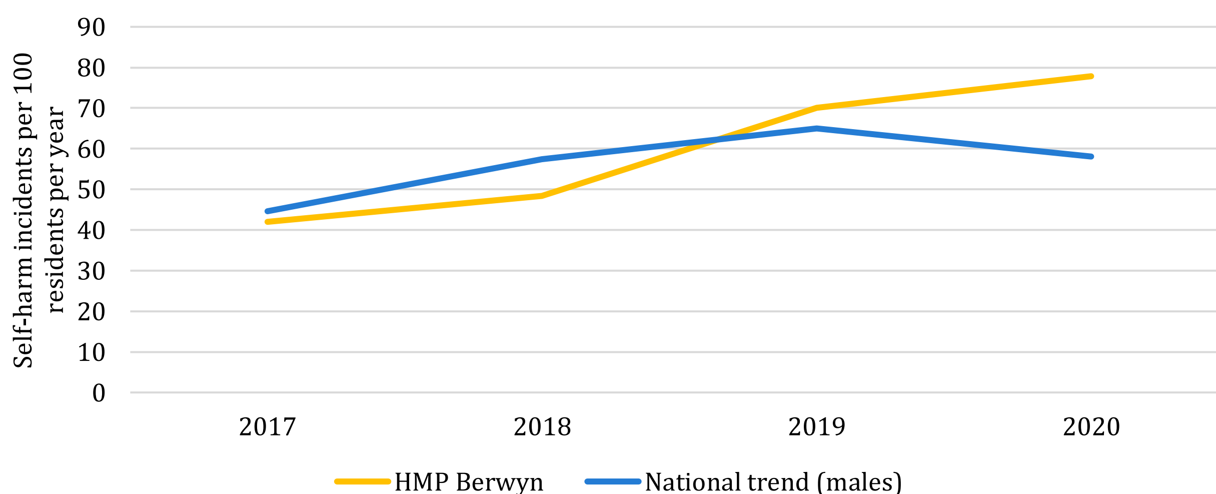
During interview, an IMB representative felt that self-harm and deteriorating mental health was going to be significant during the recovery from the pandemic:

> *"We have a backlog of men waiting to go to Cat D but who can't go as they've not been able to do their programmes during the pandemic. There's a lot of frustration. We have been getting a dozen calls a day to our 0800 IMB number. Self-harm rally is a big issue in here." (IMB)*

9.1.1 Prevalence

The chart below considers the number of self-harm incidents in HMP Berwyn over time in the context of the national trend (per 100 residents per year; for HMP Berwyn, the number of residents is based on the average op cap in each year). The relative annual number of self-harm incidents at HMP Berwyn has increased since 2017 to be slightly above the national average.

Figure 109 – Self-Harm in HMP Berwyn (comparison)[67]



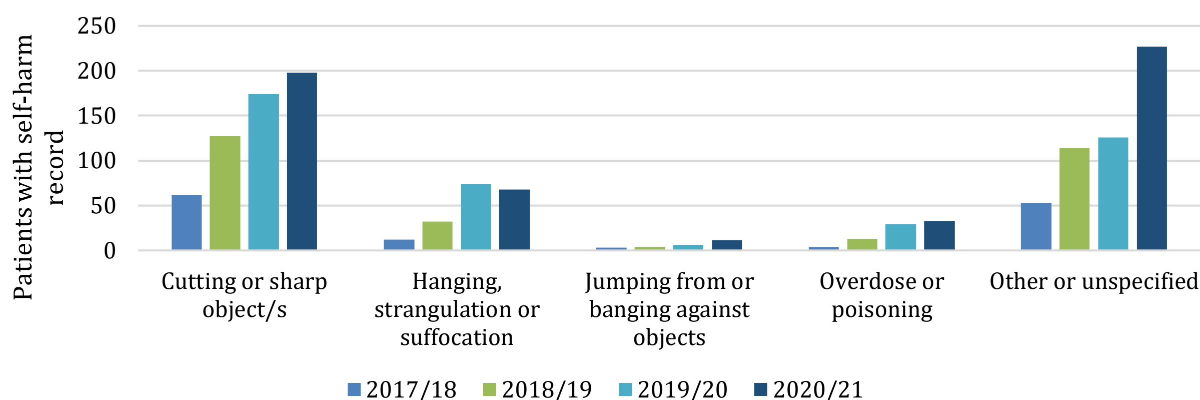
Prison staff reported that, against their own performance tables and comparator prisons, self-harm rates in HMP Berwyn remain consistently higher than average.

[67] MOJ (2019) Safety in custody statistics. [Accessed 11/5/21]. Please note the national trend refers to male prisoners only and is standardised based on the op cap, so shows the number of incidents per that number of prisoners.

In some cases, high numbers of self-harm incidents may indicate several individuals engaging in these behaviours; in other circumstances a small number of prolific self-harmers may account for a large proportion of the incidents reported. In our experience of self-harm in Cat C prisons, it is usually the latter. MOJ data no longer includes the number of individuals recorded as having self-harmed in each prison. SystmOne data indicates that during 2020/21, 347 individuals had an incident of self-harm recorded on SystmOne (a total of 537 incidents recorded); annual numbers have increased year on year (with 255 residents in 2019/20 having a total of 409 incidents recorded), likely due to the increase in population.

SystmOne data regarding the type of self-harm shows that the most frequent method of self-harm, where method was recorded, was cutting or self-injuring with a sharp object (43% of recorded incidents in 2019/20 and 37% in 2020/21).

Figure 110 – Types of Self-Harm (SystmOne data)



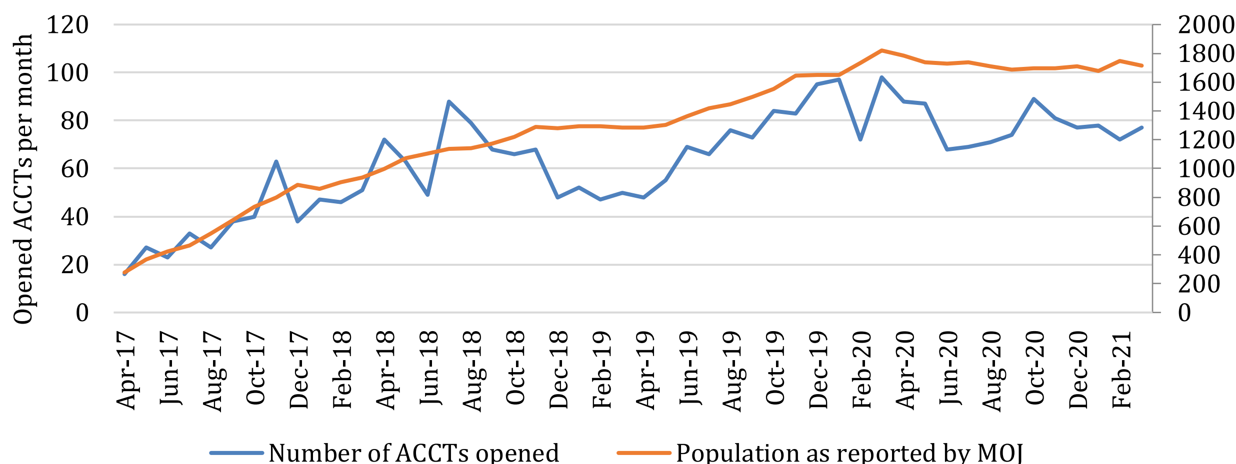
Data supplied by the prison on the type of self-harm seemed to agree that cutting was the most frequent form, accounting for between 66% and 78% of recorded incidents each year from 2017 to 2020.

9.1.2 Responses including ACCTs

A daily SIM meeting (seven days a week) chaired by the governor considers any prisoner of concern. This is attended by a healthcare representative. While many prisoners discussed are on ACCT, there are some who are not and the daily meeting offers an early opportunity to spot potential problems.

Data provided by the safer custody team at HMP Berwyn shows an average of 78 ACCTs opened per month during the full year 2020/21. This has increased over time (from an average of 37 per month in 2017/18 to 63 in 2018/19 and 76 in 2019/20). As shown in the chart below, the increase in ACCTs is similar to, though in recent months not as high as, the increase in the prison population.

Figure 111 – Opened ACCTs (safer custody data)



At present a representative from healthcare (not specifically mental health) will attend ACCT meetings where needed:

> *"We only attend ACCTs when healthcare is a key factor, which tend to be the more complex ACCT cases." (Head of Healthcare)*

It was estimated that only around a quarter of ACCTs currently generate involvement for the healthcare team. By way of example, at a snapshot on 2 July 2021, of the 40 open ACCTs that day, nine involved healthcare.

Following new national guidance starting from July 2021 it is proposed that a member of the mental health team will attend all initial ACCT meetings, which will further create resource pressures on an already pressured mental health service. Note that in the majority of prisons we visit, the mental health team routinely attend ACCT initial meetings and most subsequent review meetings. This generally means allocating two whole time equivalent posts to service the process in a large prison.

