

Agenda – Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Lleoliad: I gael rhagor o wybodaeth cysylltwch a:
Ystafell Bwyllgora 2 – Y Senedd Sarah Beasley
Dyddiad: Dydd Mercher, 4 Mawrth 2020 Clerc y Pwyllgor
Amser: 09.15 0300 200 6565
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Rhag-gyfarfod anffurfiol (09.15–09.30)

- 1 **Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau**
(09.30)
- 2 **Sepsis: Sesiwn dystiolaeth gyda Choleg Brenhinol yr Ymarferwyr Cyffredinol**
(09.30–10.30) (Tudalennau 1 – 10)
Dr Peter Saul, Cyd-Gadeirydd, Coleg Brenhinol yr Ymarferwyr Cyffredinol

Briff Ymchwil
Papur 1 – Coleg Brenhinol yr Ymarferwyr Cyffredinol
- 3 **Papurau i'w nodi**
(10.30)
 - 3.1 **Llythyr gan Fwrdd Iechyd Prifysgol Cwm Taf gyda gwybodaeth ychwanegol yn dilyn y sesiwn dystiolaeth ar 21 Tachwedd 2019**
(Tudalennau 11 – 18)
- 4 **Cynnig o dan Reol Sefydlog 17.42 (vi) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod hwn**
(10.30)
- 5 **Briff technegol ar Covid-19**
(10.30–11.30)



Dr Andrew Goodall, Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau
Cymdeithasol a Phrif Weithredwr GIG Cymru

Dr Frank Atherton, Prif Swyddog Meddygol Cymru

Dr Giri Shankar, Prif Ymgynghorydd Proffesiynol ar gyfer Diogelu Iechyd

6 Sepsis: Trafod y dystiolaeth

(11.30–11.45)

Mae cyfyngiadau ar y ddogfen hon

18 October 2019

Dr Dai Lloyd AM
Chair
Health, Social Care and Sport Committee
National Assembly for Wales

Dear Dr Lloyd,

Sepsis consultation

Thank you for the opportunity to submit evidence for this consultation. Our responses are below under the headings indicated in the consultation guidance.

What understanding is there about sepsis incidence, how sepsis is presenting to services, and outcomes from sepsis

RCGP Wales recognises that sepsis is a rare life-threatening condition that can develop rapidly from what might be otherwise innocuous infections. As GPs we are likely to meet patients at an early and late stage of their illness. We recognise that identifying sepsis at an early stage among the huge number of ordinary infections can be a challenge even to experienced clinicians. Figures suggest that sepsis affected 123,000 people in England in 2014, resulting in approximately 37,000 deaths. 70% of cases derived from an infection developed in the community. Optimisation of care has the potential to reduce deaths by up to 10,000 per annum. and it is recognised that such optimisation is time dependent. For example, septic shock has a mortality rate of 7.6% for every hour of delay to receiving antibiotic therapy.

Public and professional awareness of sepsis

RCGP is proactive in developing resources for both patients and GPs alike in terms of the recognition and management of sepsis: <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/sepsis-toolkit.aspx>. A small survey carried out in 2016 and 2017 showed that 60-70% of respondents had had sepsis training in the previous year and that such training had altered decisions to refer suspected cases.

Identification and management of sepsis in out-of-hospital settings, including use of relevant screening tools/guidance

GPs are well versed in the recognition and management of both chronic and acute illness and where guidelines exist these are commonly used to inform management choices.

In keeping with guidance, it is common practice that patients with suspected sepsis are assessed using a structured set of observations in order to stratify risk of severity.

People with sepsis or those developing sepsis may have non-specific, non-localised symptoms, such as, for example feeling very unwell, or not have a high temperature and so the role of the GP in addition to recognition is either to safety net specifically and appropriately or to arrange referral to an acute setting.

Though its use as a screening tool in Primary Care is not established, the National Early Warning Scoring system (NEWS) has the value of providing a baseline recording of physiological variables and communicating risk and concern to secondary care and ambulance staff colleagues regarding sick adults. RCGP does not advocate the use of NEWS as a replacement for clinical judgement, but physiological assessment must be undertaken when considering sepsis and/or the deteriorating patient. NEWS offers a template for doing this and may be considered as a potential adjunct to the assessment process. It also offers a useful shared language for communicating concern between clinical services and clinicians.

