



Public Health  
England

5TH

HEALTH & JUSTICE

SUMMIT



World Health  
Organization

REGIONAL OFFICE FOR  
Europe

## AGEING WELL IN SECURE ENVIRONMENTS

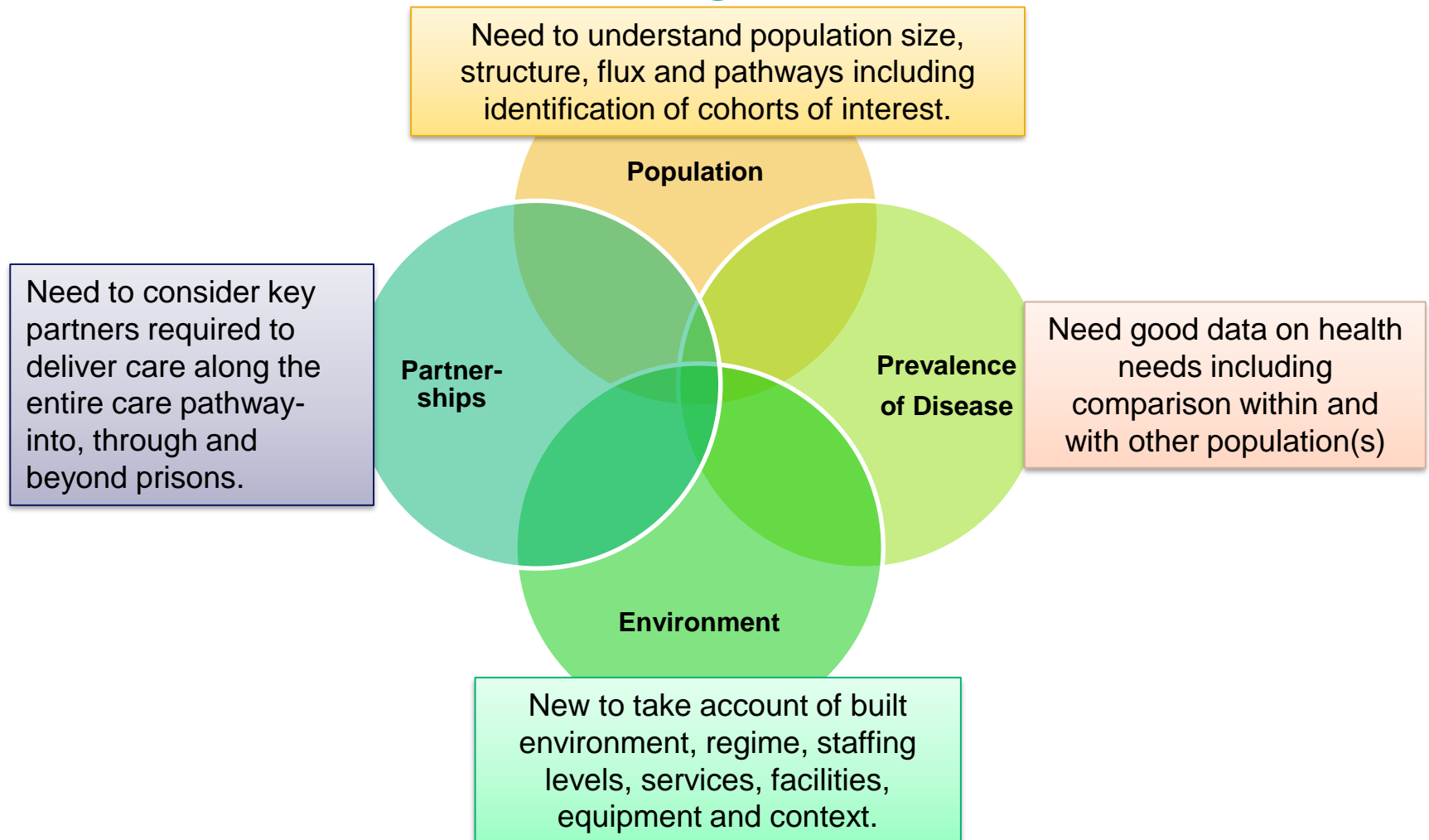
Meeting the challenges of an  
ageing population in prisons.

