



Llywodraeth Cymru
Welsh Government

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Welsh Government

Consultation – summary of response

Draft Substance Misuse Treatment Framework and Standards for Mental Health Services in Prisons in Wales

31 January 2023

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

Overview

The Welsh Government recently consulted on a new Substance Misuse Treatment Framework (SMTF) and new standards for mental health services in the prisons in Wales. The development of the SMTF and the new mental health standards will support the delivery of priorities in the [Partnership Agreement for Prison Health](#).

Action Required

This document is for information only.

Further information and related documents

Large print, Braille and alternative language versions of this document are available on request.

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Additional copies

This summary of responses and copies of all the consultation documentation are published in electronic form only and can be accessed on the Welsh Government's website.

[Draft substance misuse treatment framework and Standards for mental health services for prisons | GOV.WALES](#)

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Introduction

1. On 22 July 2022, the Welsh Government published the draft Substance Misuse Treatment Framework (SMTF) and draft standards for mental health services for prisons in Wales for [consultation](#).
2. The new SMTF and new standards for mental health services aim to help ensure there is equivalence in place for people in prisons, in terms of access to substance misuse and mental health care, support and treatment. Welsh Government has worked with Public Health Wales to develop the draft SMTF, and with the Royal College of Psychiatrists to develop the draft standards for mental health services in the prisons.
3. The development of the SMTF and the new standards for mental health services are commitments included in the [Partnership Agreement for Prison Health](#) which sets out agreed priorities for the health and wellbeing of those in prison in Wales. Developed by the Welsh Government, Her Majesty's Prison and Probation Service (HMPPS) in Wales, health boards and Public Health Wales, the Partnership Agreement for Prison Health looks to drive improvements in the health and wellbeing of people in prison in Wales. The Partnership Agreement recognises the unique statutory obligations of key partners and aims to build on the shared objective of ensuring those in prison can live in environments that promote health and wellbeing, and where health services can be accessed to an equivalent standard of those within the community.
4. The SMTF develops a substance misuse pathway that addresses both clinical and psycho-social provision in Welsh prisons. The SMTF is designed to inform and assist health and social care and criminal justice planners and providers to design and deliver high quality, sustainable and equitable prevention and treatment services, for those at risk of (or experiencing) substance misuse issues in prison.
5. The new standards for mental health services in the prisons will support the development of consistent mental health, mental well-being and learning disability services across all prisons that are tailored to need. The universal standards will act as a framework by which to assess the quality of prison mental health services via a process of self and peer review. The standards include a section on enabling environments, which are based on ten values, all of which are factors in positive psycho-social environments.
6. In developing the draft SMTF and the draft standards for mental health services in the prisons, Public Health Wales and the Royal College of Psychiatrists have engaged with HMPPS, health boards, the third sector, prison health teams and other stakeholders (including substance misuse services and providers in the prisons and the community).

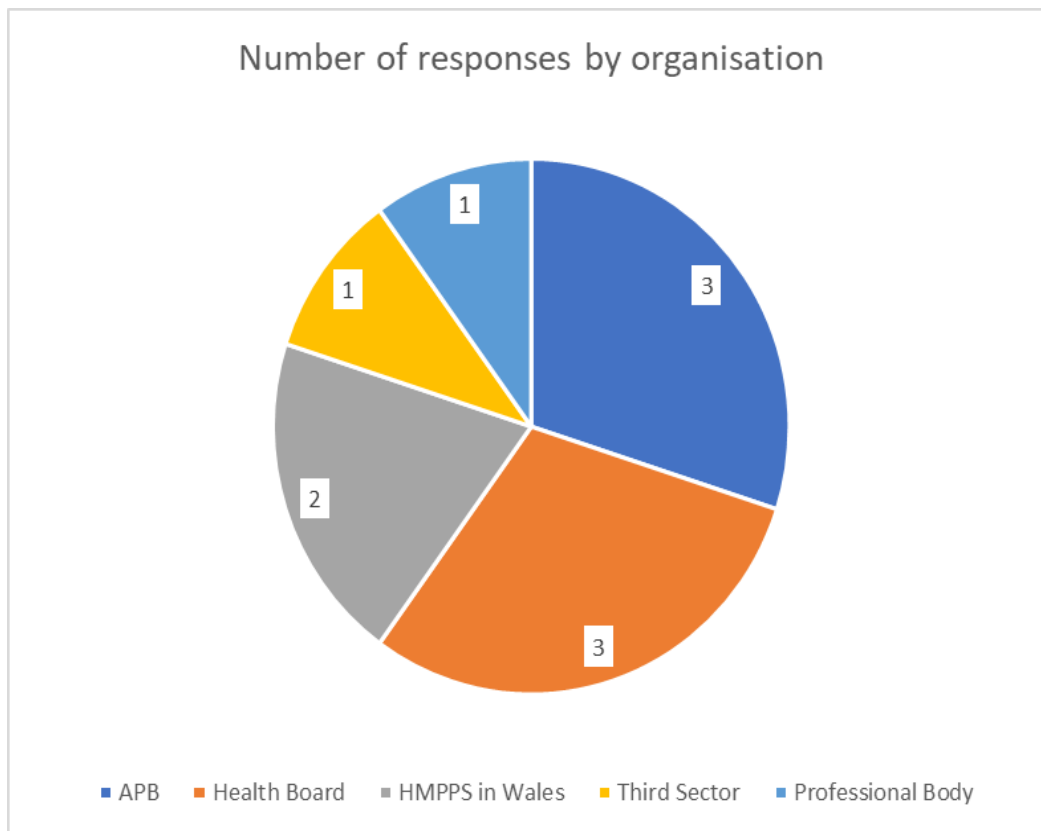
Consultation

7. The Deputy Minister for Mental Health and Wellbeing published the draft Substance Misuse Treatment Framework and the draft standards for mental health services for prisons in Wales for a 12 week period of public consultation, which ended on 14 October 2022. The purpose of the consultation was to gather views on:
 - The proposed SMTF.
 - The proposed universal standards for mental health services in prisons and their focus on the following areas: Reception and assessment, including arrangements for the assessment of former users of secondary mental health services; treatment and recovery; discharge and transfers; safety; patient experience; collaborative partnerships; medication management; the wider prison environment; workforce; leadership and governance; 24 hour mental health care; and the Welsh Language.
 - A number of draft Impact Assessments – including a Children’s Rights Impact Assessment (CRIA), an Equalities Impact Assessment, and a Welsh Language Impact Assessment.
8. A covering consultation document, together with the draft SMTF and the draft mental health standards, were available on the [Welsh Government website](#).
9. Alongside the opportunity to respond online or by email, during the consultation period, Welsh Government also engaged with the prison health leads, and the Prison Health and Social Care Oversight Group.