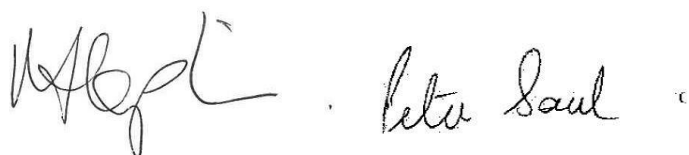
The referral process between primary/secondary care

RCGP sepsis guidance for GPs 2018 advises “Communicate concern to ambulance service and colleagues, using the words: “SUSPECTED SEPSIS”, and offer the outcome of your physiological assessment or NEWS Score.” Under these circumstances it would be anticipated that the ambulance response will be determined by clinical need rather than influenced by the setting the patient finds themselves in.

The physical and mental impact on those who have survived sepsis, and their needs for support.

GPs will recognise the impact of both chronic and acute conditions on patients’ lives and are actively engaged in support of the patient through their pre and post sepsis event.

Best wishes,



Dr Mair Hopkin
Joint Chair
RCGP Wales

Dr Peter Saul
Joint Chair
RCGP Wales



Dr Dai Lloyd
Chair, Health, Social Care & Sports Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Dr Lloyd

Re: Inquiry into Provision of Health and Social Care in the Adult Prison Estate: Additional Information

Further to your letter to me dated 26th of November 2019 in regard to a suite of questions that arose during the evidence giving session to your committee in regard to the adult prison estate.

Can I apologise upfront for the delay in responding to you and the Health & Sport Committee. This delay has in the main been as a result of real difficulty in obtaining information from HMP Parc associated with the questions raised

I now have the information that you requested;

1. PARTNERSHIP AND OVERSIGHT

At the evidence session there was significant debate in regard to the precise nature of the relationship that Cwm Taf Morgannwg University Health Board (CTMUHB) should or is required to have in regard to oversight of healthcare services in HMP Parc and any associated Partnership Arrangements. This is a complex matter as a direct result of the nature of HMP Parc being a privately operated prison and for whom responsibility for contract management responsibilities lies with HMPPS (please see the attached partnership document). As noted at the evidence session CTMUHB does (via SLA with SBUHB) provide mental health services and also provides secondary care acute hospital services for prisoners at Princess of Wales Hospital.

Cyfeiriad Dychwelyd/ Return Address:

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Cwm Taf Morgannwg University Health Board, Headquarters, Navigation Park, Abercynon, CF45 4SN

Cadeirydd/Chair: Professor Marcus Longley
Prif Weithredydd/Chief Executive: Dr Sharon Hopkins

To provide clarity in relation to the health board's responsibilities for health care at HMP Parc we have commissioned legal advice. Once we have this information, we intend to work collaboratively with the Welsh Government and HMPPS to agree clear roles and responsibilities for provision of health care at HMP Parc. I can confirm that we have been and are in close dialogue with colleagues in Welsh Government who have agreed to convene a meeting between the Health Board and HMPPS to start these discussions in the coming weeks. Notwithstanding the above we have tried hard to establish an informal dialogue with the prison and a meeting is now in the diary.

Welsh Government colleagues are aware of our efforts and the legal advice associated with this. I will keep you fully abreast of developments.

I would add that CTMUHB working with Public Health Wales (PHW) is currently fully engaged with G4S in regard to the management of the TB outbreak in HMP Parc, a clear demonstration of the work that the UHB is prepared to undertake in alignment with G4S. In addition we have commissioned through PHW and further Health Needs Assessment for the prison and will work with the governor of HMP Parc on healthcare related actions arising from their recent inspection.

