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CPT European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment

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Council of Europe www.coe.int

The CPT at 25:taking stock and moving forward.
Strasbourg, France, 2 March 2015, Palais de l'Europe .

Health Care in Prisons:
Driving quality improvement within & beyond prison walls.

Dr. Éamonn O'Moore, FFPH
Director for Health & Justice, Public Health England &
Director UK Collaborating Centre for WHO Health in Prisons Programme
(European Region)

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Prison Health in Europe: Shadow and light…

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WHO Health in Prisons Programme (HIPP)

- **WHO** established the **HIPP in 1995**:
  - to **support Member States in improving public health by addressing health and health care in prisons;**
  - **to facilitate the links between prison health and public health systems** at both **national** and **international levels**.
- HIPP's main activity is to **give technical advice to Member States on the development of prison health system**s and their **links with public health systems** and on technical issues related to **communicable diseases (esp. TB, HIV and BBVs),substance misuse and mental health**.
- As part of HIPP, WHO/Europe established a **network of national counterparts and international partner organizations** to liaise between WHO/Europe and Member States.
- The network currently includes **44 national counterparts,** and meets once a year to discuss specific topics.
  - The last meeting was in Portlaoise in the Republic of Ireland **in October 2014**.
- The **UK** provides the **Collaborating Centre function** to WHO HIPP through **PHE**.

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PHE Mission Statement on Health & Justice :

- Public Health England (PHE) will work in partnership with **health & social care commissioners**, **service providers, academic & third sector organisations**, **international partners & prisoners/detainees** to identify and meet the health & social care needs of people in prisons and other prescribed places of detention (**PPDs**), as well as those in contact with the criminal justice system (**CJS**) in the community.
- PHE will aim to **reduce health inequalities, support people in living healthier lives**, and **ensure the continuity of care in the community.**

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Role of PHE in Health & Justice:

- PHE will **gather and provide evidence and intelligence** to inform and support the work of local and national commissioners and service providers;
- PHE will **provide expertise at local and national level** on a broad range of health protection, health promotion and disease prevention activities working in close partnership with local commissioners and service providers.
- PHE will support partners, including commissioners and providers of health and social care, in the **development of care pathways** which account for the movement of people **around the detention estate** and **between prescribed detention settings and the community.**

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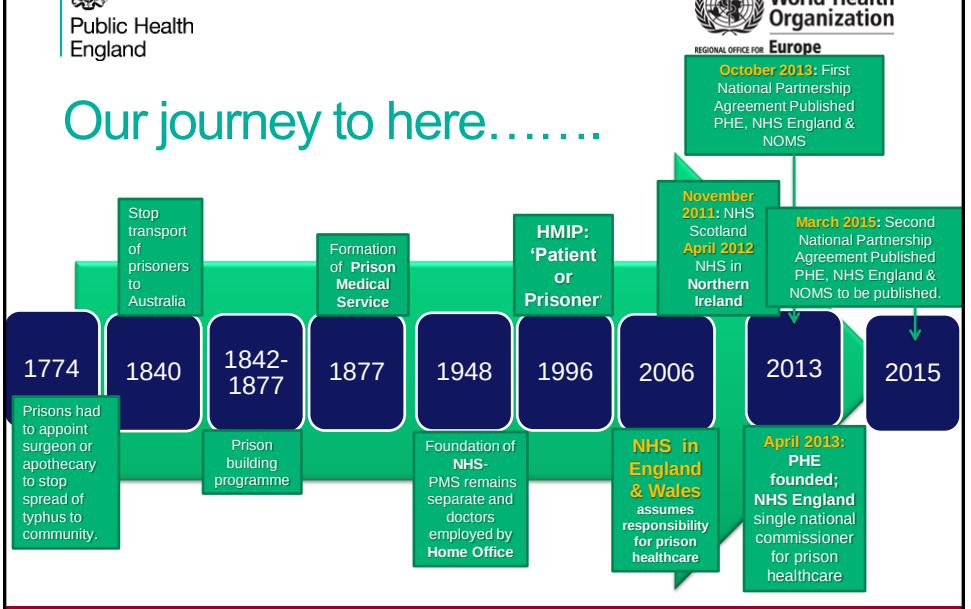
Our journey to here…….