From January to March 2021 (inclusive) there were a total of 137 self-harm incidents reported in the establishment. Of these only one urgent referral was to the mental health team under the 7-day target and just two emergency referrals (24-hour response). **This represents just 4% of self-harm incidents involving the mental health team.** Exploring the same data on self-harm incidents for the last 12-month period only 3.2% were referred to the mental health team.

There is clearly a current disjoin between the prison identification of residents engaging in self-harm and these individuals getting support in all but the most extreme cases. This is a clear unmet need. Whilst it is accepted that self-harm may be situational or caused by frustrations with the regime etc, the reality is that self-harm should be seen as an early indicator of poor wellbeing and thus warrants the intervention of healthcare in some form, albeit perhaps rarely requiring a crisis mental health response under the Mental Health Measure.

Recommendation Twenty-Three – The resourcing of the mental health team urgently needs to be further increased to (a) ensure there is capacity to support the new ACCT process from July 2021 and (b) to enable a pathway into wider wellbeing support, including talking therapy (see section 5.2.1) to be developed for patients who repeatedly engage in self-harm but do not fall under Part 2 of the Measure.

9.2 Self-Inflicted Deaths

The PPO has so far not reported publicly on any self-inflicted deaths since the prison opened in 2017.

Safer custody and healthcare provided details of some deaths that are awaiting PPO reports. These are listed below. Deaths believed to be from natural causes are discussed in Chapter Four.

Figure 112 – Recent Self-Inflicted Deaths (healthcare and safer custody data)

Initials	Date Deceased	Comments
RF	14/11/2020	Self-inflicted suffocation. Passed away at HMP Berwyn
IG	05/12/2020	Passed away at home – post release death

9.3 Chapter Summary

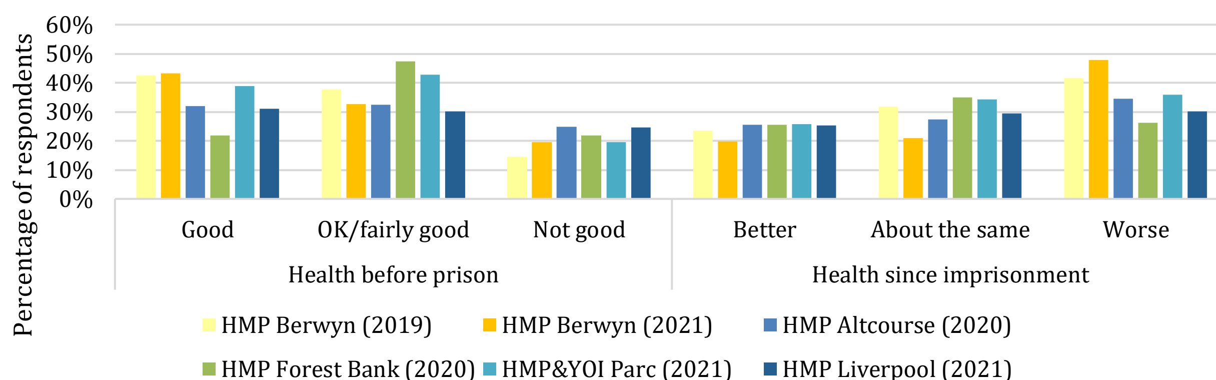
- The rate of self-harm in HMP Berwyn is higher than the national average and higher than the prison performance comparator average. Cutting was the most common type of self-harm recorded.
- The mental health team have little involvement with self-harm incidents, with only 3-4% of self-harm incidents in the last year being referred to the mental health team. Whilst it is accepted that there are types of self-harm which do not require further intervention, there is clear evidence of unmet need. **See Recommendation (mental health chapter).**
- Broadly in line with the population size increase, there has been an increase in the number of ACCTs opened. Healthcare only currently attend about a quarter of ACCT meetings, which is unusual. In most other establishments, the mental health team routinely attend ACCT meetings (including reviews). This will change in HMP Berwyn from July 2021 in accordance with new guidance. **See Recommendation.**

Chapter Ten – Wellbeing and Health Promotion

In our resident survey, respondents were asked about their health in general, before and since imprisonment. In relation to most comparator prisons we have surveyed recently, residents at HMP Berwyn were quite likely to report their health had been 'good' prior to imprisonment, with 76% reporting their health to have been 'Ok/Fairly Good' or 'Good'. The majority said that their health was 'about the same' or 'worse' since imprisonment.

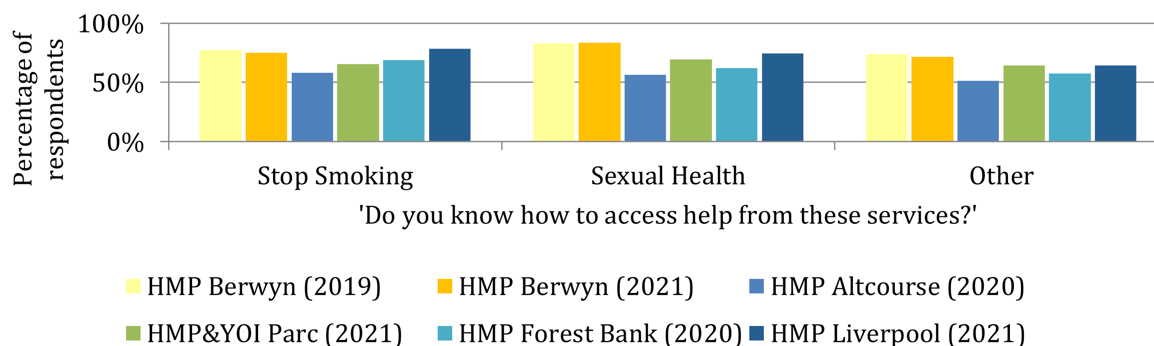
A larger proportion of residents felt their health needs had become worse since imprisonment than was the case at the time of the last HSCNA and also than is the case amongst comparators.

Figure 113 – Health Before Imprisonment and Now (survey data)



Residents were asked if they knew how to access health promotion services such as smoking cessation and sexual health, as well as 'other' services such as healthy living and weight management. Residents at HMP Berwyn were more likely than those at comparator prisons to say they were confident in accessing these services.

Figure 114 – Accessibility of Health Promotion Services (survey data)



10.1 Generic Health Promotion & Wellbeing

There is no dedicated health promotion lead or champion within healthcare. The national health promotion calendar offers opportunities for prison healthcare teams to 'blitz' certain areas, however this is not observed in HMP Berwyn.

The latest HMIP report noted:

> *There was no overarching health promotion strategy or action plan, health promotion literature was available in the health care centre and some other key areas, but was limited elsewhere.*

Recommendation Twenty-Four – There should be a jointly-owned health promotion strategy in HMP Berwyn (between the prison and healthcare) led by a dedicated health promotion champion (either prison or healthcare staff). Ideally this process would be supported by the current healthcare mentors.

In terms of wellbeing, Chapter Five (mental health) described a void in terms of the ability of the mental health team to meet the wider wellbeing needs of the majority of residents, despite a clear unmet need.

The chaplaincy offers pastoral/wellbeing support but this is invariably limited. There is no prison counselling service.

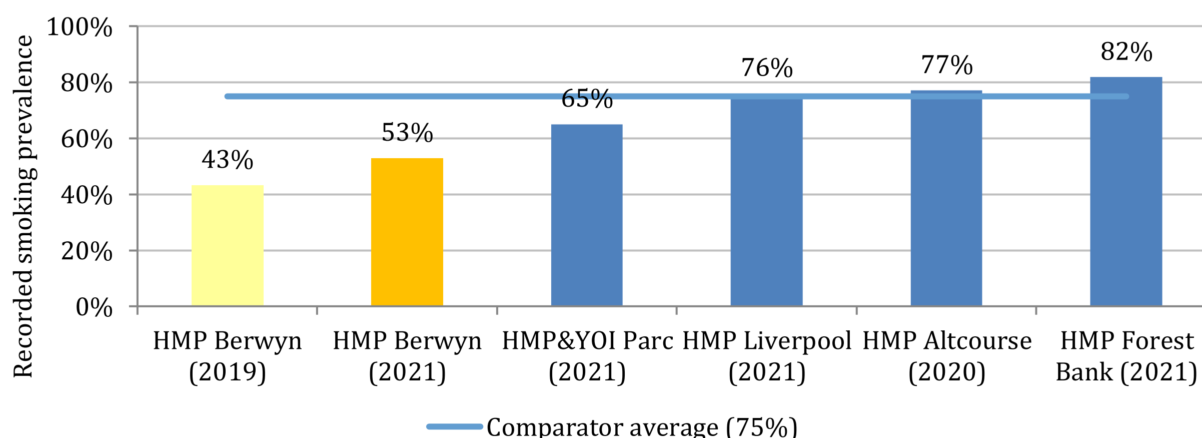
Recommendation Twenty-Five – There should be a new focus on 'wellbeing', again, jointly owned by the prison and healthcare with structured activities to support wider health and wellbeing in an attempt to prevent escalation of issues. In some prisons this is led by a dedicated champion.

