

SPECTRUM THOUGHT LEADERSHIP

Developing an Innovative Healthcare Pathway for 18-To-25-Year-Olds in HMP/YOI Preston Reception Prison





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Developing an Innovative Healthcare Pathway for 18-To-25-Year-Olds in HMP/YOI Preston Reception Prison

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#1 Summary

Young adults in prison can benefit from their own healthcare pathway to increase their safety, improve their health, enhance life skills for release, and ultimately support them to desist from reoffending. This paper draws on literature and practice to highlight the importance of a tailored approach and provides practical information on the ethos and processes that can enhance healthcare delivery for this age group.

#2 Introduction

Three of the four examples of notable positive practice that His Majesty's Inspectorate of Prisons (HMIP) identified during a March 2023 inspection of His Majesty's Prison / Young Offender Institution Preston (HMP Preston) were healthcare-related. One of these examples was the pathway for early health assessment and prompt referral for 18-to-25-year-olds, focusing on immediate safety risks and medication, other health needs, and even rehabilitation. The design of this pathway reflects the risks and health needs of young adults as well as the positive operating climate of this reception prison.

The average population of HMP Preston in 2021/22 was 666, but that figure hides the high turnover of people in a reception prison. In 2021/22, HMP Preston had 2,879 receptions into the prison from the community (2,087) and other prisons (327). As people enter, others are transferred to another prison or discharged to the community. A quarter of people (27%) are imprisoned for less than a month, and half (51%) stay for less than three months.¹ Two-thirds of people in the prison are remanded or unsentenced, so many of them are waiting to see where they end up next.² There is no time for delay in assessment and referral, so a timely and fitting reception screening process is vital to successful healthcare delivery.

In recognition of the particular needs of young adults, HMP Preston reviewed and updated their healthcare pathway, and this paper highlights aspects of reception screening and onward referral that seek to address this population's needs.

Over the last decade, there has been recognition that the 18-to-25-year-old age group needs a more tailored approach in sentencing, prison accommodation and approaches to encourage desistance from reoffending. For example, sentencing guidelines in Scotland were amended in 2022 to ensure consideration of not only the offence but also the offender's maturity and life experiences.³ Although regarded as adults, this age group is still growing up, usually with social and environmental risk factors in their background and limited life experience to inform decision-making. Factors relating to the stage of brain development, brain injury, learning disabilities and neurodiversity can play a part in offending behaviour, and health interventions need to be considered alongside wider strategies to inspire life changes.⁴ This age group is overrepresented in the prison population, making up a fifth of the population in male establishments, and overrepresented as victims and perpetrators of violence in prisons.⁵

Addressing safety concerns for 18-to-25-year-olds has been a significant additional motivating factor for action. The 2015 Harris review examined the lives of 87 young people who suffered self-inflicted deaths between April 2007 and December 2013 to shed light on the vulnerability of young adults in custody.⁶ Additionally, His Majesty's Prison and Probation Service (HMPPS) data shows that young adults aged 18-24 experience 26% of all self-harm incidents (15,152 out of 59,110 self-harm incidents in 2019).⁷ HMIP published a thematic review of outcomes for young adults in custody to consolidate their findings from inspections, which showed that *"outcomes are poor for young adults when compared with those for older prisoners (those over 25)."*

¹ Hewitt, Anthony (2023) 'HMP/YOI Preston Health and Social Care Needs Assessment'.

² HMIP (2023) 'Report of An Unannounced Inspection of HMP Preston by HM Chief Inspector of Prisons', 7-23 March.

³ BBC website (2022) [bbc.com/news/uk-scotland-60137866](#)

⁴ House of Commons Justice Committee (2016) 'The Treatment of Young Adults in the Criminal Justice System', 26 October.

⁵ HMIP (2021) 'Outcomes for Young Adults in Custody'.

⁶ The Harris Review (2015) 'Changing Prisons, Saving Lives'.

⁷ HMIP (2021)



#3 Healthcare in HMP Preston



The ethos of the prison healthcare service in HMP Preston aligns with the NHS initiative of Making Every Contact Count (MECC). MECC is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and individuals have with others to support them in positively changing their physical and mental health and well-being.⁸

In addition, the service sees a role for itself in delivering the NHS's Core20PLUS5 approach, which targets the most deprived 20% of the population in particular groups, such as those in contact with the justice system, for five key clinical areas of health inequalities.⁹

Because of the high turnover of patients, with many moving on to other prisons, the team stress the importance of *"help from day one"* in line with the prison's leadership team's approach for early days in custody. Although a patient may not be with the team for long, by delivering the right care at the right time, healthcare contact could crucially influence future health and desistance from offending. All organizations at the prison strive to deliver the traditional focus in the reception prison role of risk and safety management but also seize the opportunity to provide the support someone might need to make different life choices.

