



Public Health
England



World Health
Organization

REGIONAL OFFICE FOR

Europe

Public Health England

Health and Justice Annual Review 2017/18



“No health without justice, no justice without health”

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Cover image: The now decommissioned HMP Reading, 2016. Photo by Maciej Czachorowski.

Cover quote: This phrase, attributed to Dr. Éamonn O'Moore, National Lead for Health & Justice, PHE, was adopted by the World Health Organization's Health in Prisons Programme and the Council of Europe at a meeting of prison health experts held in Strasbourg in 2014 which endorsed the position that health and justice organisations cannot achieve their respective aims in isolation

Glossary

ADT/J	Alcohol, Drugs, Tobacco and Justice Division
AV-PEP	Antiviral post-exposure prophylaxis
BBV	Blood-borne virus
CJS	Criminal justice system
CRC	Community Rehabilitation Company
DEI	Data, Evidence and Intelligence Group
DHSC	Department of Health and Social Care
ECDC	European Centre for Disease Prevention and Control
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
FNPs	Foreign national prisons
HIPED	Health in Prisons European Database
HIPP	Health in prisons programme (WHO)
HJIPs	Health and Justice Indicators of Performance
HJIS	Health and Justice Information Service
HMPPS	Her Majesty's Prison and Probation Service
HOIE	Home Office Immigration Enforcement
HPT	Health protection team
ICRC	International Committee of the Red Cross
ICT	Incident control team
IRC	Immigration removal centre
MODs	Models of Operational Delivery
NDTMS	National Drug Treatment Monitoring System
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NPA	National Partnership Agreement
NPS	New psychoactive substances
OCT	Outbreak control team
PCC	Police and Crime Commissioner
PGD	Patient group direction
PPDs	Prescribed places of detention
PSI/O	Prison service instructions/orders
RCGP	Royal College of General Practitioners
TB	Tuberculosis
UKCC	United Kingdom Collaborating Centre
UNODC	United Nations Office on Drugs and Crime
WEPHREN	Worldwide Prison Health Research and Engagement Network
WHO	World Health Organization
YJB	Youth Justice Board
YOI	Young Offender Institute

1 Introduction

PHE works to protect and improve the nation's health and wellbeing and reduce health inequalities. We do this through world-class science, advocacy, partnerships, knowledge and intelligence, and the delivery of specialist public health services. PHE provide expert advice to Government and policy makers.

PHE's National Health and Justice Team sits within the **Health Improvement Directorate**. Our mission is to improve health, reduce health inequalities and drive down offending and reoffending behaviour by understanding and meeting the health and social care needs of people in contact with the criminal justice system (in custody and in the community) through collaborative work with statutory and voluntary sector partners and with service users.

The Health and Justice team works in partnership with health and social care commissioners, service providers, academic and third sector organisations and prisoners/detainees to identify and meet the health and social care needs of people in prisons and other prescribed places of detention (PPDs), as well as those in contact with the criminal justice system (CJS) in the community.

The scope of our work includes settings like prisons, Young Offender Institutes (YOIs) and Immigration Removal Centres (IRCs). Our role covers all aspects of public health practice, including health protection, health improvement and healthcare public health.

This report focusses on some aspects of our work during the 2017/18 financial year, specifically with regards to:

- prisons: including a new National Partnership Agreement on Prison Healthcare in England (1) and supporting the Prison Estate Transformation Programme (PETP)
- people in prison with specific needs: including older people and women in prison
- protecting health: including responding to challenges seen last winter in response to seasonal flu and other health protection incidents

While this report highlights some of the key developments and projects undertaken by the team over the course of the last financial year, it is not intended to describe every aspect of the national Health and Justice work programme.

Interested readers are encouraged to visit the Health and Justice website where much of our work from preceding years can be found (including previous issues of this report):

<https://www.gov.uk/government/collections/public-health-in-prisons>

Divisional changes within PHE

Figure 1: PHE Health Improvement directorate teams

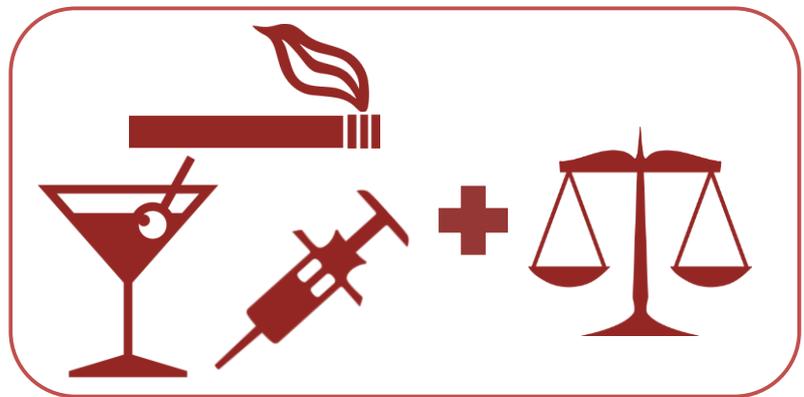


In 2017/18 the National Health and Justice team became part of the new PHE Health Improvement directorate (2) which was created to better align PHE’s surveillance, data, evidence and research capability with its policy advice expertise (Figure 1).

From 9 January to 7 February 2018, the Health and Justice team was involved in a consultation process to identify how existing functions and priorities could best be developed within the framework of the new directorate. This process resulted in the movement of the team to the newly renamed Alcohol, Drugs, Tobacco and Justice (ADTJ) division following the dissolution of our previous Health Equity and Mental Health division.

While the remit of the Health and Justice team, which is wider than alcohol, drugs and tobacco, is not expected to change as a result of the transition into the new division, existing partnerships between the team, the ADTJ Division and other government departments will be strengthened enabling improved support for vulnerable groups within our collective remit. As such, there is potential for greater synergy and development of new areas of work as opportunities arise with the new configuration.