Who responded to the consultation

10. Welsh Government received 10 written responses to the consultation, and would like to thank those who responded.
11. Those responding to the consultation represented public and third sector bodies, health and care sectors, and professional bodies. Figure 1 provides a summary of the organisations that responded to the consultation.

Figure 1: Number of consultation responses by organisation



Summary of responses

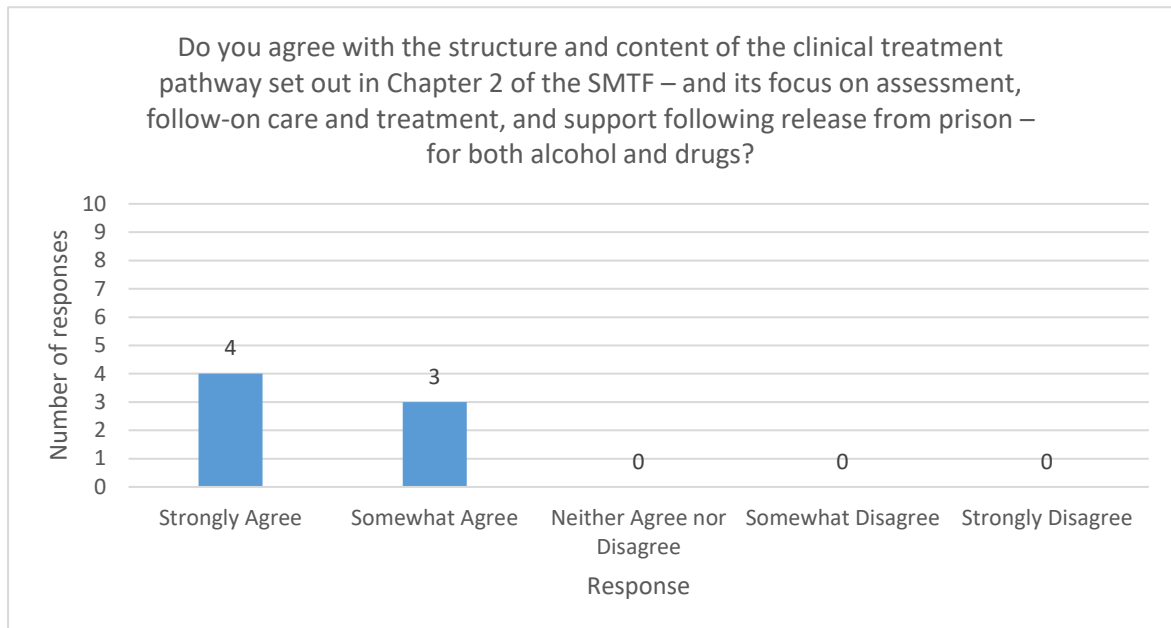
12. The Welsh Government consultation included specific questions on the draft SMFT, the draft mental health standards, and supporting impact assessments. A summary of the issues and points raised by stakeholders are set out below. Not all responses answered all questions.

Key messages

Question 1: Do you agree with the structure and content of the clinical treatment pathway set out in Chapter 2 of the SMTF – and its focus on assessment, follow-on care and treatment, and support following release from prison – for both alcohol and drugs?

13. Chart 1 below sets out the number of responses that agreed with Question 1.

Chart 1:



14. The following section sets out key themes (set out in **bold** below) identified in consultation responses for Question 1.

- **The content of the clinical pathway seen as comprehensive – but the key challenge will be making this work in practice.**

This was a common theme across most of the consultation responses, both in relation to the implementation of the SMTF and the standards for mental health services. It was specifically raised in relation to supporting those with co-occurring substance misuse and mental health needs. It was noted that while “a joined up co-ordinated approach is most certainly the way forward for those with co-occurring issues, it is an approach that does not often work within the community due to capacity issues, lack of specialists and lack of coordination” (Third Sector Organisation). Furthermore, there is likely to be “added complexity” and challenges in terms of coordinating support for someone who is in prison or due for release (Third Sector Organisation) – and there was specific support for “the work from custody to community” to be directed through the APB [Area Planning Board] system, and that this “direction needs to be led from a partnership approach, rather than organisational lead” (APB).

- **There was broad support for the focus on co-occurring substance misuse and mental health needs of people in prison. However, responses acknowledged that challenges remain in terms of access to mental health support where the person has both substance misuse and mental health needs.**

As one response stated: “It’s good to hear they are considering both drugs and alcohol but more importantly co-occurring substance misuse and mental health as this is where the issues lie. Mental health services refuse to assess individuals who have a mental health issue as they argue that it is the substance use that causes the MH issues” (Third Sector Organisation).

- **Resources will impact on implementation.**

Again, this was a common theme in relation to the implementation of both the SMTF and the standards for mental health services.

While there was support for the principles underpinning the SMTF, a number of responses noted that the current system is under resourced. Calls were made for “a comprehensive methodology of how this would work in practice” (Third Sector Organisation) – with questions posed in relation to whether (and what) additional resources will be identified to support implementation; what data systems will be implemented to assist with information sharing (and address silo working); and also how the implementation of the SMTF and the new mental health standards will be co-ordinated with mental health, substance misuse and housing sectors “when there is already a struggle with a joined-up approach in the community” (Third Sector Organisation).

- **Training is critical.**

Similarly, this was a theme raised in consultation responses in relation to the SMTF and the mental health standards.

Responses called for a focus on equality, diversion and inclusion training, as well as education and training for the person in prison, with a focus on harm reduction.

- **Transition from prison to the community: Release planning / care planning will be critical to the successful implementation of the SMTF.**

While it was recognised that improvements have been made regarding release planning, there is more to be done. As one response stated: “Whilst we note that co-ordination with substance misuse teams across Wales has greatly improved for prisoners and those who are due to be released, we recognise there are many difficulties within the mental health sector across Wales, and without effective treatment and support for those with co-occurring issues the framework will fail” (Third Sector Organisation).

