HCVAction

HCV ACTION WEBINAR: HEPATITIS C IN THE JUSTICE SYSTEM – GOING BEYOND PRISONS
23RD OCTOBER 2020

SUMMARY REPORT

Introduction

This HCV Action webinar, part of the National Hepatitis C ODN Stakeholder Webinar series, focused on hepatitis C in the justice system. With the intention of building on the success of work to improve hepatitis C testing and treatment in prisons, the webinar focused on hepatitis C care in probation services and for people making the transition from prison to the community.

The webinar started with three talks:

- Overview of projects planned in probation services – Georgia Threadgold, Improvement & Delivery Manager – Hepatitis C Elimination, NHS England/NHS Improvement
- The Hepatitis C Trust prison to community peer project – Colin Lawton, Northern Regional Lead (Prisons), The Hepatitis C Trust and Carrie Richardson, Northern Regional Lead (Community), The Hepatitis C Trust
- Probation service perspective on hepatitis C – Mary Kelly, Acting Head of South East Lancashire Cluster, National Probation Service/HMPPS

After these presentations and a question and answer session, all attendees went into breakout groups to discuss challenges in this area of work in more detail. The groups then came back together to summarise their discussions. You can find a recording of the session here.

Presentations from speakers

Overview of projects planned in probation services – Georgia Threadgold, Improvement & Delivery Manager – Hepatitis C Elimination, NHS England/NHS Improvement

Georgia began by inviting people working in this area with questions to get in touch with her at england.hepc-enquiries@nhs.net. The team are keen to help and give information.

She described the context and current challenges which included Covid-19, which had impacted the amount of face-to-face contact probation services had with their clients and meant there were more 'skeleton services'. Another important change was the structural change in the probation service, with services being renationalised. Georgia stressed the importance of being mindful of the changes that probation staff are being impacted by in the next few months due to this structural change.

The three areas the elimination programme team are planning to focus on in turn are Approved Premises, post-sentence supervision, and Community Sentence Treatment Requirements (CSTR). The team are focusing on these in this order, with engagement around CSTRs being the subject of the least planning so far. Many Operational Delivery Networks (ODNs) are now working on Approved Premises.

Georgia then explained that Approved Premises, previously known as 'bail hostels', house a small number of people released from prison and are designed to provide meaningful activity to support integration back into society. There are 101 in England and a small number are women-only. Approved Premises are not distributed evenly across the ODNs. One ODN has 13, for example, and others have only one or two. The ask from NHS England to ODNs was to engage with their Approved Premises in their area in some way before March 2021.

ODNs can choose from different ways of working to case-find in the Approved Premises. This might be regular testing in the premises in each area or training for the staff in the premises to support testing. The Hepatitis C Trust and HMPPS have been involved in this and Revolving Doors are set to

be involved soon. At the end of this engagement, ODNs have been asked to deliver a form of evaluation to NHS England.

One ODN had already returned its evaluation for testing in September 2020. This ODN had undertaken a High Intensity Test and Treat (HITT) in an Approved Premises based on an outreach clinic model. Oral swab tests had been used alongside lab bloods for genotyping and viral load testing most of the time. All residents and some staff had been tested. A Cepheid machine was not used due to the small size of the site. They have decided to repeat this process every few months.

After Approved Premises, ODNs will be looking at post-sentence supervision before moving onto CSTR. One ODN has expressed an interest in testing in courts and this will be considered, and the national team is keen to explore how it can support initiatives like this.

Question and Answer session with Georgia

To what extent has the interest in hepatitis C elimination from higher up in HMPPS filtered down to individual services and probation workers?

Georgia Threadgold: The working group between HMPPS and NHS England was established for this purpose and had ensured there were clear communications coming from HMPPS when needed. ODNs should keep the national NHS England team up to date so that if any issues do arise, they can be addressed.

Do you have any indication of how many people were tested and treated during the lockdown period in probation?

Georgia Threadgold: No reports have been submitted on this yet. However, the ODN which had reported on its testing on Approved Premises had tested 15 people.

Would you expect there to be different levels of engagement, and therefore should ODNs take different strategies to engage the different people in contact with probation services? For example, are there major differences between those who are on probation having left prison and those subject to community sentences?

Georgia Threadgold: Everyone should be treated the same. They will have similar queries regarding testing and treatment.

If an ODN was having difficulty engaging with services in its area, what should they do?