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What we know now…

- People in prison suffer **significant health inequalities-**
  - Much higher morbidity and mortality across a wide range of physical and mental health issues;
- Such health inequalities are evident not only when in prison but also **continue to have an affect beyond the prison walls**;
- People in prison and **'at or near prison social networks & communities'** contribute disproportionately to **wider** societal health and social inequalities.
- Prisons impact positively on health care needs of people they manage but this effect is often **contingent on being in prison**:
  - A return to the community currently often results in **'flipping'** previous health gains including access to health services especially preventive health services like screening and immunisation and chronic care.

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Public Health Model for Health & Justice:

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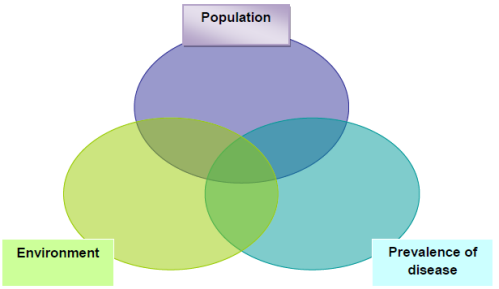
Public health paradigm for disease in prisons:

Figure 1 - Factors to consider in controlling and preventing infectious diseases in prisons and other places of detention.



9 Health in the Criminal Justice System

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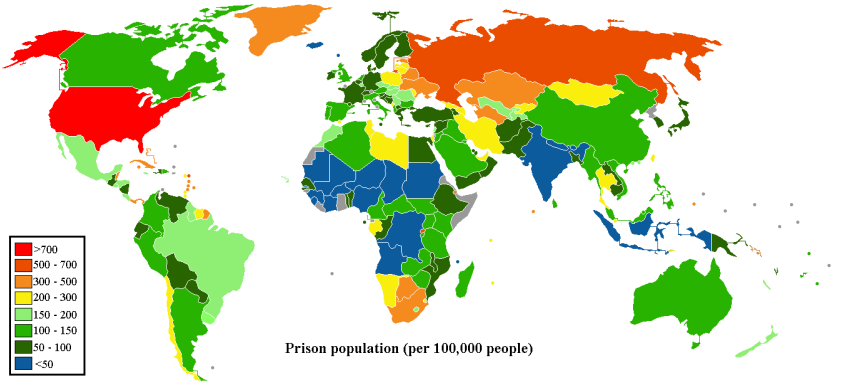
Prison Population Rate per 100,00 globally



Six million people imprisoned per year in WHO European Region.

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Imprisonment in the WHO European Region

- There is **no official data collection on imprisonment** that covers all 53 Member States in the WHO European Region.
  - An official database only exists for **the 47 Member States** that are also members of the **Council of Europe**.
- **In 2012**, ~**two million** men, women and children were imprisoned on any given day throughout the WHO European Member States;
  - **an estimated six million people are incarcerated per year.**
- In most member states, the prison population has **increased during the past decade**:
  - **prison population rate** ranges from **~600 to less than 10 per 100 000 population**, with an **average** of about **150 prisoners per 100 000 population;**

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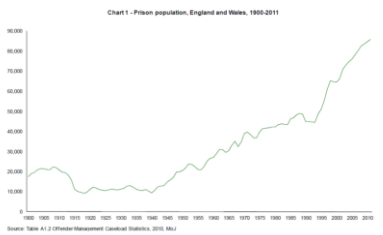
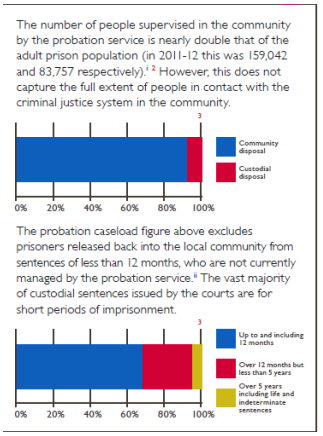
Population Factors





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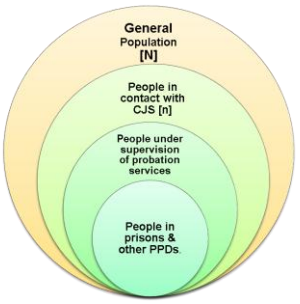
'**Community Dividend**' for public health interventions in prison populations:



- **In E&W, 'underserved' populations** passing through prison estate ~160,000 per year (incl. ~100,000 'unique admissions';
- Often belong to **wider social groups and networks** contributing significantly to **health inequalities generally;**
- Delivering **health interventions in prisons** not only benefits prisoners- '**community dividend**' in addressing issues in underserved populations generally.

