



Chair, Independent Monitoring Board HMP Bristol 19 Cambridge Road Bristol BS7 8PS

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# HMP BRISTOL: INDEPENDENT MONITORING BOARD ANNUAL REPORT FOR 1 AUGUST 2019 – 31 JULY 2020

Thank you for your Board's report for the year ending 31 July 2020. I am grateful to you and your colleagues for your hard work in capturing these helpful observations, especially as you were short of Board members during the reporting year. I was saddened to hear there were three deaths in custody; every death is a tragedy and my officials take recommendations from the Prisons and Probation Ombudsman very seriously.

I acknowledge the Board's comments regarding imprisonment for minor offences. As I am sure the Board will appreciate, sentencing determinations are the responsibility of our independent judiciary. By law, courts are required to be satisfied that a committed offence is serious enough that only a custodial sentence can be justified. The sentencing framework gives courts the flexibility to select robust alternatives to custody such as community order requirements tailored to address the specific issues that contribute to reoffending. The Lord Chancellor's White Paper 'A Smarter Approach to Sentencing' published on 16 September 2020 sets out how we will win back the confidence of both sentencers and the public in the delivery of community sentencing, ensuring that a wider range of non-custodial options are available. I hope to reassure the Board that we will bring forward new legislation in 2021 to deliver on the proposals set out in the White Paper.

Furthermore, we are unifying Probation to bring services together under the National Probation Service (NPS) from June 2021. Stabilising the probation system is a prerequisite to delivering more robust community sentences. The probation reforms will deliver a stronger, better organised probation system that will protect the public, reduce reoffending and support victims of crime. We know that pre-sentence reports (PSRs) can be of great value and assistance to sentencers. A well-written and good quality PSR provides an expert assessment of an offender's risk and needs, as well as presenting suitable and deliverable sentencing options. As part of the reform, we will be investing in the capacity and capability of probation court staff, to provide more quality advice to support sentencing determinations. In addition, we will be piloting new ways of delivering advice in magistrates courts, in order to ensure that quality and timely reports are available, especially for offenders presenting with the most complex needs.

I note the Board's concern about the delays in transferring prisoners with severe mental ill health to a secure hospital. I would like to reassure you that we are determined to improve the secure hospital transfer process, to ensure delays are reduced and avoid prisons being used inappropriately. The Secretary of State (SoS) for Justice is committed to working with the SoS for Health and Social Care (and with health partners) to articulate a coherent picture of how healthcare is delivered throughout the criminal justice pathway.

We are also continuing to work in close collaboration with health partners to make sure that, where appropriate, vulnerable offenders are diverted away from custody and, where possible, from the criminal justice system altogether. This includes Health and Justice partners working together through the Community Sentence Treatment Requirement Programme, who ensure greater use is made of mental health, alcohol and drug treatment requirements as part of community sentences. The Government is also committed to reforming the Mental Health Act (MHA) and we are working closely with the Department for Health and Social Care to respond to the recommendations of the independent review, chaired by Professor Sir Simon Wessely, which includes recommendations about improving the secure transfer process. A White Paper will be published in the coming months.

Additionally, NHS England and NHS Improvement (NHSE&I) will continue to monitor the time taken from referral to transfer and provide support where needed, for example, ensuring there is effective liaison with specialised commissioning. New performance metrics are being developed by NHSE&I via a strategic reporting tool to monitor those being assessed under the MHA and tracking assessment and transfer waiting periods. This will further support regional Commissioners to identify exceptional cases within prisons and act where necessary.

The Prison Transfer and Remission Guidance 2011 has now been refreshed and is awaiting publication, as the planned date for publication was impacted by the Covid-19 pandemic. The amended guidance should help in this area. Alongside this work, the new mental health service specifications have been published for low and medium-secure hospitals. The NHS led Provider Collaboratives service for adult medium and low secure care gives local ownership to providers for the whole pathway. This includes the interface with the criminal justice system, and resources for their own populations, enabling them to make commissioning decisions to improve and integrate services. In terms of high secure care, a strategic commissioning plan will be developed by April 2021. This will describe the clinical model, pathways and capacity required for implementation during 2021/22.

Whilst this work is underway, the Governor and the Head of Safety will monitor the transfer waiting list on a weekly basis and will continue to escalate individual cases to the regional Commissioner. The mental health provider, Avon and Wiltshire Partnership, will continue to support prisoners with mental ill health.

Turning to some positive comments captured in your report, it was encouraging to hear that accommodation and cleanliness around the prison has substantially improved. I am grateful to the Board for recognising the success of the prisoner works party and commending the leadership of the Governor. I was also encouraged by the distribution of in-cell packs to all prisoners during the initial Covid-19 lockdown. Your comments on the positive progress made in relation to Diversity and Inclusion and the Safety teams work were pleasing to note.