PHE Alcohol, drugs, tobacco and justice division



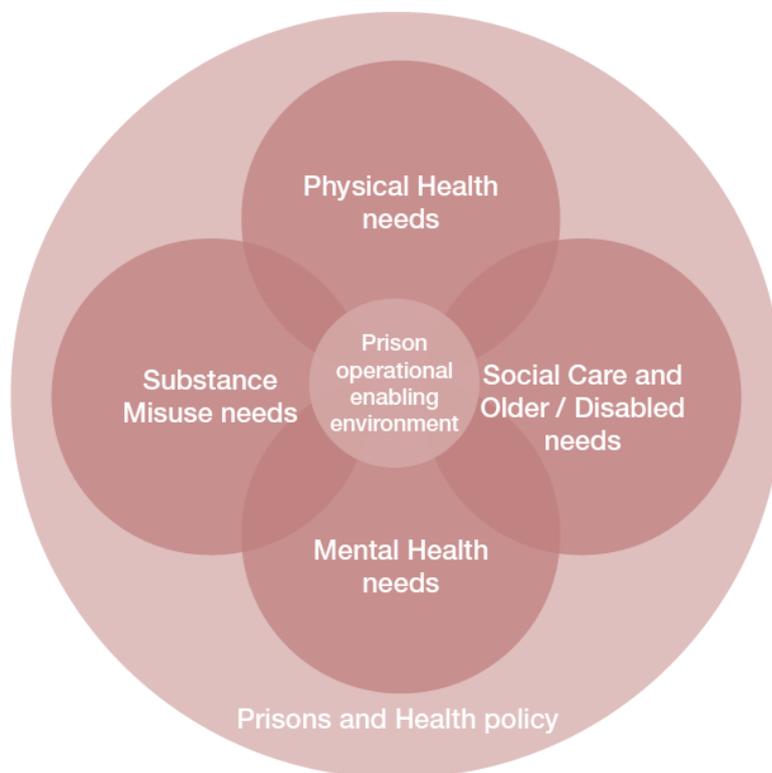
Tackling harmful behaviours and addictions (alcohol, tobacco, drug use, gambling etc.) and supporting the health and social care needs of vulnerable populations (people in contact with the CJS, homeless, travellers, migrants etc)

2 Partnerships

People in prison have multiple complex needs with higher levels of physical health, mental health and substance misuse needs than their peers in the community. These issues are often complicated by homelessness, joblessness, indebtedness or social isolation and poor access to health services appropriate to their needs.

Imprisonment can exacerbate some of these challenges or provide an opportunity to address them, but we clearly recognise the impact of the prison environment on the ability to deliver high quality healthcare and the need for prisons to create an 'enabling environment' which supports healthcare and other service providers to improve health and wellbeing (see Figure 2).

Figure 2: Complex interaction of health and social care needs and the prison environment (*adapted from 'National Partnership Agreement for Prison Healthcare in England, 2018-2021'; page 11 (1)*)



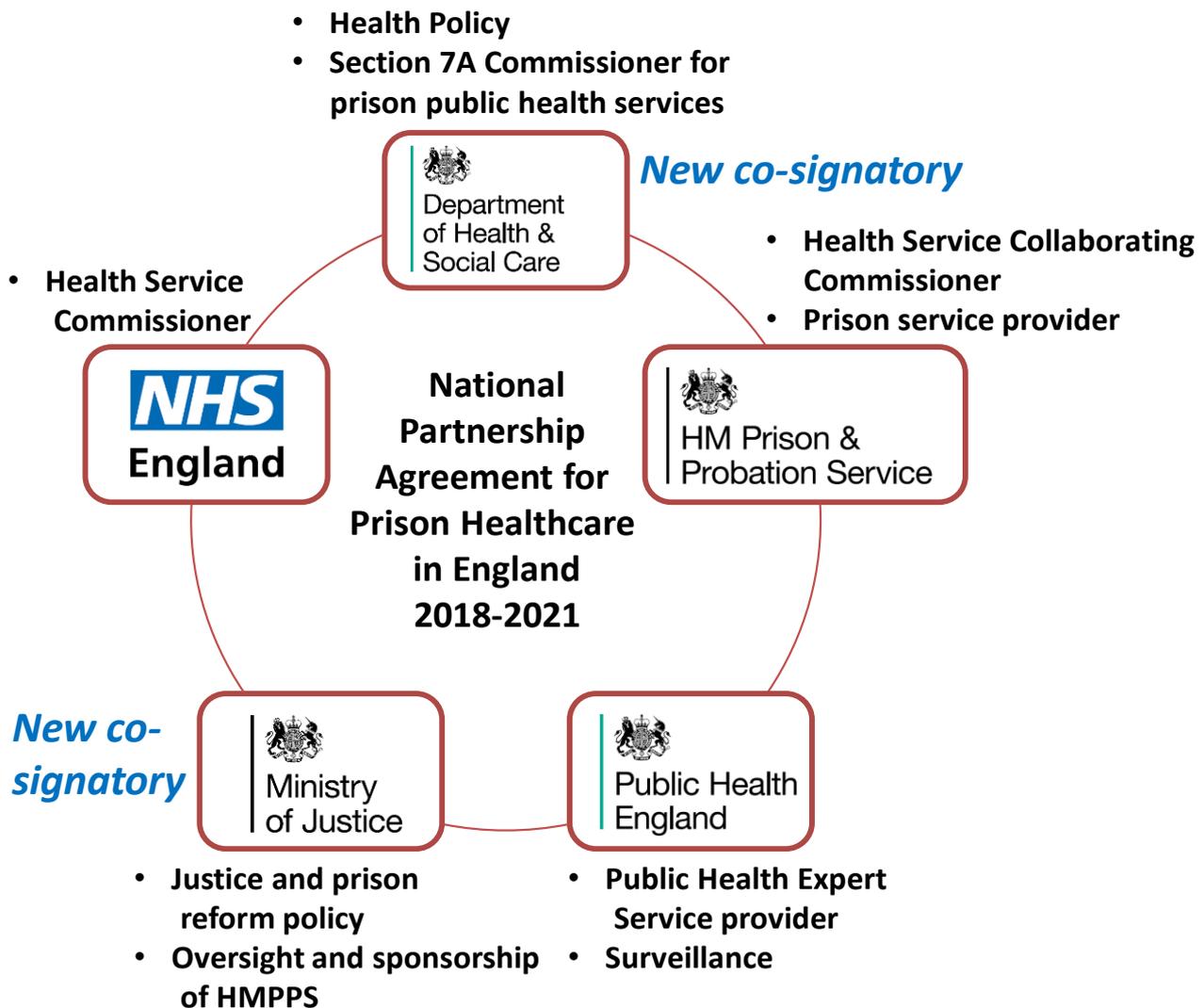
National partnership work

To address the complex health and social care needs of people in prison, effective partnership work is required, not only between health partners and the prison service but also with health and justice policy makers.