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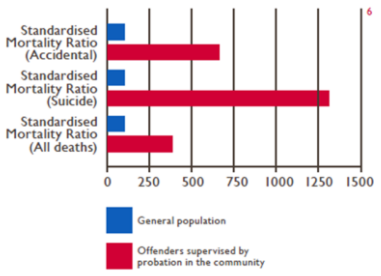
Burden of disease: Higher Mortality Rates among people in contact with CJS



- Data on **all cause mortality** among current and or ex-prisoners is difficult to identify and collect;
- However, in jurisdictions where such collections are possible, **dramatic differences** are evident between current or former prisoners and general population in relation to **all cause mortality** as well as **accidental death** and **suicide**.
  - Data from the UK is shown as example.

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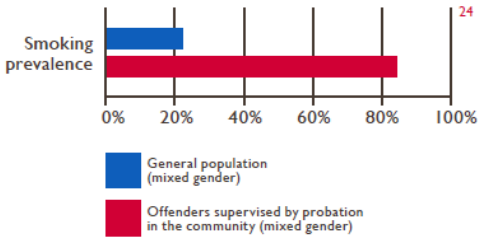
Smoking Prevalence



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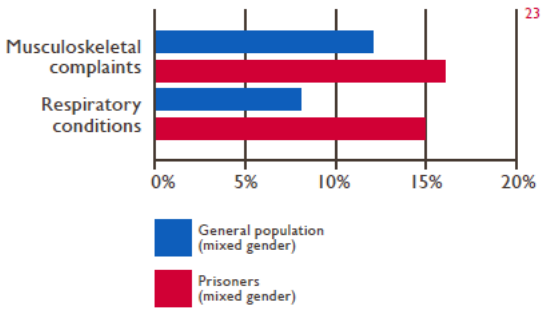
Physical Health Needs: cont'd



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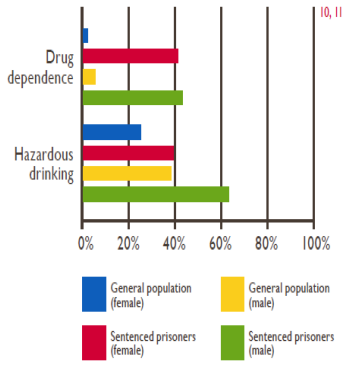
Substance Misuse Among People in Contact with CJS:



- **Two-thirds (69 %)** of prisoners have used at least one drug during the year
- **About one third** of all people treated for substance misuse in England are **treated in prisons** (60,000 prison clinical drug treatment episodes p.a./197,110 community treatment contacts 2011-12);

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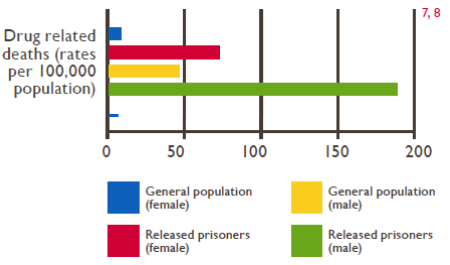
Mortality Rates: Drug Related Death Rates



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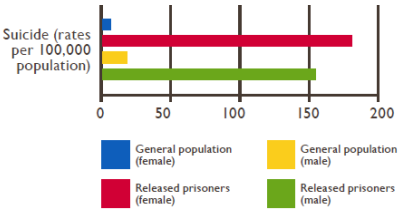
Mortality Rates: Suicide

- **Suicide rates** are higher in prison populations than among peers in the community.
- WHO data shows a **suicide rate** which **ranges from 0 (0.0%) to almost 300 (0.3%) per 100,000** prisoners, with an average of about **60 (0.06%) per 100,000** in the 47 WHO European Member States that belong to the Council of Europe.
  - Data from the UK is shown as an example.