10.2 Smoking

ONS states that the age-standardised rate of smoking for those over 18 years in Wales is 15.5% which is above that of England (13.9%).[68] The report notes that smoking rates are highly correlated with deprivation, with those from the lowest socio-economic group twice as likely to smoke as those in the highest.

SystmOne data indicates that 53% of the prison population at our March 2021 snapshot were recorded as being smokers. Whilst greater than reported in the previous HSCNA, this percentage is below the comparator average of 75%. It should be noted that this may include residents with a record of having smoked in the past, who have since quit.

Figure 115 – Smoking Comparison (SystmOne snapshot data)



[68] ONS (2020) Adult smoking habits in the UK: 2019. [Accessed 18/12/20].

In our resident survey, 63% (n=398) said they currently used a vape or electronic cigarette (similar to the comparator average of 65%). SystmOne data indicated that in 2019/20, of the 1,551 residents with a record of being a smoker, 158 had a record of having received smoking cessation advice, 567 were recorded as being ex-smokers, and 507 were reported to be users of electronic cigarettes.

The first reception screen was described as an opportunity for brief interventions for smoking cessations during which time residents are asked if they want to quit.

There is a pathway to the Stop Smoking Wales service who can arrange to call residents by phone. The GP service will offer NRT however it was reported that there is generally little demand.

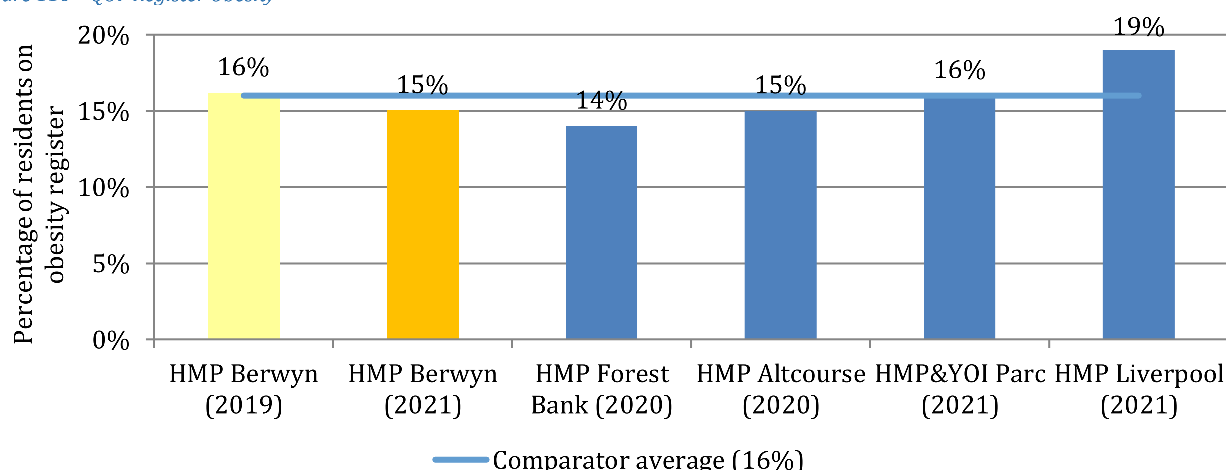
10.3 Weight Management

A recent report from Public Health Wales Observatory states that 60% of adults are overweight and, of these, 24% are obese. This figure is projected to increase to 64% overweight by 2030.[69] Being overweight is correlated with deprivation: the more deprived, the more overweight. As noted in Chapter Two, residents are predominantly from lower socio-economic groups.

There are typically two systems where weight is recorded. SystmOne body mass index (BMI). records should report the height-to-weight ratio as taken at reception or subsequently updated, and QOF should record any residents where obesity is considered an issue. In theory, these two measures should match, though it is usual for SystmOne BMI data to indicate a slightly higher proportion of obese residents compared to the QOF register.

In HMP Berwyn, the number of men on the QOF obesity register is about average relative to recent data from comparators (259 men, or 15%, next to an average of 16% across comparator prisons).

Figure 116 – QOF Register Obesity



[69] Public Health Wales Observatory (2019) Obesity in Wales. [Accessed 18/5/21].

SystmOne data indicated a higher rate of obesity, with 21% of residents with a BMI value on record having a BMI of 30 or above (obese). A further 37% of those with a record were recorded as being overweight (BMI 25-29.9). Only 3% of records indicate a resident who was underweight.

Interviewees stressed that the Covid-19 pandemic has had an impact on weight gain amongst residents. Residents have been more inactive, and gym access which was previously unlimited is now limited to one session a week (which may coincide with other appointments/visits). The impact of this is unlikely to show in the data as weight is checked at reception and not routinely re-checked unless indicated. Residents do not have access to scales.

> *"There are lads in here who will not have been weighed for two years so we are a little blind to the scale of the problem." (Dietician)*

Recommendation Twenty-Six – Residents should either have access to scales for self-management or, as part of making every contact count within healthcare, weight should be taken at every possible opportunity for residents who have not had a weight recorded in 12 months or more. There are more innovative ways of delivering this, for example, using peer mentors to lead weekly 'weigh in' sessions on the wings as part of wider health promotion and wellbeing.

A dietician working in the establishment three days a week now forms part of the healthcare team (since February 2021). The service is becoming established: weekly meetings are taking place with the kitchens and a review is currently underway of the nutritional value of prison meals against the national standards.

The canteen list was cited as problematic in terms of weight management as healthcare do not have any influence over the content which was reportedly very heavy on sweets, unhealthy snacks and non-diet drinks.

10.4 Transgender

As noted in Chapter Two, the establishment currently holds fewer than five transgender residents

The Part B Report describes the health needs of transgender residents and the likely health inequalities and includes further references to guidance documents.

10.5 Peer Support Helpline

Unique to HMP Berwyn is the Health and Wellbeing Peer mentoring service (a modified/augmented version of the health champion role). All new receptions are contacted by a peer mentor as part of the induction process.

> *"We do a wellbeing check on everyone and we make sure all new prisoners have the health and wellbeing [phone] number and they know how to book healthcare appointments and the like." (Peer Mentor)*

The service also includes a telephone line that residents can call every day and speak with a peer mentor to query the status of healthcare appointments etc. The team deals with over 500 contacts per month, on average. A key element of the service is a reminder call by the peer mentors to patients the day before their appointment to reduce DNAs.

The peer mentors also contribute to the wider running of healthcare by participating in focus groups whereby 'complaints' from fellow prisoners can be aired and actioned. Like many other things, due to the pandemic these have not been happening regularly. The last group was held in December 2020 and the following issues were raised by prisoners for discussion:

- Access to flu vaccination
- Long dental waiting times
- Lack of access to mental health support
- Discontent with medication being removed

There were also some positive comments made about healthcare:

> *"Apart from the numerous negatives about the shocking healthcare here I would like to say that the repeat medication process is easy and very quick so for that I am grateful. Thanks."*
>
> *"Hi, I am on the isolating wing on my way to Sudbury. I would just like to say a massive thank you to all the healthcare staff for doing such a good job over the last 3 years. So thank you very much. All the very best."*

10.6 Chapter Summary

- There is no overarching health promotion strategy and no health promotion champion in the establishment. **See Recommendation.**
- There is no current focus on wider wellbeing in the establishment, despite a clear unmet need around low-level mental health. **See Recommendation.**
- There are Health and Wellbeing Peer Mentors who do a very valuable job, but there is clear potential to expand their roles to support the running of healthcare, including providing regular 'weight check' sessions. **See Recommendation.**
- As with all other prisons, a high proportion of residents smoked on arrival to prison and many now vape. In HMP Berwyn only a small proportion access smoking cessation and NRT.
- There are concerns about obesity; whilst residents are weighed at reception there is no routine access to scales or weight checks. **See Recommendation.**
- There is a newly created dietician post which is a very positive development and an approach not seen in in most other prisons.