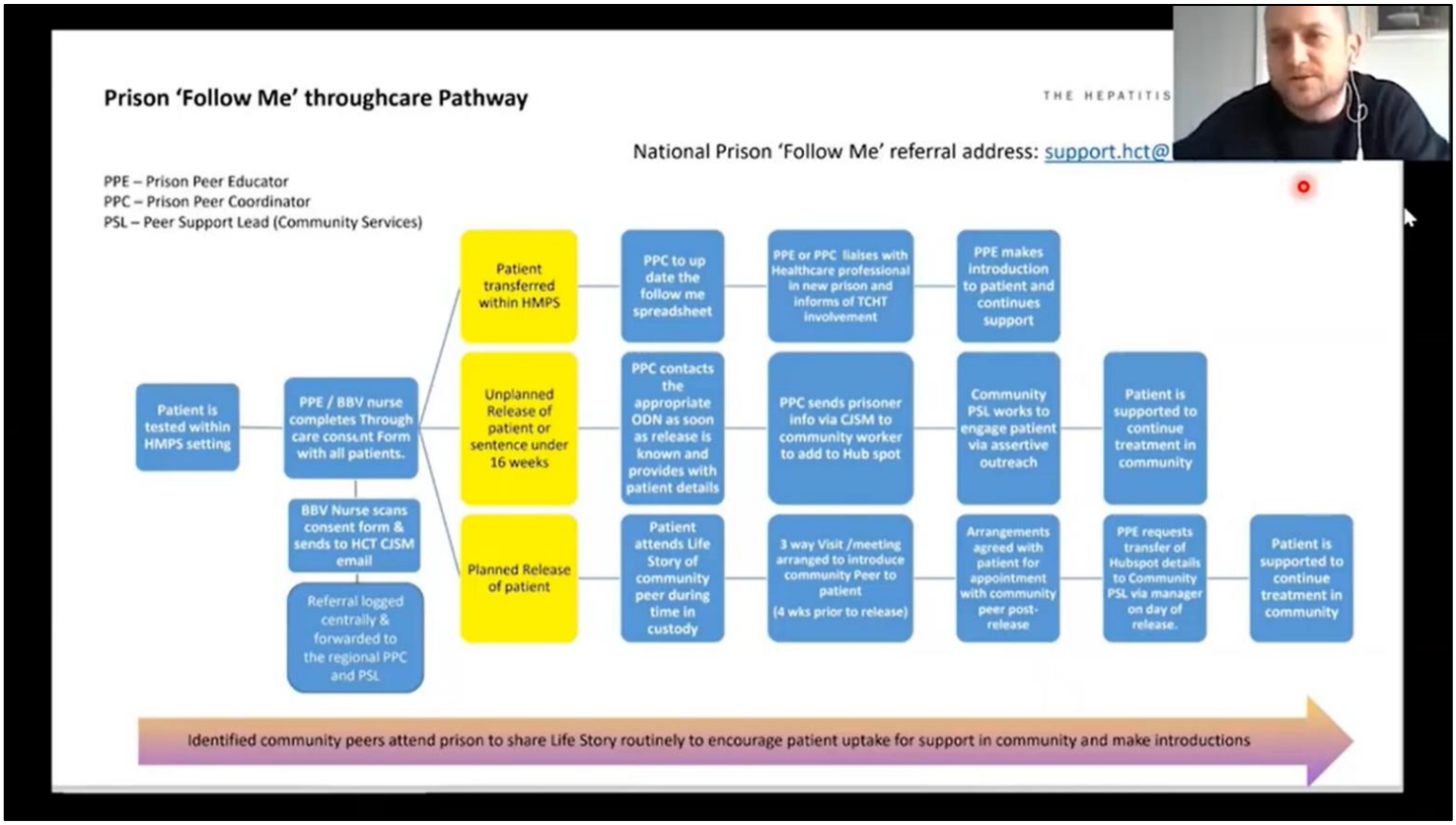
Georgia Threadgold: If you do not have the contact for your local Approved Premises manager, let the national team know and they will put them in touch.

The Hepatitis C Trust prison to community peer project – Colin Lawton, Northern Regional Lead (Prisons), The Hepatitis C Trust and Carrie Richardson, Northern Regional Lead (Community), The Hepatitis C Trust

Colin introduced The Hepatitis C Trust's 'prison to community' peer project which is particularly targeted at 'revolving door' prison residents detained on remand with a potentially very short time in prison before they are released, with the risk of being lost to the treatment pathway they had been enrolled on.