Rapid access to detoxification and rehabilitation units upon release was also seen as critical – with one response highlighting that “quite often we see individuals who were being signposted from prison to detoxification units being released without this happening due to lack of co-ordination, individuals will then be released into the community and will continue with the chaotic nature of substance misuse often continuing with criminal activity and more importantly putting their own lives at risk of overdose” (Third Sector Organisation).

Questions were also posed around how to provide “better co-ordination” in terms of accessing detox/rehabilitation prior to release.

Another response called for consideration to be given to medicines provided to the person on release from prison – and how this should be “routinely more than 7 days” – given that seven days “is not long to arrange for further supplies of medicines” (Professional Body). In addition: “Improved documentation is needed to evaluate the success and engagement post release from prison” (Professional Body).

There was also recognition that release planning is critical to supporting women returning to Wales, following a custodial sentence in England. This was another key theme raised in the consultation, particularly in terms of how the SMTF (and the standards for mental health services) translate for those coming back to Wales having served custodial sentences in England.

- **There are ongoing challenges in relation to data sharing.**

In particular, it was noted that care planning and information sharing “across different systems, different locations and different organisational info holders would be wonderful but may well prove impractical, and there will be information sharing limitations for health” (Health Board).

- **Initial assessment and treatment and the need for a “whole person approach” and a “comprehensive history taking consultation” is critical to supporting delivery of the SMTF.**

This should “include any drug or alcohol use problem, past history of drug use / response, success or failure of treatment / engagement with treatment / reasons for dropping out (if relevant), social history, and family history to assess and predict impact on the success of treatment” (Professional Body).

There was also recognition, however, that access to treatment on the first night in prison may not be possible: “It is feasible to provide symptomatic treatment on first night but OST [Opioid Substitution Therapy] would require significant additional cost as there are not prescribers available out of hours” (Health Board).

Issues were also raised regarding what current substance misuse services are able to offer, in terms of treatment: “Many drug and alcohol services do not offer structure benzodiazepine and z-drugs, and SCRAAs [Synthetic Cannabinoid

Receptor Agonists] treatment, detoxification or psychosocial care related to these drugs” (Professional Body).

Other specific comments in relation to the SMTF and proposed treatment included:

“It would not currently be achievable to split OST doses as suggested, although this would be a beneficial option for induction of methadone and for some others who do better with this approach, or are on enzyme inducing drugs etc. Lofexidine is no longer available and has not been for several years.” (Health Board)

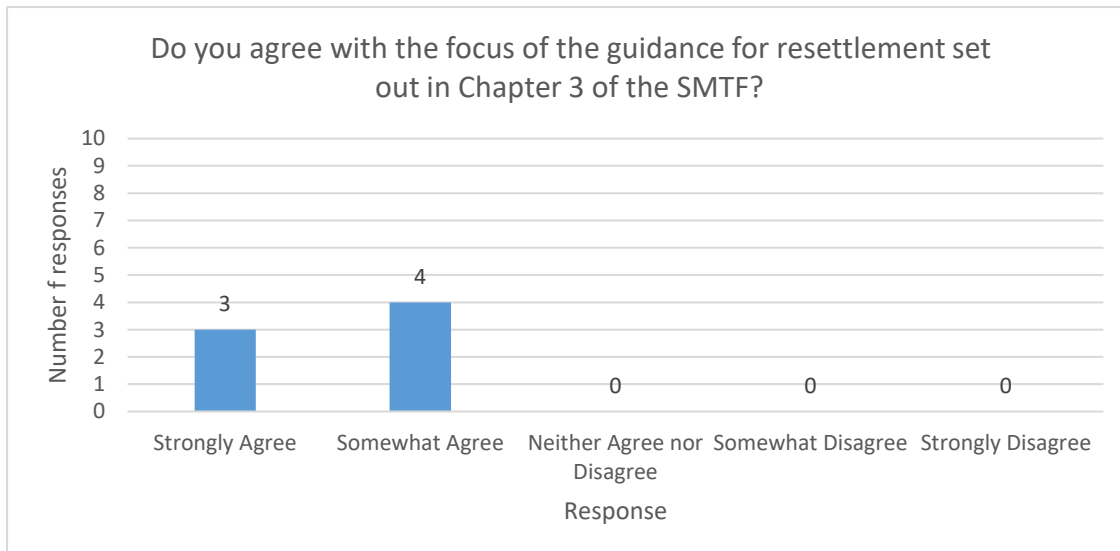
“Question evidence for requirement for plasma levels of methadone in all. It is not possible to admit those with heavy stimulant use to be admitted to the healthcare unit as there is not one in [HMP XXX] at all. I am also concerned that many, many PCIPS admitted are using cocaine and or amphetamines. We don’t currently have IGRA [The Interferon Gamma Release Assay Test screening for Mycobacterium TB] in place in [HMP XXX], this would depend on PHW provision, I assume.” (Health Board)

One response also highlighted that it is important that Health Care Professionals “appreciate the limitations of drug testing kits” and that risk assessment “should include advanced technologies used in drug detection, which is usually limited by funding and limited training” (Third Sector Organisation).

Question 2: Do you agree with the focus of the guidance for resettlement set out in Chapter 3 of the SMTF?

15. Chart 2 below sets out the number of responses that agreed with consultation Question 2.

Chart 2:



16. The following section sets out key themes (set out in **bold** below) identified in consultation responses for Question 2.

- **Support for the focus on accommodation.**

Ensuring suitable accommodation is available to those on release is critical. It is particularly important to “gauge the housing need and type of accommodation and the support requirements of the individual” (Third Sector). Specific information on the health needs of the person should be included as part of any focus on accommodation.

- **It is critical that staff have the skills and competencies to work with vulnerable people.**

Having outreach staff supporting prison leavers “at the gate” is important to increasing the likelihood of a successful transition back into the community. The role of local outreach staff in north Wales, for example, was highlighted as key to supporting people in prison and their successful transition back into the community (APB).

- **There is an important role for technology in terms of supporting the safe sharing of data between agencies.**

The sharing of data between those agencies supporting resettlement can also help to avoid duplication and unintended impacts on individuals where they have to “keep answering the same questions” as they engage with different stakeholders.

- **Models of supported accommodation need further exploration, with a view to being replicated across Wales.**

Responses highlighted that there were other examples of accommodation that could be included in the SMTF – in addition to those provided by Nacro and The Nelson Trust. For example, accommodation models that offer 24/7 support to those who are released, and shared supported accommodation for women who have complex needs (Third Sector Organisation).