Chapter Eleven – Social Care

11.1 Overview

The 2014 Social Services and Wellbeing (Wales) Act has a wide focus and the interpretation of the meaning of 'social care' is broader than is evident in England. Wellbeing not only forms part of the title of the Act in Wales but is at the heart of the whole document. Note the definition of wellbeing includes:

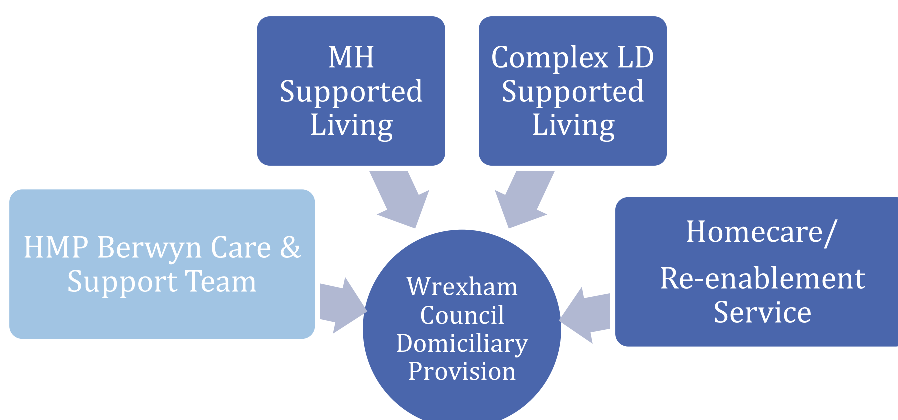
- Physical and mental health, and emotional wellbeing
- Protection from abuse and neglect
- Education, training and recreation
- Domestic, family and personal relationships
- Being able to participate and contribute to society
- Respecting and securing rights and entitlements
- Achieving social and economic wellbeing
- Having suitable living accommodation

The wellbeing duty, as set out in Section 5 of the Act, requires any person exercising functions under the Act to seek to promote the wellbeing of people who need care and support.

A redrafted MOU is now in place between Wrexham County Borough Council and HMP Berwyn which was signed by all parties in 2020, reflecting a new type of service provision since the time of the last HSCNA (i.e. the introduction of the care & support team).

Social Care provision in HMP Berwyn falls under the Wrexham County Borough Council Domiciliary Care strand, overseen by a Head of Service, along with wider community service elements as is illustrated below:

Figure 117 – Strategic Context of Social Care (Wrexham Council)



A recent visit from the Care Inspectorates of Wales to Wrexham County Borough Council included a full review of the Domiciliary Provision, including that in HMP Berwyn. At the time of writing this HSCNA, the report from this inspection had not been published, however it has since been published.

The first of the six-monthly scheduled quality reports for Domiciliary Care including the care & support team service in HMP Berwyn (produced by the Head of Service) was published in June 2021.

> *"As the 'responsible individual' for the service I am personally required to visit the site every three months and produce a quality report every six months. The purpose of this process is to ensure we are meeting needs and that the patient voice is heard." (Head of Service, Wrexham Council)*

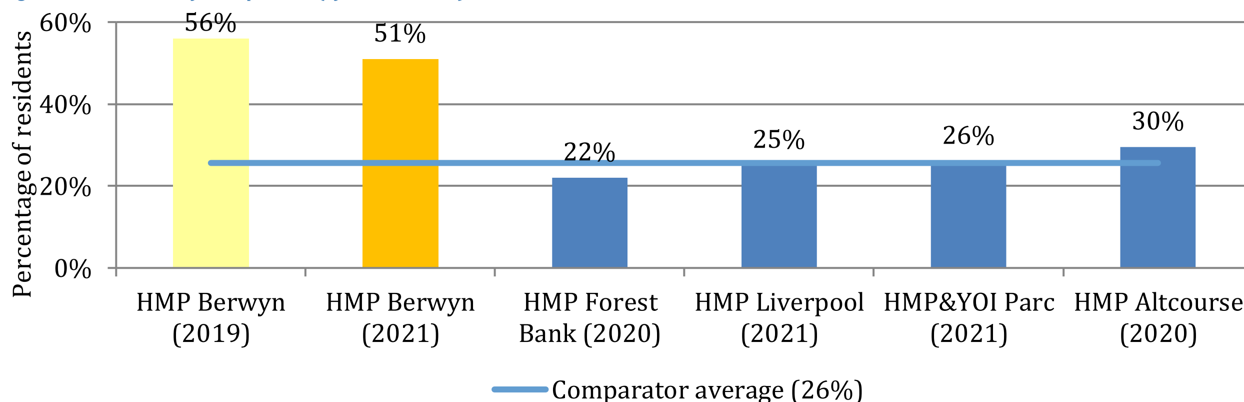
11.2 Social Care Needs – Daily Living

As a consequence of multiple read codes for broadly similar needs, SystmOne is poor at detailing social care needs in the population; this national issue outside of local control means that comparisons informed by SystmOne in this section should be treated with caution.

At March 2021, data provided by the prison describes 421 individuals (24% of the population) with any disability, which was a little below average for comparator prisons (35% on average across four comparators being known to equalities teams as having a disability).

Data provided by healthcare indicate that 51% of residents had some form of disability recorded on SystmOne. This is higher than the average of 26% with any disability recorded on SystmOne across comparators, but similar to the proportion reported in 2019.

Figure 118 – Disability Comparison (SystmOne data)



The table below shows the numbers of records on SystmOne of disability, mobility problems, or use of mobility aids (only those affecting five or more residents are included). As explained above, the categories overlap and we have no way of knowing if one resident is counted in multiple categories.

Figure 119 – Disability and Mobility Problems (SystmOne data)

HMP Berwyn	Snapshot March 2021
Disability	811 (47.0%)
Reduced/impaired mobility	123 (7.1%)
Unable to write	83 (4.8%)
Registered disabled	68 (3.9%)
Difficulty writing	58 (3.4%)
Disability NOS	49 (2.8%)
Disabled	40 (2.3%)
Physical disability	33 (1.9%)
Difficulty performing writing activities	22 (1.3%)
Difficulty lifting	10 (0.6%)
Difficulty communicating	6 (0.3%)
Transfers with equipment	5 (0.3%)
Patient reported disability	5 (0.3%)

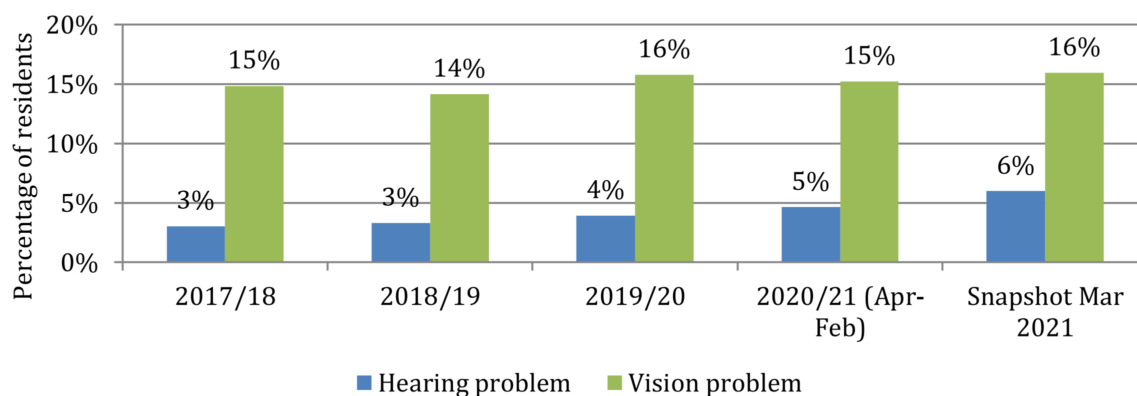
In our resident survey, 24% (n=149) of respondents self-reported having a physical disability or mobility problem. This is a little higher than most comparators (20% at HMP Altcourse, 23% at HMP Forest Bank, 18% at HMP&YOI Parc, and 31% at HMP Liverpool).

It should be noted that when HMP Berwyn was built there were three cells suitable for limited mobility, however these were not described as DDA compliant. This has been rectified since the time of the last HSCNA and there are now reported to be three DDA cells.

The chart below outlines the percentage of residents recorded on SystmOne with sensory impairments, in recent years and at a recent snapshot. The data describes gradually increasing proportions of residents identified with hearing or vision problems.

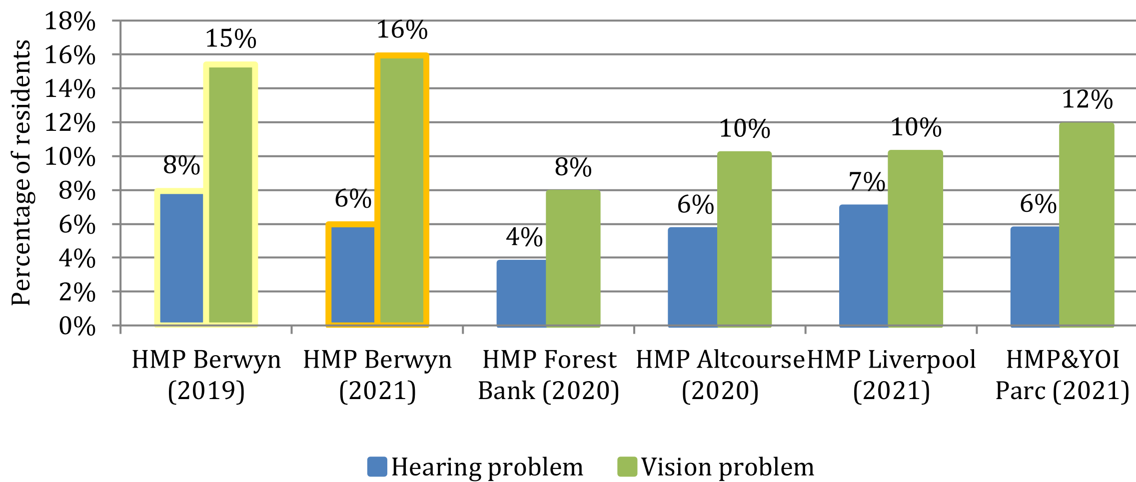
At the snapshot, there were twelve residents (0.7%) with a recorded speech problem.

