Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

- IMBs monitoring within prisons and immigration detention facilities regularly report that upon an individual's entry to, or departure from, detention settings there is often a lack of healthcare continuity.
- IMBs would expect to see an increase in the number of places in secure mental health hospitals, or other such facilities. IMBs in prisons consistently report excessive wait times for prisoners in need of these places (well in excess of the 28-day target timeline) and that these delays cause prisoners' health and wellbeing to seriously deteriorate, with the longest reported individual segregated in prison for over 800 days whilst awaiting transfer.[1] IMBs in immigration detention regularly report that many people receive clinical assessments determining that detention would injuriously affect their health, yet continue to remain in detention for many months awaiting a space in a mental health hospital or appropriate care in the community.
- IMBs remained concerned about the courts' power to use of prisons as a 'place of safety' and to send people to prison for their 'own protection'[2]. IMBs would expect any 10-year health plan to commit whatever resources are required in order to provide healthcare provision for these vulnerable individuals, in line with the Government's commitment to remove these powers in the draft Mental Health Bill.
- Whilst IMBs are aware of current partnership agreements between the NHS and agencies that manage custodial settings, IMBs would expect to see further co-operation outlined in the 10-year health plan. IMBs feel it is important to have clearly-delineated and consistent areas of responsibility in areas where NHS and other agencies' operations overlap, such as staffing levels or funding for bed watches, health escorts, and constant supervision.
- IMBs believe there needs to be better specialised healthcare provision for age-related health concerns faced by detained individuals, e.g. memory care clinics and end of life care. For instance, given the context of the ageing prison population, we would expect to see proactive planning for an increase of need in this area in the 10-year plan.
- IMBs would expect to see the principle of equivalence further enshrined in the 10-year plan, as many IMBs report little local understanding of this principle when speaking to healthcare staff and managers.
- IMBs would appreciate additional transparency around minimum expectations for healthcare provided within custodial settings and consideration for ophthalmology to have a national service specification, rather than regionally devolved specifications, to aid consistency of provision and monitoring of services.

[1] See the IMB thematic monitoring report on the segregation of men with mental health needs for further information and case studies.
[2] See the IMB thematic monitoring report on the mental health concerns in women's prisons for further information and case studies.

- Lay Observers monitoring court custody and court transfers would expect to see increased collaboration between the NHS and HM Courts and Tribunals Service (HMCTS) and its contractors. Currently, Lay Observers report that few courts have healthcare staff or services embedded within them, which directly impacts the support available to vulnerable defendants. For instance there is inconsistent and limited mental health provision for defendants whilst in highly stressful court custody environments, which for those suffering from significant mental health issues directly impacts upon their health, wellbeing and ability to successfully engage with their legal proceedings.

Q2. What does your organisation see as the biggest challenges to move more care from hospitals to communities?

- IMBs and Lay Observers regularly report that access to healthcare within custodial environments is often a cause for concern. The more appropriate, high-quality care that can be provided within custody rather than in hospital environments, the better health outcomes are likely to be. For instance, IMBs are concerned that new prisons such as Berwyn, Five Wells and Fosse Way were built without in-patient healthcare facilities.
- A shift towards more provision being delivered within custodial settings would reduce the number of missed appointments as a result of shortages of staff to escort individuals, or individuals declining to attend due to waiting times or dignity issues related to escort arrangements. IMBs monitoring within immigration detention have observed the health and wellbeing of detained people negatively impacted by staff shortages, as escort staff for necessary hospital visits could not be facilitated. On one occasion in 2023, the GP reported to Heathrow IRC IMB that they had to 'beg' the centre's contract provider to prioritise facilitating hospital visits. It is not uncommon for the IMB to observe detained people having to wait to be taken to hospital due to a lack of staff.
- From IMB observations, individual leaders within custodial settings are likely to support such a shift due to the strain that outpatient appointments put on staffing and regime. However, barriers include:
    - Funding: new healthcare facilities and equipment would need to be provided within the existing estate to facilitate this.
    - Staffing: healthcare staffing is already an area of concern for IMBs. It may be difficult to recruit the healthcare staff required to move more healthcare into custodial settings, and better incentives may need to be offered.
    - Accessibility: many buildings are very challenging for individuals with mobility difficulties to move around in. IMBs have already reported individuals with physical disabilities missing healthcare appointments or being unable to access treatment which requires fixed equipment such as dental or ophthalmology care[3]. These issues would have to be

[3] See the IMB thematic monitoring report on the impact of a crumbling prison estate on prisoners for further information and case studies.

rectified to avoid healthcare outcomes worsening for individuals with mobility issues.

