



Public Health
England

Health and social care needs assessments of the ageing prison population

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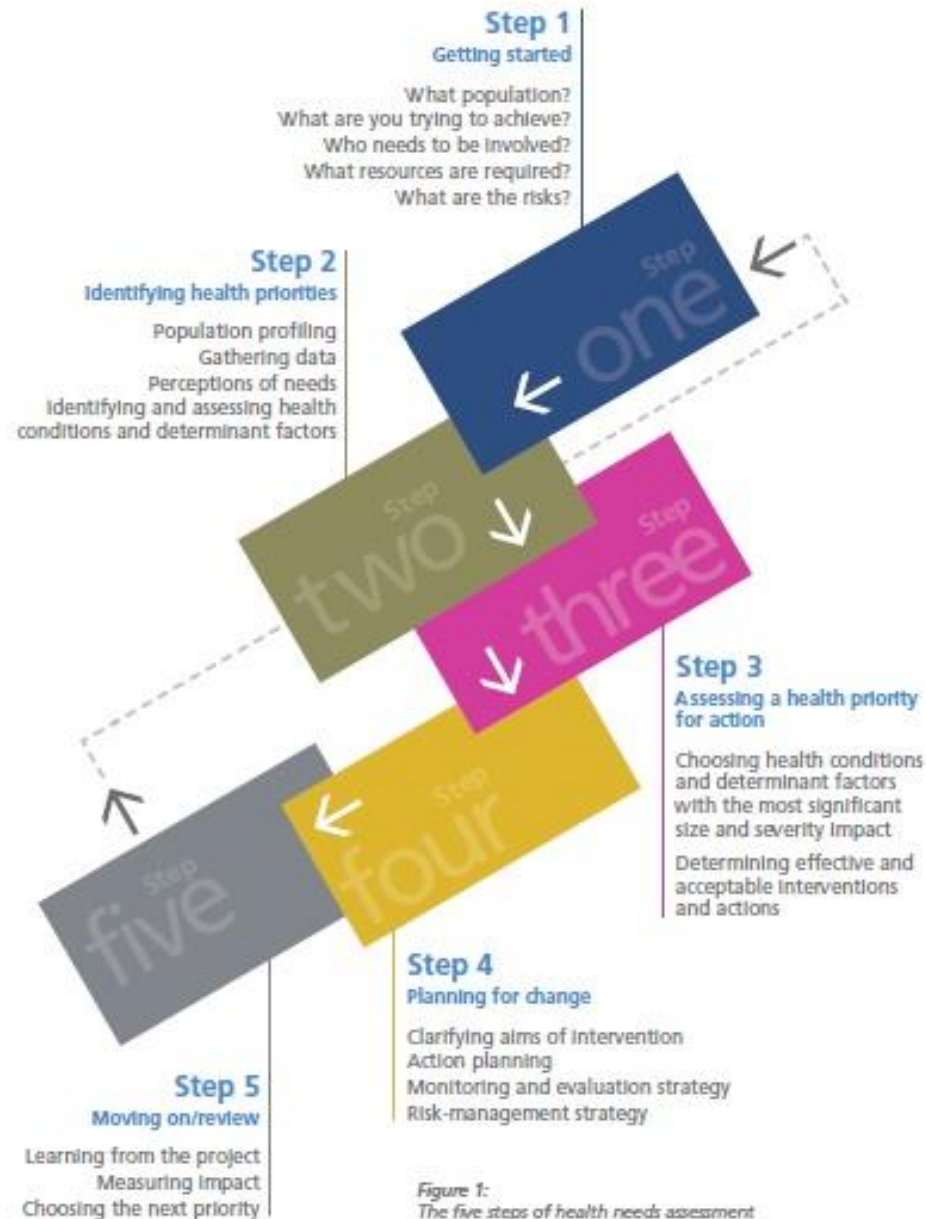
Dr. Eamonn O'Moore, National Lead for Health and Justice, Public Health England

Dr. Stuart Ware, Chief Executive, Restore Support Network



What is a Health Needs Assessment?