With this in mind, in April 2018, PHE, NHS England, HM Prison & Probation Service (HMPPS), the Ministry of Justice (MoJ) and the Department of Health and Social Care (DHSC) published a new **National Partnership Agreement for Prison Healthcare in England (2018-2021)** (1) (see Figure 3), which:

- sets out the defined roles of the 5 partners
- describes their commitment to working together and shared accountability for delivery through linked governance structures
- sets out core objectives and key priorities for action
- describes commitment to improving data, evidence and intelligence to inform health needs assessment and measure quality of healthcare delivered

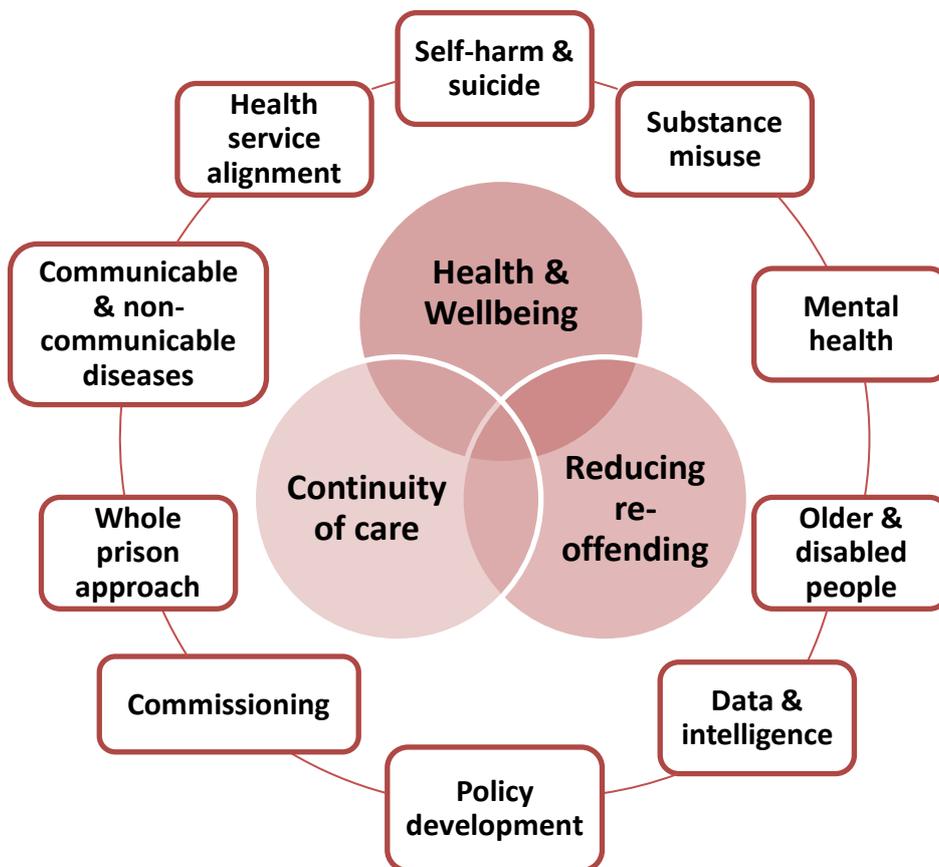
Figure 3: National Partnership Agreement for Prison Healthcare in England 2018-2021: co-signatories and their roles



The detailed work plan associated with the agreement is still in development and will cover variable periods of time over the three-year timeframe. The NPA reflects the already identified work streams of the Health and Justice team identified in the business plan for 2018/19, including: implementation of work on key areas of focus in physical, mental and substance misuse health needs (see Figure 4 below, and Section 7 for 2018/19 work programme). Specifically, there is a shared commitment to “Improve the quality of data and intelligence collection and enable better data-sharing between partners.” This is encompassed by work undertaken by the Data, Evidence and Intelligence (DEI) Group, which is chaired by PHE, around the prison healthcare dashboard and the development of key performance metrics compatible with the new reporting module for the revised health IT system known as the Health and Justice Information System (HJIS).

For a detailed overview of data, evidence and intelligence resources and initiatives available for capturing the health needs of people in prisons, the reader is encouraged to see last year’s [Health and Justice annual review \(2016/17\)](#) (3) which focused specifically on this topic.

Figure 4: National Partnership Agreement for Prison Healthcare in England 2018-2021: 3 core objectives and 10 priority areas



Other national partnership agreements for healthcare in secure and detained settings:

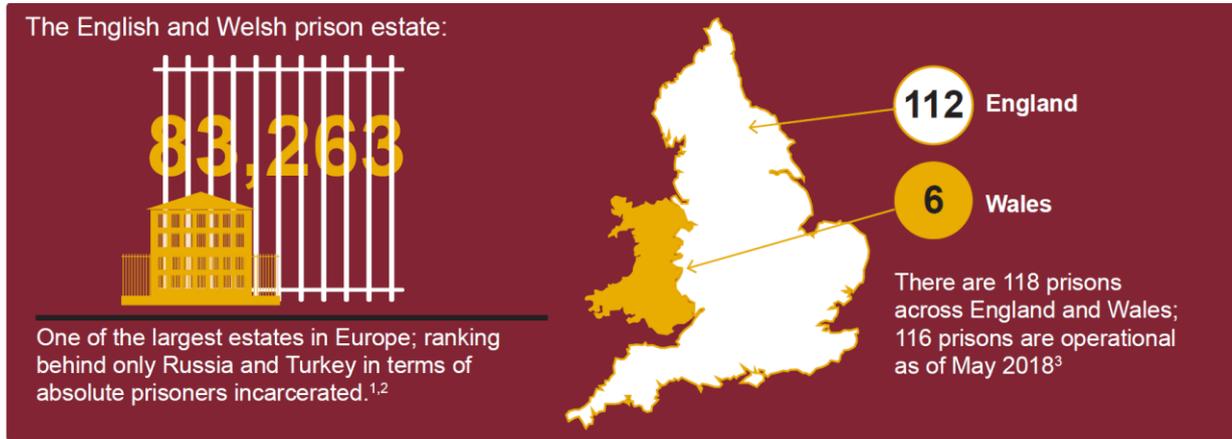


- Children and Young Peoples Secure Estate Assurance Group (co-chaired by the YJB and NHS England; PHE)
- joint oversight of the **National Partnership Agreement 'Improving Health and Wellbeing services for children placed in the Children and Young People's Secure Estate'** (4)

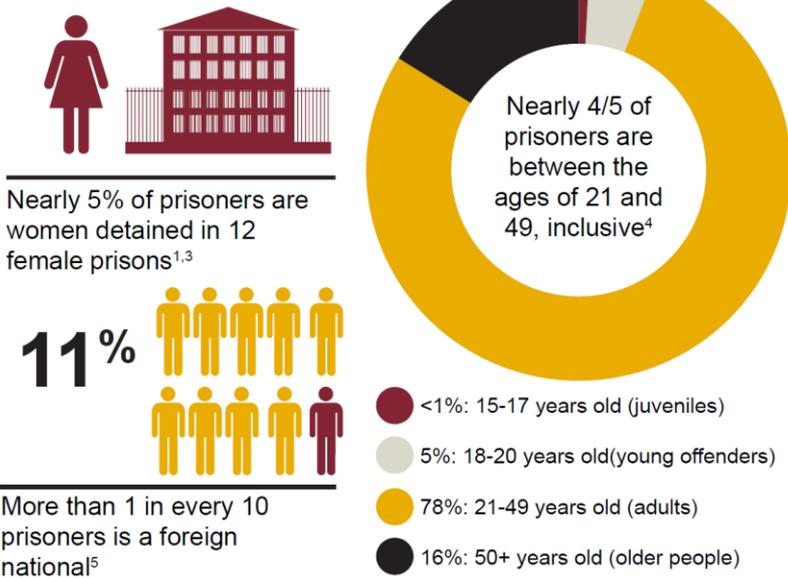


- Immigration Removal Centre (IRC) Assurance Group (co-chaired by Home Office Immigration Enforcement (HOIE), NHS England and PHE).
- Joint oversight of the **National Partnership Agreement between HOIE, NHS England and PHE** (5)

