

Cross-Party Group on Health Inequalities

Tuesday 7 February 13:00

Minute

Present

MSPs

Brian Whittle MSP
Audrey Nicoll MSP

Invited guests

- Wendy Sinclair-Gieben, HM Chief Inspector of Prisons, Scotland
- David Logan, Outside Voices, Families Outside
- Toni Groundwater, Families Outside

Non-MSP Group Members

Ross Barrow, Royal Pharmaceutical Society
Lauren Blair, Voluntary Health Scotland
Kathleen Boyd, University of Glasgow
Garry Burns, Alcohol Focus Scotland
Hilda Campbell, COPE Scotland
Lewis Clarke, HIV Scotland
Judith Connell, kidney care uk
Wendy Cooper, Waverley Care
Anna Cowan, Waverley Care
Alison Crofts, Voluntary Health Scotland
Sarah Curtis, University of Edinburgh
Alan Eagleson, Terrence Higgins Trust Scotland
Jennifer Ferguson, Families Outside
Paula Fraser, VOX Scotland
Gillian Frayling-Kelly, Positive Help
Susan Gimson, Public Health Scotland
Lesley Graham, SHAAP
Cindy Gray, University of Glasgow
Alana Harper, Deaf Links
Emily Hindmarch, Cancer Research UK
Rebecca Joyce, Families Outside
Nicole Kane, Royal College of Occupational Therapists
Megan MacDonald, Pancreatic Cancer Action
David Main, Voluntary Health Scotland
Millie Mann, Families Outside
Marianna Marquardt, Scottish Families Affected by Alcohol and Drugs

Justina Murray, Scottish Families Affected by Alcohol and Drugs
Pamela Murray, BDA Scotland
Nell Page, Salvesen Mindroom Centre
Claire Stevens, Voluntary Health Scotland
Kimberley Somerside, Voluntary Health Scotland
Bushra Riaz, Kidney Research UK
Sarah Rogers, Families Outside
Daniela Rondina, SIAA
Arvind Salwan, Care Inspectorate
Jonathan Sher, QNIS
David Stewart, Fedcap Scotland
Sam Whitmore, Public Health Scotland
Laura Wilson, Royal Pharmaceutical Society
Kirstin Worsley, Breastfeeding Network

Non Members

Heather Baxter, Eli Lilly and Company Ltd
Sara Bradley, UHI
Margaret Brown, NHS Highland
Stewart Campbell, Parole Board for Scotland
Joyce Cattanach, Headway East Lothian
Catriona Connell, University of Stirling
Sasha Groves, CrossReach
Janis Heaney, NHS National Services Scotland
Kate Hunt, University of Stirling
Rob Littlejohn, Scotland's Futures Forum
Kevin Lyle, NHS Ayrshire and Arran
Nicola McAndrew, Scottish Government
Morag McGrath, East Ayrshire Council
Sandy Robertson, MSP Staff
Mehtar Shagufta, Playlist for Life

Apologies

Bob Doris MSP, Emma Harper MSP, Donald Cameron MSP, Carol Mochan MSP

Agenda item 1

Brian Whittle MSP convened the first hybrid meeting of the cross-party group, welcoming those in person and online.

Agenda item 2

Minutes of last meeting

Justina Murray, Scottish Families Affected by Alcohol and Drugs (SFAAD), approved the draft minutes of the business meeting on 14th December 2022 and Paula Fraser, VOX Scotland, seconded them.

Agenda item 3

Matters Arising

There were no matters arising from the previous meeting.

Agenda item 4

Applications to join the CPG

The members of the CPG approved the following application to join the Health Inequalities CPG: [Pancreatic Cancer Action Scotland](#).