- Systematic appraisal of health issues faced by a specific group
- Includes determining the burden of disease, often against a comparator
- Examines whether health inequalities exist
- Maps service provision against need
- Sets priorities for action





Project Aims

- To examine the needs of ageing prisoners (50+ year olds)
- To review the data and evidence that can underpin an HSCNA
- To engage stakeholders in the project and understand the key issues from everyone's perspective
- To understand the user perspective
- To develop HSCNA guidance that will inform practice in this area, fitting with existing processes
- Link in with the refresh of the existing HNA prison toolkit

Prisons & Probation Ombudsman
Independent Investigations

Learning from PPO investigations

Older Prisoners

Losing track of time

Dementia and the ageing prison population: treatment challenges and examples of good practice

PRISON REFORM TRUST

DOING TIME: the experiences and needs of older people in prison

a Prison Reform Trust briefing

Age and Ageing 2001; 30: 403-407

© 2001, British Geriatrics Society

Health of elderly male prisoners: worse than the general population, worse than younger prisoners

SEENA FAZEL, TONY HOPE¹, IAN O'DONNELL², MARY PIPER³, ROBIN JACOBY

HMP Northumberland

Health Needs Assessment



Health and Justice Health Needs Assessment Toolkit for Prescribed Places of Detention

Part 1: Introduction and getting started

NB: This is a live document and will be regularly updated and refined. We therefore advise using the on-line version. It is a quasi 'wiki' document (i-wiki) and we welcome updated content from readers, particularly if you are aware of more recent or more relevant data sources.

If you would like to add content or data sources please send any suggestions to healthjustice@nhs.gov.uk. The Health and Justice writing group will quality assure all additions prior to updating the on-line version.



House of Commons
Justice Committee

Older prisoners

Fifth Report of Session 2013-14

Volume I: Report, together with formal minutes, oral and written evidence

Additional written evidence is contained in Volume II, available on the Committee website at www.parliament.uk/justicecttee

The House of Commons
16 July 2013



Growing Old in Prison

A scoping study on older prisoners

Ken Howse

Centre for Policy on Ageing
and Prison Reform Trust

HMP ISLE OF WIGHT HEALTH AND SOCIAL CARE NEEDS ASSESSMENT



Tamlyn Cairns Partnership

Commissioned by NHS England Health and Justice Team – South Central Region

Richard Tamlyn
February 2017

Ageing & Mental Health

ISSN: 1360-7863 (Print) 1364-6915 (Online) Journal homepage

An Estate Wide Snapshot Social Care Needs Assessment

Psychiatric disorders among older prisoners: a systematic review and comparison study against older people in the community

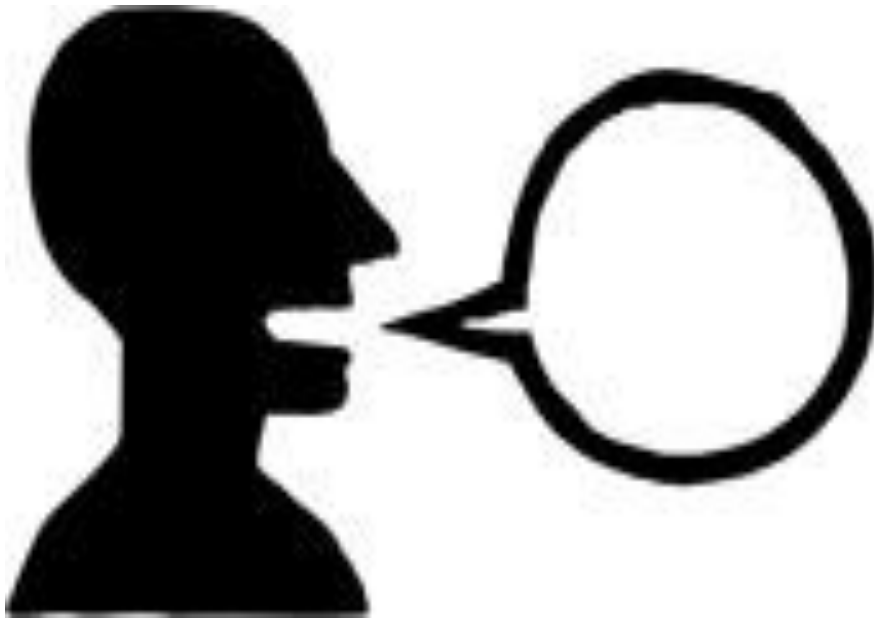
Claudio Di Lorito, Birgit Völlm & Tom Dening

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Consultation and Writing





Content of guidance document

Structure (adapted from NICE)