**Dr. Éamonn J. O'Moore,**

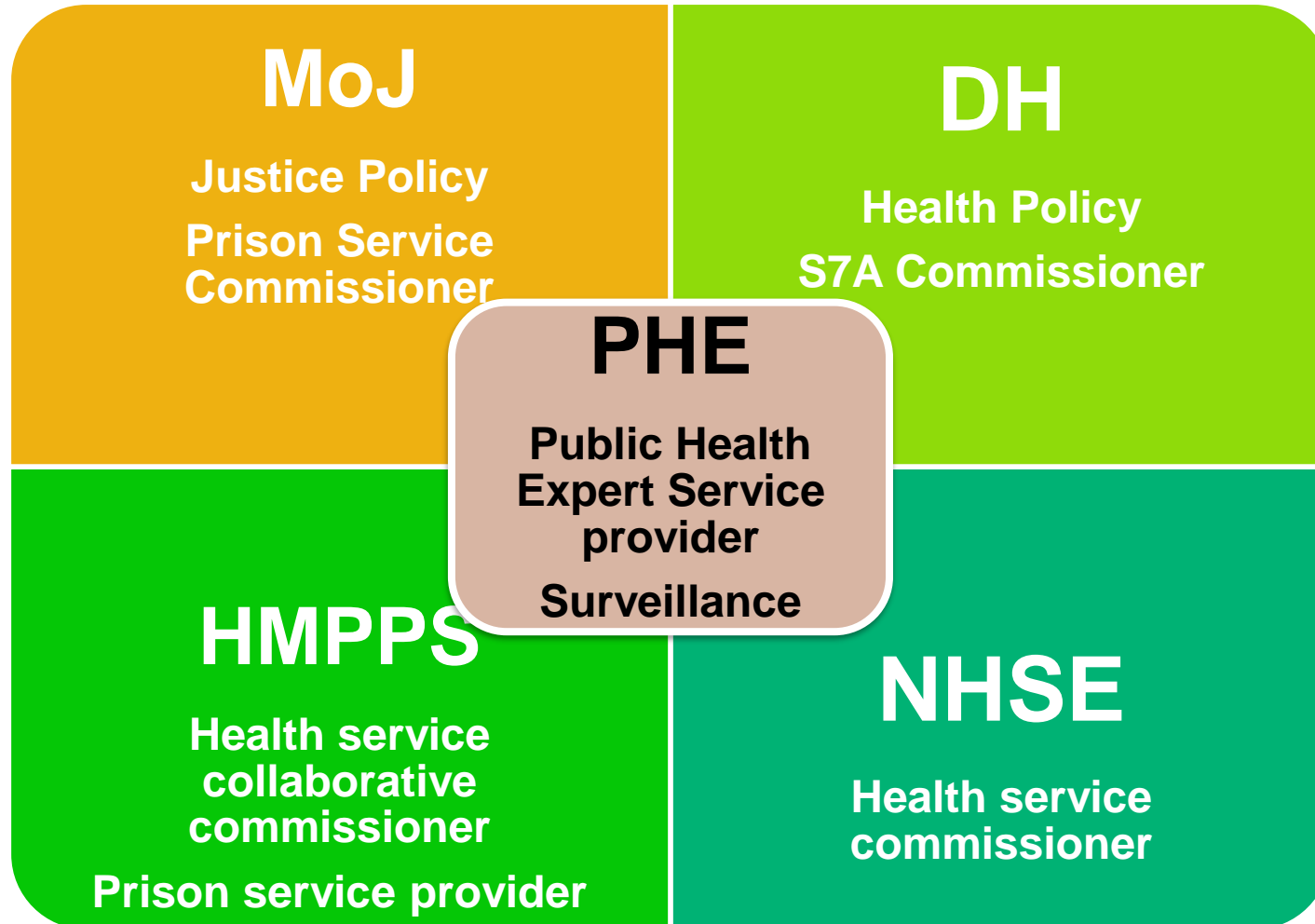
National Lead for Health & Justice, Public Health England and Director  
UK Collaborating Centre, WHO Health in Prisons Programme (Europe)