Reception screening undertaken by primary care is an important tool in a patient's healthcare journey while inside HMP Preston and for the journey beyond to another prison or the community.

Prison is an environment that particularly calls for a holistic model of healthcare.

Working with partners in the prison - including mental health, local government partners such as social services and children in our care and leaving care, education services, HMPPS (His Majesty's Prison and Probation Service) partners, community recovery services, and a range of other non-profit partners - enables health interventions beyond clinical input and facilitated by people outside the primary health care team.

HMP Preston has a prison healthcare governor to provide senior-level liaison with the healthcare team, and communication takes place both through strategic and operational partnership meetings and one-to-one liaison.

Adults released from custodial sentences of less than 12 months had a proven reoffending rate of 54% in 2021, demonstrating the challenges around rehabilitation.¹⁰ Healthcare is part of a team of partners, so prisoners who are part of the revolving door can make changes with repeated intervention when ready.



⁸ Public Health England, NHS England and Health Education England (2016) 'Making Every Contact Count (MECC): Consensus statement', [england.nhs.uk/wp-content/uploads/2016/04/making-every-contact-count.pdf](https://www.england.nhs.uk/wp-content/uploads/2016/04/making-every-contact-count.pdf)

⁹ NHS website 'Core20PLUS5 (adults) - an approach to reducing healthcare inequalities'.

¹⁰ Ministry of Justice (2023) 'Proven Reoffending statistics: January to March 2021'.

#4 Reception Screening and the Young Adult Pathway



Reception screening is scheduled for 6.00 p.m. - 8.30 p.m. Monday to Friday and 2.00 p.m. to 6.00 p.m. on Saturday. The 2022 Health and Social Care Needs Assessment for HMP Preston showed that all new receptions received a first and secondary reception screening, a significant achievement with capacity pressures in the Criminal Justice System and late arrivals.¹¹ Overall, there are approximately 30 new receptions each night, and there can be a high level of health needs. The first night centre incorporates screening, testing and treatment/allocation to pathways simultaneously (figure 1).

The Night Nurse triages all new receptions from the night before and identifies high-risk groups, including the 25 and under cohort. The next morning, all patients aged 25 and under are discussed as part of the Daily Safety Huddle (DSH). The DSH is a short (10-15 minutes), daily, multidisciplinary briefing, held at a predictable time and place, and focused on the patients most at risk. The chair of a DSH is a senior clinical staff member that focuses the huddle on the immediate risk concerns being discussed: there is training available to encourage skilled facilitation and action using the SBAR mechanism (Situation, Background, Assessment and Recommendation). A range of health personnel attends to provide a holistic assessment: usual attendees in Preston include the head of healthcare, the nurse in charge, the pharmacist, a mental health team worker and a recovery team worker.

¹¹ Hewitt, Anthony (2023) 'HMP/YOI Preston Health and Social Care Needs Assessment'

Figure 1: First-Night Reception Screening Process - Summary of Elements

Health Care Support Worker

- ✓ Registers patient on SystmOne
- ✓ Undertakes physical observations
- ✓ Identifies risk of acute deterioration using National Early Warning Score (NEWS2)
- ✓ Obtains signed GP consent and medication compact
- ✓ Undertakes dried Blood Spot Testing (DBST) - identify blood-borne viruses
- ✓ Collects current medications
- ✓ Completes reception handover checklist and attaches to Cell Sharing Risk Assessment (CSRA)
- ✓ Ensures verbal handover completed at shift change



Registered Nurse

- ✓ Completes Reception Screening as per Standard Operating Procedure
- ✓ Undertakes Medication in Possession Risk Assessment (MIPRA) as part of the SOP
- ✓ Completes Alcohol Audit
- ✓ Lists patient for Secondary Screening
- ✓ Refers patient to Recovery Service if required
- ✓ Refers patient to Integrated Mental Health Team (IMHT) if required
- ✓ Completes chlamydia screening

Patients identified by the Health Care Support Worker as having substance misuse issues will additionally complete applicable withdrawal screenings and be listed for 5-day observations.



Reception Screening and the Young Adult Pathway



A brief screening is completed for each patient, which includes consideration of particular focus areas concerning risk and a more holistic approach to care to allow referral for longer-term health and social care support: self-harm, history of domestic violence, having been a child in care, psychological trauma, neurodiversity, mental health and substance misuse. For example, patients with a trauma history can be referred to the non-profit OUT Spoken Talking Therapy Service, commissioned by NHS England and supported by HMPPS, which aims to help individuals to understand better the impact of ‘unprocessed trauma’, maladaptive coping mechanisms, and often connections to their offending behaviour.¹² Where a patient might be at risk of self-harm or death by suicide, the ACCT (Assessment, Care in Custody and Teamwork) process is initiated as appropriate, and communication channels are in place to share information helpful for safety with relevant staff in the prison, such as the prison wing officers.