1. Introduction
2. Socio-demographics
3. Environmental context
4. Prevalence of risk factor for disease
5. Prev of specific disease; NCD, MH
6. Medicine optimisation
7. Prev of social care need
8. Promoting Health and Wellbeing; addressing wider determinates
9. Palliative care
10. User engagement
11. Service mapping
12. Continuity of care & release planning
13. Prioritisation and user engagement

1.1 Older people issues

1.2 National data

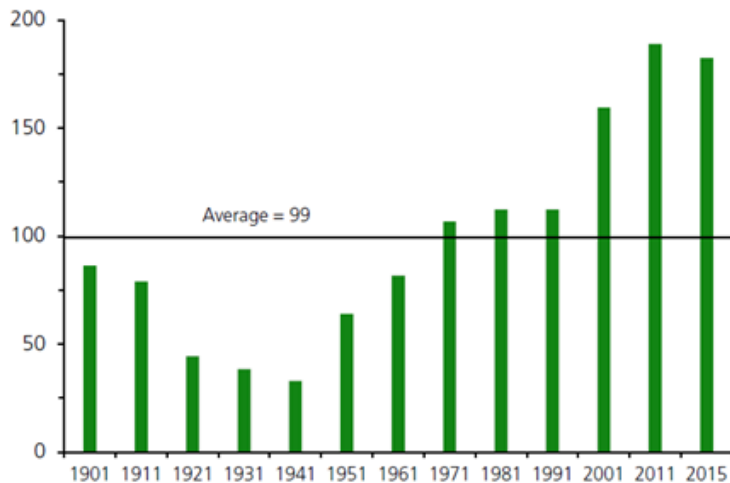
1.3 Data sources

1.4 E.g. of good practice

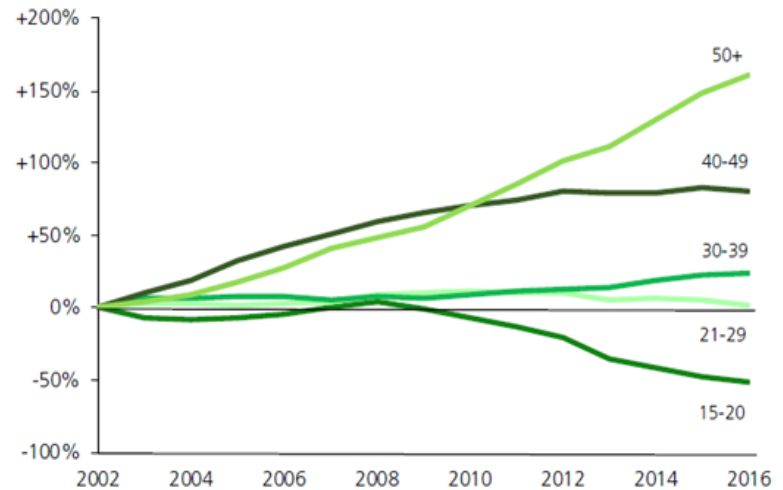


Example- Socio-demographics

Prison population per 100,000 head of population, 1901-2015⁴, selected years



Prison population annual percentage change by age, 2002-2016¹⁴



	Total prison pop	50-59	60-69	Over 70	Total aged 50+	% 50+
June 2017	85,863	8,564	3,213	1,599	13,376	15.6%
June 2018	86,400	8,700	3,400	1,700	13,800	16.0%
June 2019	86,500	8,700	3,500	1,800	14,000	16.2%
June 2020	86,800	8,800	3,700	1,900	14,400	16.6%
June 2021	87,400	8,900	3,800	2,100	14,800	16.9%



Example continued- Local Profile

- Nature of offence
- Sentence length
- Time left to serve
- Category of “offender”



Example- Risk Factors

4. Risk factors for disease

4.1 Specific considerations for older people

A risk factor for disease is "any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury"²⁵. A variety of risk factors for disease are likely to be found in any prison population. Within an older prison population, many of these are the same and issues such as; smoking, excessive alcohol use, substance misuse, poor diet, excess weight and physical in-activity. All of these need careful consideration. However, as is highlighted below, it is expected that older people in prison will have a slightly different profile of risk-factors than their younger peers. In summary the most prevalent risk factors to focus on are high alcohol use, being overweight and low levels of physical activity.