Figure 120 – Sensory Impairment (SystmOne data)



As a benchmark, the 6.0% (n=103) at snapshot with a recorded hearing problem was slightly above average next to comparators, and the 15.9% (n=275) of residents with vision problems was relatively high.

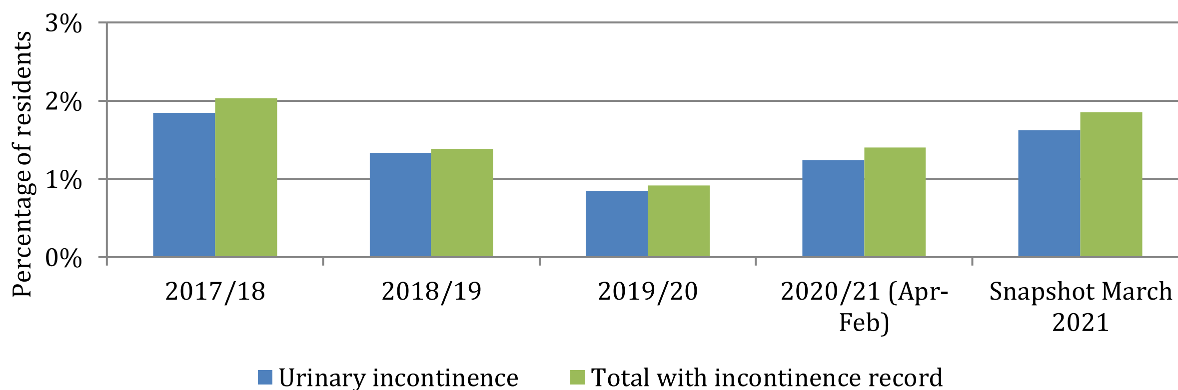
Figure 121 – Sensory Impairments Comparison (SystmOne data)



In our resident survey, 27% (n=169) of residents said they had a hearing or sight problem. This is a little higher than the average of comparators (26% at HMP Altcourse, 20% at HMP Forest Bank, 17% at HMP&YOI Parc, and 29% at HMP Liverpool).

SystmOne data showed varying proportions of residents with any recorded continence problems at HMP Berwyn over the last four years; these records were mainly for urinary incontinence, with relatively low numbers recorded with faecal or double incontinence. At our March 2021 snapshot there were six men recorded with faecal incontinence. At the time of the snapshot there were 32 residents (1.9% of the population) with any incontinence problems recorded, similar to the average of 1.6% across comparators.

Figure 122 – Incontinence (SystmOne Data)



The table below summarises self-care problems (affecting five or more prisoners) recorded on SystmOne at a recent snapshot. There were a number of self-care problems recorded on SystmOne (read coded), the most common being the 2.0% (n=59) of residents 'unable to manage medication'.

Figure 123 – Self-Care Problems (SystmOne data)

HMP Berwyn	Snapshot March 2021
Unable to manage medication	59 (2.0%)
Unable to perform personal care activity	53 (1.8%)
Patient requires medication to be administered	21 (0.7%)
Unable to perform laundry activities	7 (0.2%)
Does not manage medication	5 (0.2%)
Unable to prepare food for eating	5 (0.2%)
Needs help washing self	5 (0.2%)

Operational staff reported they had seen a clear increase in social care needs, especially in Ceriog:

> *"We have seen a massive increase in the needs of men in here. We rarely had anyone needing a carer whereas now there are quite a few." (Carer)*

> *"Dementia seems to be a new emerging need we are seeing more of." (Carer)*

11.3 Social Care Needs – Wellbeing

In terms of wider wellbeing, it can be argued that there is an almost limitless need and potential for limitless service demand amongst residents in HMP Berwyn given the risk factors amongst the majority of residents.

Section 2.4.6 describes that 9% of residents in HMP Berwyn have been homeless. Section 2.4.8 also indicates that around half of residents in HMP Berwyn are parents of children under 18 years, though this does not mean they are carers.

The Substance Misuse chapter describes an increasing recognition of the proportion of the population in HMP Berwyn experiencing problems related to substance misuse and increasing numbers engaging in clinical treatment.

The Mental Health chapter describes a massive likely need for mental health care, alongside stretched resources.

It is also of interest that some referrals to the social care team have been for pain management.

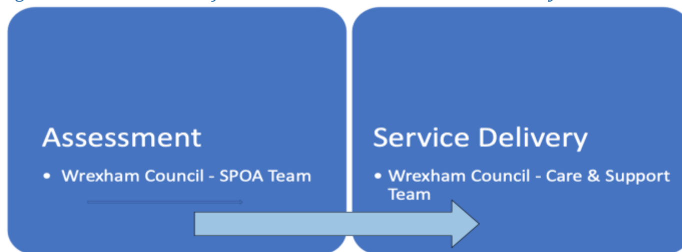
> *"We do get a lot of men who come to us either for pain or who are in a lot of pain and they report having had medication taken off them. We do struggle to know what to do with some of these men as there aren't many options." (Carer)*

11.4 Service Provision

There has been a significant change in service provision since the time of the last HSCNA.

Wrexham County Borough Council now provide both assessments via the Single Point of Access (SPOA) team and service delivery via the newly established care & support team as illustrated:

Figure 124 – Overview of Social Care Provision into HMP Berwyn



The care & support team is relatively newly established as a trial (2020) and comprises:

- Manager (sitting within the MH Recovery Service)
- 1 x WTE Senior Support Worker
- 5 x WTE Support Workers

> *"The provision of social care in here has taken a while to get going. It's now much better than it was 12-months ago and we are now getting integration within the prison, including at Partnership Board meetings." (Governor)*

The team have an office on the upper floor of Alwin and it is anticipated that the co-location of the team within the prison will lead to a greater understanding amongst all staff about the work of social care in the establishment.

A 'Guide to Services' has been produced outlining the offer of the care & support team. The service fundamentally offers two types of support:

- Re-enablement (for up to six weeks)
- Commissioned long-term care

Staff reported that around a third of the caseload are receiving long-term care.

Recognition of individuals who have social care needs was cited as problematic by the social care staff:

> *"It is often the case that a man comes in here, he's had a carer before in his previous prison, but he hasn't told anyone this and we haven't received information. It's not until 2-3 weeks later that it becomes apparent they can't cope and need additional support." (Carer)*

> *"I have found that the local authority providing care for a man will usually be totally unaware he's come into prison and that's why we don't get the information." (Carer)*

> *"We haven't really got the portability of social care assessments sorted, which is a gap." (Team Lead)*

It is noted that there is no social care input in the reception process and there have reportedly been few referrals to the social care team directly from healthcare.

Recommendation Twenty-Seven – As part of the reception process, all men should specifically be asked whether they have had a carer in the past, either in the community or in a previous prison to enable more prompt access to continuing care.

It was acknowledged during interviews, that there are some cultural differences between the workings in a prison environment and that of a community social care environment. There is the potential for a lack of understanding (on both sides) of different roles.

Recommendation Twenty-Eight – Whilst there is free capacity within the new team, staff could consider leading training/awareness rising sessions amongst residential prison staff on issues such as neuro-disability in an attempt to increase understanding of social care needs.

11.4.1 Service Activity

There have been 317 referrals to the social work team in the last 3 years. The majority of referrals are self-referrals direct from the residents and are subsequently reported to be assessed as not having needs for care and support and are only requiring the provision of information, advice or assistance.

The social care and support team have received referrals for, and supported, 16 people to date (via the social work assessors).

It was acknowledged that the number of referrals to the care & support team were not as high as expected, albeit there has been an increase over the last 12 months for residents requiring both short term and long-term packages of care.

> *"We do not receive many referrals from the health screening that takes place in reception."(Assessor)*

Recommendation Twenty-Nine – The care & support team should continually 'market' the service offer, including to prison and healthcare staff to ensure there is a robust understanding amongst stakeholders of the breadth of the service, the offer and the eligibility criteria.

