

LEICESTERSHIRE
together

LEICESTERSHIRE JOINT STRATEGIC NEEDS ASSESSMENT



OFFENDER HEALTH

SEPTEMBER 2009

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18.1 KEY FINDINGS

- Nationally, over 150,000 people pass through prison each year. Overall, there are currently around 75,000 people in prison at any one time.
- There are 4 prisons in Leicestershire County and Rutland covering a prison population of 2,850.
- Substance misuse is a recognised problem for many offenders, contributing to their offending behaviour in many cases.
- A number of reports suggest that the prevalence of more significant health problems is worse in prisoners than that of people of the general population.
- The numbers of people on community orders and suspended sentence orders in Leicestershire and Rutland at any one time is in the region of 2000.
- 25% of the young people on crime prevention schemes, community orders or custodial sentences had some form of disability.
- The health of offenders in the community is significantly worse than the general population.

18.2 INTRODUCTION

Offenders and ex-offenders generally experience greater health inequalities and social exclusion. As the number of people who come into contact with the criminal justice sector increase, there will be an increasing number of ex-offenders in communities

Substance misuse is a recognised problem for many offenders, contributing to their offending behaviour in many cases.

Prisoners often come from very disadvantaged backgrounds. Furthermore:

- 67% are unemployed before being admitted to prison.
- 30% are homeless prior to prison.
- 42% of released prisoners have no fixed abode.
- 65% of prisoners have numeric skill at or below the level of an 11 year old and 48% have reading skills at or below this level.¹

18.3 STRATEGIC VISION FOR OFFENDER HEALTH

The overall aim is to improve health and wellbeing, improve life expectancy, reduce health inequalities and reduce re-offending in this group.⁶

The Prison Partnership Board identified five top priorities:⁶

- Improving access to a comprehensive range of mental health services

- Improving access to drug and alcohol assessment and treatment services
- Providing access to appropriate services in prison
- Improving access to health improvement activities including smoking cessation, diet, exercise and health education
- Minimising the harm caused by Hepatitis B and C

NHS Leicestershire County and Rutland's priorities are to address the priority areas identified above by Prison Partnership Board and the Reducing Reoffending Board and to work to develop a multi-agency strategy for prison health and the health of offenders in the community.⁶

18.4 OFFENDERS IN THE COMMUNITY

18.4.1 Adult Offenders

The Leicestershire and Rutland Probation Trust (LRPT) is an integral part of the Criminal Justice System (CJS). Probation staff supervise offenders who are on a community order or have been released from prison on licence. The numbers of people on community orders and suspended sentence orders in Leicestershire and Rutland at any one time is in the region of 2,000.

The aims of the probation service are:⁴

- Protecting the public
- Reducing re-offending
- The proper punishment of offenders in the community
- Ensuring offenders awareness of the effects of crime on the victims of crime and the public
- Rehabilitation of offenders

The main types of supervision are:

Community Order²: This is a single community sentence imposed since April 2005. The court must add at least one (but could potentially add all 12) of the following requirements: supervision, unpaid work, specified activities, prohibited activities, accredited programs, curfew, exclusion, residence, mental health treatment, drug rehabilitation, alcohol treatment, and attendance centre requirements for under 25s.

Suspended Sentence Order²: A custodial sentence suspended for between 6 months and 2 years. During this time the court sets a number of requirements from the set of options available for the Community Order, and these are supervised by the Probation Service.

Table 1 illustrates the numbers of people starting community orders and suspended sentence orders. The number of people starting a community order in Leicestershire has decreased from quarter 3 in 2007 (587) to quarter 3 in 2008 (532). This is also replicated for people starting a suspended sentence order quarter 3 in 2007 (263) to quarter 3 in 2008 (222). The change for Leicestershire is not similar for the East Midlands nor for England and Wales.