Before the project was initiated and planned, The Hepatitis C Trust had established a community 'Follow Me' project in most of the country's ODNs. The 'Follow Me' project involves The Hepatitis C

Trust's peer support workers supporting a patient through the treatment process. Peer support leads are also in place across prisons in England. Prior to the introduction of the peer to community peer project, very few ODNs had referral pathways for people moving from prison to community settings in place.

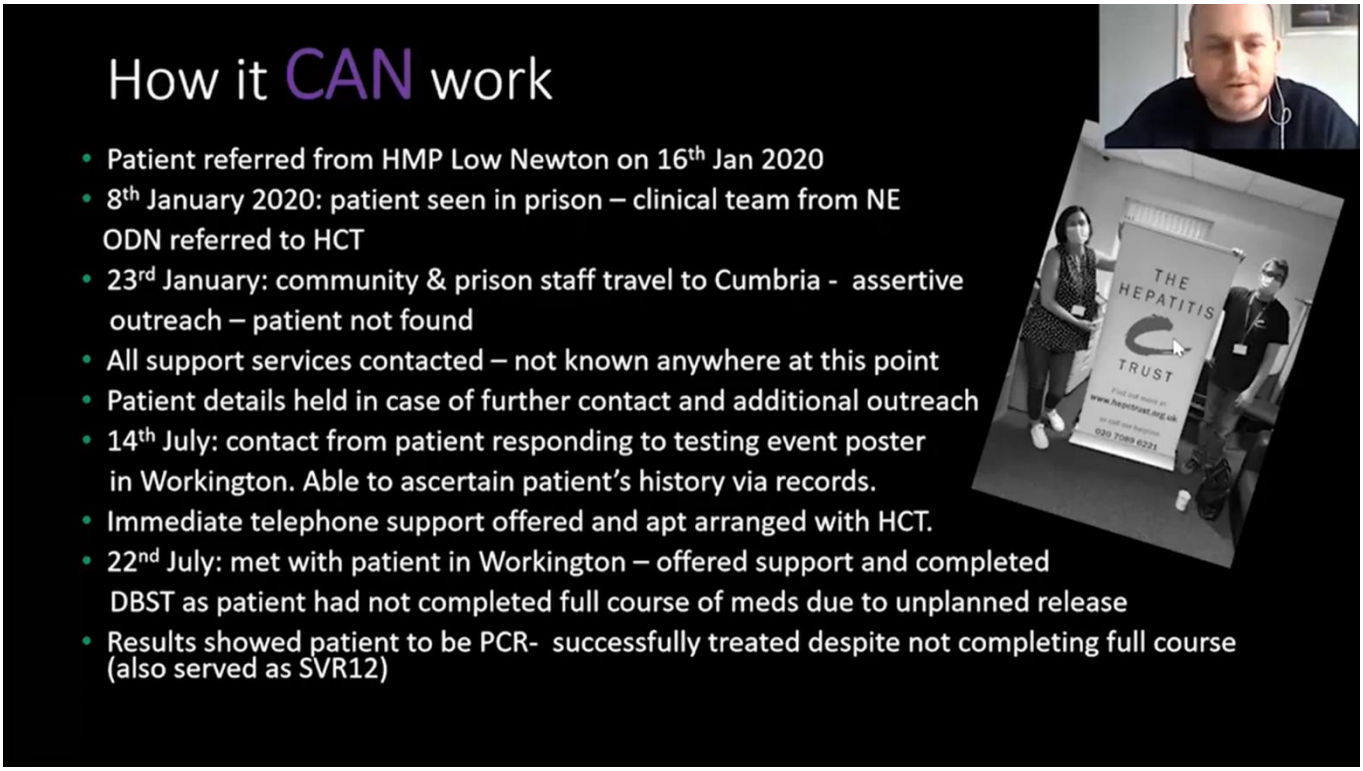


Colin then talked through the pilot project of the prison to community 'Follow Me' scheme, run in the North East & Cumbria ODN and designed with Freeman Hospital. Lots of thought went into the referral process given how many referral processes there are in the prison system. It worked by making sure that someone leaving prison part-way through treatment could be engaged with a community peer worker once they are out in the community. It did this through collecting someone's details when they initiated treatment in prison.