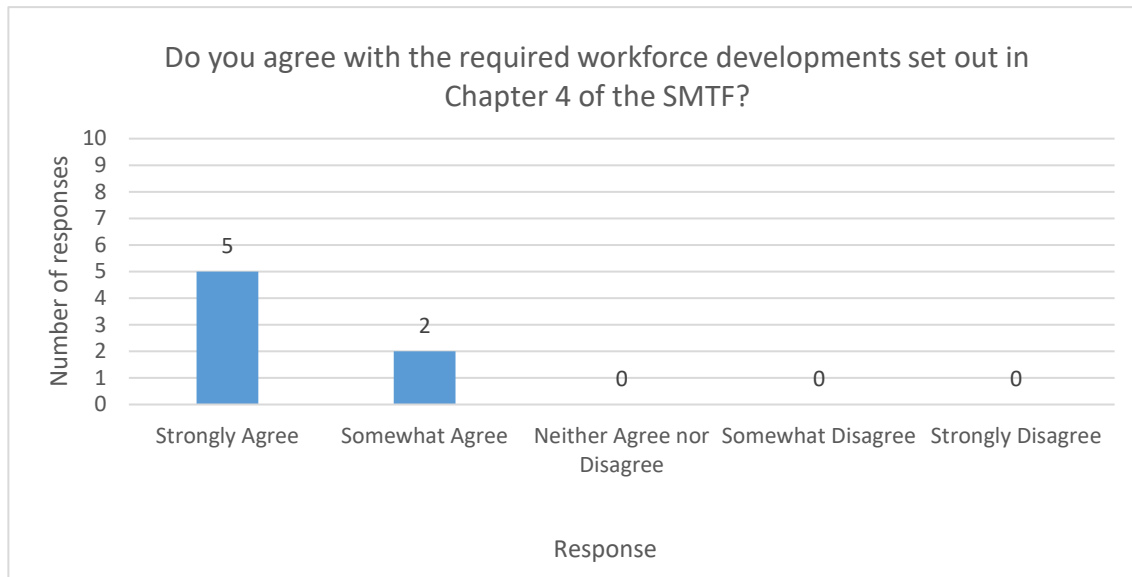
- **Wider partnerships need to be involved in the resettlement structures set out, while taking into account new changes in housing law and legislation.**

Joint care plans between health and probation were seen as key, alongside the role of the third sector and other partners – particularly when it comes to release planning.

Question 3: Do you agree with the required workforce developments set out in Chapter 4 of the SMTF?

17. Chart 3 below sets out the number of responses that agreed with consultation Question 3.

Chart 3:



18. The following section sets out key themes (set out in **bold** below) identified in consultation responses for Question 3.

- **There are a number of challenges that are likely to impact on the delivery of the SMTF – including being able to access training and funding for training.**

Calls were made for greater investment into training and workforce development to support the implementation of the SMTF for prisons.

Access to training – and associated funding for training – was specifically mentioned, along with current challenges associated with completing mandatory training, in light of the pandemic. As one response stated: “Mandatory staff training is behind due to covid therefore this is currently being prioritised. It’s unlikely that any non-mandatory training will be able to take place in the immediate future” (HMPPS in Wales).

The focus on the peer mentor approach needs further elaboration and increased resources.

- **Accountability and minimum requirements for training are key.**

Calls were made for minimum requirements for workforce development and for organisations to be held to account regarding standards for staff training. Examples were given of how this could work in practice. As one response stated: “[XXX] is reviewed and updated regularly with any new training requirements

being added, which includes legislative updates, new and emerging trends and prioritise etc.” (Third Sector Organisation)

- **There were calls for training to include an overall and specific understanding of why people are misusing certain substances.**

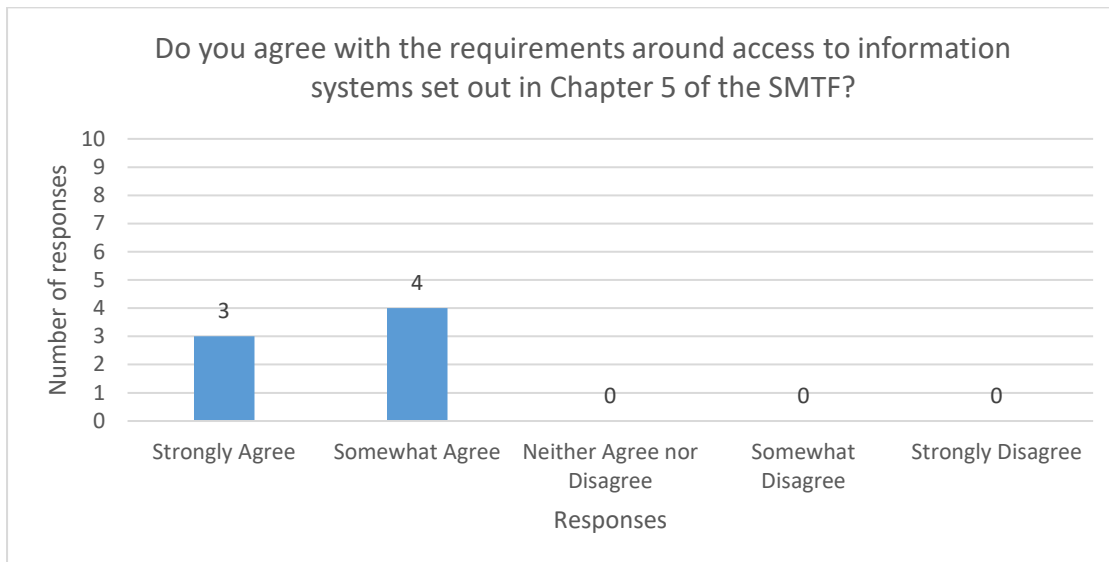
There should also be a focus on understanding novel substances including recently diverted pharmaceuticals and drug combinations (Professional Body).

Training should incorporate a focus on drug testing and drug checking, as well an understanding of the impact of increased access to drugs – for example, drugs purchased online / clinical impact of drugs that are not identified in routine drug testing (Professional Body).

Question 4: Do you agree with the requirements around access to information systems set out in Chapter 5 of the SMTF?

19. Chart 4 below sets out the number of responses that agreed with consultation Question 4.

Chart 4:



20. The following section sets out key themes (set out in **bold** below) identified in consultation responses for Question 4.