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Mental Health in prisons

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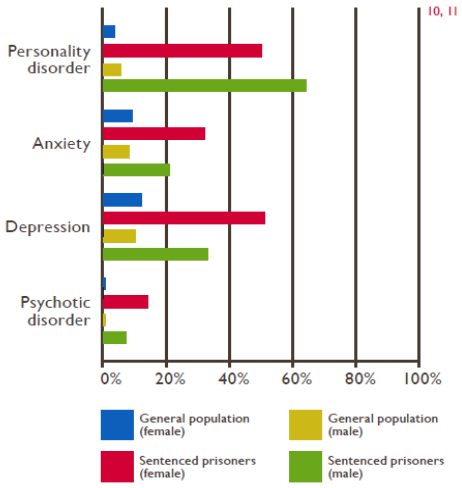

- Adult male prisoners **14 times more likely to have two or more disorders** than men in the general population
- More than 70% of the prison population have **two or more** mental disorders.
- Almost **a third of young men in custody** felt they had emotional or mental health problems

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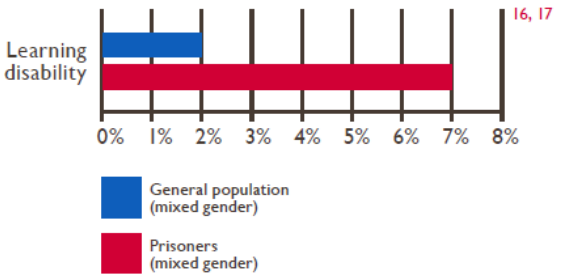
Learning Disabilities



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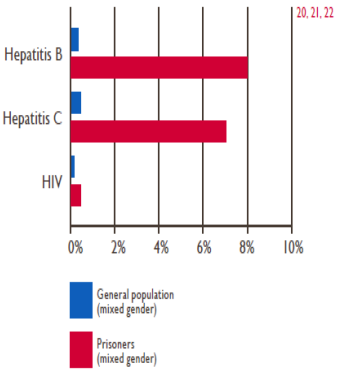
Infectious Diseases: BBV/HIV infection

- Many prison populations have **high prevalence of infection with blood-borne viruses** (**BBVs**) (Hepatitis B & C) and **HIV** due to large numbers of injecting drug users (IDUs) among incarcerated populations;
- Some evidence **of onward transmission of infection** in some European states due to injecting of drugs, tattooing and unprotected sexual activity- although definitive data is difficult to find.



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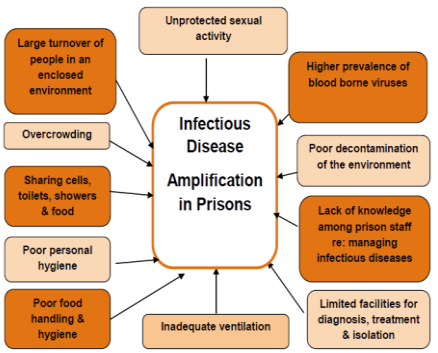
Infectious Diseases: TB

- **In Europe, prison populations are almost never specifically identified in population level reports on prevalence of disease;**
- **However, specific prevalence studies identify high rates of Tuberculosis (TB):**
  - Data from **2002** shows prevalence of disease among prisoners in Europe was **84 times higher than in the general population**;
  - **In 2010**, three WHO European Member States reported TB cases in prisons **exceeding 10% of the countrywide total of new cases**, and the **TB relative risk in prisons** was up to **145 times higher** than in the **general population**;

Figure 2 - Factors in prisons contributing to a risk of amplification of infectious diseases.



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Ministry of JUSTICE National Offender Management Service

Probation & Prisons Map

Environment: The Criminal Justice Estate in England & Wales

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Healthcare in prison environment- report by CPT:

- Evidence of continual & widespread failings in member states and disregard of the legal & medical standards. Issues identified included:
  - **Lack of access** to appropriate healthcare facilities in prisons;
  - **Custodial staff** inappropriately undertaking certain **clinical tasks**;
  - Custodial staff **'gate keeping'** access to healthcare facilities;
  - **Lack of training and professional qualifications** among some healthcare staff in prisons;
  - Failure to adequately **protect confidential medical information**;
  - Failure to meet **clinical care needs** of people living with HIV and/or TB;
  - **Involvement of doctors** and **other health personnel** in the **punishment** of prisoners, such as **solitary confinement**;
  - Failure by doctors and other health personnel **to record and report cases of ill-treatment** to competent authorities.