2. **DELAYS UNDER THE MH ACT**

Both HMP Parc and ourselves through the SLA with Swansea Bay UHB review the timeliness of all MH transfers under Sections of the MHA whilst complying with current MOJ and Royal College of Psychiatrists (RCPsych, 2011) guidelines. There are a number of factors that contribute to delays in MH transfers from HMP Parc as there a number of men from 'out of area' and number with 'Immigration status' issues often not registered with a GP. In looking to ensure that the hospital team accept a patient who is in need of such for assessment and/or treatment this can be challenging. Currently the two main reasons for 'Delays' are lack of NHS beds and the time taken for the Responsible Clinician (RC) to come into the prison to complete the Second Median Recommendation. Please see attached for your information.

3. **DELAYS AND CANCELLATION OF ESCORTS**

It has been confirmed by G4S that they do monitor all cancellations and the reason for the cancellations. This is routinely reported to HMPPS under their contract management responsibilities and G4S have agreed to share the next iteration ahead of an inaugural meeting of the Partnership board.

G4S also do weekly referral tracking to ensure that they are not exceed national waiting times. Again this report for the next period will be forthcoming to CTMUHB.

I am very happy to keep the Health and Sport Committee abreast of developments in this arena

Yours sincerely

A handwritten signature in black ink, appearing to read 'Alan Lawrie', with a horizontal line underneath.

Mr Alan Lawrie

**Cyfarwyddwr Gwasanaethau Cynradd, Cymunedol a Iechyd Meddwl /
Director of Primary, Community and Mental Health Services**

(INREACH) SNAPSHOT OF HOSPITAL TRANSFERS (MAY – OCTOBER 2019) – HMP PARC

INITIALS	1ST MEDICAL REC COMPLETION	2ND MEDICAL REC COMPLETION	DATE OF HOSPITAL TRANSFER	NO. OF DAYS BETWEEN 2ND MED REC COMPLETION AND TRANSFER
LW	N/A - Section 2	N/A - Section 2	13/05/2019	N/A
JH	23/04/2019	03/05/2019	14/05/2019	11 days
AA	N/A - Court Transfer S37	N/A - Court Transfer S37	06/06/2019	N/A
TW	06/06/2019	11/06/2019	18/06/2019	7 days
JH	N/A - Court Transfer S37	N/A - Court Transfer S37	09/07/2019	N/A
SP	16/07/2019	31/07/2019	15/08/2019	15 days
CM	20/09/2019	20/09/2019	03/10/2019	13 days
JP	22/10/2019	23/10/2019	04/11/2019 <i>(Planned for 04/11/19 tx did not take place. Patient deceased 03/11/2019)</i>	12 days

PARTNERSHIP AGREEMENT FOR PRISON HEALTH IN WALES

This document outlines agreed priorities between Her Majesty's Prison and Probation Service (HMPPS) in Wales the Welsh Government, Local Health Boards and Public Health Wales to drive improvements in the health and wellbeing of those held in Welsh prisons. The document recognises the unique statutory obligations of each partner organisation and builds on the shared objective of ensuring those in prison can live in environments that promote health and well-being and where health services can be accessed to an equivalent standard of those within the community. This supports the overarching aim that prison should be a place where an individual can reform their lives.

To achieve this all parties have agreed to work toward the three objectives of the Welsh Government 'Prosperity for All: The National Strategy for Wales', ensuring that prisons and health services in prisons:

1. Deliver quality health and care services fit for the future
2. Promote good health and well-being for everyone
3. Build healthier communities and better environments

Partner organisations signed up to this agreement:

- **HMPPS in Wales** is responsible for the delivery of offender management services in Wales. HMPPS in Wales is responsible for Public Sector Prisons (PSPs), the National Probation Service (NPS) in Wales and has contract management responsibilities for the privately contracted prison HMP & YOI Parc and the Wales Community Rehabilitation Company (CRC). The focus of these services is to protect the public, support the rehabilitation of offenders and reduce their risk of re-offending.
- **Welsh Government** has responsibility for health services in public sector prisons
- **Local Health Boards** are responsible for commissioning and delivering plan health services in public sector prisons in Wales
- **Public Health Wales** is an NHS organisation providing professionally independent public health advice and services to protect and improve the health and wellbeing of the population of Wales, of which prisons are included.