- **There was support for the approach and requirements set out in Chapter 5 of the SMTF.**

As one response stated: “We agree with the approach and requirements set out in Chapter 5, with the ICP [Integrated Care Plan] completed in line with the whole prison approach and shared at MDT [Multi Disciplinary Team] / MDAT meetings to share information for the benefit and advantage of the care and support provided to the individual.” (Third Sector Organisation)

- **Changes were suggested in some responses, these included:**

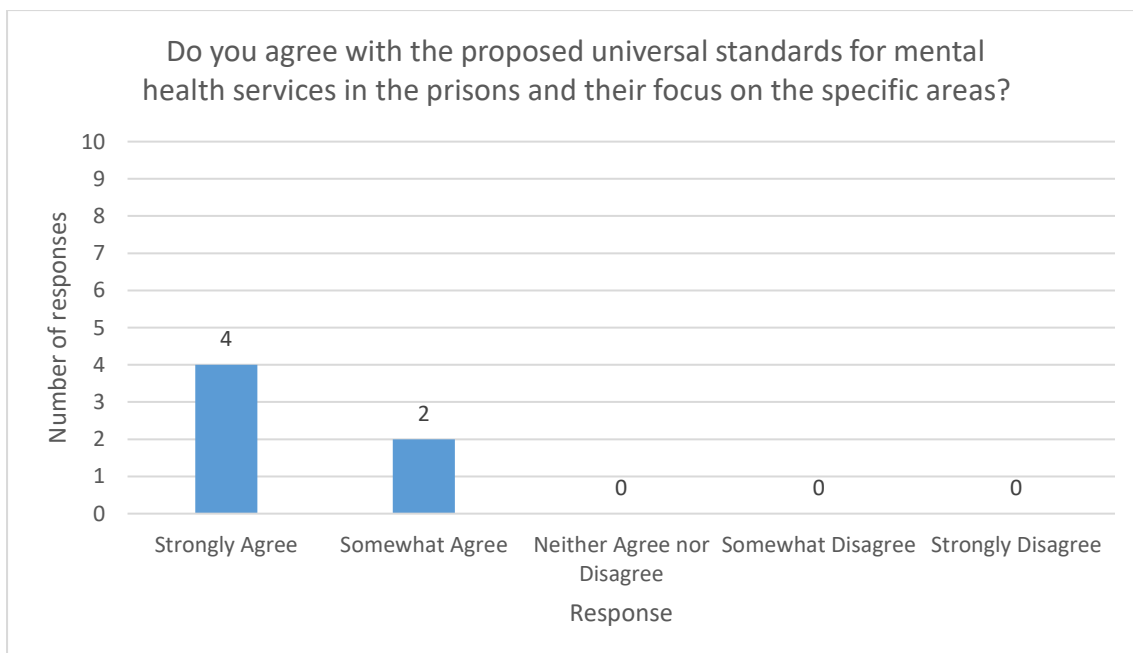
The suggestion that MDAT should include pharmacists, pharmacist independent prescribers and pharmacy teams (Professional Body). In addition, there were calls for the use of electronic prescriptions that could be sent to the community (as is current practice in England). Another response said that the national and second health screen templates would need to be changed to include the Wales Integrated In-depth Substance Misuse Assessment Tool WIISMAT (Health Board).

Question 5: Do you agree with the proposed universal standards for mental health services in the prisons and their focus on the following areas:

- **Reception and assessment – including arrangements for the assessment of former users of secondary mental health services**
- **Treatment and recovery**
- **Discharge and transfers**
- **Safety**
- **Patient experience**
- **Collaborative partnerships**
- **Medication management**
- **Wider prison environment**
- **Workforce**
- **Leadership and governance**
- **24 hour mental health care**
- **Welsh Language**

21. Chart 5 below sets out the number of responses that agreed with consultation Question 5.

Chart 5:



22. The following section sets out key themes (set out in **bold** below) identified in consultation responses for Question 5.

- **There was broad agreement with the proposed universal standards for mental health services in prisons and their underpinning principles.**

However: There was some disagreement with how the individual standards have been categorised (as essential / expected / desirable).

In terms of physical assessment, there needs to be clear timeframes in place to support this standard.

One response also commented on the street value of antipsychotic drugs and the subsequent potential for misuse in prisons: “Health Care Professionals need to be mindful that some antipsychotics (olanzapine, quetiapine), anxiolytics (benzodiazepines) and antidepressants (venlafaxine, bupropion, [Selective Serotonin Reuptake Inhibitors] SSRIs) have street values and a potential for misuse” (Third Sector Organisation).

- **Resources to support the implementation of the new mental health standards will be critical.**

Funding and support for workforce training and development for the implementation of the new standards is key (this is similar to points raised in relation to the implementation of the SMTF).

- **Potential for a “siloes approach” to be taken in light of the development of a separate SMTF and mental health standards.**

There were concerns raised that the standards lack a focus on those with co-morbidity and substance misuse requirements (Third Sector Organisation). As one response noted: “Many individuals accessing the criminal justice service have co-occurring problems and should be an integral part of the pathway.” (Third Sector Organisation)

- **Person centred care is critical.**

The person must be fully involved in any decision making and care planning. As one response stated: “From the perspective of a service user led organisation we are concerned at the lack of recognition that the individual must be fully involved (100%) in their care and treatment. This is essential to promote their care and treatment, risk management plans, promotion dignity, respect, self-management.” (Third Sector Organisation)

- **A focus on transition from prison to the community is critical.**

This was also raised in relation to the SMTF. The transition from prison to accessing services in the community should be seamless – and underpinned by “a straight transfer into community secondary mental health services” (Third Sector Organisation).

Concerns were also raised regarding the implementation of standard 38 where the focus is on the timeframe for transfer to a new care co-ordinator. One

response noted that this “should be in the standard” – but raised concerns around potential impacts on community teams “regarding resource management, training etc following discharge” (Third Sector Organisation). In particular, it was noted: “Currently individuals are waiting a significant time within the community to get a care co-ordinator or access to services” (Third Sector Organisation).

- **Clarity was sought around whether the new standards would apply to women in the criminal justice system outside of Wales.**

This was also raised in relation to the SMTF. There needs to be specific consideration of the needs of women returning to Wales, and confirmation of whether the mental health standards for the prisons would apply in terms of women in the criminal justice system in England and when they return to Wales.

