

Commissioning and delivering services to meet the health needs for older people in prison.

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Current Position of numbers of older people in prisons.

- ❖ Fastest growing prisoner co-hort.
- ❖ Currently 13,376 people aged 50 years or older in the English and Welsh prison estate. (October 2017)
- ❖ Equating to 15.6% of the prison population as a whole.
- ❖ 95% are male.
- ❖ 42% are people convicted or remanded for offences of a sexual nature (many historic)
- ❖ 24% are convicted or remanded for offences of violence against the person.
- ❖ 11% are convicted or remanded for drugs offences.



MoJ (2017) Prison population projections MoJ. Available at;
<https://www.gov.uk/government/statistics/prison-population-projections-ns>

Projected numbers of older prisoners 2017-2020:

Projected over 50,60, and 70 year old prison populations

	Over 50	Over 60	Over 70	TOTAL
June '17	13,200	4,800	1,600	19,600
June '18	13,300	4,900	1,600	19,800
June '19	13,600	5,200	1,800	20,600
June '20	13,900	5,400	1,900	21,200

MoJ 2016. Prison population projections 2017-2021

Commissioning for care.

- ❖ NHS England has the responsibility for commissioning health provision for the older population.
- ❖ This includes specialist care, pain management, palliative and end of life care and supporting the safety of this vulnerable population in managing medicines and being alert to the risk associated with a persons criminogenic behaviours.
- ❖ Essential to ensure the environment is appropriate and beneficial.
- ❖ Careful assessment of a persons individual needs and ability to respond to these.
- ❖ Since April 2015 the assessment and delivery of social care for prisoners in the English estate is the responsibility of Local Authorities supported by HMPPS (formally NOMS). This responsibility falls to 58 LA's and local NHS E H and J commissioning teams, providers, Governors and LA adult social care teams are working together to ensure best and most appropriate management of this.

Developing Deliverables:

- ❖ NHS E PHE and HMPSS under the steer of MoJ and NHS E directed by NHS E Health and Justice CRG are developing an older persons strategy.
- ❖ Development of a dementia care strategy for people in prisons.
- ❖ Delivery of a Dying Well in Custody Charter (Mirroring the community based Dying Well Charter):

Overarching commitment that the prison will be prepared to care for seriously ill prisoners and those who are expected to die in custody

Based on The Ambitions for End of Life Partnership

6 Ambitions outlining expectations and detailing standards to achieve Each person is seen as an individual

Each person gets fair access to care

Maximising comfort and wellbeing

Care is coordinated

All staff are prepared to care

Each community is prepared to help

Resources will include self-assessment tool to support implementation and improvements.

- ❖ Regional specialist care review.
- ❖ Older persons HNA (PHE Guidance Document. Nov 2017)
- ❖ Engagement with older people to support PPV engagement in continued development of services.

The multiple complex health and social care needs of the older prisoner:



What some of our patients say.

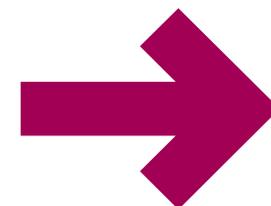
“I was
diagnosed in a
timely way”

“I am treated with
dignity and respect”

“I am confident my
end-of-life wishes will
be respected and I can
expect a good death”



I never realised until I came into prison what the term 'doing time' meant. I've been marking time now for almost 30 years – ticking the days, months and then years off.... I've seen so many others come and go and although they say they will keep in touch when they get out, only one or two ever have.... The world I used to know has gone and my only view of the world is what I see on TV or read in the papers. All I have are the fading memories of a lonely childhood and my wild youthfulness of the 1940s and 50s.... I don't know if any of my relatives are alive and I have no friends to visit me.... I increasingly feel I am slowly dying away – 'dead man walking' as the saying goes.