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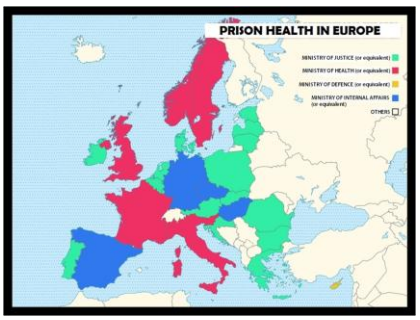
Good governance for prison health in the 21st century.

- Given these findings, an **Expert Group for the Stewardship of Prison Health** was established by the WHO Regional Office for Europe and the WHO European Network on Prison and Health.
- The Expert Group concluded that:
  - the management and coordination of all relevant agencies and resources contributing to the health and well-being of prisoners is a **whole-of-government responsibility**;
  - **Health Ministries (not Justice/Interior Ministries)** should provide, and be accountable for, health care services in prisons and advocate healthy prison conditions.



- Document published in **London** on **October 15th 2013** at joint **WHO/PHE meeting.**

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Benefits of 'whole of government approach':

- A whole-of-government approach to prison health in the longer term will have beneficial effects such as:
  - lower health risks and improved health protection in prisons;
  - improved health of prisoners;
  - improved performance of national health systems;
  - improved health of deprived communities;
  - improved public health of the whole community;
  - improved integration of prisoners into society on release;
  - lower rates of reoffending and reincarceration and reduction of the size of the prison population;
  - increased governmental credibility based on increased efforts to protect human rights and reduce health inequalities.

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What needs to be done now…

- Recognise that addressing the health & social care needs of people in prisons is an **'whole of government' activity** not only the responsibility of Departments of Health and/or Justice;
- Recognise that prisons are being challenged to address a **'care deficit'** often experienced by people entering prisons;
- Recognise that delivering excellent healthcare in prisons is only part of the solution- **preparing people for return to the community is critical to success in both health and reducing re-offending:**
  - We need to ensure that **care pathways** carry people from prison back through to the community ensuring sustainability of health gain;
  - We need to **address wider social care needs-** housing, education, employment, social welfare payments & other support;
  - **Probation services** can be an active partner in continuity of care.

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The actions we need to take…

- Improve the understanding of health and social care needs of people in prison- formal **health needs assessments** through quality-assured rigorous processes;
- **Improve health informatic systems** in prisons to enable flow of information, support continuity of care and reduce repetition of testing and interventions for previously diagnosed and/or managed conditions;
- **Improve performance measures** capturing both quantitative and qualitative information routinely, systematically and effectively to assess if health services are addressing known health needs effectively, cost effectively and efficiently.
- **Work 'through the gate'** on health & social care needs- prepare people for discharge at reception.

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Improve quality of data collection and collation to drive action:

- Based within the national Health & Justice team **the Public Health Intelligence for Prisons & Secure Settings Service (PHIPS)** is the only **national surveillance function for infectious diseases** & is responsible for gathering evidence and intelligence to improve the health of people in prisons and other PPDs. This includes:

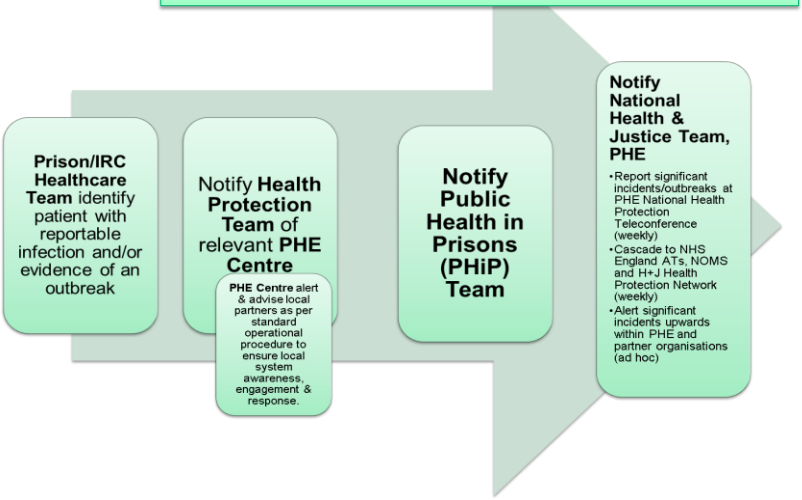
✓ data to support health needs assessments (HNAs)

✓ health and justice indicators of performance (HJIPs)

✓ MMR and seasonal flu vaccine coverage

- We collect and disseminate surveillance data on infectious diseases incidents and outbreaks and develop national guidance for stakeholders within the field.
- Provides real-time surveillance of infectious diseases in prisons.