4.2 National level data

Bridgwood and Malbon's (1994)²⁷ survey of "the physical health of prisoners" remains the most comprehensive review of disease risk factors across the English prison estate. It identified the following trend in the reasonably small number of people in prison aged 45 and over (12% of the total sample);

- **Cigarette smoking**- 66% prevalence in the 45 and over group compared to an overall 80% prevalence across the population as a whole.
- **Alcohol use**- the aged 45 and over group were the most likely age group to report drinking every day or nearly every day prior to imprisonment.
- **Substance misuse**- 25% of men aged 45 and over had used drugs in the previous 12 months compared with 82% of men under the age of 21.
- **Physical activity**- 40% of men aged 45 and older had participated in sporting activity in the prior 4 weeks, where as 97% of younger men had.
- **Diet**- the 45 and older group were the most likely age-group to eat at least one vegetable (45%) or piece of fruit (32%) per day.
- **Weight**- with an average of 26.3, the 45 and over group had the highest average Body Mass Index (BMI) out of all the age groups surveyed.

Binswanger (2009)²⁸ undertook a comprehensive survey of older people in prison in American and identified 50% and 26% of those aged 50-65 were over-weight and obese respectively.

Data from the National Drug Treatment Monitoring Service (NDTMS) for 2015-16²⁹ demonstrate that; of all the 2,214 adults aged 50 and over commencing some form of drug or alcohol treatment, 67% were for alcohol dependency only, compared to 50% of people in prison from all-age groups. When the 60+ population alone is considered, the equivalent proportion rises to 84%. At the same time the proportion of those in prison aged 50+ commencing treatment for non-alcohol drug dependency remains consistently below the average figure for all age groups, regardless of the drug in question.

This suggests the trend identified above by Bridgwood and Malbon (1994) persists and the most important risk factors for disease in the 50 years and older group continue to be; alcohol dependency, obesity and physical in-activity.

From 2016, prisons in England started the phased process of becoming smoke free. This fundamentally changes the way people in prison access tobacco products and will affect smoking prevalence. Although it was noted above that smoking prevalence is not as high in the older population when compared to older groups, it is important to note this change, especially when calculating trend data over time on smoking prevalence.

4.3 Data sources and indicators

The following data should be obtained to ensure as full a picture as possible is obtained of the risk factor profile of the older people in the prison in question

Indicator	Source	Comment
Number and proportion of people aged 50 years-old and older who are in treatment for alcohol dependency out of the whole older person cohort.	NDTMS- quarterly report available via Health and Justice commissioners	This report provides data at individual prison level. This report now incorporates age-stratified data on those in contact with drug and alcohol services by the following sub groups; <ul style="list-style-type: none"> - opiate user - non-opiate user only - non-opiate user and alcohol - alcohol only



Example of Prevalence- Systematic Review

- Lack of reliable data on disease prevalence (NICE 2016)
- Systematic Review on Mental Health and Risk Factors exist
- Gap in evidence base to fill
- Dr Emma Plugge, Nuffield Dept of Medical Sciences