- **There were also concerns that IT systems are not joined up which will affect access to information.**

“Access to information from all sectors and across the border (England) needs to be readily available; our members working within prisons have explained to us that sometimes this is challenging as the different IT systems are not ‘joined-up’.” (Professional Body)

Question 6: Do you have any challenges to the evidence set out in the SMTF and the new standards for mental health and how can these challenges be addressed?

23. The following section sets out key themes (set out in **bold** below) identified in consultation responses for Question 6.

- **Time and resources are key to the successful implementation of the SMTF and the new mental health standards for mental health services in the prison.**

One response stated: “In principle, these are fully supported, however, to be successful they will need to be adequately resourced and time given to integrate them in to current working practices and environments” (APB). Another noted: “Staff shortages are often a challenge; the utilisation of pharmacist and other professionals as non-medical prescribers may help in this area...Funding to manage different cohorts of PCIPs such as PCIPs with poly-substances use...Increased funding and staff training may help with solving these issues” (Professional Body).

- **There needs to be a specific consideration of funding to support implementation of the SMTF and the standards for mental health services.**

“With any new legislation/Guidance or Framework a key consideration will always be funding. The question is the real cost to implementing the strategy not just including staff time, additional training, trauma informed workplace practices, implementing new assessment processes but the real time financial implication not just for HMPPS, but for the APBs across Wales to align the transition needs from Custody to Community.” (APB)

Comments were also made that the main challenge would be reviewing the workforce and securing additional resources to deliver. This will be particularly challenging in smaller prisons that have little space for staff expansion.

- **There was support for the establishment of a specific workstream to oversee implementation of the SMTF and standards for mental health services using baseline assessments.**

“After the consultation period for these standards and frameworks have ended, we would like to see a shift in focus to operationalise these changes. To achieve this, we recommend a new work stream is established, one which will measure current provision against these standards. This will provide a baseline to measure improvements, and also highlight where any gaps in provision are so that we can offer a better and more varied service that meets the complex needs of the prison population.” (HMPPS in Wales)

- **Comments were also made relating to specific issues that need to be addressed to ensure successful implementation.**

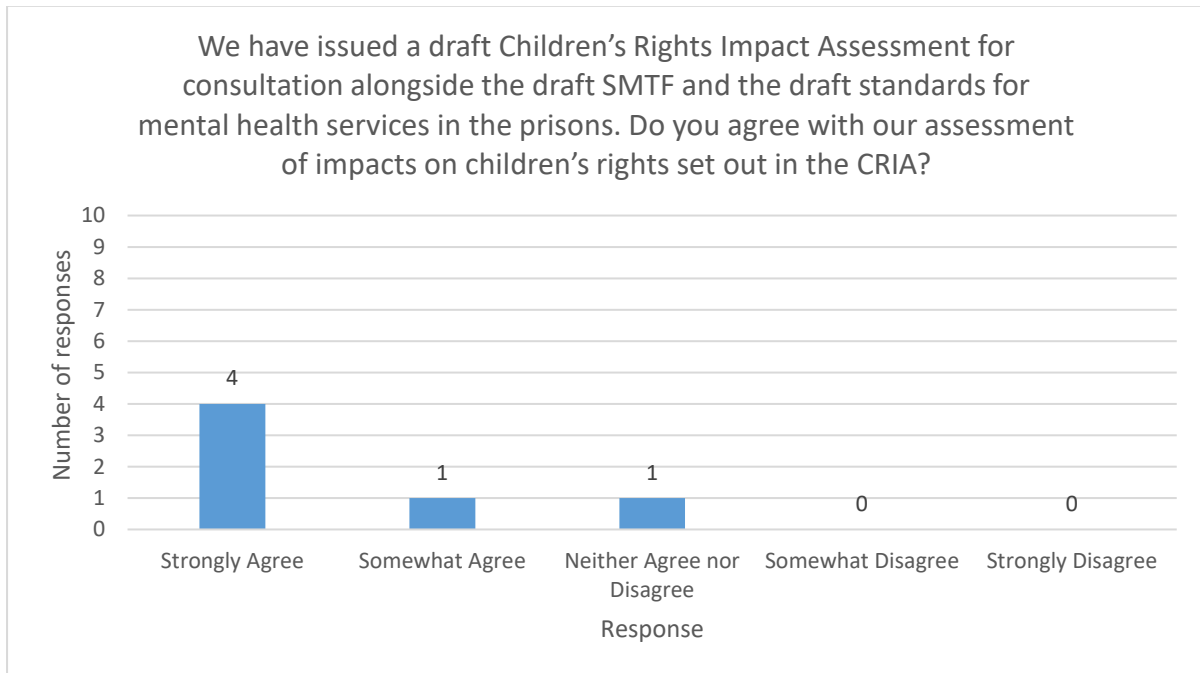
These issues include the need for continuity of care and ensuring that people who have access to secondary mental health services in prison also have access to secondary mental health services in the community.

There were also comments around the approach still being “very siloed”. Many individuals accessing the criminal justice service have co-occurring problems and a consideration of this should be an integral part of the pathway.

Question 7: We have issued a draft Children’s Rights Impact Assessment (CRIA) for consultation alongside the draft SMTF and the draft standards for mental health services in the prisons. Do you agree with our assessment of impacts on children’s rights set out in the CRIA?

24. Chart 6 below sets out the number of responses that agreed with consultation Question 7.

Chart 6:



25. The following section sets out key themes (set out in **bold** below) identified in consultation responses for Question 7.

- **Support for engagement with young people.**

It will be important to seek the views of young people in relation to the draft SMTF and the drafted mental health standards. Engagement with young people with lived experience was seen as especially important (APB).