He noted that it was realised that the BBV nurse who started someone on treatment was in the 'right place at the right time' to offer to refer or connect someone with a peer for the 'Follow Me' scheme. This was especially the case if the Prison Peer Educator was there at the same appointment to introduce themselves. During this appointment, details could be taken which would help locate them once they are released.

A referral would then be made to The Hepatitis C Trust's community team who register the individual's details. The project was designed to focus on those with sentences of less than six months, individuals on remand and those eligible for HDC (home detention curfew) and bail, who are not in prison long enough to complete a course of treatment.

Colin then talked through an example of a single service where this model was followed and where the prison and community peers had been able to continue to support someone after they left prison (see slide below).



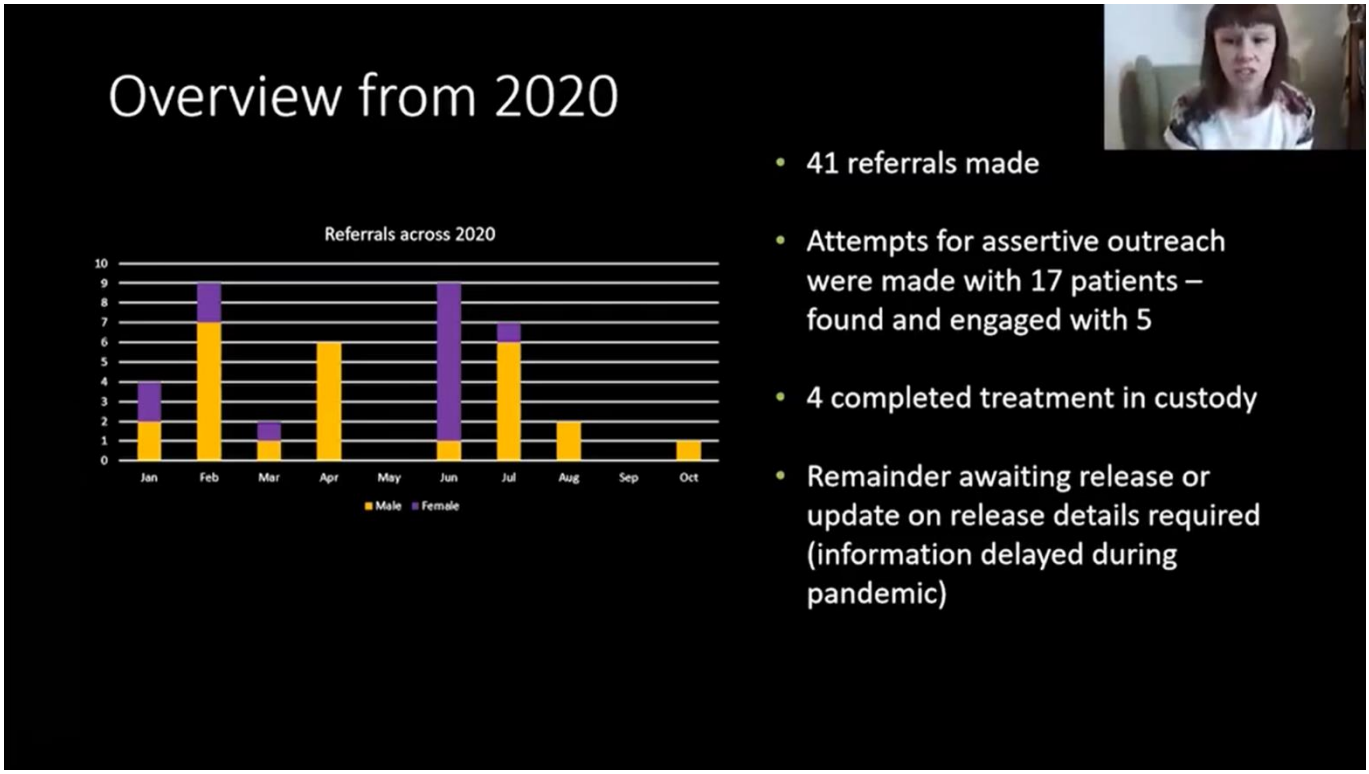
Carrie then gave an overview of the referrals which had been made to the scheme in the North East so far in 2020. She noted that Covid-19 had seriously affected referrals in May, but otherwise they continued to be made.