# Public health paradigm for prison health

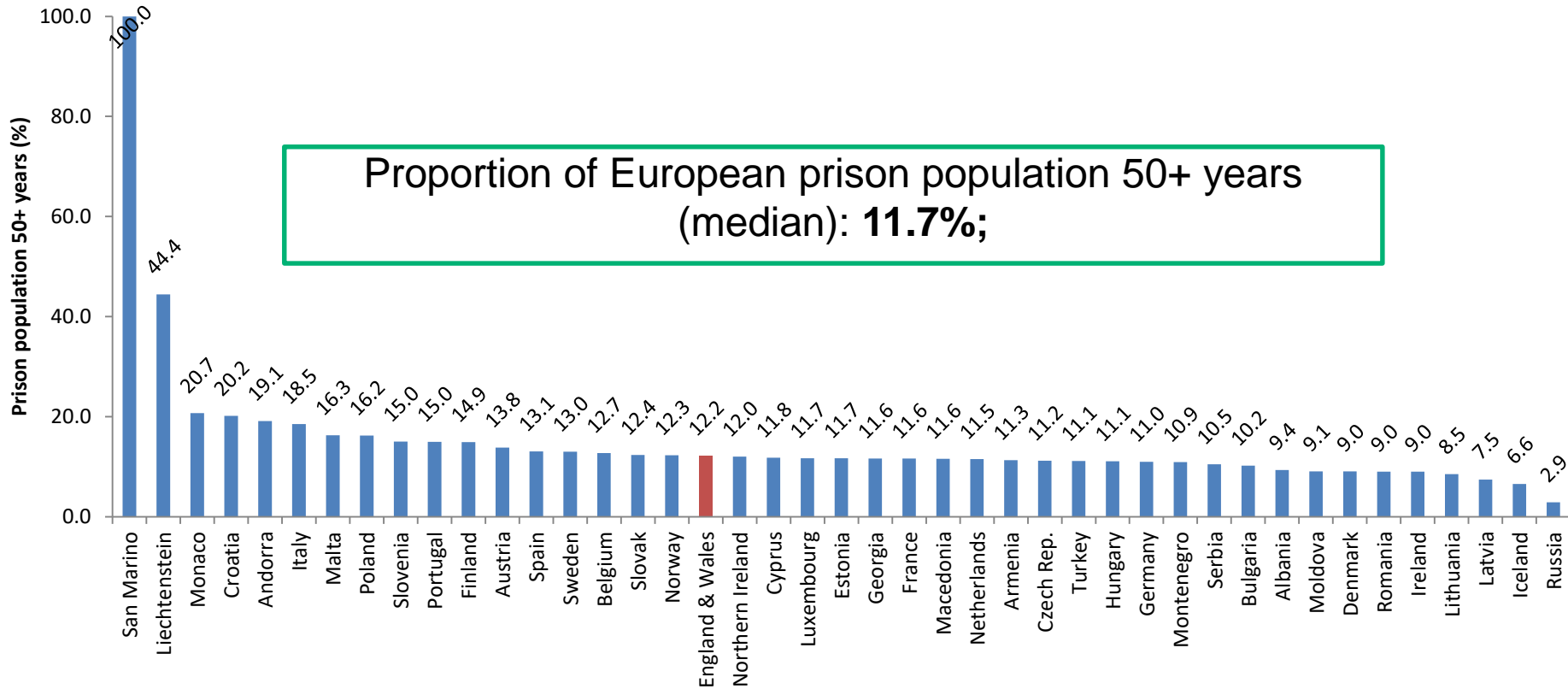


# National Partners & Key Roles





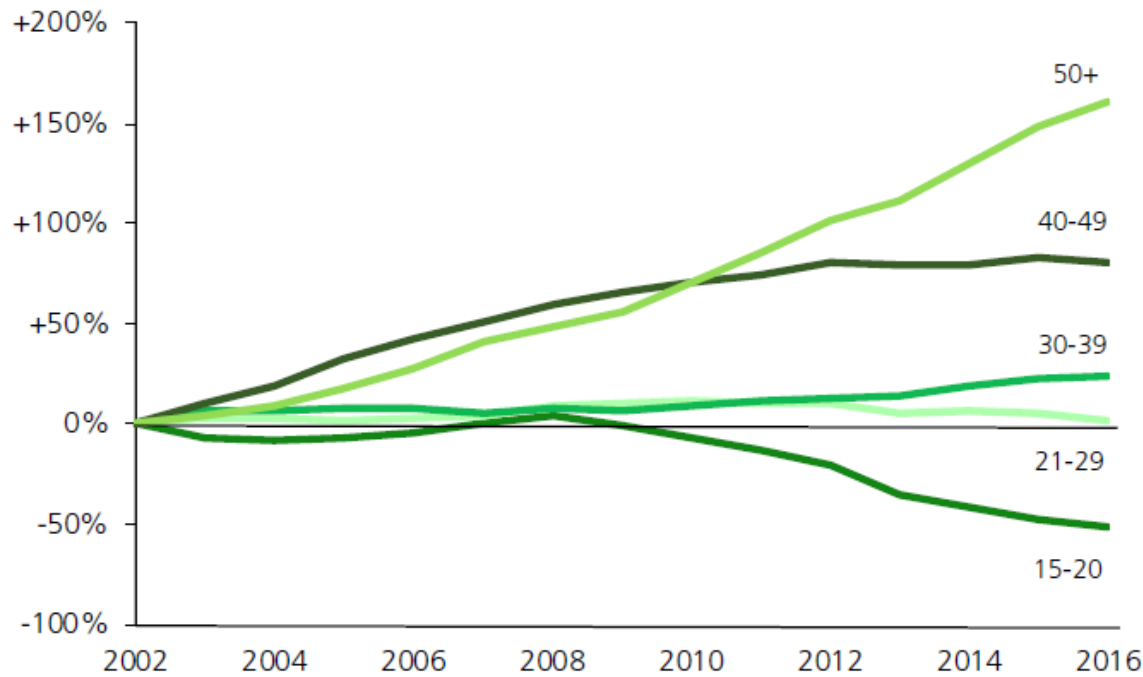
# Older people in prisons in Europe