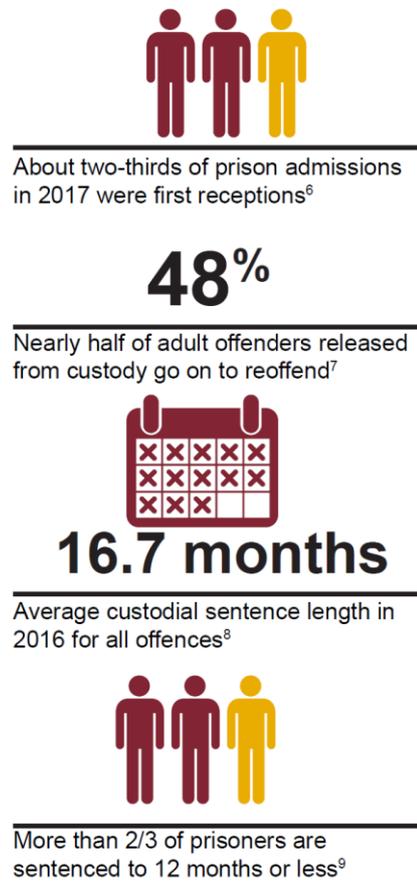
3 Prisons



Prisoner demographics:



Sentencing and incarceration:



Ministry of Justice map of the English and Welsh Prison estate:
<https://www.justice.gov.uk/downloads/contacts/hmps/prison-finder/prison-map.pdf>

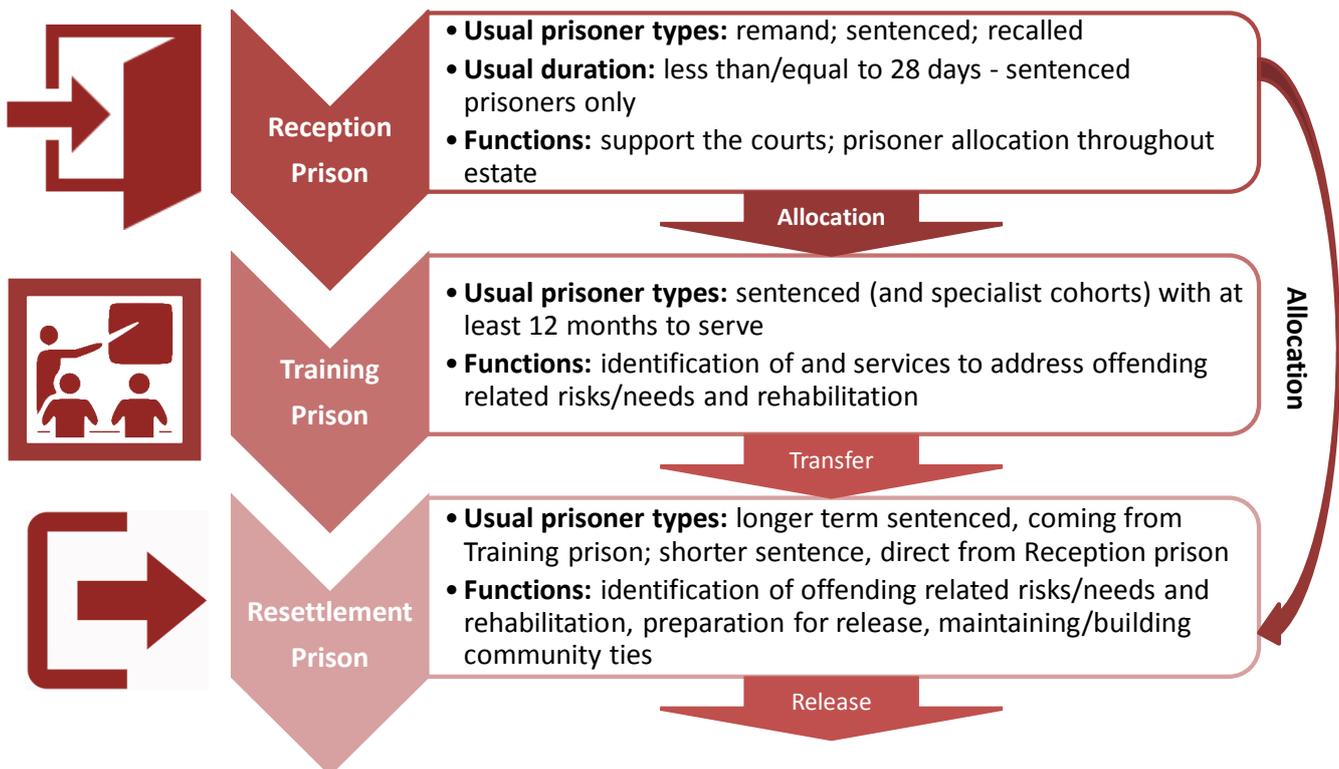
¹ MoJ Offender Management Statistics. Prison population, 31 March 2018: Table 1.1
² Walmsley, R. World Prison Population List - Eleventh Edition. International Centre for Prison Studies.
³ HMPPS. Prisons and their resettlement providers, May 2018.
⁴ MoJ Offender Management Statistics. Prison population, 31 March 2018: Table 1.3
⁵ MoJ Offender Management Statistics. Prison population, 31 March 2018: Table 1.7
⁶ MoJ Offender Management Statistics Bulletin, England and Wales. Annual reception data for 2017.
⁷ MoJ Proven Reoffending Statistics Quarterly Bulletin, April 2016 to June 2016.
⁸ MoJ Criminal Justice System statistics quarterly: September 2017: Table Q5.2c
⁹ MoJ Criminal Justice System statistics quarterly: September 2017: Table Q5.4

Prison Estate Transformation Programme (PETP)

Following publication in November 2016, the **White Paper on Prison Safety and Reform** (6) called for reform of the existing, often crowded and outdated, prison estate to create one that is more modern, fit for purpose and places offender rehabilitation, safety and security at its centre. This reform embodies the planned implementation of the Prison Estate Transformation Programme (PETP) being overseen by HMPPS over the next few years. The programme aims to build decent prisons to improve rehabilitation and create safe and secure environments for staff and offenders, and make better use of the estate to meet the needs and risks of the population. (see Figure 5).