Agenda item 5

Discussion Topic: understanding and addressing the health inequalities experienced currently in Scottish Prisons

Presentations by:

- Wendy Sinclair-Gieben, HM Chief Inspector of Prisons, Scotland
- David Logan, Outside Voices, Families Outside

Wendy Sinclair-Gieben explained her job at HM Chief Inspector of Prisons was to ensure article ten of the United Nations International Covenant on Civil and Political Rights was adhered to along with the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) which required that all places of detention were visited regularly by independent bodies. She outlined the inspections which come under the remit of HM Inspectorate of Prisons for Scotland (HMIPS) such as prisons, court custody and weekly prison monitoring. She said their inspection work was carried out in partnership with other key agencies such as Healthcare Improvement Scotland, The Scottish Human Rights Commission and the Care Inspectorate. All this work is done taking a human rights based approach using the PANEL principles and the AAAQ framework for the right to health.

Prison Demographics: Wendy highlighted the change in demographic we have seen in recent years in the prison population. The population was increasingly older with all the health needs and conditions which come with an older population. Mental health was becoming a bigger issue, especially since the pandemic, and substance use continues to be a big problem.

Barriers to Access: There were multiple barriers in access to health and social care in prisons. Staff shortages and retention contribute to this along with a lack of funding. Wendy explained the issues when prisoners have to change GP between health boards where prescribing practices are often different. Mental health screening varies from prison to prison, sometimes due to staff shortages which mean screening isn't necessarily carried out by a mental health practitioner. The prison estate isn't equipped to hold prisoners with disabilities. Wendy raised major concerns that a staff needs assessment hadn't happened since the NHS took over service provision. There's a real gap between prison healthcare needs and what is provided.

Principle of Equivalence: Wendy noted that in some cases prisoners actually have more access to health services than they would in the community. However, she also said the principle of equivalence "is not and cannot be" between care in prisons and in the community. She emphasised the variation in care between different prisons, highlighting access to a GP in one prison can have a waiting list of one week compared to 22 weeks in others.

Data Gaps: Wendy said there was a significant barrier in access to quality data on the prison population, IT systems haven't kept up and information sharing is a real issue especially into communities and with families.

Mental Health: Mental health was a really key issue, as one third of prisoners in SRU (segregation) are mentally unwell and staff are not sufficiently trained to support them. Wendy said we don't know enough about how neurodiversity and foetal alcohol spectrum disorders affect prisoners. She also highlighted that many women in prison have a history of abuse and have an acquired brain injury. She raised significant concerns about the use of place of safety orders to place people in prison when there isn't an in-patient bed available for them in the community.

Addiction: Wendy also discussed a real need for a shift in the way the prison service handles addiction, she said this needs to be seen as a health issue as opposed to a criminal issue.

Ultimately Wendy said prisoners' perception of their healthcare is that it's difficult to access and they aren't listened to. She felt there was a need for an urgent review of the model of health care in prisons. She emphasised different prison cohorts had different needs and we need to be meeting them, for example older prisoners with multiple health conditions. Wendy ended her presentation by highlighting the multiple thematic reviews HMCIP had undertaken recently. She also shared a case study about a prisoner whose health was detrimentally impacted by a lack of patient transportation to attend their clinical appointments. This was included in full in Wendy's slides.

Criminal Justice Committee: Audrey Nicoll MSP provided a brief update on the work of the Criminal Justice Committee in relation to health inequalities in the prison community. She agreed to circulate a briefing note on this work. She said the

committee had investigated inconsistent prescribing practices and access to prescriptions on liberation. Additionally, ending Friday release was due to be part of the Bail and Release from Custody (Scotland) Bill, and thinking about release from a health inequalities perspective would be key to this work. She highlighted other key issues such as access to residential rehabilitation, physical activity and purposeful activity as important. She also said the Criminal Justice Committee was currently undertaking its Budget Scrutiny 2023-24 and modernising elements of the prison estate would be part of this.

Families Outside: Toni Groundwater, Families Outside, explained their role was to bring to life the health inequalities in Scottish Prisons by sharing the lived experience from some of the families they support. Outside Voices is their participation group, which Toni explained takes a whole family approach to support. She highlighted a recent report found that involving families in prison healthcare could reduce deaths in custody. Toni shared some audio clips from their Outside Voices group about their own experience of health inequalities in prisons. She then introduced David Logan, who's son was in prison, to share his own experience of having a loved one in prison.