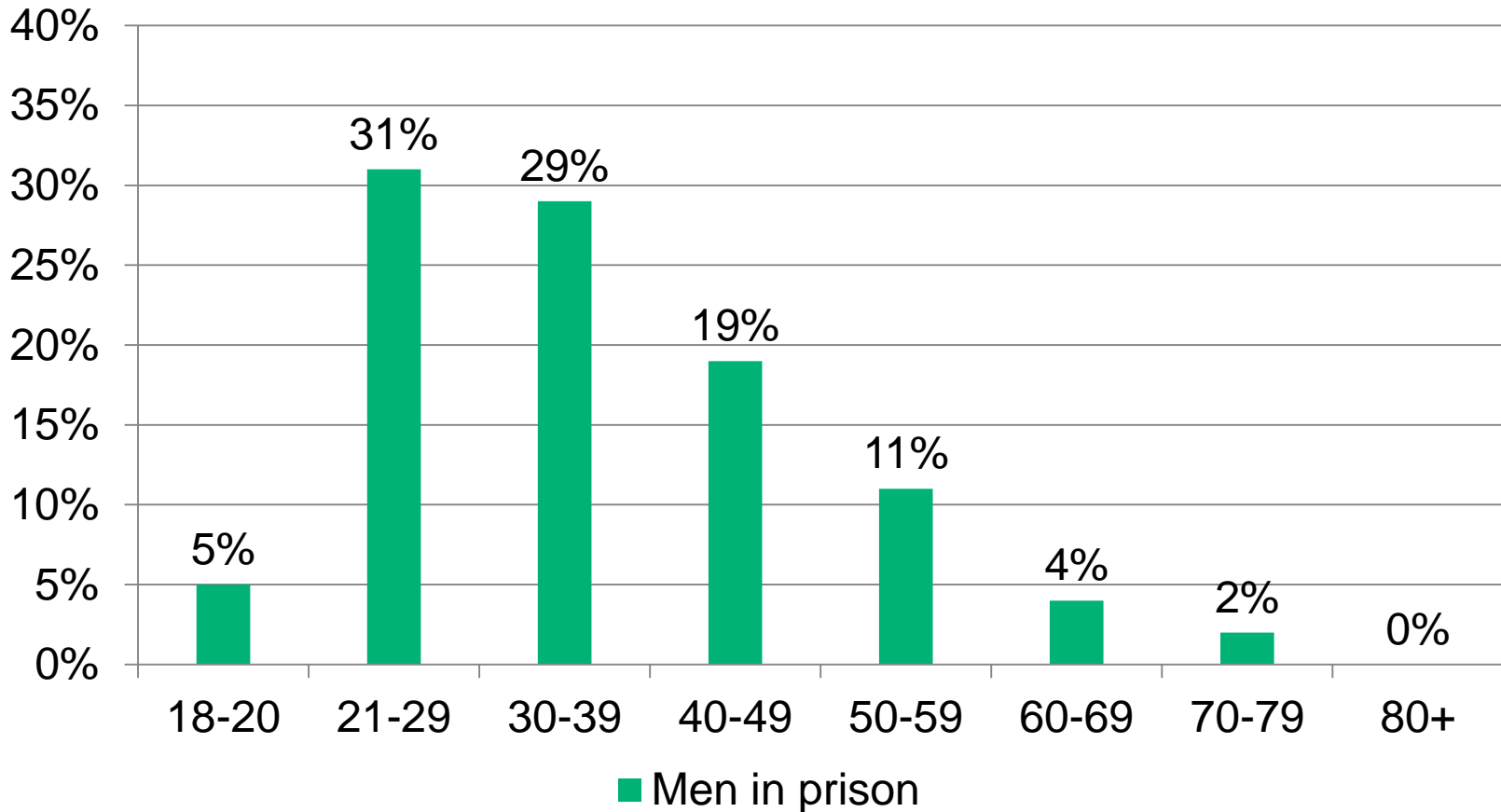


# An aging UK prison population

Prison population annual percentage change by age, 2002-2016<sup>14</sup>



## Age breakdown of the prison population, Sep 