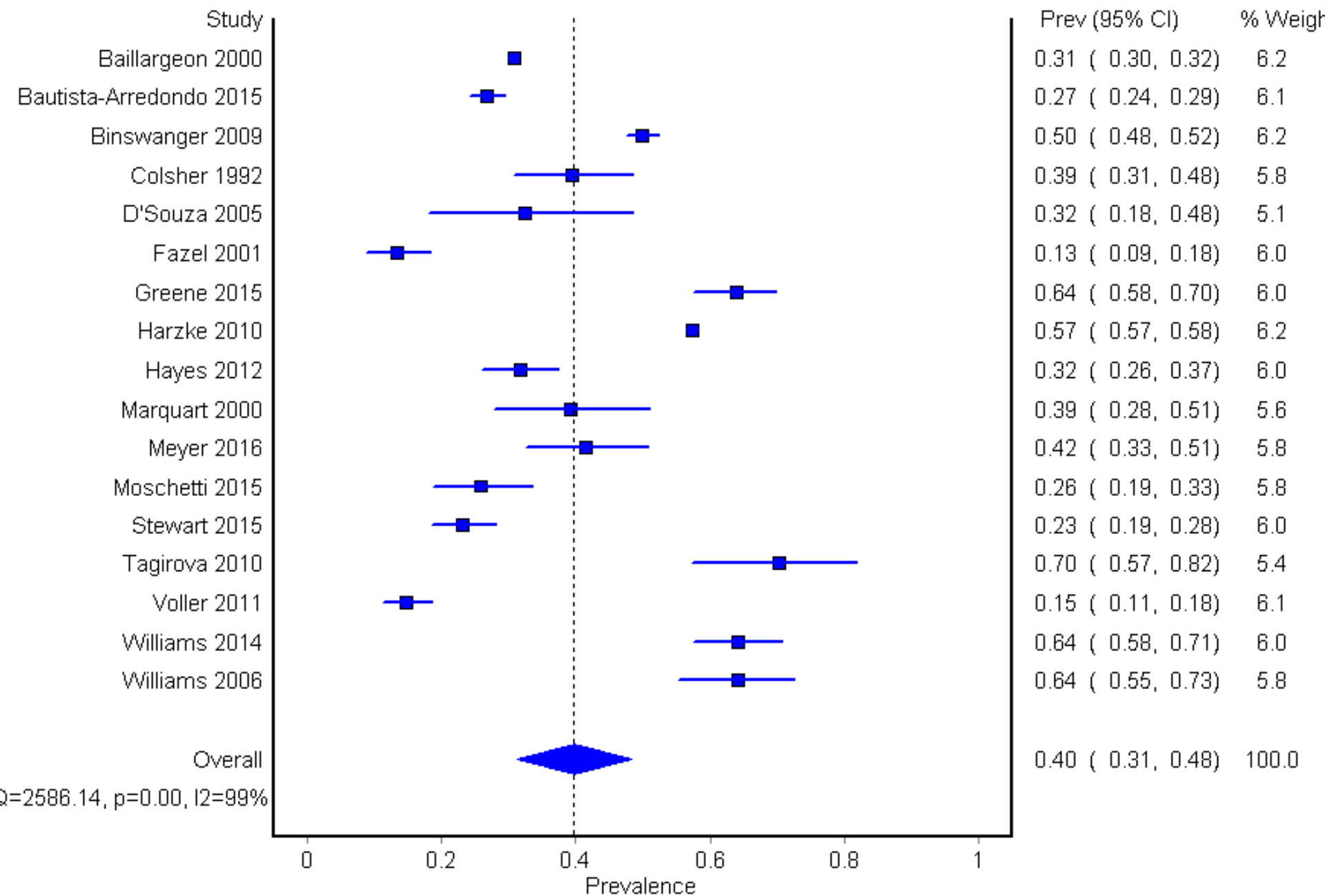
**The prevalence of non -communicable
disease in older people in prison globally : a
systematic review and meta -analysis**