- IMBs within the majority of short-term holding facilities report that individuals are denied access to their prescribed medication. In non-residential short-term holding facilities (STHFs), Home Office policy requires that all medication, including NHS prescribed medication, must be removed from those detained. Detention Custody Officers (DCOs) are not authorised to dispense medication even when a detained person requires a regular dose at a specified time. If a detained person requires their medication, staff must first obtain medical input and advice via NHS phone services, paramedics or other emergency service facilities. IMBs have found that this process has resulted in detained people being unable to take their prescribed medication, placing their health at risk. Detention staff often face long wait times before being able to speak with a medical professional, this can be up to two-hours. In some cases medical staff would not provide advice over the phone without an in-person consultation. One IMB reported on the case of a detained person who was taken to hospital in order to receive their medication and was told there would be a 12-hour wait. While the Home Office has been able to mitigate against these risks in some STHFs in and around London, by providing a 24/7 paramedic presence to supervise medication consumption, this has not been universally introduced. In the meantime, IMBs remain concerned about the potential risks presented to anyone detained in the some 40 STHF locations without 24/7 access to a paramedic service, who will have their prescribed medication removed.
- Lay Observers report that access to basic healthcare services within court custody suites is limited, due to no healthcare services being commissioned for the vast majority of courts, which Lay Observers believe puts the health and wellbeing of individuals at risk. Currently, any healthcare needs in court custody are often only delivered by requesting support from paramedics, which places a strain on emergency services. Most requests are related to the administration of medicines or HMCTS staff requiring approval from a medical professional to allow an individual to take their own prescribed medication. Lay Observers often report a two-hour response target for paramedics to respond to these requests, and this delay could have negative consequences for the health of defendants, especially those needing to take timed doses on a regular basis. Lay Observers have reported that two courts (Westminster MC and Bristol CC) currently have a paramedic embedded on-site, alleviating many of the issues identified in other courts.

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

- IMBs and Lay Observers regularly report that technology is under-utilised within custodial settings and often find that connectivity issues within the physical estate and security restrictions are two of the causes of this. For instance, most court custody suites are located underground and thus have poor connectivity, and some immigration removal centres are in remote locations with similar connectivity issues. Similarly many IMBs in prisons

report that devices such as portable telephones do not work in many locations around a prison, hampering communication on a local level, let alone to external entities. Additionally, IMBs have reported technical issues seriously impacting video calls with legal counsel and loved ones within prisons, which can be disruptive and distressing for prisoners. In some cases, prisoners are not escorted to the call facilities in time, which could lead to appointments being missed.

- IMBs have also reported that some individuals, particularly those in older age groups are increasingly reluctant to use video call services, partly due to unfamiliarity with technology. This would need a cross-sector approach to ensure this demographic aren't adversely affected by any moves towards appointments facilitated through technological means.
- However, the increased utilisation of tele-health appointments could significantly reduce the need for external escorts which would in turn reduce the number of missed appointments and increase the health outcomes for individuals in custody.
- IMBs also report that technology could be utilised better when individuals enter or leave a custodial setting to ensure there is continuity of care. IMBs have found that it is commonplace for people, including those with complex needs, to arrive without any handover documentation or necessary medication. This can be particularly problematic for those arriving late on Fridays or over the weekend.
- Lay Observers remain concerned that any health professionals that do visit a court custody suite, do not have access to NHS records for patients. This puts healthcare staff and defendants at risk and should be addressable with better integration of technology.

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

- IMBs report that individuals, especially women, sometimes refuse to attend outside hospital appointments due to the indignity of having to be escorted by/handcuffed to officers. This includes the embarrassment of being seen by members of the public, and the discomfort of being handcuffed to officers while undergoing intimate procedures. In particular, women have described being reluctant to attend screening appointments such as mammograms or pelvic exams for these reasons, particularly as they are sometimes escorted by male officers. This reduces the likelihood of health issues being identified and treated at an early stage.
- IMBs have observed an increasing number of vulnerable people entering immigration detention and at one IRC during 2023, as many of half of the population were deemed 'adults at risk'. Despite the statutory duty for clinical assessments to be provided by a doctor to every detained person within 24 hours of arrival in immigration detention, subject to their consent, IMBs have observed that these processes have failed. In May 2024, across the detention estate wait times for these assessments were up to 14 days. This failure to identify vulnerable people, which includes those with ill-health, presents a

significant challenge to spotting illness earlier and tackling the causes of ill health.

- Additionally, within immigration detention the IMB has observed a lack of joined up working in processes that involve both healthcare staff and custodial staff. For instance, if detention centre staff identify an increased risk of self-harm or suicide in an individual, they will open an ACDT care plan to provide support. However, this does not automatically trigger a Rule 35 (1) or (2) review by a doctor, to assess if the individual's health will be injuriously affected by continued detention. Through increased collaborative working between the NHS and custodial settings, IMBs believe that health outcomes for vulnerable individuals would improve.
- Lay Observers often report that individuals leave court in a vulnerable state and the only provision for them relates to money or vouchers for public transport. Additional provision to ensure vulnerable individuals are referred for appointments with healthcare (and other) services where required prior to release would directly improve health outcomes and lead to earlier diagnosis and treatment options.