Discussions and actions are recorded on SystemOne.¹³ Primary care add their actions to their daily task ledger, and progress/completion is reviewed by the nurse in charge at shift handover. Other actions are picked up by attendees at the DSH or sent to partners for action. An effective DSH involves agreed actions, is informed by visual data feedback, and provides the opportunity to celebrate success in reducing harm. The purpose is to enhance teamwork through communication and co-operative problem-solving, share understanding of the day's focus and patient priorities, and improve situational awareness of safety concerns.¹⁴ In addition, the DSH is an extra quality control check: reception is a process with varying numbers of people and arrival times, so the review checks appropriate screening and care in a potentially busy environment (figure 2).

HMP Preston’s healthcare team work with prison partners daily to develop options to improve patients’ health and wider skills. For example, they have jointly developed a range of options around horticulture and fitness that can deliver physical and mental health benefits. Furthermore, some options provide a tool for young people with high-security clearance (e.g., if on remand or with mental health or issues around violence) to access an outside gym or work on reducing their security clearance and therefore be able to access other programmes around education and work skills either in HMP Preston or in another prison if they are one of the majority of prisoners who are transferred. Also, by tackling low-level mental health issues without drugs, the schemes can reduce the use of tradeable medications.

Using technology to deliver interventions can be particularly appealing for a younger age group.¹⁵ HMP Preston was one of the first prisons to introduce Breaking Free Online (BFO) in 2021 - a self-help programme that promotes behavioural insights and addiction recovery for people struggling with substance issues. As the prison system limits mobile internet connectivity for security reasons, special laptops were specifically designed and built for the programme.

Because BFO is widely used in the community, the programme seeks to address maintaining continuity of care through the gate and reducing risk of relapse on release. During the pilot across 13 prisons, including HMP Preston, 99% of patients completed the clinical assessment and went on to engage in the behaviour-change interventions, and 54% received harm reduction advice around overdose awareness and management, which is a significant risk on release.

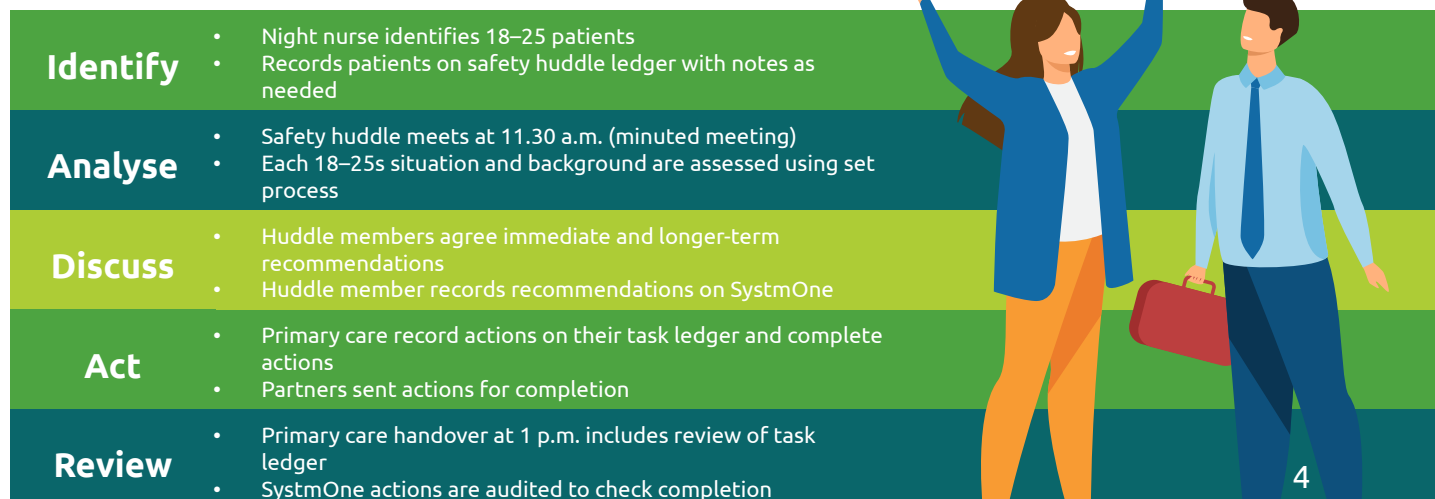
¹² We Are Survivors website: wearesurvivors.org.uk/support-services/support-in-prison

¹³ SystemOne is the National Health Service’s clinical computer system used to securely record and share patient information.