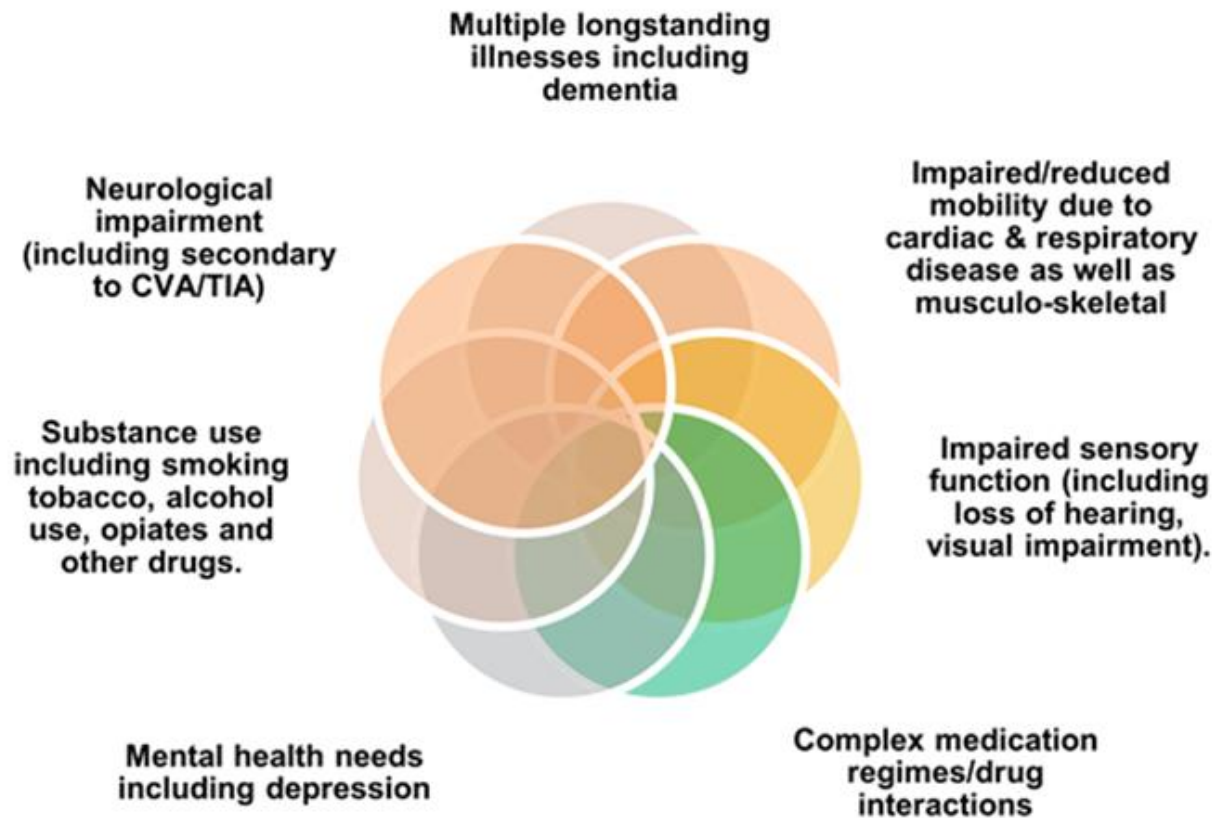




Prevalence of key diseases

Disease	Prevalence (95% CI)
Cancer (any site)	9% (7%-10%)
Ischaemic Heart Disease	21% (15%-26%)
Diabetes	15% (12%-17%)
Respiratory Disease (any)	16% (11%-22%)
Musculoskeletal disease (any)	23% (20%-26%)







Publication

HNA Guidance document available at;

<https://www.gov.uk/government/publications/prescribed-places-of-detention-health-needs-assessment-toolkit>

Our network of Health and Justice Leads are available to advise and support local HNAs

Systematic review will be published early 2018 in Age and Ageing

Further information on our team's work is in 2016/17 annual report

WEPHREN network <https://wephren.tghn.org/>



OLDER USER VOICES-

examples from older people
in prison with multiple care
needs – pre and post-release



‘Henry’ – Age 67. A Lifer released on Licence. In Probation Approved Premises

- * Physical and MH deterioration identified but not shared with Parole Board
- * Lack of information and communication with Hostel staff and O/Manager deterioration prior to release from prison
- * MAPPA meeting attended by LA Adult Social Services and MH team. Assessment agreed
- * Delays. Leading to stroke and Intensive Care
- * More delays = additional costs to NHS and LA
- * Residential placement found in another region



‘Peter’ – Age 55. Multiple care needs. Disabilities prior to sentence and on release

- * Repeat offender. Huntington Disease. Wheelchair. LA Social care provided prior to sentencing. Lonely
- * Care assessment/plan in prison and referral to LA in home area - different from prison area
- * Not accepted by LA in home area and placed in temp accommodation. 2/3 weeks for new plan and placement



‘Sam’ – Age 72. Repeat offender. Multiple care needs: Drink, homelessness, MH etc

- * Health assessment at reception but none prior to release – only risk assessment
- * No healthcare summary or medication on release – only Licence
- * Only 1 resettlement pathway met: LA temporary accommodation



‘Helen’ – Age 66. First sentence. Multiple care needs: Drink, homelessness, abuse

- * Own home and stability until late 50s and debts
- * Loss of home. Hostels/rough sleeping. Abusive relationships. Drink/drugs-related minor offences
- * Good healthcare/support in prison and offered hostel accommodation on release but needed women’s refuge = returned to abusive partner and drink/rough sleeping cycle



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MY OWN PATHWAY TO CARE ©

- * A new pre-release person-centred approach for older people in prison
- * Health and Social Care needs integrated with Resettlement Pathway
- * Produced by older ex-offenders for piloting in prisons during 2018/2021

South West Region office: Exeter (Tel: 01392 964863)

North West Region office: Manchester (Tel: 0161 821 1556)

Registered office: Bournemouth (Charity No:1151652) Tel:01202 97856

Contact Dr Stuart Ware – stuart.ware@restoresupportnetwork.org.uk



Questions for discussion

1. Do you think we have identified all the key issues from your perspective/ area of work in the justice system? any gaps?
2. What are the priority areas for action to address older people's needs?



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Thank you!

health&justice@phe.gov.uk