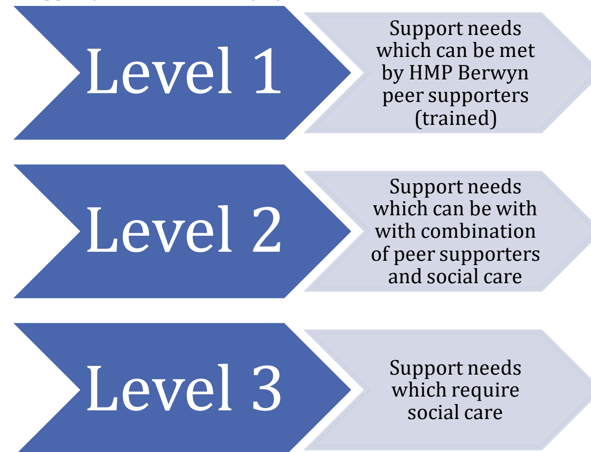
> *"We are getting very busy now and can only spend 30 minutes with one man. I had a man yesterday saying he felt like he was on a conveyor belt. We should be spending more time with them." (Carer)*
>
> *"We will likely need to start a waiting list soon if the demand continues." (Carer)*

It does appear to be the case that some forms of support offered by the team are low level and could be done by non-specialist carers, for example, helping an individual to access Unilink. Whilst this was reported to be non-resource intensive as, unlike other forms of support, it does not always require two carers, this role could usefully be done by peer mentors. See next section.

11.5 Peer Support Scheme

This is an area of the social care provision which has not been established as of yet, however stakeholders in Wrexham County Borough Council described an ambition to work with the current Peer Supporters in HMP Berwyn to develop the below framework to assist in meeting the social care needs of residents:

Figure 125 – Proposed Peer Support/Social Care Buddy System



The working proposal is that the existing care & support team within HMP Berwyn will work with and train the Peer Supporters as a minimum in the 'All Wales Induction Framework' (which covers the Care Act), but also offer progression opportunities for peer supporters via a QCF qualification pathway.

The above proposal will be a welcome development given the observation noted in the latest HMIP report:

> *There were major gaps in the provision for prisoners with disabilities. Prisoners who were employed to care for these prisoners were untrained and unsupervised, which raised the risk of exploitation.*

Implementation of this proposal will help manage the growing demand on the care & support team and help ensure their skills are directed most appropriately.

Recommendation Thirty – There is a clear role for peer mentors, if adequately trained to act as buddies for men with low level social care needs. This should be implemented without delay to better meet the needs of residents in real time and reduce the increasing burden on the care & support team.

11.6 Care Leavers

The Social Services and Wellbeing (Wales) Act 2014 places an enduring responsibility to support young adults leaving care. This specifically applies to 18-25 year-olds. The issue for the prison is identifying these people and linking them to the responsible authority.

During 2019/20, there were 54 residents (3.1% of the population) in the prison aged under 21, and 269 (15.5%) were aged 21-24 years. As described in the Part B Report, it is estimated that 40% of those in prison under the age of 21 will have been in care and also a disproportionate number (at least 23%) of those aged 21-24 years.

Taking these figures, we estimate that during 2019/20, approximately 83 residents will have been care leavers possibly eligible to leaving care support (applying the same calculations to the population at our March 2021 snapshot would give an estimate of 56 current residents eligible for support, and 73 residents in 2020/21 to February).

In our resident survey, 23% (n=148) of residents said they had previously been in care. This is higher than reported at comparators (13% at HMP Altcourse, 20% at HMP Forest Bank, 19% at HMP&YOI Parc, and 21% at HMP Liverpool).

Recommendation Thirty-One – There should be mechanisms to identify the needs of care leavers (under 25) and link back to home local authority areas on release.

11.7 Release Planning

As described in Section 2.2 the majority of releases go back to England, not the local community in Wrexham.

Residents who have a care & support plan in HMP Berwyn have the transition to another prison/the community managed in the same way as if they were in the community on a care & support plan:

> *"All CSPs have 'transition' as a key component where relevant. Regardless of where a prisoner is being released, this plan is highly personalised to the individuals, therefore we would seek to engage with whatever area the prisoner is being released or transferred to for continuity." (Head of Service, Wrexham Council)*

11.8 Chapter Summary

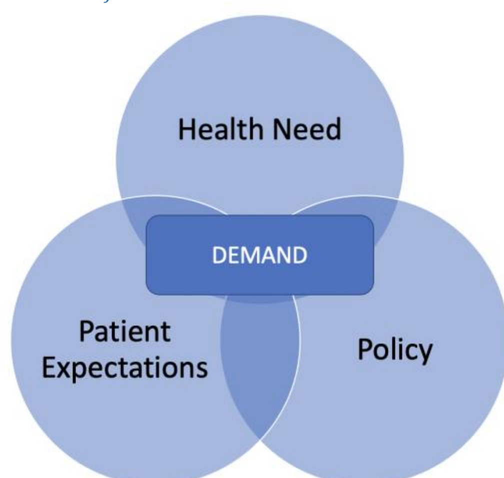
- As with every prison, SystmOne READ coding is confused making it difficult to identify needs relating to physical disability or frailty. This is largely outside the control of the prison.
- Social care needs are not routinely identified as part of the reception process, leading to some new residents falling through the net, even if they were receiving social care packages in their previous establishment. **See Recommendation.**
- Since the time of the last HNA a very robust social care and support team are now embedded in the establishment. Referrals have not been as high as anticipated however in the last few months these have increased. The pathway into the care and support team is via the single point of access social care assessments (two postholders undertake this role for HMP Berwyn). There was, at the time of writing, sufficient capacity to meet identified social care need.
- Social care needs and the support which can be available does not appear to be well understood by all custodial staff. **See Recommendation.**
- Peer Support is underdeveloped, this leads to unnecessary demands being placed on the care and support staff. **See Recommendation.**
- Young Care Leavers (under 25 years) are not routinely identified, so not linked into the leaving care support that they are entitled to. **See Recommendation.**

Chapter Twelve – Findings and Recommendations

12.1 Conclusions

Health 'needs' are complex and multi-faceted. The health system responds to demand which is, in part, informed by need. However, health need is only one of three components that influence the demand for healthcare. Healthcare in HMP Berwyn is no exception to this.

Figure 126 – Drivers for Demand



Need is defined by morbidity (illness). The general population served by HMP Berwyn (primarily North Wales and the North West of England) is less healthy than the combined England and Wales average. The *actual population* within HMP Berwyn is, like in any prison, an extreme subset of the general population, with the evidence and proxy indicators used in this HNA showing that prisoners have far more health inequalities than their counterparts in the general population. Furthermore, health needs are highly age correlated; as we age, we need more healthcare. There is a small, but growing, number of frail elderly residents in HMP Berwyn who require a disproportionate health and social care input. Whilst each additional resident in this group forms only a small proportion of the overall population in the prison they add considerably to the health and social care need/demand. Nationally, it is suggested that the health spend for an average 85-year-old is 5.6 times that for an average 30-year-old.[70]

Chapter Two clearly evidences a changed demographic population in HMP Berwyn to the one we observed when conducting the HSCNA late 2018 early 2019. The health needs of remand versus sentenced men differ greatly (particularly in terms of both mental health and substance misuse). The health *demand* from residents serving long sentences will be greater, but arguably easier to facilitate due to the population becoming more stable. Many interviewees talked about the large number of sex offenders and the large elderly population; placed in wider context neither is especially large.

Patient expectation is a strong driver for demand. The overwhelming majority of residents in HMP Berwyn have been in another prison before (most likely in the North West of England) where policy and practice within prison healthcare differs enormously, especially in the

[70] Full Fact website quoting Institute for Fiscal Studies data. [Accessed 7/6/21].

context of the medicines optimisation policy in HMP Berwyn. This will affect resident expectation and subsequent demand.

Patient perception of healthcare service in HMP Berwyn is a little worse than the comparator average and has worsened since the time of the last HSCNA, however, we note that the survey was conducted at a time when residents were still very restricted due to the Covid-19 pandemic and, as in other establishments, frustrations are running high about waiting times and access. However, a significant 55% of prisoners who completed our survey reported not accessing healthcare due to the prison regime (i.e. no escort available/lockdown). This is much higher than we have seen in any other establishment to date. This correlates with findings in almost all our interviews with staff and peer mentors where prison enabling of healthcare was cited as a recurrent theme and a barrier to effective healthcare delivery.

The final consideration is **policy**. In this context we refer to prison processes and systems. The layout of the establishment and the availability of space hinders the ability of healthcare to meet the health needs of residents in the most resource effective manner. There is little (or no) physical capacity for wing-based clinic work thus there is more of a reliance on prisoner enablement in HMP Berwyn to access healthcare than we might see in other Category C establishments.

The theoretical resourcing of healthcare in HMP Berwyn when set against comparator establishments is arguably sufficient in most cases (in some areas, such as pharmacy, it should be more than sufficient) to meet need and likely demand. The reality of service provision operationally though is somewhat different with the mental health team running at only 30% of normal capacity (similarly in the substance misuse team).