Our shared statement on health and wellbeing for those in prison

All parties recognise those in prison as a vulnerable population who frequently present with complex needs and high levels of ill health often as a result of health inequalities (WHO, 2016; Anders, 2017). Together we want to ensure prisons are health promoting environments, delivering quality person-centred services.

We want to maximise the opportunity we have while an individual is in prison to return them to the community with an improved health status. This partnership agreement acknowledges the joint role of health and justice services in achieving this.

All parties agree that service delivery must be supported through integration with community services as those in prison come from communities and the majority will return to their local area. We recognise the many benefits that improving the health and wellbeing of those in prison can bring, not only for the individual, their families and wider community but also by contributing to rehabilitation, reducing reoffending and maintaining a safe prison environment.

As a commitment to deliver improved health and wellbeing for those held in prisons in Wales, all parties have agreed to focus on the following four priority areas. Each priority will be developed into a work stream with separate terms of reference and outcome indicators. By signing up to this agreement, all parties are committed to supporting and delivering the following priorities:

1. Ensuring prison environments in Wales promote health and well-being for all

“When I’m in prison I want to be able to sleep well, eat healthily, speak with my family and get help to get a job so that I am less likely to come into prison again”

This group will consider environmental impacts on the health and wellbeing in prison such as nutrition, sleep, activity, employment, education, environmental needs of older people in prison, social support and access to local and national health promotion schemes that are available in the community. It will drive improvements in enabling men in prison to live in a health promoting environment with equivalent access to health promotion services as those in the community.

2. Developing consistent mental health, mental well-being and learning disability services across all prisons that are tailored to need

“I want to be able to access quality mental health services in prison that support me as I move between prisons, to develop strategies that will help me cope with being in prison, and stay with me when I am released”

This group will consider mental health legislation and agreed standards for mental health services in Wales and how this applies in prison settings. The aim is to develop an agreed set of standards and indicators for mental health services in prison. This will include dementia, crisis care, learning disability, brain injury and autism spectrum disorder.

3. Producing a standardised clinical pathway for the management of substance misuse in prisons in Wales

“I want to be able to access safe substance misuse treatment equivalent to the community and to have psychosocial support alongside my treatment. I want a pathway that follows me back into the community on release”

The group will develop a substance misuse pathway that addresses both clinical and psychosocial provision in Welsh prisons. The group will drive forward an integrated approach between health and justice roles that runs from reception through to release regardless of sentence length.

4. Developing standards for medicines management in prisons in Wales

“I want to receive the right medications safely and to have a medication plan that follows me between prison and back home”

This group will strive towards a consistent approach to prescribing in Welsh prisons through development of standards for medicines management and an all Wales formulary. Consideration will be given to medicine delivery, storage and preventing diversion. Access to alternative therapies offered in the community will be reflected.

Governance

To deliver against these agreed priorities a prison health oversight group will be established to which each of the work streams will report.

This partnership agreement will be supported by a Memorandum of Understanding setting out ways of working and information sharing protocols.

References

Anders (2017) Rebalancing Act: A resource for directors of public health, police and crime commissioners, the police service, and other health and justice commissioners, service providers and users, Revolving Doors Agency, London. Available from: <http://www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8I> [Accessed 30 May 2018]

WHO (2016) Prisons and Health, World Health Organisation, Copenhagen. Available from: <http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2014/prisons-and-health>

TIMELINE FOR PARTNERSHIP AGREEMENT

Year 1: 2018-2019

Sign off national shared priorities and delivery plan between Welsh Government and HMPPS

Implement structure to oversee implementation of delivery plan

Embed priorities in existing mechanism or establish working groups where necessary

Working groups to agree work programme for their area



Year 2: 2019-2020

Implementation of workplan for each priority

Development of indicators for each priority area

Progress review against deliverables at end of year 2

Review progress of governance structure

Publish plan for years 3, 4, and 5



Year 3: 2020-2021

Review priorities and introduce additional areas if necessary

Year 4: 2021-2022

Year 5: 2022-2023