PHIPS Service Reporting & Alerting



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Other data sources for infectious diseases in prisons

PHE Sentinel Surveillance of BBV testing
- Reports on trends in **BBV** testing across England in the 24 participating laboratories

Genitourinary Medicine Clinic Activity Dataset (GUMCAD)
- Captures all **STI** diagnoses & sexual health service use in GUM clinics
- "Z" code introduced in 2011 to capture offender data

Survey of Prevalent HIV Infections Diagnosed SOPHID
- SOPHID is a cross-sectional survey of all persons who attend for **HIV**-related care at an NHS site in England

Enhanced TB Surveillance & London TB Register – TB surveillance which also captures prison cases

Gastrointestinal, Emerging and Zoonotic Diseases Department: National surveillance function which also captures prison D & V outbreaks

Respiratory Viruses: Influenza - national surveillance function which also captures prison single cases & outbreaks of influenza

National health protection weekly teleconference – A national health protection weekly teleconference which for many years has been the primary national forum for sharing intelligence about health protection threats and events with key partners.

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Health & Justice Indicators of Performance (H-JIPs)

- A new set of **Health and Justice Indicators of Performance (HJIPs)** have been developed by NHS England, PHE and NOMS and rolled out this financial year to capture data from April 2014.
- The H-JIPs gather information directly from the **Health Informatics system** (SystmOne) and therefore provide a broad range of largely quantitative measures to describe the burden of disease, patient needs and the quality of health services in prisons.
- The new indicators will:
  - **Support effective commissioning of healthcare** services.
  - **Enable national and local monitoring of the quality and performance** of healthcare.
  - Provide **a tool for providers to review their performance** and **identify areas that need improvement.**
  - **Provide data for local health needs assessments (HNAs).**
  - **Provide information for the Care Quality Commission (CQC) & HM Inspector of Prisons (HMIP**) to support their inspection work.

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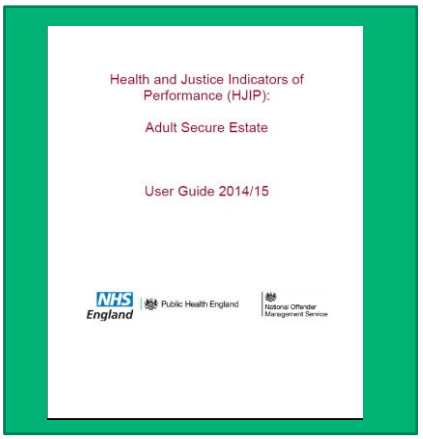
H-JIPs continued…

- The new indicators are divided into **two sections** in this document.
  - The first set of indicators is focused on **monitoring quality and performance** in relation to the functions specified in the document 'Public health functions to be exercised by NHS England: Service specification No.29' (Section 7a)
  - The second sets of indicators are focused **on operational delivery** and serve to primarily support the **commissioning of local healthcare services.**



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HJIPs relating to Communicable Disease Control: Outbreak Plans and Pandemic Flu Plan

Key Performance Indicator/Information Measure	KPI Description	Monitored via:
Communicable Disease Control	Ensure the Prison / detention centre has an outbreak plan and pandemic flu plan developed in partnership with the local PHE health protection team and signed off by the prison governing governor, director of public health of the local authority and the deputy director for health protection (DDHP) of the relevant PHE Centre which has been tested in the last 12 months, and a pandemic flu plan tested in line with NOMS business continuity requirements	◇ ▼

Key:
- ● NHSC performance schedule
- ◇ Annual audit
- □ NOMS statistics (PHE)
- ▼ Contractual requirement

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HJIPs relating to communicable diseases: TB & Vaccination