I note you have raised some local issues of concern in your report which the Governor will continue to keep you aware of as work continues. HM Prison and Probation Service (HMPPS) comments in response to other issues raised in your report are set out in the attached annex.

The Justice Secretary and I appreciate the valuable role played by members of Independent Monitoring Boards throughout the estate and we are very grateful for your continued hard work on behalf of HMP Bristol.

Yours sincerely

LUCY FRAZER QC MP

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# **HMPPS** comments on matters raised in the report

## **Resource for Keywork**

The past year has proved particularly difficult in terms of resource shortages and prison officer recruitment as the Covid-19 pandemic prevented officer recruitment from happening for nearly six months. A Resourcing Recovery Project has been set up to co-ordinate and manage the recovery of recruitment activity across HMPPS' operational roles. The team within the Ministry of Justice are working with business areas to analyse current and future workforce planning needs to predict the future position.

Locally, HMP Bristol has the full number of prison officers allocated by the national Offender Management in Custody (OMiC) model team to carry out keywork. Keywork has continued to take place over the period of national restrictions with priority given to high risk prisoners. For these prisoners staff will identify avenues of support through the Safety team or signpost to health practitioners. Over the past few months weekly checks have been conducted on this activity of work to ensure compliance.

#### **Mental Health**

NHSE&I has funded a comprehensive mental health service at HMP Bristol to meet the needs of prisoners with anxiety, stress, depression, autism and / or personality disorder. These services more than mirror the community and are in fact more robust and available in a quicker timeframe than in the community. The remote or self-directed (i.e. internet-based services in the community) are restricted in the prison due to limited access to the internet. NHSE&I is working on putting some content on Way Out TV (in-cell learning channel). Likewise, an excellent in-cell therapy programme has been created and is in the process of being formally evaluated. The creation of the social prescriber role within the mental health team, mentioned in my response of 3 June 2020, has been very welcomed in terms of having the resource to dedicate time to support men access the mainstream activities.

As the Board is aware, Early Days Practitioners were recruited this year to address and improve support for prisoners with mental health disorders, and signpost those who require support and onward referral. All prisoners on their entry into prison are triaged and provided with materials to help them with low anxiety levels and information on coping mechanisms. Following triage, prisoners may be referred to the Crisis team for additional support and / or psychiatric assessment or may also be referred to the Therapies team for group work inclusion and psychology input. There is an agreed and formulated pathway for prisoners with dementia and psychiatrists are able to diagnose.

As recognised in your report there is a Learning Disability Nurse at HMP Bristol who assesses prisoners with learning disabilities. The Nurse is also able to support prisoners with assessments for autism. NHSE&I has provided funding to recruit an additional Band 6 (taking this to three Band 6s), plus a Band 7 Autism Spectrum Disorder Specialist and a Band 7 Attention Deficit Hyperactivity Disorder Specialist.

### Personality Disorders

The joint HMPPS and NHSE&I offender personality disorder (OPD) programme has continued to invest in services targeting men and women in prisons and those supervised by the NPS in the community. The strategic approach is to target men and women meeting the specific criteria. For men, this includes the likelihood of a severe form of personality disorder and they have been assessed during their current sentence as presenting a high risk of harm to others and of serious re-offending. A considerable number of additional places nationally have been commissioned to be in place by the end of 2020/21. The

pandemic has affected the availability of some of these places in the short term, however, plans are in place to re-establish existing services and start up the newly commissioned ones. As a part of the OMiC delivery at HMP Bristol, prison offender managers who are supported by psychological services, will consider the most appropriate interventions for an individual in need of this prison-led support.

Diagnosis of a personality disorder does not exclude prisoners from services. All mental health staff are trained in dealing with personality disorders and they work closely with the Community Pathfinder Personality Disorder service who provide support and interventions as required.

### Staff Training

Training is available, funded by the OPD programme, to improve the confidence and competence of staff working with prisoners likely to have personality disorders. The OPD pathway builds upon an approach of early identification of cases meeting the criteria; workforce development to support staff working with a highly complex and challenging population and significant input from NHSE&I providers who work in partnership with prisons and NPS to deliver treatment interventions, progression and support options.

Workforce development opportunities for HMPPS is provided via the 'Knowledge and Understanding Framework', a national strategic framework for training around personality disorder. This is available to staff at HMP Bristol. Because of the pandemic this has been adapted for delivery online.

Autism awareness training sessions were offered to staff prior to the pandemic, and this is hoped to be resumed as soon as it is safe to do so. The new Custody and Detention apprenticeship, which will be rolled out to all new prison officers from April 2021, will include a whole lesson about 'Offenders with Autism'. This will be shown when new officers return to the learning environment after six months in their allocated establishment. Learning Disability training will also be covered.

Guidance and resources are readily available to all HMPPS staff via the intranet to support prisoners with mental health including learning disability and challenge and personality disorder. There are training packages available to staff on other disability spectrums such as Neurodiversity.