Of the 41 referrals made, there were attempts at assertive outreach for 17 patients. The other 24 are still in prison or the team had not yet been informed of their release. Information was the provided on the five patients who had been referred and attempts for assertive outreach had been successful:

- One patient completed treatment in prison but needed an SVR12 test. The peer team carried out a dry blood spot test which was sent to the Freeman Hospital and successful treatment was confirmed.
- One patient was located but still requires further engagement for treatment.
- One patient was found in a HCV community clinic and was awaiting a treatment start. The peer team were able to support them there.
- One was patient found but they had already completed full treatment in prison without this having been passed on to the peer team.
- One patient was found and had completed treatment previously but required a re-test as they had put themselves at risk of re-contracting the virus after release.

Carrie noted some of the key learnings from the project so far. Whilst the referral scheme has been rolled out, it is still a pilot and adaptations are still being made. The close relationship with clinicians, staff and the ODN has really helped with making small tweaks and improvements.

One of the key challenges with Covid-19 was that the peer team no longer had an initial contact with the patient during their appointment with the BBV nurse due to restrictions on being able to enter prisons. Information was also limited due to Covid-19 and its ongoing disruptive impact.



Carrie then demonstrated the referral form. One of the key questions on the form was the question about 'Other useful contacts' such as family, drug services and homeless accommodation. She said the scheme had worked best when this information had been collected, allowing patients to be successfully found. She noted that other contact details, such as someone's bail address might be of limited use for assertive outreach, as someone might not actually be there for a large part of their time. The key was having a conversation with someone about where they are *really* going to be and are likely to be found.

The team are now in a position to roll out the scheme nationally. People can send a completed referral form to support.hct@hepctrust.cjsm.net and the referral form will be available online. The referral form will then be sent to the relevant Community Peer Support Lead.

Any feedback regarding suggestions on improving the pathway or the referral form would be gratefully received.

Probation service perspective on hepatitis C – Mary Kelly, Acting Head of South East Lancashire Cluster, National Probation Service/HMPPS

Mary started by noting the split of probation services in 2014 into National Probation Service (NPS) and Community Rehabilitation Companies (CRCs).

The NPS manage high-risk offenders and are responsible for all court work, sex offender treatment and multi-agency public protection. CRCs cover low and medium-risk people and provide interventions other than sex offender treatment. Many substance users are managed by CRCs due to the nature of their offences, often acquisitive in nature, whereas NPS manage substance users at the high end of risk/violent offending. Whilst NPS and the CRCs are being merged, at the moment these are distinct organisations.

Inside NPS there is a national lead for health and justice, with a health and justice delivery plan. There are senior leads for health and justice in each region, with Mary's role covering the North West. These leads are responsible for implementing the delivery plan locally. There are seven key priorities in the plan: mental health and wellbeing; improving provision for substance users; physical health; social care; learning disability and autism; personality disorder; and suicide prevention. Hepatitis C sit fits under physical health and treatment for substance users. Whilst it was a key focus in the North West, she said there are disparities in different areas, with Lancashire being particularly ahead in prioritising hepatitis C.

In Lancashire, two testing clinics have been run, one in Burnley and one in Blackpool. The probation services had an ambition to provide training for staff to carry out testing for hepatitis C, which it was felt was achievable given services also carry out drug testing. However, the roll-out of training had not been signed off before Covid-19 hit which resulted in drug testing being paused. The challenges for bringing drug testing back are the need for PPE, lab capacity, the sheer number of tests needing to be done and the variation in local lockdowns. These factors are also impacting plans for hepatitis C testing to be signed-off and so any delivery of hepatitis C testing by staff will be unlikely before 2021. In November, the service in Burnley was planning to set up a HCV testing van in the probation service car park and encourage those attending the office to see staff to get tested.

Despite the fact it had not been plain sailing Mary said there was a real willingness to work together and she highlighted the benefits of partnership working. Responding to a previous question about engaging with services, Mary said that if anyone was having difficulty engaging probation services they should get buy-in and support from the leadership team and make sure things are driven from the top.

Finally, Mary reiterated that hepatitis C and health is embedded in the probation service's key priorities and that they are willing and keen to work with ODNs and take actions forward.

<u>Question and Answer session with Mary, Carrie and Colin</u>

What do you think is the attitude of people you support in probation service towards hepatitis C? Is stigma a big issue?

Mary Kelly: Given the treatment outcomes are so positive, we really should not have that kind of stigma. There could be an improvement in awareness of hepatitis C through education programmes which starts with improving awareness and education among staff. In the clinics that have been run in probation services in the North West people are keen to be tested so stigma has not proved to be too much of a barrier there.