Key Performance Indicator/Information Measure	KPI Description	Monitored via:
Tuberculosis (TB) Screening	The % of new receptions assessed for their TB risk by symptom screening within 48 hours of arrival including. medication check	●
Tuberculosis (TB) Referral	The % of patients with signs of TB infection referred to a specialist service and assessed by the service.	●
Tuberculosis (TB) Treatment	The % of patients on treatment for TB receiving treatment via direct observed therapy (DOT) of the total number referred to specialist care	●
Childhood Imms / Vaccs Uptake	The % of patients accepting an immunisation/vaccination out of the patients that were offered during the reporting period. (Declines to be read coded)	●
Hepatitis B Vaccine Uptake	Hepatitis B vaccine coverage for completed course (3 doses) for all eligible patients received into the establishment within 4 weeks of reception	●

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HJIPs relating to Sexual Health

Key Performance Indicator/Information Measure	KPI Description	Monitored via:
Sexual Health	Patients are given advice and information around BBV prevention and be able to access condoms, lubricants, disinfectant tablets and a range of preventative educational materials around BBVs. In addition patients are given advice about options for treatment and information on how to link up with community services on release	◇ ▼
Chlamydia Screening	The % of patients that underwent screening of the total patients eligible during the reporting period.	●

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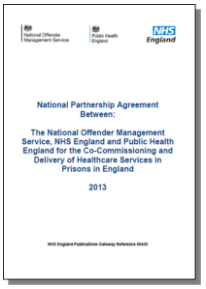
Improve Partnership Working Across Health & Justice

- **First National Partnership Agreement:** NOMS, NHS England & PHE published October 2013: www.justice.gov.uk/about/noms/working-with-partners/health-and-justice/partnership-agreement
- The agreement set out respective roles and objectives of each organisation in commissioning, enabling and delivering prison healthcare services (including substance misuse services), joint governance arrangements & agreed approaches, shared outcomes and joint principles;
- **Overseen by a shared Prison Healthcare Board for England which reviews progress against agreed priorities.**



- Identified **12 specific developmental priorities** on which to work in 2013/14:
- **The new National Partnership Agreement for 2015-16 is in process of sign-off for publication.**

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National Partnership Agreement: Joint Developmental Priorities for 2013-14

- Developing core service specifications for prison health and wellbeing services.
- Developing Information Sharing Agreements and processes to drive transparency and continuous improvement of services.
- Improving continuity of care across transitions;
- Reviewing the current commissioning arrangements for healthcare services in private finance initiative (PFI) prisons.
- Reviewing & clarifying future responsibility for the funding of specific healthcare assets and enabling services.
- Testing 'through the gate' substance misuse services as part of the Transforming Rehabilitation Strategy.
- Reducing smoking amongst prisoners and supporting the development of smoke free prisons.
- Reviewing the prescribing and abuse of prescription medications.
- Reviewing multi-agency approaches to managing serious risk of harm.
- Reviewing the current arrangements for the provision of integrated health and social care services for prisoners.
- **Improving the detection and management of tuberculosis among prisoners at or near reception.**
- **Implementing an 'opt out' policy for testing for blood-borne viruses (BBVs) and developing care pathways for those found to be infected.**

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Seize the opportunity…

- Address previous health inequality by improving **access to screening and immunisation services for all people in prisons:**
  - including cancer and non-cancer screening programmes; catch-up immunisation programmes esp. for non-nationals; preventative health programmes e.g. NHS Health Check;
- Actively identify and address health issues including delivering **active case finding programmes** (e.g. BBVs, TB, STIs etc.)
- Commission and deliver care that includes **primary and secondary care** with intelligently designed, performance-managed care pathways that allow referral from prison and plan for discharge back to the community;
- **Address health-related drivers of offending behaviour** e.g. mental health, substance dependence, alcohol, aggression management/personality disorder, learning disabilities, sexual offending etc.

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Sell the benefits…

- We are all working in a resource-reduced environment following recent economic down-turn;
- Reasonable expectation from policy-makers and electorates of 'value for money';
- **Highly-competitive environment for public funds** and prison health is **often unpopular;**
- Need to sell idea of prison healthcare being both **'the right thing to do and the wise thing to do'** not only for prisoners but also for wider community:
  - Addressing health-related drivers of criminality improves community safety;
  - Reducing re-offending reduces costs to criminal justice system;
  - Addressing infectious diseases in prisons protects wider society.