Communications: David outlined that communication with families by the prison service was very poor, and this leads to very extreme stress and constant worry about how their loved one is doing and why they haven't heard from them. He told us his son had once been moved prison without his family knowing and they only found out when they received a phone call and noted the number had changed from the usual one. He also explained the monetary cost that comes with communicating with family members.

Data protection: He suggested the data protection mandate needed to be signed upfront to provide consent for families to have access to information about their loved one. He explained that early on was when the loved one was likely to be able to think most rationally so it would be beneficial to explain the mandate at this point.

Health Impacts: David also noted there was no statutory quality to be met for food in prison, but he understands HMIPS was working on this. Ultimately, he felt the punishment for crime was supposed to be a loss of liberty, not loss of sleep, nutrition or healthcare. We need to understand more about the long-term impacts of these issues on prisoners. David ended by sharing a story on the true difference an individual officer can make in reassuring family members that their loved one is being looked after.

Toni added that the recent Deaths in Custody report from the Scottish Prison Service found current practice was letting families down. She felt the rise in suicides was an area that really needed looked into.

Questions:

Asks of Government: Brian Whittle MSP noted how the health inequalities in the prison community reflected those in the community itself, especially lower SIMD communities. He asked Wendy Sinclair-Gieben what she felt we should be asking of government. She said:

- We need to review the model of healthcare in prisons.
- Remove the punitive aspect of addiction and fund recovery.
- Undertake workforce capacity modelling and looking into why staff leave the service.
- Address the over-reliance from the NHS on the prison service to provide beds.

Deaf Prisoners: Alana Harper, Deaf Links, asked about the communication needs of deaf prisoners and the particular challenges in having a third-party present for phone calls.

Long-term Conditions: Judith Connell, Kidney Care UK, also highlighted that in a recent annual prisons survey as many as 41% of people in prison in Scotland reported having a long-term illness. She noted chronic kidney disease was one such long term illness that needed to be addressed. She asked what was being done to identify, address and manage chronic kidney disease in prisons in Scotland. Wendy explained this fell within the remit of Healthcare Improvement Scotland and NHS Scotland.

Access to Data: Judith Connell, Kidney Care UK, raised concerns about the lack of data on prisoners with kidney disease and asked what was being done to address the gaps in data on long-term health conditions. Brian Whittle MSP added that data ownership worked against our ability to deliver good healthcare. He noted we have an issue with healthcare IT systems as well as connecting into the prison service. Kate Hunt, University of Stirling, said she had worked on the campaign for smoke-free prisons. She agreed data linkage was a big issue and data needed to be made more accessible. Brian Whittle MSP said he was going to take these issues raised away to the Futures Forum he sits on.

Food in Prisons: Judith Connell, Kidney Care UK, also highlighted the importance of prisoners with chronic kidney disease having access to the right food and right diet as there are foods that people with chronic kidney disease should not be eating that would have a detrimental impact on their wellbeing.

Family Communications: In response to points raised by David Logan on the challenges families have in accessing information about their loved ones, Justina Murray, SFAAD, asked if we could introduce a presumption of informed consent for family involvement instead of the current “opt-in” system. She said this was something SFAAD was looking into. She also felt ending Friday release could happen under the current system.

Patient Transport: Bushra Riaz, Kidney Research UK, asked about how the barriers to accessing patient transport impacted prisoners with long term health conditions such as kidney disease who regularly need to attend dialysis appointments. Wendy reiterated the issues raised from the case study in her presentation agreeing this was a problem.

Action: Brian Whittle suggested Voluntary Health Scotland should collate the information heard at the meeting and urgently submit it to the Criminal Justice Committee to inform its Budget Scrutiny 2023-24. Claire Stevens, Voluntary Health Scotland, agreed to action this.

Agenda item 6

Other competent business

There was no other competent business.

Agenda item 7

Date and topic of next meetings: Brian Whittle MSP noted the next meeting date was to be confirmed and suggested CPG members contact Lauren Blair about any potential future agenda items for the group.