2016



## Breakdown of men aged 50 +

Of the 17%  
(n=11,944) aged 50+

64%  
were  
aged  
50 -59

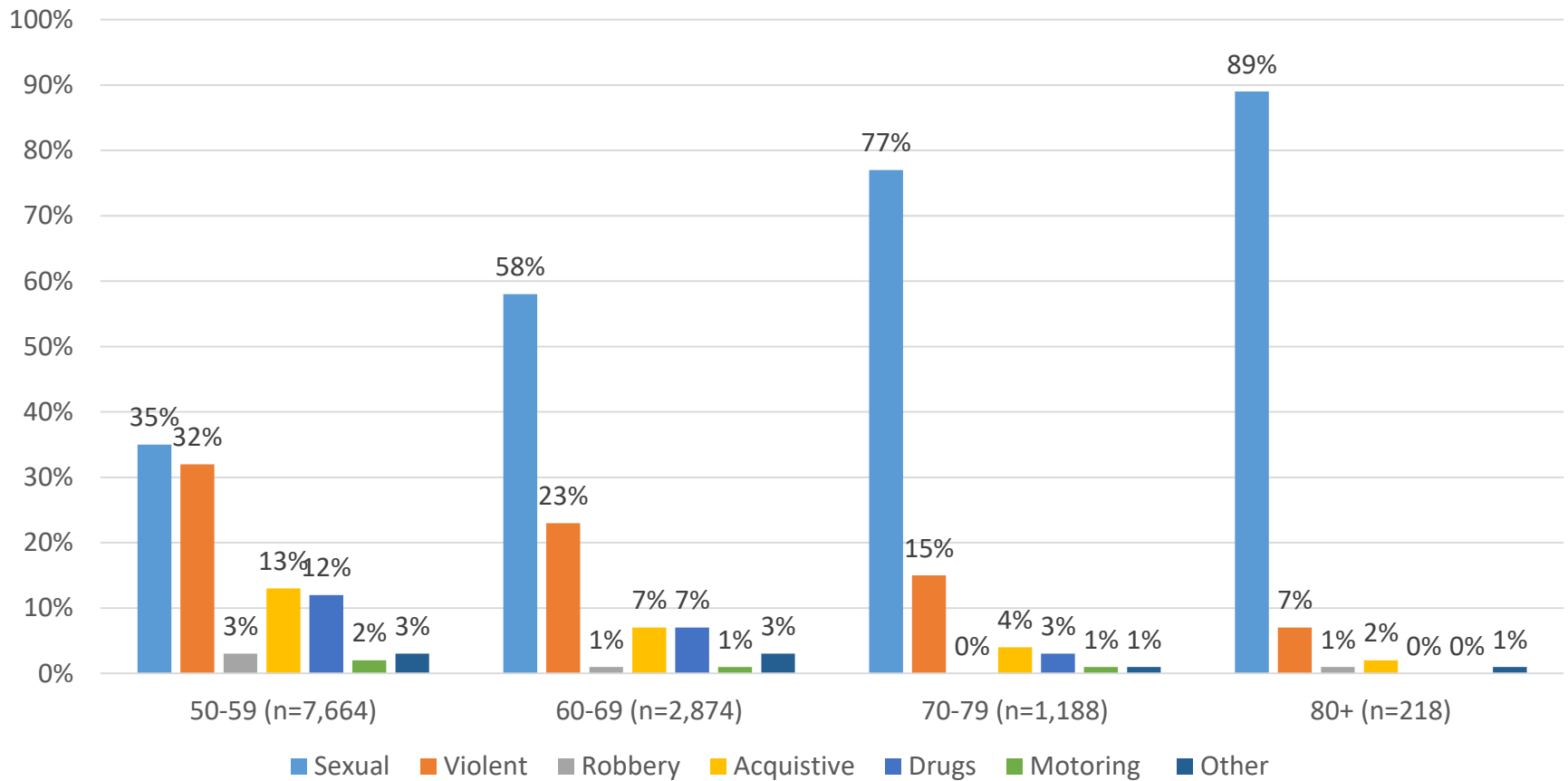
24%  
were  
aged  
60-69

10%  
were  
aged  
70-79

2%  
were  
aged  
80+

## Offence type by age (50+)

The most prevalent offence type within this age group are sexual offences. This becomes the predominant offence type in the older age categories (60+)