Truths and realities

- As in the community the wellbeing of an older prisoner warrants their distinct needs to be met which includes suitable accommodation, social contact and activities
- But.... the reality is prison is a poor place in which to grow old....the physical environment is often inadequate, offending behaviour programmes and release and resettlement programmes are designed to meet the needs of younger people
- More often than not older prisoners suffer age discrimination.

Truths and realities (2)

- Older prisoners are accommodated in a regime designed for and largely inhabited by young and able-bodied people
- They are a largely compliant population
- They experience poor levels of engagement between prisons and local agencies, especially local authority social services departments
- They can find themselves being supported by prison staff who are untrained in the needs of older people
- They suffer high levels of chronic health problems that affect their ability to cope in prison and in the community, particularly mental health problems such as depression.
- Some may be 'retired' and unable to participate in 'time out of cell' activities leading to boredom, isolation and loneliness

So what are we doing and what more can we be doing to enhance the care of the older prisoner

- Be relentless in our pursuit of ‘equivalence’ to ensure prison services keep pace with the developments for older persons in the wider community
- Create opportunities to share the practice exemplars that are emerging in health and justice
- Consider models of care that involve the voluntary and community sector with the aim of reducing loneliness, social isolation, boredom and lack of companionship
- Become excellent clinicians and practitioners in managing the health and wellbeing of older prisoners and stay up to date.... The field is changing, attracting innovation funding and benefiting from great clinical leadership

Managing the older prisoner – some improvement themes

- Integration - health and social care
- Service user involvement
- Prevention and the proactive management of Frailty
- Workforce and skill mix
- Complex Care for Long Term Conditions including the role of in patient units
- Preparation for release and age sensitive resettlement
- Tackling age discrimination

Improvement themes (2)

- Older person's assessment and early intervention
- Complex medicines management in older people with multi-morbidities
- Adult safeguarding
- Self care and management
- Addressing social isolation, loneliness and wellbeing of older persons
- End of Life (including compassionate release, advanced directives)
- Substance misuse treatment and care for the older prisoner

Training and skills development

- Older persons awareness training – e.g. relationships, social isolation and loneliness, frailty and falls prevention
- Older persons physical and mental health assessment: low, medium, severe frailty presentations, Dementia
- Social care assessment, aids and adaptations, moving and handling
- Peer mentorship, advocacy, buddying
- Complex case management and multiple LTCs management skills
- Intermediate care
- Stroke rehabilitation
- Dementia care
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Healthcare working in partnership to deliver improved outcomes for older prisoners

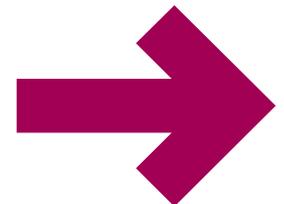
- Staff aware and proactive in their commitment to reducing age discrimination, working alongside prison staff
- Listening to 'voices' of older prisoners through the establishment of senior prisoner forums
- Working with prison partners to co-design and deliver necessary estate improvements and cell adaptations
- Working with local voluntary sector to bring in older persons forums, buddy schemes and advocacy
- Working with community partners to ensure resettlement plans and packages are 'age sensitive'
- Working with specialist agencies and acute and community health services to deliver targeted evidence based interventions for the frail elderly

The Future?

- Secure Care Homes ?
- Secure Rehabilitation Centres ?
- Telecare ?
- Digital Rehab

Commissioning Vision in partnership.

- To develop secure and detained settings as enabling environments for people whose mobility may be compromised, who may have particular episodes of ill-health and for whom cognitive impairment may be an issue.
- To facilitate improved collaboration and coordination of care across all settings
- Provide/promote the voice of the elderly within the secure and detained estate, linking in with family and carers where appropriate and possible and supporting a whole system approach to care (including the appropriate use of other prisoners working to support older prisoners).
- To develop systems that support lived experience engagement in developing and delivering services.
- Improve the awareness and understanding of the particular resource requirements that this patient population demands.
- To communicate and encourage partnership activity through a variety of relevant medium



Getting it right!

- Management of care
- Training and Awareness
- Information
- Environment