What is the situation with getting peers back into prisons and is any progress being reversed as we go back into lockdown?

Colin Lawton: Despite there being a single command mode nationwide, the reality is that it varies depending on the prison and the governor. In the North East, there has been a lot more activity than in Yorkshire, for example, where once you go into a prison you cannot go back into another for two weeks. Peer Educators are doing their best and are keeping in touch with prisoners through emails, newsletters and leaflets. The volunteer peers in the prisons are still doing their work distributing information to their fellow residents.

What are the chances of getting hepatitis C testing included as a desired outcome for probation which could show that someone is engaging with their own healthcare, serving as a positive towards their rehabilitation?

Mary Kelly: Every service user has a sentence plan which is directly linked to their offending and the risk they pose. One of the objectives in the health plan in the service in the North West is to do some training for offender managers around incorporating health into the sentence plan. Clearly, the likelihood of someone engaging with interventions is reduced if they have poor health. It is something which is on the radar and could be delivered in partnership with The Hepatitis C Trust.

What training are your probation staff given around hepatitis C?

Mary Kelly: Some training has been provided around testing. The probation workforce is very fluid and hepatitis C could perhaps be embedded in training for new recruits.

Carrie Richardson: The Hepatitis C Trust fed into the planning process for delivering training to probation staff so when it's done it should be quite a robust process.

Does it present more challenges for the prison to community peer project when someone is leaving prison in one ODN area to go into the community in another ODN area?

Carrie Richardson: The processes are robust and work well so there has not been much of an issue. The main issues are the ones spoken about previously, such as getting the right information about where someone will be spending their time after they are released. There could therefore be an issue if someone collecting that information in prison does not have the local knowledge of the place the person is going out into. That could prove problematic but there have not been any major issues to report so far.

In terms of getting the information about where the person in prison might be found when they are released, is there ever much difficulty in getting that information or does there need to be a lot of engagement by peer workers to get them to be forthcoming?

Colin Lawton: It works best when the peer is there with the nurse and can ask these questions. These conversations are not always covered if it's a one-to-one conversation with a nurse due to time limits or other constraints. Peers are better positioned to use their experience to know the right questions to ask to get information about where the individual will be following release.

<u>Breakout room summary</u>

Attendees then went into breakout rooms to discuss the challenges of working in the justice system, as well as potential improvements and solutions to these problems. Carrie Richardson, Colin Lawton and Miriam Jassey, who each lead a breakout group, provided feedback on their group's discussion.

Colin Lawton: One suggestion that arose was having a list of questions that might be useful to ask to help find useful tips for where someone might be once they are released from prison to help with the prison to community referral process.

Training for probation staff was also seen as a major help and in one area this had really helped to support closer working. Another suggestion was for probation services to have a responsibility to ask people who have come out of prison if they were tested for hepatitis C whilst they were in prison. Covid-19 was identified as a major issue, with some probation services closed and Covid-safe rooms having to be found for any testing.

It was suggested that operational group and oversight groups could also be helpful to manage multi-agency partnerships for delivering hepatitis C care.

Carrie Richardson: One member of the group, a nurse from Manchester, has been going into probation services to deliver oral swab tests at the moment. One learning from this experience was

the importance of talking about other risk factors for hepatitis C than sharing injecting drug equipment, as stigma around injecting drug use prevents some from being willing to admit to being at risk.

Staff training, once again, came out as a key point. Even if they were not doing the testing, it was important staff could highlight its availability and 'sell' it to clients.

There was a discussion around probation services and substance misuse services working together. Although this does happen, it was felt that the services sometimes do not fully understand each other's processes, so communicating clearly about what was going on would be helpful if there were any plans for joined up working.

Miriam Jassey: The importance of training was the main theme from the discussion. This would make sure as many people as possible were aware of all the processes around hepatitis C and all the benefits of things like the community referral scheme and the support that people would be getting. A lot of people felt that a lot of nurses and staff were still not confident in giving someone their diagnosis and felt uncomfortable about doing so. Training and awareness around hepatitis C treatments might be helpful.

Given a lot of probation officers will be viewed as authority figures, who clients might be unwilling to discuss hepatitis C with, it is important to have peers available who are seen in a different way to break down any barriers that exist there. Communication with probation was seen as key to support further joint working.

HCV Action would like to thank all our speakers and breakout room facilitators for their contributions, as well as attendees for taking part in the discussion.