The review of the healthcare service in the establishment, should, theoretically, remove some (though not all) of the challenges and barriers identified throughout the HSCNA. Since the prison opened, the BCUHB have struggled to recruit appropriately trained staff into healthcare roles, particularly in the mental health and substance misuse team. This situation continues to add pressure.

12.2 Summary of Recommendations

	Finding	**Recommendation**
Prisoner Demographics	Data collated on various disabilities amongst residents is confusing and contradictory meaning there is not a common understanding of need.	**Recommendation One:** All data on disabilities (including learning disabilities) collated by the prison should routinely be shared with healthcare and visa-versa, the operational and healthcare side would benefit from a common understanding of need. Wherever LD is identified by the prison, this should be flagged with healthcare.
	The changing population demographic in HMP Berwyn will place differing demands on healthcare. In order to effectively meet the health needs, healthcare managers need to be sited on the population served.	**Recommendation Two:** On a monthly basis, the prison should provide a simple summary of the demographics of the population to the healthcare team in order that changes can be quickly spotted and adjustments made where necessary.

	Finding	Recommendation
General Healthcare	The HSCNA revealed much evidence of a lack of enablement of healthcare and barriers for residents accessing key healthcare services (most notably GP clinics) due to the poor enablement. Even when officers are profiled to support healthcare (e.g. meds administrations or escorts) there is generally either (a) insufficient resource allocated or (b) a lack of co-ordination organisation amongst the officers meaning low efficiency.	**Recommendation Three:** The prison should consider better resourcing and training of officers to support healthcare appointment escorts.
	Unusually, receptions only receive one reception screen (albeit remands receive a telephone triage on their second day). There are some health interventions which could usefully be undertaken while having a 'captive audience' in the first few nights that would relieve pressure on resources, enabling and room space further into their stays.	**Recommendation Four:** All men should have a first and second reception screening. The focus on the second screen should be where the bulk of the work lies to ensure health needs are properly identified and care pathways in place, given the first night screening is predominantly risk-based.
	Continuing the finding from the previous HSCNA, the dental need continues to be unmet with excessively long waiting times to see the dentist. This has been further exacerbated by the pandemic when dentistry (as in the community) effectively ceased to operate. Given the low turnover rate in HMP Berwyn the recovery from this will take some time. The current resource has been doubled (subject to recruitment) and, subject to effective enabling, healthcare are confident that the waiting list can be brought under control.	**Recommendation Five:** Consideration should be given to reinstating the oral health promotion post within dentistry to provide advice and guidance and support the wider service.
	Like most visiting services, retinal screening was stopped during the pandemic, resulting in a backlog of patients with unmet need.	**Recommendation Six:** Retinal screenings sessions should be established without delay to meet the needs of patients who have not benefited from this service during the pandemic.
	There are currently only a limited number of medicines use reviews undertaken by the pharmacy. Given that meds is such a critical area for healthcare, this would warrant further investment of time.	**Recommendation Seven:** Linked with the medicines optimisation policy which is now well established in HMP Berwyn, the pharmacy team should develop regular clinics for medicines reviews.
	As a result of the medicines optimisation policy in HMP Berwyn, the prescribing of tradable meds is very low. There are, however, a cohort of patients	**Recommendation Eight:** There should be a pain management pathway in place, ideally taking a very holistic view of pain management (MDT process) including focus on associated mood disorders.

	Finding	Recommendation
	experiencing genuine chronic pain and no pathway in place to meet the needs of this cohort.	
	Linked to the afore-mentioned prison enabling issue, the medicines administration process in HMP Berwyn (at four to five hours each morning) takes an unusually long time. This is a regular area of friction area between the prison and healthcare.	**Recommendation Nine:** There should be a full review of the current meds administration process in HMP Berwyn, ideally taking reference from some other large-scale prisons to look at number of hatches, streamlining of medication, time taken to issue medication, resources used (pharmacy techs versus primary care nurses) etc.
Long-Term Conditions	There is currently no access to spirometry 'in house' within healthcare. Given the wide range of secondary care services available on site, this is a clear gap. Subsequently diagnoses of conditions such as COPD are very problematic.	**Recommendation Ten:** HMP Berwyn should have access to appropriately trained and skilled spirometry nursing, ideally 'in house'.
	There has been a clear gap in meeting the needs of patients with long-term conditions due to problems recruiting appropriately trained specialist staff. An alternative solution has been sought to meet this need, using Band 5 nurses.	**Recommendation Eleven:** It is imperative that residents with LTCs are managed by appropriately skilled and trained professionals.
Mental Health	Despite being within the same board there are gaps in the continuity of care for patients under Part 2 of the mental health measure arriving in HMP Berwyn from the community. This delays the ability to identify and meet need for a very vulnerable subset of the population.	**Recommendation Twelve:** Joint work should be undertaken between the prison mental health team and the BCUHB community mental health division to strengthen links in an attempt to smooth the pathway/transition for local patients given the number of remands.
	Despite a high level of need, which has continued to increase as a result of the pandemic and associated periods of isolation, there is a currently void in terms of the supporting provision of primary mental health provision.	**Recommendation Thirteen:** There should be a structured programme of talking therapy to support pharmacological interventions at primary care level for the significant number of residents who are experiencing sub-threshold mental health issues such as depression and anxiety.
	Recorded prevalence of PTSD in HMP Berwyn is unusually high and there is little in the way of therapeutic interventions to meet the needs of this large cohort.	**Recommendation Fourteen:** Given the high prevalence of identified PTSD in the establishment, and given it has risen quite significantly since the time of the last HSCNA, there should be a bespoke programme of evidence-based trauma informed interventions for this patient group (e.g. EMDR).
	There is a high prevalence of residents in HMP Berwyn who are recorded as dual diagnosis. Neither the mental health nor the substance misuse team have a	**Recommendation Fifteen:** There should be a new, dedicated dual-diagnosis lead and care pathways, in accordance with NICE guidelines, working across both mental health and substance misuse. This

	Finding	Recommendation
	focus on dual diagnosis to meet need.	is particularly important in HMP Berwyn given the medicines optimisation policy.
	Like in almost every other establishment (in both Wales and England), there are often delays in accessing secure mental health beds for the most unwell patients. Managing these patients within the main population is a challenge for staff and reportedly escalates levels of need (and likely associated undesirable behaviour).	**Recommendation Sixteen:** The prison should consider options for developing a small 'low stimulus' environment for the most vulnerable/unwell patients, including those awaiting mental health act transfers.
Learning Disabilities	Only remand prisoners are screened as part of the reception process for LD, resulting in potential unidentified need.	**Recommendation Seventeen:** The generic reception screen for all residents should include the LDSQ as this forms an opportunity to efficiently perform screening in the most resource-effective way.
	The needs of men with ADHD do not appear to be met.	**Recommendation Eighteen:** There should be a psychiatrist with a special interest in ADHD who can diagnose, assess, initiate and review prescribing for patients linking with new the dual-diagnosis pathway into substance misuse.
Substance Misuse	The likely need for substance misuse treatment is far greater than the current demand.	**Recommendation Nineteen:** There should be more robust substance misuse screening for all new receptions to try to get people into treatment at the start of their stay.
	Despite evidence of high levels of NPS use in the establishment, healthcare data suggests this cohort are not effectively engaging with substance misuse treatment.	**Recommendation Twenty:** The substance misuse team should specifically target NPS users, especially those testing positive via the MDT process with brief interventions in an attempt to better engage this cohort into treatment.
Communicable Diseases	Perhaps as a consequence of having only a single reception screen, the take up of DBST for communicable diseases is low.	**Recommendation Twenty-One:** Dry blood spot testing should not only be offered but also administered as part of the first reception screen process to increase take-up.
	There has been a drive to increase uptake of the flu vaccine across the whole prison population in accordance with new guidance. Despite this there are still sizeable numbers of over 55s and patients at clinical risk who are unvaccinated.	**Recommendation Twenty-Two:** Further increase efforts to ensure those over 55 and those at clinical risk have access to the flu vaccine.
Self-Harm	There are high rates of self-harm in HMP Berwyn. The input of healthcare into the ACCT process is more limited than we typically see in other establishments and opportunities for brief interventions with residents who self-harm are not exploited due to	**Recommendation Twenty-Three:** The resourcing of the mental health team urgently needs to be further increased to (a) ensure there is capacity to support the new ACCT process from July 2021 and (b) to enable a pathway into wider wellbeing support, including talking therapy (see section 5.2.1) to be developed for patients