Figure 5: Prison functions and prisoner flow through the reorganised estate being rolled-out through the Prison Estate Transformation Programme (PETP)



Models for Operational Delivery (MODs) and specialist cohorts

While the ‘pre-reconfiguration’ prison estate already had training and resettlement prisons, both the type of population incarcerated in each prison and duration of stay will be revised under the PETP, as described in Section 3.1., above. To facilitate the delivery of services within the reorganised estate, MODs have been developed by HMPPS for each prison function as well as for several ‘specialist cohorts’ that require unique approaches to fulfil their training and rehabilitation outcomes given the unique characteristics of these populations.

Models of Operational Delivery (MODs):

- ‘toolkits’ to support prison governors in each prison type with:
- operational delivery decisions
- evidence-based funding and commissioning choices
- based on comprehensive data and evidence of prisoners’ needs
- will not supersede Prison Service Instructions/Orders (PSI/Os) or Policy Frameworks



Six MODs developed as of April 2018 for:

- 3x functional prison cohorts
- 3x specialist prisoner cohorts
‘Specialist Cohorts’ of Prisoner



MODs for Specialist Cohorts of Prisoners

Foreign national offenders:

- 11% of prisoners
- targets Foreign National Offender Prisons
- focus on reintegration in community & overseas

Men convicted of sexual offences:

- 27% of prisoners
- targets Training & Resettlement Prisons
- focus on reintegration in community upon release

Older prisoners:

- 16% of prisoners
- targets all prison types
- focus on tailoring services/ interventions to maintain wellbeing

4 People in prison with specific needs

Older people in prison

Rapidly increasing older prisoner population:

81% **107%**

50-59 years

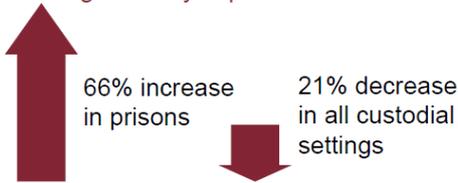
60+ years

Older people are the fastest growing age demographic in prisons and the only group to nearly double in size over the last decade.¹



Older people now comprise more than 1/6 of the prison population in England and Wales.¹

Increasing mortality in prisons vs. other custodial settings and the general population:



There has been a substantial increase in prison deaths, year-on-year, despite an overall decrease in deaths in other custodial settings since 2000²

1.35x



The likelihood of prison mortality (from any cause) is more than a third greater than in the general population⁶

60%

More than half of all deaths occur in older prisoners (50+ years old)³

62%

Over half of prisoner deaths can be attributed to natural causes⁴

Deaths per 1,000 prisoners	March 08	March 18
All causes	2.3	4.0
Natural causes	1.2	2.0

Death rate from natural causes has nearly doubled in prisons over the last decade⁵

Prevalence and morbidity of chronic physical conditions is estimated to be high in prisoners:

Most prevalent physical health conditions in prisoners worldwide⁷:



34%

Cardiovascular disease



24%

Musculoskeletal



15%

Respiratory

CVD risk factors are also very prevalent in prisoners⁷: hypertension | smoking | physical inactivity | obesity

1 MoJ Offender Management Statistics. Prison population, 31 March 2018: Table 1.3, and; Prison population 2015: Table A1.6.

2 Deaths in State Custody: An examination of the cases 2000 to 2014. Independent Advisory Panel on Deaths in Custody. December 2015.

3 MoJ Safety in Custody Statistics. Deaths in prison custody 1978 to 2017: Table 1.3.

4 MoJ Safety in Custody Statistics. Deaths in prison custody 1978 to 2017: Table 1.1.

5 MoJ Safety in Custody Statistics. Safety in custody summary tables to September 2017: Table 2.

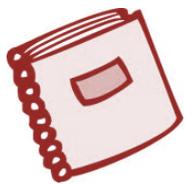
6 MoJ Safety in custody statistics quarterly bulletin: September 2017.

7 Aries and Maposa. J Forensic Nurs. 2013 Jan-Mar;9(1):52-64.

Health and Social Care Needs Toolkit for older people in prison

Diseases responsible for the greatest morbidity and mortality in the general population have particularly high prevalence rates in older prisoners (50 years and older) (7). Further, the burden of important diseases like ischaemic heart disease, diabetes and chronic obstructive pulmonary disorder (COPD) are up to 20 times higher in the older cohorts, with older people in prison often having morbidity rates and functional abilities similar to peers in the community 10 years their senior (8).

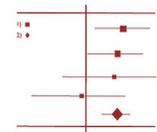
Work undertaken to tackle these issues:



The Health and Justice team has produced a guide on how to undertake a “**Health and Social Care Needs Assessment of Older People in Prison**”. This document provides evidence-based guidance on how to carry out a health and social care needs assessment of older people in prisons.



Commissioners of prison healthcare services and social care services can use this to understand the needs of older people in prisons and commission and deliver services that meet their needs. This document written with support from NHS England, Her Majesty’s Prison and Probation Services (HMPPS), and a wide range of partner organisations, including the third sector organisation **Restore** (9) who provided access to a forum of older people who have been in prison.



A systematic review of non-communicable diseases of older people in prison globally was undertaken and has been submitted for peer review publication.