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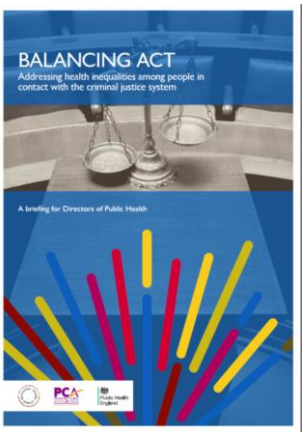
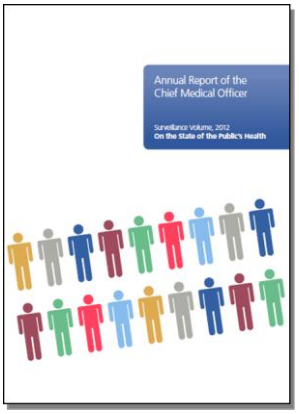
Selling what we do….





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Be ambitious…

- Prisons can truly be **public health institutions**, addressing health inequalities not only in prisoners but in **much wider social groups** often **marginalised** in wider society;
- Prisons therefore have a **'unique offer'** to make to society in both rehabilitation of offenders as well as in public health;
- Prisons need to be part of a **'whole system' approach** not working in isolation- integrate with wider criminal justice as well as health & social care systems, education system and voluntary/third sector organisations, employers and peer-groups;
- Recognise that there is **the power to change-** through positive engagement in prisons, ex-prisoners can become powerful peer-advocates for change among their social networks;

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Our principles:

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- **Equivalence:** People in prison and other places of detention are entitled to care **equivalent** to that available to people in the wider community;
- **Evidence-based care:** Care commissioned and provided according to needs, informed by rigorous health needs assessment approach, including collection and interpretation of data, and must be evidence-based;
- **Patient-focussed:** People delivering care to people in prisons and other places of detention are healthcare staff whose primary loyalty is to the health and well-being of their patients.
- **Quality:** Healthcare staff should be appropriately trained and accredited, participate in continuing professional development programmes, and work within a clear clinical governance structure.
- **Patient voices:** Prisoners and detainees should know their rights, should have their voices heard in designing and delivering healthcare services, and should know how to complain if unhappy with the level of service they receive.
- **Partnership:** Working in partnership is essential- we advocate 'co-production' with partner organisations.
- **Continuity of Care**: Our role does not stop at the prison gate- we must support care pathways through the gate.
- **Wider than prison impact**: Prison health is everyone's business- addressing needs of 'hard-to-reach' groups in prison has a 'ripple effect' into the wider community;
- **Health and Justice:** Health and healthcare is part of the problem and part of the solution- no health without justice, no justice without health

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The prisoners' voices…

- Prisoners can be **partners in public health** with the prison system and the health system;
- Health needs assessments and health service evaluations need to **take account of the prisoners' voices** if to be truly useful;
- **Prisoners** can be part of the solution in **designing and delivering health promotion and health improvement programmes-**
  - peer educators much more effective means of engagement and peer-modelling can promote more effective uptake of positive health behaviours e.g. smoking cessation.
- **Sustaining change beyond the prison gate is possible** and positive change can be driven by actions of ex-prisoners.

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PHE Vision for Health & Justice internationally

- Recognise prison is a '**setting'** where populations with high level of health needs are collected for variable periods of time;
  - **Interventions** can be delivered in this setting to address **immediate health needs** and **longer term conditions**;
- But prison is only a 'setting' on a complex '**care pathway**' through **both health and justice systems;**
  - **Effectiveness** of prison-based interventions will be **minimised** if care pathways do not **extend beyond the prison walls;**
- Need to think about both **'upstream'** and **'downstream' interventions** in both **health and criminal justice systems** to realise **health dividend** for under-served populations and **reduce offending/re-offending behaviours**;
- Need **international collaboration and cooperation** to **gather data** and '**upscale'** interventions **to detect impacts, positive and negative**.

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Conclusions:

- Public health challenges associated with detention settings are **significant and increasing;**
- Prisons & other places of detention represent **an opportunity to address health inequalities** in these settings specifically and society generally.
- Challenge to ensure that work commenced in prisons and other detention settings is appropriately **continued on return to the community-** avoid 'cliff edge';
- In England, opportunity in new public health system and NHS to address these issues more effectively especially with **advent of a single commissioner (NHS England)** for all prescribed detention settings in England;
- Health and Justice organisations must work in **'co-production**' mode to ensure effective design & delivery of services in prisons and beyond the prison walls.

47 Health in the Criminal Justice System

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