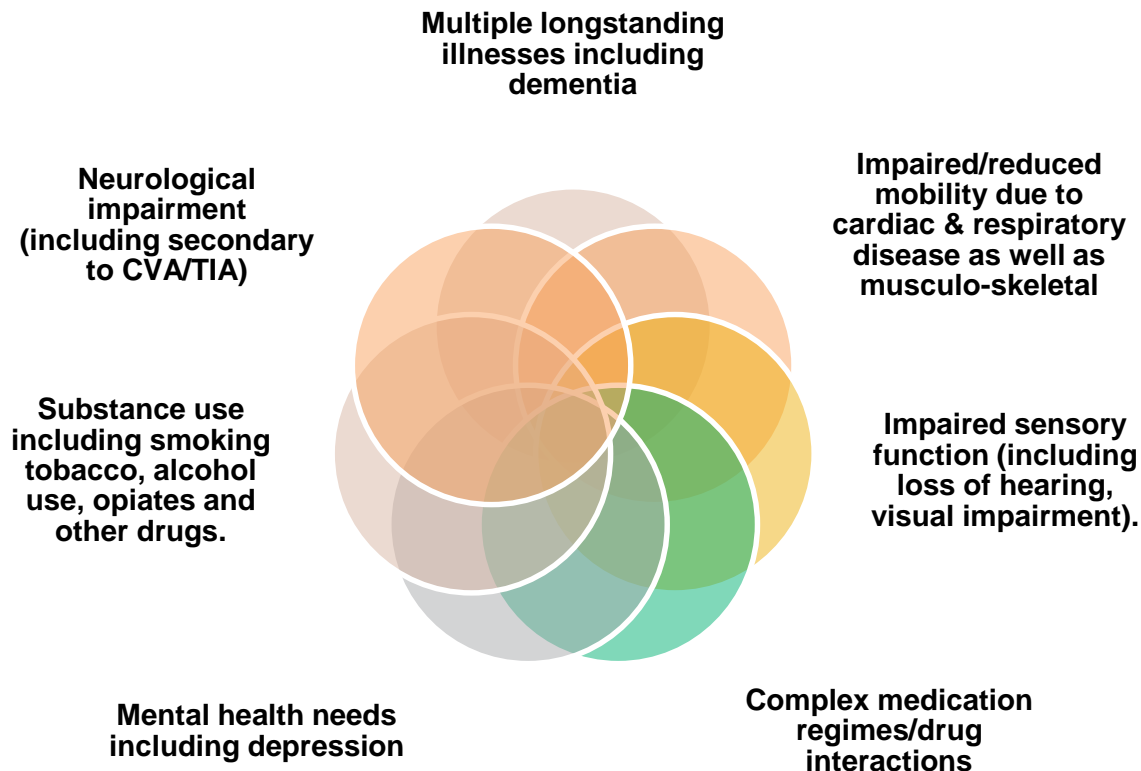
# Number of older people in prison is projected to continue to rise in England & Wales

- Projected over 50, 60 and 70 year old prison populations (end of June figures)

	Over 50 year old	Over 60 year old	Over 70 year old	Total
<b>Jun-17</b>	13,200	4,800	1,600	<b>19,600</b>
<b>Jun-18</b>	13,300	4,900	1,600	<b>19,800</b>
<b>Jun-19</b>	13,600	5,200	1,800	<b>20,600</b>
<b>Jun-20</b>	13,900	5,400	1,900	<b>21,200</b>



# Multiple complex health & social care needs of older people in prisons



Issues complicated by need for specialist care, pain management, palliative/end of life care, medicines diversion and risks associated with reason for incarceration (e.g. sex offenders).



# Social Care for People in Prisons

- **Since April 2015 in England** (and April 2016 in Wales) **local authorities are responsible for assessing and meeting the social care needs of adult prisoners** (not just on discharge from prison but also while they are in custody).
- Affects **58 local authorities** in England which have prisons within their boundaries. All prisoners within those prisons will be treated **as if they are resident in that area for purposes of the Care Act** for as long as they reside in that prison.





# 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.



# New HNA toolkit for older people in prisons

- **PHE**, in partnership with HMPPS, MoJ, NHS England and representatives of prisoners from the voluntary sector, have developed **guidance to support health & social care needs assessments for older people in prisons**.
  - The document provides a detailed guidance on how to conduct Health & Social Care Needs Assessment including suggested information and data sources.
  - It will be of use to **NHS England Health & Justice Commissioners, Local Authority Social Care Commissioners** and **PHE Centres** as well as **inspectorates (HMIP, CQC)** and **providers of prison services (HMPPS)**.
- The guidance will be **published this week** and will be subject of a **workshop** held at this conference later this morning.



# Conclusions:

- **Older prisoner populations** are rising in most jurisdictions in Western Europe;
- Older prisoners have **complex social and healthcare needs before incarceration, in prison, and in the community (if released)**;
- Impact of understanding and meeting health & social care needs of older prisoners requires more **rigorous assessment, improved data quality, better partnership working** with prisons, health & social care commissioners & providers, including estates to consider physical environment adaptations;
- **Continuity of care** requires better partnership work ‘through the gate’;
- Young offenders institutions have been around for a long time- are we now reaching the era of ‘**secure nursing homes**’?