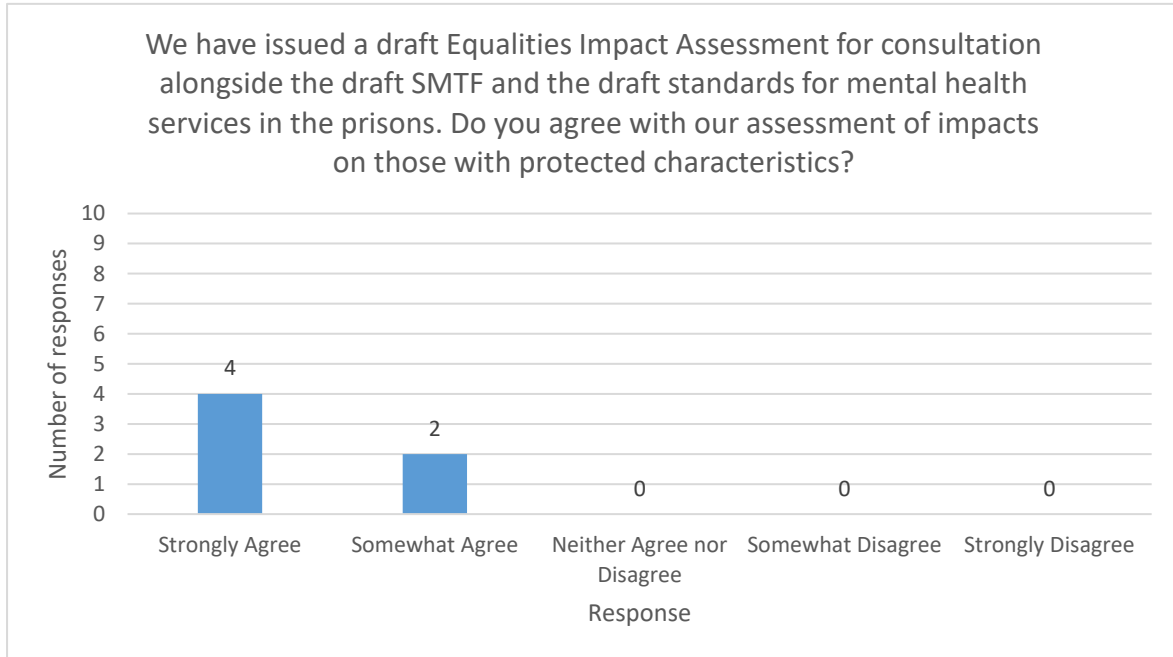
- **Specific focus needed to develop systems to overcome the exploitation of children in county lines drug trafficking.**

The CRIA needs to include specific reference to work being taken forwards on exploitation, county lines and young people (Professional Body).

Question 8: We have issued a draft Equalities Impact Assessment for consultation alongside the draft SMTF and the draft standards for mental health services in the prisons. Do you agree with our assessment of impacts on those with protected characteristics?

26. Chart 7 below sets out the number of responses that agreed with consultation Question 7.

Chart 7:

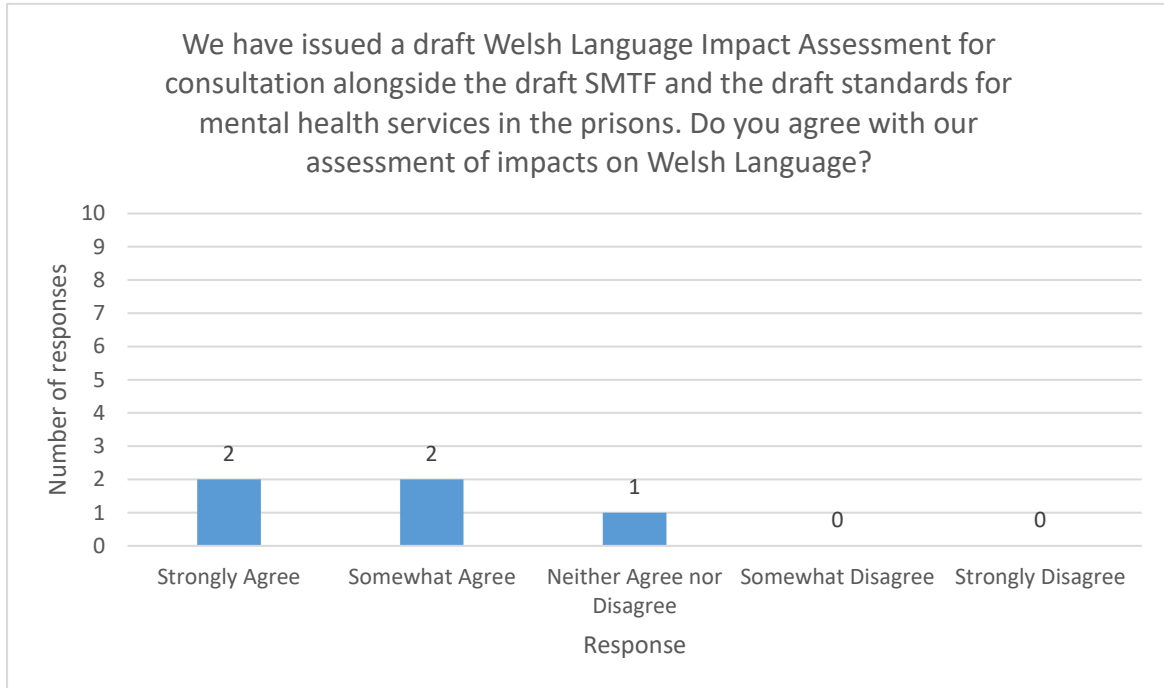


27. There were no additional points raised in the consultation responses regarding Question 8.

Question 9: We have issued a draft Welsh Language Impact Assessment for consultation alongside the draft SMTF and the draft standards for mental health services in the prisons. Do you agree with our assessment of impacts on Welsh Language?

28. Chart 8 below sets out the number of responses that agreed with consultation Question 9.

Chart 8:



29. The following section sets out key themes (set out in **bold** below) identified in consultation responses for Question 9.

- **The Welsh Language Impact Assessment provides a comprehensive assessment of the impacts of the SMTF and the standards for mental health services on the Welsh Language.**

As one response stated: “All relevant areas have been considered and an approach has been outlined to ensure Welsh provision and the requirements of the Welsh Language and Welsh speakers” (Third Sector Organisation).

- **There needs to be a consideration of the Welsh Language needs of women in prison / women in the criminal justice.**

Supporting women in the criminal justice system in relation to Welsh Language provision is likely to be a key challenge given that there are no female prisons in Wales.

Question 10: We would like to know your views on the effects that the draft SMTF and draft standards for mental health services in the prisons would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English. What effects do you think there would be? How positive effects could be increased, or negative effects be mitigated?

30. The following section sets out key themes (set out in **bold** below) identified in consultation responses for Question 10.

- **The potential for people to access services and support in Welsh is dependent on having access to appropriate Welsh speaking staff.**

As one response stated: “This will, as at [Question] 9 above, be especially challenging for women in English prisons. A focus on support in these establishment as a priority would mitigate this” (Third Sector Organisation).