	Finding	Recommendation
	the lack of resource within the mental health team.	who repeatedly engage in self-harm but do not fall under Part 2 of the Measure.
Health Promotion & Wellbeing	There is currently no health promotion strategy or champion, resulting in very reactive healthcare provision.	**Recommendation Twenty-Four:** There should be a jointly-owned health promotion strategy in HMP Berwyn (between the prison and healthcare) led by a dedicated health promotion champion (either prison or healthcare staff). Ideally this process would be supported by the current healthcare mentors.
	There is no focus on wider wellbeing within the establishment. A focus on wellbeing may reduce the demand for more structured mental health interventions and improve the environment for all.	**Recommendation Twenty-Five:** There should be a new focus on 'wellbeing', again, jointly owned by the prison and healthcare with structured activities to support wider health and wellbeing in an attempt to prevent escalation of issues. In some prisons this is led by a dedicated champion.
	The prevalence of obesity in the establishment is reported to be higher than data suggests. The lack of access to scales and regular weight checks makes assessing need very difficult. In almost all establishments since the Covid-19 pandemic, obesity levels have risen as residents have had less access to activities and have spent more time in cells.	**Recommendation Twenty-Six:** Residents should either have access to scales for self-management or, as part of making every contact count within healthcare, weight should be taken at every possible opportunity for residents who have not had a weight recorded in 12 months or more. There are more innovative ways of delivering this, for example, using peer mentors to lead weekly 'weigh in' sessions on the wings as part of wider health promotion and wellbeing.
Social Care	There is currently no social care input to the reception process and there is evidence that new receptions with social care needs are not robustly identified.	**Recommendation Twenty-Seven:** As part of the reception process, all men should specifically be asked whether they have had a carer in the past, either in the community or in a previous prison to enable more prompt access to continuing care.
	As the social care team in HMP Berwyn is new and still embedding, there is limited understanding of the service on offer and which residents may be eligible for support.	**Recommendation Twenty-Eight:** Whilst there is free capacity within the new team, staff could consider leading training/awareness rising sessions amongst residential prison staff on issues such as neuro-disability in an attempt to increase understanding of social care needs.
		Recommendation Twenty-Nine: The care & support team should continually 'market' the service offer, including to prison and healthcare staff to ensure there is a robust understanding amongst stakeholders of the breadth of the service, the offer and the eligibility criteria.
	The vast majority of referrals to the social care team are self-referrals and most do not meet the threshold for formal care packages.	**Recommendation Thirty:** There is a clear role for peer mentors, if adequately trained to act as buddies for men with low level social care needs. This should be implemented without delay to better

	Finding	Recommendation
		meet the needs of residents in real time and reduce the increasing burden on the care & support team.
	About 15% of prisoners in HMP Berwyn are within the threshold for leaving care services.	**Recommendation Thirty-One:** There should be mechanisms to identify the needs of care leavers (under 25) and link back to home local authority areas on release.

Appendix A – List of Interviewees

Name	Job Title	Organisation
Rachel James	Deputy Governor	HMP Berwyn
Malcolm Brown	Lead Dentist	Betsi Cadwaladr University Health Board
Nick Leader	Prison Governor	HMP Berwyn
Amber O'Brien	Lead Pharmacist	Betsi Cadwaladr University Health Board
Kim Thomas	Interim Head of Service for Registered Services	Wrexham County Borough Council
Simon Newman	Head of Healthcare	Betsi Cadwaladr University Health Board
Tracey Hallam	Primary Care Lead	Betsi Cadwaladr University Health Board
Dr Justin Lawson	Lead GP	The Gables Medical Practice
Jo Hudson	Head of Substance Misuse Service	Betsi Cadwaladr University Health Board
Fran Allsop	Dietician	Betsi Cadwaladr University Health Board
Angela Stockton	Health Promotion Lead	Betsi Cadwaladr University Health Board
Sam Keane	Mental Health Lead	Betsi Cadwaladr University Health Board
Tom Davies	Physiotherapist	Betsi Cadwaladr University Health Board
John Atherton	Independent Monitoring Board	HMP Berwyn
Amy Drury	Senior Support Worker	Wrexham County Borough Council
Jo Baines	Support Worker	Wrexham County Borough Council
Mark Kirby	Support Worker	Wrexham County Borough Council
Deb Brookfield	Support Worker	Wrexham County Borough Council
Holly Roberts	Support Worker	Wrexham County Borough Council
Cath Jones	Support Worker	Wrexham County Borough Council
Paige Woolrich	Assistant Team Manager	Wrexham County Borough Council
Emma Bonnarens	Social Worker	Wrexham County Borough Council
Ervins Jaudzems	Social Worker	Wrexham County Borough Council
Anon	Peer Mentor	HMP Berwyn
Anon	Peer Mentor	HMP Berwyn
Joanna Marston	Project Manager for Reducing Reoffending Accelerator Project in HMP Berwyn	Reducing Reoffending Directorate, HMPPS
Cain Edwards	Learning Disability Nurse	Betsi Cadwaladr University Health Board

In addition, 632 residents contributed their views via a survey.

Appendix B – Long-Term Condition Management

Figure 127 – Full Data for Selected QOF Indictors

Condition	Indicator	Percentage of eligible complete	Complete	Eligible
Asthma	Review in previous 12 months	22%	9	41
COPD	Review/assessment in last 12 months	0%	0	24
	Influenza immunisation in last winter	96%	25	26
Cancer	Review within 6m of diagnosis		0	0
Diabetes	Blood pressure checked + in optimal range	69%	29	42
	Foot examination in last 12 months	23%	9	39
	IFCC-HbA1c checked + in optimal range	53%	19	36
	Treated with a statin	72%	23	32
	Influenza immunisation in last winter	93%	39	42
CHD	Blood pressure checked + in optimal range	93%	25	27
	CHD therapy in last 12 months	52%	13	25
	Influenza immunisation in last winter	100%	24	24

Appendix C – Predicted Substance Use Incidence Calculations

Figure 128 – Calculation of Predicted Need

Drug Treatment	HMP Berwyn
Population in a year (Op Cap + Turnover)	3,264
Prevalence estimate (low)	28%
Prevalence estimate (high)	51%
Expected incidence (low)	914
Expected incidence (high)	1,665
Expected incidence (mid-point)	1,289
Alcohol Treatment	HMP Berwyn
Population in a year (Op Cap + Turnover)	3,264
Prevalence estimate (low)	16%
Prevalence estimate (high)	43%
Expected incidence (low)	522
Expected incidence (high)	1,404
Expected incidence (mid-point)	963

Appendix D – Full NDTMS Data

	2019/20	2020/21 Apr-Dec
Section 1: New treatment entrants	HMP Berwyn (2019/20)	HMP Berwyn (2020/21 Apr-Dec)
Number of new receptions starting new treatment episode	288	72
Percentage of new receptions to prison who enter treatment	14%	6%
Total new treatment entrants (includes those who are not new receptions to the prison)	355	129
New treatment entrants from within prison	67	57
Percentage of new treatment entrants from population already in the prison	19%	44%
Opiates	142	52
Non-opiates	132	45
Non-opiates and alcohol	60	20
Alcohol only	21	12
Opiates	40%	40%
Non-opiates	37%	35%
Non-opiates and alcohol	17%	16%
Alcohol only	6%	9%
Modalities started YTD	**Prison %**	**Prison %**
Total interventions started	214	140
Alcohol prescribing	0%	0%
Benzodiazepine detox	0%	0%
Lofexidine	0%	0%
Naltrexone pre-release	0%	0%
Opioid reinduction	1%	2%
Opioid reduction methadone	4%	3%
Opioid reduction buprenorphine	0%	0%
Opioid maintenance methadone	24%	15%
Opioid maintenance buprenorphine	0%	0%
Alcohol brief intervention (unstructured)	1%	3%
Other formal psychosocial therapy	30%	52%
Other structured intervention	39%	25%
Psychosocial intervention for mental disorder	0%	0%
Structured day programme	0%	0%

	2019/20	2020/21 Apr-Dec
Section 2: In-treatment population	HMP Berwyn (2019/20)	HMP Berwyn (2020/21 Apr-Dec)
Total number in treatment	616	397
Opiates	275	201
Non-opiates	223	118
Non-opiates and alcohol	89	54
Alcohol only	29	24
Opiates	45%	51%
Non-opiates	36%	30%
Non-opiates and alcohol	14%	14%
Alcohol only	5%	6%
Interventions - Number in...		
Clinical only	53	54
Non-clinical structured intervention only	226	198
Clinical and non-clinical structured interventions	45	46
No structured modality started/recorded	292	99
Clinical only	9%	14%
Non-clinical structured intervention only	37%	50%
Clinical and non-clinical structured interventions	7%	12%
No structured modality started/recorded	47%	25%
Interventions ended		
Number of interventions ended	48	126
Average intervention length (days)	301	273
Characteristics of those in treatment during period		
AUDIT Score: 0-7	424	274
AUDIT Score: 8-15	58	31
AUDIT Score: 16-19	14	10
AUDIT Score: 20-40	109	59
AUDIT Score: missing data	11	23
NPS main drug	51	39
NPS second drug	15	17
NPS third drug	22	14
Total in treatment citing NPS use (drug use recorded at treatment start)	88	70
% of in-treatment population citing NPS use	14%	18%
% reporting primary NPS use	8.3%	9.8%