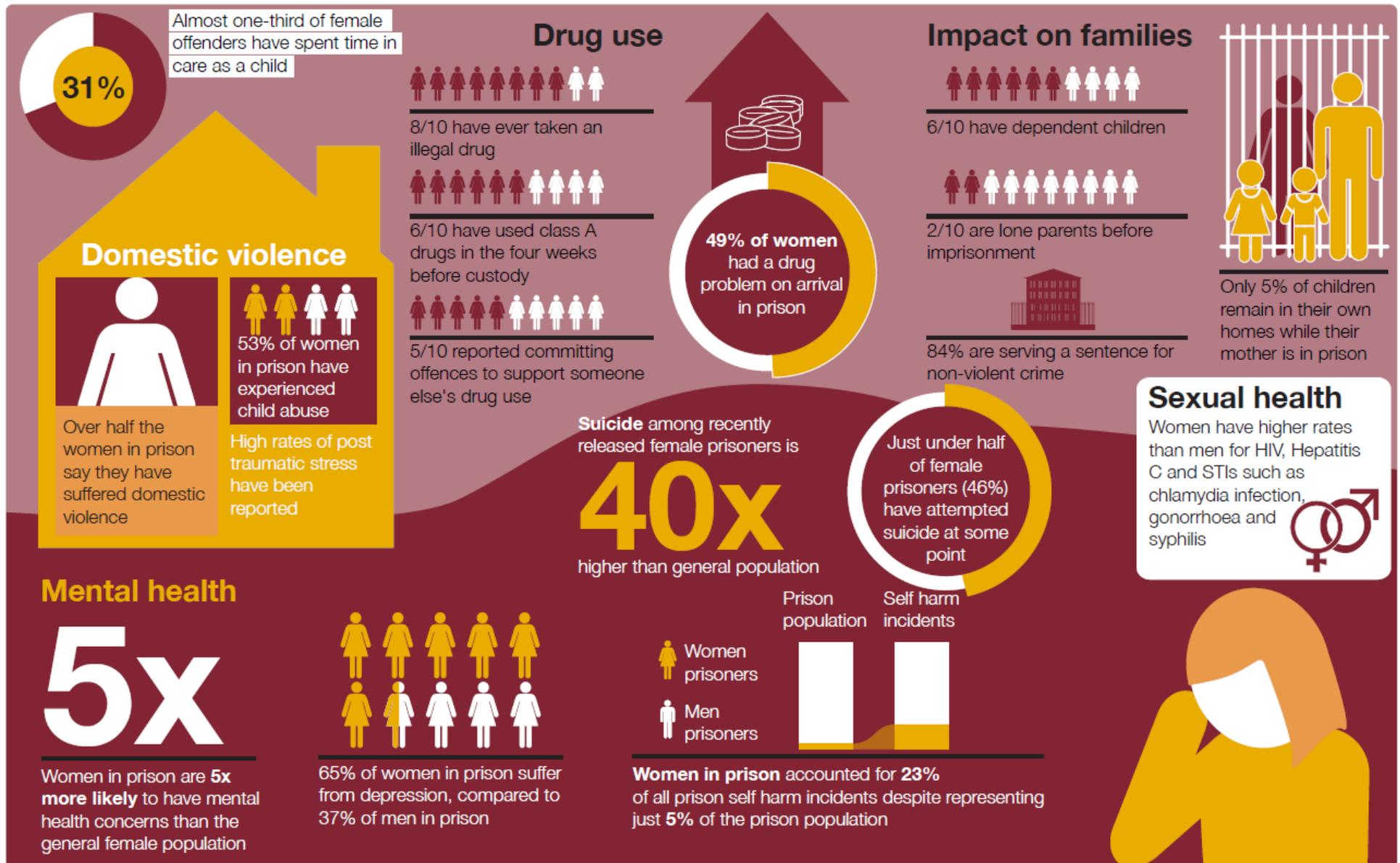
Research
Ready

PHE launched the guide at a workshop in October 2017 at the Royal College of General Practitioners (RCGP) Health and Justice Summit: Ageing Well in Secure Environments, and presented the initial findings of the systematic review at the PHE Scientific Conference March 2018



The Health and Justice team will work with MoJ and HMPPS to support implementation of PHE’s Productive Healthy Ageing programme and have contributed to and supported the publication to the MoJ’s Model of Operational Delivery for Older People (see Section 3.1.1.)

Women in prison



Gender Specific Standards to Improve Health and Wellbeing for Women in Prison in England

Women in prison are often more affected and have disproportionately higher levels of mental health, suicide, self-harm, drug dependence and other health needs compared to men in prison. Women also often require specific health and social care interventions that take account of their gender as well as their circumstances and their needs need to be considered, not only while in prison but also upon return to the community. To this end, PHE's Health and Justice team, in consultation with HMPPS, NHS England and other partners, led the development of gender specific standards (10) to improve the health and wellbeing of women in prison; published to coincide with International Women's Day on March 8th, 2018.

AIM:



- Standards set out evidence-based good practice to addressing the health and wellbeing needs of women in prison with an aim to improve the quality of health and social care in prisons...
- ...this is a shared objective for HMPPS, NHS England and PHE which all strive to improve the quality of health services, reduce health inequalities and improve the health and wellbeing of women in prison

AUDIENCE:



- for the use of commissioners of services, service providers and all employees who work in the female prison estate
- also relevant for local authorities, community rehabilitation companies (CRCs), police and crime commissioners (PCCs), and all community providers who may provide services to women on leaving prison

APPROACH:



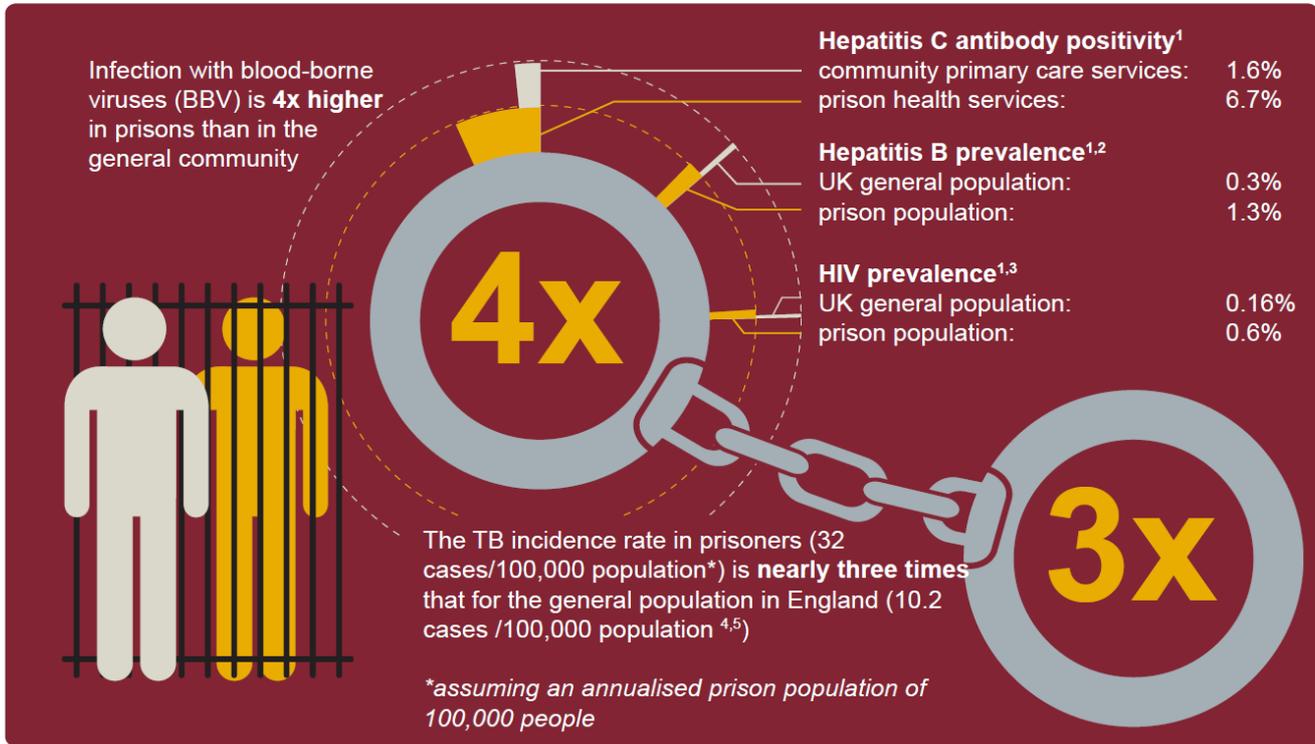
The standards highlight the need for a system approach to improving health and wellbeing for women in prison which focuses on a holistic pathway approach:

- preventing offending by tackling the wider determinants of health
- ensuring access to high quality health and care services in prison
- developing an enabling environment in prison to improve health
- giving adequate support to women who have children
- ensuring availability of proper support for women released from prison

The standards document contains 122 standards split into 10 sections:



4 Protecting health in prisons



Notifiable infectious disease incidents reported to PHE Health & Justice Surveillance by Centre health protection teams from April 2017 to March 2018⁵

Infection	HMP	IRC
Acute encephalitis	1	
Food poisoning	1	
Hepatitis B (acute)	2	
Herpes zoster (shingles)	13	
Invasive group A streptococcus (iGAS)	3	
Legionellosis	2	
Staphylococcus aureus / PVL	2	
TB (pulmonary / extrapulmonary)	27	4
Varicella (chickenpox)	4	7
Total	55	11

Outbreaks reported to PHE Health & Justice Surveillance by Centre health protection teams from April 2017 to March 2018⁵

Outbreak	HMP	IRC	STC
D & V	18	2	2
Group A streptococcus (GAS)	1		
Influenza	21	3	
Invasive group A streptococcus (iGAS)	1		
Other	1		
Salmonellosis (Salmonella enterica)	1		
Scabies	2		
Total	45	5	2

* No data available for the reporting period specified from PHE Yorkshire & Humber Centre

¹ PHE Sentinel surveillance of blood borne testing in England: 2015.

² PHE Hepatitis B epidemiology in London: 2012 data. April 2014.

³ PHE HIV in the UK: 2016 report. December 2016.

⁴ PHE Tuberculosis in England 2017 report ver. 1.1 (presenting data to end of 2016). October 2017.

⁵ PHE Health & Justice Surveillance: TB incidents reported between April 2017 to March 2018, inclusive

Key health protection incidents in 2017/18

People in prison live in close quarters and often come from vulnerable populations at higher risk of certain infections; this contributes to an increased risk of transmission of communicable disease in the prison setting. PHE's Health and Justice team collects and collates data reported by health protection teams (HPTs) in PHE Centres across England and uses this intelligence to inform key stakeholders of new incidents and outbreaks in the secure and detained estate. The most impactful event in 2017/18 was the high number of confirmed outbreaks of seasonal flu in prisons and IRCs in England which required formal multi-agency outbreak control team response to oversee complex operational, infection control and clinical management issues. There was also a challenging confirmed outbreak of varicella infection in a large IRC in London and a death due to *Legionella* pneumonia in a patient in an East Midlands prison - both responses required the formation of multi-agency outbreak and incident control teams. The year also marked a milestone for blood-borne virus (BBV) opt-out testing in English prisons, with 100% of the estate now reporting to test eligible consenting adults on an opt-out basis.

Influenza




Health impact:

- 21 confirmed flu A/B outbreaks in 3 IRCs and 14 prisons across England (2x prisons in Wales)
- 412 detainees symptomatic or confirmed; 11 hospitalised
- 89 staff members affected; 1 hospitalised

Operational impact:

- 50+ outbreak control team (OCT) meetings convened
- restrictions on regime, isolation of patients and limitations on regular movements in/out of prison

Challenges:

- timely distribution of antiviral medication using signed-off patient group directions (PGDs)
- wide-scale use of antiviral post-exposure prophylaxis (AV-PEP)
- managing impact of control measures on the prison regime for extended periods

Areas for Improvement:

- 'hands-on' training of healthcare and custodial staff through simulation exercises
- better coverage of high-risk groups with seasonal flu vaccine (including staff groups)
- medicines management
- active management of staff cases (including addressing presenteeism and cross-deployment)
- information sharing by healthcare teams and PHE HPTs to guide outbreak response

Guidance produced:

- 'Seasonal flu in prisons and detention centres in England: guidance for prison staff and healthcare professionals' (16)
- 'Seasonal flu in the children and young people's secure estate' (17)

Varicella



Legionella



Health impact:

- 4 confirmed cases in detainees in an IRC complex in South East England

Operational impact:

- 8 OCTs convened from December 2017 to February 2018
- restrictions on transfers in / out for vulnerable / non-immune detainees

Challenges:

- wide-scale immunity screening of population via phased approach including 301 contacts, 274 others, 5 staff
- restrictions on transfers in / out for vulnerable / non-immune detainees

Areas for Improvement:

- need for pre-employment checks for immunity to varicella for both healthcare and custody staff

Guidance produced:

- 'Chickenpox and shingles: infection control in prisons and other places of detention' (18)

Health impact:

- Death of a prisoner secondary to Legionnaires' disease in East Midlands

Operational impact:

- 6 incident control team (ICT) meetings convened
- showers taken off-line and bottled water used as a precautionary measure

Challenges:

- ageing prison infrastructure complicated planned remediation work to water system

Areas for Improvement:

- timely and robust intelligence flow between prison and HPTs

Guidance available: 'Infection control in prisons and places of detention' (Sec. 1.4.10) (19)

BBV opt-out testing programme in English prisons:



- fully implemented across the English prison estate in the 2017-18 financial year
- as of April 2018, all new consenting eligible adult prisoners in England are now offered a test for BBV infection on an opt-out basis within 72 hours of reception with specialist referral for assessment/treatment
- engagement event organised in November 2017 to mark the final stage of programme implementation (20)

5 International engagement

International prison health: UK Collaborating Centre for the WHO Health in Prisons Programme

PHE's national Health and Justice team holds WHO Collaborating Centre status, complementing the nine other WHO collaborating centres PHE holds as part of its international portfolio. This section highlights the key achievements of the UK Collaborating Centre **WHO Health in Prisons Programme** (11) in 2017-18, focusing on the central international objectives of supporting policy development, creating a prison public health dataset for surveillance and intelligence, and building capacity in research and professional development.

Re-designation until 2021:

WHO Regional Office for Europe (12) acknowledged PHE's contribution to the Health in Prison Programme and has renewed its status as a collaborating centre for another 4 years.