¹⁴ Spectrum (2021) ‘Safety Huddle Standard Operating Procedure’.

¹⁵ World Health Organisation (2020) ‘Youth-Centred Digital Health Interventions: A Framework for Planning, Developing and Implementing Solutions with and for Young People’.

Figure 2: Daily Safety Huddle Process for 18-25-Year-Olds



Reception Screening and the Young Adult Pathway

Another example is when a nurse student from the Occupational Health MSc at Sheffield Hallam University on placement in the prison introduced a self-guided mindfulness-based movement programme on the prison's Way Out TV system. This 10-minute repeated programme allows everyone in the prison to try something new and build a skill to help manage their own well-being.

Other health projects or options for referral for this age group that can have a positive impact include:

- ✓ The use of Long Acting Buprenorphine formulation as an alternative to methadone - requires administration every 28 days rather than daily
- ✓ Referral to the recovery wing (for substance misuse) for remand prisoners - an option usually only available for convicted prisoners
- ✓ Pre-exposure prophylaxis for HIV prevention - in partnership with the local acute health trust Blackpool Teaching Hospital
- ✓ Hepatitis C through dry blood spot tests and immediate treatment - a programme developed in partnership with The Hepatitis C Trust. HMP Preston was the first reception prison to eliminate Hepatitis C through this programme
- ✓ Young person's group - the prison runs a young adult group and a care leavers group
- ✓ Time for Change - a programme run by the prison for young adults to reflect on the consequences of their crime. A mental health nurse is allocated to check that trauma-based reaction is supported
- ✓ Family engagement - the health service invites carers and parents into health appointments to support young adults with brain injuries or neurodiversity, where appropriate and in line with patient preference
- ✓ Recoop training and delivery - a programme commissioned by NHS England to enable peers to provide health and social care support. A bespoke remand model is currently being developed with a focus group of 18-25-year-olds to respond to issues around turnover in a reception prison ¹⁶

Innovation continues at HMP Preston; for example, a new nurse role has been developed to support young people in setting goals to live a healthy lifestyle and develop strategies to resist peer and gang pressures. Partners from the prison and social care are also meeting to develop further pathway enhancements for young adults. Coproduction ¹⁷ is an important part of future pathway planning, communications and assessment.

Partnership working through the gate is a priority for prison partners, including healthcare services, as continuity of care has often been highlighted. Continuity of care through the gate continues to improve, but people leaving prison will have varying abilities and opportunities to access community support. ¹⁸ Spectrum has been a lead partner in the Lancashire Inclusion meeting, where prison and community agencies ensure services work together and develop improvements. More volunteers and workers are being supported to obtain security clearance to work in prison and in the community to allow continuity of care, and resources are being compiled to provide up-to-date information on services and how to access them. There is a multi-agency Support Hub based just outside the prison's main gate to enhance support on release.

Healthcare work inside prison is not without difficulties: recent increases in the number of people passing through reception present challenges for managing risk. Late arrivals and complex cases arriving out of core hours still need consistent service. Pressures in the courts, prison service, and for mental health secure beds can all impact health service delivery. The nature of the prison means the emphasis is on safety and risk management, but in parallel, resources need to be deployed for longer-term conditions. Substance misuse and violence remain issues in prison. Tradeable medications, such as mirtazapine, remain a key challenge in prison healthcare.

¹⁶ Recoop website 'Buddy Support'. recoop.org.uk/how-we-can-help/buddy-support

¹⁷ Broadhurst, K. (2022) 'Contextualising Co-Production and Complex Needs: Understanding the Engagement of Service Users with Severe and Multiple Disadvantages'.

¹⁸ See, for example, Dame Carol Black's independent review of drugs, which found that, 'prisoners tend to serve very short sentences, have limited time in prison treatment and poor hand-offs back into the community. They are very likely to re-offend'. Black (2020) 'Review of Drugs', commissioned by the Home Office.



#5 Conclusion



Even in a high-turnover reception prison, healthcare services can make a difference, and specific pathways for young adults help address safety, health and rehabilitation. Prison is an opportunity to improve health inequalities and wider life outcomes. At the same time, the prison environment is detrimental to health and life outcomes. Ideally, fewer younger adults would be imprisoned and additional community support would be provided, with more health impact assessments of people leaving prison.

Upstream of the prison, however, is a bigger picture of poverty, stigma, and low self-esteem. Addiction, violence, and their root causes in the community remain a challenge for us all to address. Alongside service improvements, we must provide people leaving prison with hope and remove the stigma of imprisonment that can hold them back.

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