- **There is a lack of access to psychological therapies delivered through the medium of Welsh across Welsh Health and Social Care.**

This needs specific consideration in relation to both the SMTF and the standards for mental health services in prisons. As one response stated: “We would include in this Welsh speaking Officers, health care providers and professionals/lay people and third sector providers active in the Prison Sector” (Third Sector Organisation).

- **There needs to be greater support for Welsh learners to build, maintain and improve their Welsh language skills.**

In particular, there were calls for improving access to support for people who speak Welsh: “The Welsh Government Action Plan recognises the need to improve access to support for people speaking Welsh as their first language. Consideration could be given to staff employed to undertake a ‘basic’ Welsh language course as part of their development, to enable a basic level of the Welsh language to be understood and spoken.” (Professional Body)

In addition: Learners may find it problematic to maintain and build on their language skills. Questions were posed around whether consideration has “...been given to how embryonic language skills can be developed whilst in prison?” (APB).

Question 11: Please also explain how you believe the draft SMTF and the draft standards for mental health services in the prisons could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

31. The following section sets out key themes (set out in **bold** below) identified in consultation responses for Question 11.

- **A focus on the active offer and ensuring people in prison have access to services in support in Welsh is a distinct but vital part of the SMTF and standards for mental health – which can only have a positive effect on the Welsh Language.**

Calls were made for a baseline assessment to be undertaken with a specific focus on Welsh Language and the SMTF and mental health standards: “A baseline could be identified as the draft becomes policy and then re-evaluated over time to see if there has been a positive or negative impact on the Welsh language across the sector.” (Third Sector Organisation)

Question 12: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:

32. The following section sets out key themes (set out in **bold** below) identified in consultation responses for Question 12.

- **Welsh Government’s “Rapid Rehousing” initiative needs greater emphasis in the draft SMTF.**

As one response stated: “Our key interest is therefore the Integration element of persons returning to north Wales post release. A number of initiatives and projects are underway or in the planning and development stage in north Wales, that we feel will positively impact on this process. Fundamental to any successful transition is the Welsh Government’s Rapid Rehousing initiative. Whilst mention is made of this in the draft SMTF, this perhaps need greater emphasis?” (APB)

- **Calls made for more of a focus on pre-prison disposals (Crown and Magistrates’ Courts).**

The use of disposals should be given greater consideration, within the content of the SMTF and the standards for mental health services (Third Sector Organisation).

- **Calls were made for more specialised / targeted interventions and services for people in prison and those entering the criminal justice system, or new entrants that have not been given custodial sentences.**

By providing interventions for the mental health and substance misuse issues faced by these groups, responses highlighted opportunities to “reduce reoffending and avoid the disruption of a stay in prison” (HMPPS in Wales).

There were also calls for “more focus on better access and availability of targeted programmes that offer a continuum of treatment from initial assessment to psychosocial and medical treatment (detox/medication) to harm reduction strategies leading to recovery strategies and abstinence” (Third Sector Organisation), as well as staff training (HMPPS in Wales / Professional Body).

Responses also highlighted the importance of harm reduction and specific interventions such as needle syringe provision, take home naloxone, smoking cessation, dental care (Professional Body).

- **Transition and transfer of care / continuity of care.**

Specific concerns were raised in relation to staffing levels and their impact on continuity of care and service provision (Professional Body).

There were calls for more information on the transfer of care around bank holidays and in rural areas where access to services can be challenging (Professional Body).

In relation to continuity of care: “To enable continuity of care, we need to continuously review contractual provisions and how these can be affected in places which mainly operated by locum staff” (Professional Body).

Shift patterns for keyworkers / Offender Managers (OMs) could delay treatment progress. As one response stated: “Whilst it would be useful to have keyworker/OMs involved in setting goals/care plans shift patterns mean that this could delay treatment progress. When an officer is on nights they then get the next week off – this is at least a two week delay.” (HMPPS in Wales)

- **The need for “Community Connectors” are crucial to transition from prison to being released.**

Community Connectors are seen to “offer help and guidance from the gate and ensure Integrated Care Plans (ICP) mentioned extensively in the draft [SMTF], actually translate in to action out on the streets and are not lost in the crucial 72 hours post release” (APB). Furthermore: “Enabling the Community Connectors access to the prison to assist in the ICP is an essential requirement and proving a challenge given many have lived experience of prison life which can preclude them from access.” (APB)

- **There is a need to consider people in the community alongside the health and wellbeing of people in prison.**

In particular, the response from HMPPS called for the inclusion of people under probation as a key element of collaborative working going forwards. “This will include creating better links between prison health services and those in the community upon release, particularly the transition between the two provisions.” (HMPPS in Wales)

- **Support for women in the criminal justice system and those moving back to Wales following a custodial sentence in England.**

“Women being released back into Wales also need additional support to continue treatment and rebuilt their lives. We would like to see this work incorporated into any future workstreams”. (HMPPS in Wales)

- **Support needed for special groups e.g. peri-natal, older individuals with dementia**

This needs to be considered in relation to both the SMTF and the standards for mental health services.

- **Additional comments regarding the SMTF and the standards for mental health services.**

Responses highlighted the importance of communication particularly in relation to prescribed interventions and timely notification / escalation of concerns.

More information is needed on situations related to refusal of service.

Further clarity is needed regarding how the SMTF and the standards for mental health services relate to out of hours care.

Clarity needed on processes for the identification of new individuals – for example, those who have started their drug intake in prison.

Further work needed to highlight the role of pharmacists and pharmacy teams as this is not limited to the provision of medicines and supervised consumption of OST.

The general lack of OMs and heightened workload means that care plans being led by OMs is unlikely to be feasible.

Welsh Government Response

33. Following this consultation, the Welsh Government will work with the health boards, Public Health Wales, HMPPS in Wales, the third sector and other partners to implement the SMTF and the new standards for mental health services.
34. Baseline assessments and gap analyses will be undertaken to assess the extent to which the prisons in Wales are already reaching core standards sets out for substance misuse and mental health in the prisons – with the view to then addressing key issues identified.
35. Further support for delivery will also be available for the prisons through other developments, such as the Traumatic Stress Wales initiative and its [prison and criminal justice workstream](#) which includes a focus on supporting those in prison who have experienced trauma to access the support and treatment they need, as well as the implementation of the [new trauma informed Wales framework](#).