World Health Organization
UK Collaborating Centre for
Health in Prisons

Presentations:

- ☑ British Foreign & Commonwealth Office
- ☑ Penal Reform International Summer School for Human Rights Law
- ☑ International collaboration in criminal justice health research meeting
- ☑ Paris Institute of Political Studies
- ☑ ICRC First Asian Prison Health Conference, Bangkok
- ☑ International Centre for Prison Research Seminar on Women in Prison
- ☑ 11th Annual Academic and Health Policy Conference on Correctional Health, Houston



Publications:

- ☑ International Journal of Prisoner Health
- ☑ WHO Public Health Panorama
- ☑ British Medical Bulletin
- ☑ WHO Good Practice in the prevention and care of TB in prisons
- ☑ ECDC Systematic review on active case finding of communicable diseases in prison settings
- ☑ ECDC Systematic review on the diagnosis, treatment, care and prevention of tuberculosis in prison settings

Expert groups:

- Chairing the ECDC Expert Panel on communicable disease in prisons
 - Participating in a Technical Expert Group for UNODC guidance on continuity of HIV services in prison
 - Participating in an Expert Group for Penal Reform International's guidance for prison staff on mental health of prisoners
-

International engagements:



Hosted a senior government delegation from China to learn about PHE's approach to health in prisons, presented at a conference in China through a video



Hosted academics from University of Santa Catarina, Brazil to explore collaborative work in research and policy development

Five Nations' Health and Justice:

Meetings held in Wales, Scotland and Northern Ireland on themes of data and intelligence, governance arrangements, ageing and quality improvement in prison healthcare. This year the 5 nations presented together on reducing reoffending at the International Corrections and Prisons Association Conference 2017.



Prison health in all policies: supporting international policy development

As a UK Collaborating Centre on the WHO Health in Prisons Programme (11), the national Health and Justice team have worked with partners on issuing an international **statement** (13) from the jointly hosted WHO/PHE/EMCDDA international meeting on prisons and health, held in Lisbon, Portugal, on 11–12 December 2017. The meeting brought together more than 100 experts in the field of prison and public health from 30 countries worldwide at which key actions to improve the current position worldwide with respect to drugs and drug-related harms in prison were noted, as well as the need to feature prison health in all policies.



European Monitoring Centre
for Drugs and Drug Addiction

“Prison health in all policies”

1. Implement a “whole-of-government approach” to prison health care, ensuring that the health and social care needs of people in prisons are considered in all policies, taking account of the need for integration between prison health and wider public health and social care systems, and recognizing prisons as a setting in which to address health inequalities, improve health and thereby reduce reoffending;
2. Operate within a framework of equivalence of health care outcomes between prison and community based on need and the requirement for continuity of care between community and prison;
3. Treat the person as a whole, including psychosocial support as well as effective pharmacological treatment, recognizing that drug treatment should take account of wider health and social care issues;
4. Ensure that service design is informed by research evidence and that service delivery is evaluated by audit and/or appropriate implementation data that take into account the prison setting and the transition into the community from custody, requiring multiagency partnership work and a systems leadership approach to health;
5. Develop and agree minimum staffing levels (both health care and custodial staff) and skill mix; ensure appropriate training and professional development for all staff to assure improvements in service delivery, acknowledging the challenges of working in a prison setting and the opportunities for all staff to impact on rehabilitation and reducing recidivism;
6. Encourage use of the United Nations comprehensive package of services to address HIV, TB, and viral hepatitis B and C; and undertake prison reform measures to improve living and working conditions, and broader criminal justice reforms to develop, adopt and implement alternatives to conviction or punishment and to reduce the excessive use of pre-trial detention.

http://www.euro.who.int/__data/assets/pdf_file/0004/365971/Lisbon-conclusions.pdf?ua=1

Health in Prisons European Database: a minimum public health dataset for prisons

PHE have supported the **WHO Regional Office for Europe** (12) over the last two years to develop and implement a survey of WHO Europe member states on prison health. There is a lack of systematically collected and comparable data on the health of people in prison. The **Health in Prisons European Database (HIPED)** (14) provides an overview of prison health according to public health indicators that were collected through a national questionnaire in 2016/2017 and returned by 41 member states.

Purpose of Health in Prisons European Database:



To provide comprehensive, consistent and reliable public health data on prison populations and their health needs across WHO European Region Member States



To support Member States in identifying areas where preventive and treatment efforts are needed

Dataset domains of the Health in Prisons European Database:



The database enables the opportunity development of standardised prison health informatics platforms that will help to provide a clear picture of the health of prisoners across Europe and the integration of healthcare programmes as a result. Access the **Health in Prisons European Database**.

WEPHREN: building international research and professional development capacity

To ensure evidence based practice in implementing prison health in all policies, as well as to address the challenges of prison health research, PHE has funded the **Worldwide Prison Health Research Network (WEPHREN)** (15) which launched its web platform on 14 July 2017 and now has 500 international members. WEPHREN is a joint partnership between the WHO and the UK Collaborating Centre for Health in Prisons Programme (PHE).

WHAT IS WEPHREN?



The **Worldwide Prison Health Research & Engagement Network (WEPHREN)**, an open access collaborative forum for everyone interested in prison health globally, aiming to improve the health of people in prison through the development of the evidence base and through capacity building initiatives for health and health service delivery.

- A forum for all stakeholders interested in prison health to **exchange ideas and to work together**
- A forum for researchers to **develop collaborative multi-centre research proposals**
- A means of **disseminating important research findings**



- A vehicle to drive **development of effective collaborative networks within and between countries**
- A platform for **developing the skills of health professionals and researchers**
- An effective means of **addressing inequities** in research and professional development
- **Global leadership** in prison research



Steering Committee

The work of WEPHREN is guided by a Steering Committee made up from members of the WHO Health in Prisons Programme Steering Group and elected members from outside of the WHO Europe Region. These experts in the field meet once a quarter to review the delivery plan for WEPHREN and provide advice and support to the WHO UK Collaborating Centre in delivering the objectives.

WEPHREN's stakeholders

Partners



WEPHREN is funded by Public Health England, which hosts the UK Collaborating Centre for Health in Prisons Programme led by the WHO Europe Regional Office. It is the only Health in Prisons Programme run by the WHO. PHE works in conjunction with the University of Oxford and The Global Health Network on delivering WEPHREN.

Learn more and join this free international network at: www.wephren.org

7. Conclusions and looking forward

Tackling the complex health and social care needs of people in prison requires multi-faceted and collaborative approaches aligned across both health and justice sectors. The key priorities and new partnership structure laid out in the NPA for Prison Healthcare in England have created opportunities to address these issues with effective collaboration between health and prison service commissioners and providers, public health and policy makers from the MoJ and DHSC. The ambitious programme of work associated with the NPA will address some of the urgent needs of prisons such as reducing self-harm and suicide and tackling the issue of drug use. But it also lays down a development programme to take forward delivering a ‘whole prison approach’ to improving health and wellbeing; to developing the data, intelligence and evidence resources to inform a better understanding of health needs, support health service evaluation and inform policy development, and to addressing health inequalities faced by people in prison including access to preventative, diagnostic and therapeutic programmes for both communicable and non-communicable diseases. The three year timeframe of the NPA, which extends to 2021, will coincide with structural and operational changes being rolled out across the prison estate as part of the PETP. This changing landscape will heavily influence the work programme of the national Health and Justice team in the coming financial year, 2018/19, and in years to come, as it is set to align with divisional, regional, national and international priorities:



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