Table 1: Number of persons starting Community Order and Suspended Sentence Order supervision by the Probation Service²

	Community Order					Suspended Sentence Order				
	Q3 2007	Q4 2007	Q1 2008	Q2 2008	Q3 2008	Q3 2007	Q4 2007	Q1 2008	Q2 2008	Q3 2008
Leicestershire	587	540	676	614	532	263	233	254	253	222
East Midlands	2,729	2,650	2,745	2,878	2,731	986	961	1,093	1,049	972
England & Wales	33,032	31,988	33,045	33,672	33,934	11,565	11,693	12,051	11,842	11,467

- A recent survey of adults on probation caseloads in neighbouring counties indicated that:83% were smokers, compared to just 22% of the general population.
- 44% were at risk of alcohol abuse or dependence.
- 39% were at risk of substance abuse.
- 27% of the sample had been seen formally by a mental health service at some point; the majority of the diagnoses reported by offenders were depression and/or anxiety.
- 80% of the sample said they had accessed a GP in the last 12 months.
- 14% of offenders reported having experienced problems accessing health services.

Overall, the findings indicate that the health of offenders in the community is significantly worse than the general population and the health of female offenders is both significantly worse than their male counterparts and the general population.

18.4.2 Youth Offenders

A report produced by the Healthcare Commission and the probation inspectorate quoted that about 25% of the young people on crime prevention schemes, community orders or custodial sentences had some form of disability. Of those half had a learning disability, a fifth had a physical disability and the remainder had a disability linked to their mental or emotional state.

There are plans, subject to planning approval, to build a juvenile establishment using land at Glen Parva, which will hold 360 males aged 15-17. If planning approval is granted then the establishment would open in 2012.

88% of the youth offenders are White British. Table 2 shows for females that 17 year olds had the highest percentage that were accessing youth offending service (24.5%). For males

16 year olds had the highest percentage that were accessing youth offending service (26.9%). The age group that had the lowest percentage accessing youth offending service for both males and females was 10, 11 and 18 year olds.

Of the offenders accessing the youth offending service service after assessment 37.93% were referred to substance use and 26.98% were referred to emotional and mental health services.

Table 2: Age and Gender Breakdown of youth offending service clients

Age	Female	Male
10	0%	0.52%
11	0%	1.30%
12	2.83%	2.07%
13	10.38%	6.22%
14	19.81%	13.47%
15	19.81%	22.28%
16	21.70%	26.94%
17	24.53%	25.91%
18	0.94%	1.30%

18.5 PRISONS

When considering the characteristics of the prison population, it is vital to understand the turnover issue. Nationally, over 150,000 people pass through prison each year. The average daily population is the average number of prisoners in the prison at any one time. Overall, there are currently around 75,000 people in prison at any one time.³

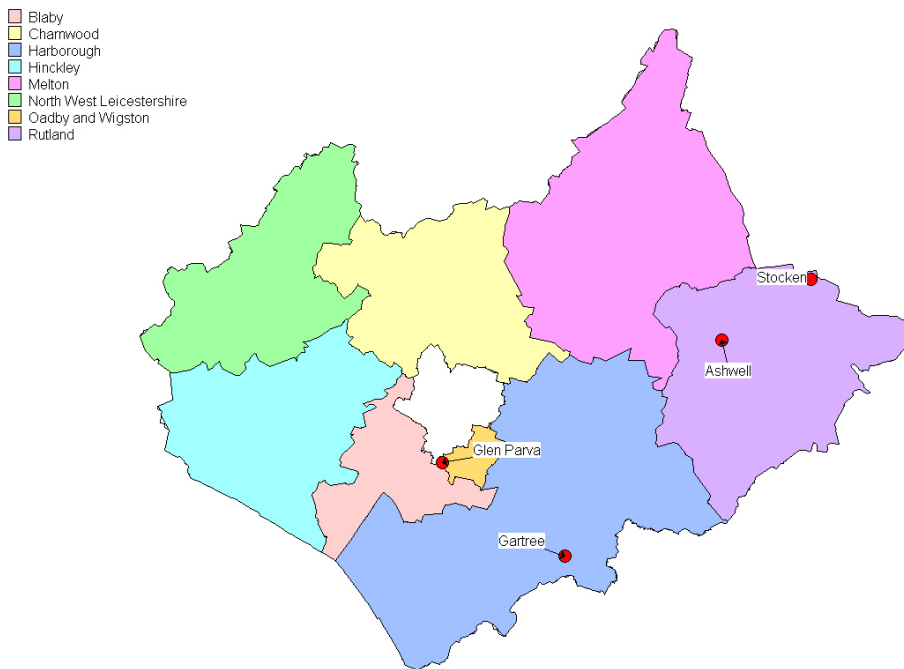
There are 4 categories of prison:

- Category A: Prisoners whose escape would be highly dangerous to the public, to the police or to the security of the state. These prisoners would be kept within a high secure prison.
- Category B: Prisoners for whom the very highest conditions of security are not necessary but, for whom escape must be made very difficult.
- Category C: Prisoners who cannot be trusted in open conditions but who do not have the will or the resources to make a determined escape attempt

Category D: Those who can be reasonably trusted to serve their sentence in open conditions

There are four prisons in Leicestershire County and Rutland, three for adult male prisoners and a male young offenders institute for 18-21 year olds. The prison population has expanded over the last eighteen months and now totals 2850. Their locations are illustrated in Figure 1.

Figure 1: Map to show location of prisons:



HMP Ashwell⁴

HMP Ashwell is situated close to Oakham in Rutland. It is a category C establishment. Ashwell runs an open and free running regime with much commitment to sentence planning, throughcare and purposeful activity. It recently expanded in 2008 and has a newly refurbished healthcare centre. The operational capacity is for 619 prisoners.

HMP Gartree⁴

HMP Gartree is located close to Market Harborough. It is a category B prison acting as a main lifer centre for prisoners from around the country. Gartree is one of a small number of prisons exclusively for prisoners serving life sentences for offences such as murder. The healthcare centre dates from the 1960's and a new centre is planned for 2010. The operational capacity is for 613 prisoners

HMP Stocken⁴

HMP Stocken is a category C prison. Amongst its prison population are 'lifer's that have reached the second stage of their sentence, and have moved away from the more secure conditions of an A or B category prison. The healthcare centre has recently been refurbished. The operational capacity is 810 prisoners.

HMYOI Glen Parva⁴

HMYOI Glen Parva houses young offenders aged 18 to 21. The facility acts as a remand centre for a large population awaiting trial or sentence, and is also a Young Offenders Institution for its sentenced population. Around 70% of the population spend less than six months as sentenced prisoners. The operational capacity is 808 prisoners.

18.6 HEALTH NEEDS OF PRISONERS

A number of reports suggest that the prevalence of more significant health problems is worse in prisoners than that of people of the general population, in the main reflecting the fact that the prison population is disproportionately drawn (95%) from the lower socio economic classes.² For example:

- Young prisoners have higher reported rates of long-standing illness or disability
- Epilepsy may be up to twice as common in prisoners than the general population
- Smoking is highly prevalent among the prison population. Over 75% of prisoners smoke and over 50% are moderate or heavy smokers
- Sexual health one in four prisoners have engaged in activities that put them at risk of HIV and other sexually-transmitted infections
- Blood-borne viral infections 24% of the prisoners have injected drugs; of these 20% are hepatitis B positive and 30% are hepatitis C positive
- Dental health (decayed, missing or filled teeth) in prisoners is worse than the general population²

Women, young people, people with disabilities, people from Black Minority Ethnic (BME) groups and older persons are sub groups within the offender population that are more vulnerable and at risk of poor health.¹

For security reasons, much of the informal care available in the community is not available in prison, for example, care by family and friends and over the counter medications. This means that prisoners have very high levels of contact with the prison health care team. In addition, the prison environment encourages sickness behaviour and dependency on health care staff.³

Prisoners also do not have access to the direct access services now available in the community, in particular NHS walk in centres, A&E departments, genitourinary medicine (GUM) clinics and private services such as, complementary therapies.³

18.7 MENTAL HEALTH

There is considerable research to suggest that the prison population are at greater risk of developing mental health problems compared with people of a similar age and gender in the community.⁵ Furthermore, prisoners are less likely to have their mental health needs recognised. Also they are less likely to receive psychiatric help or treatment and are at an increased risk of suicide.

A significant amount of research has been undertaken to determine the health status of offenders within secure estates. Table 3 shows the prevalence of mental illness for prisoners in Leicestershire County and Rutland. The prevalence's were taken from mental health needs assessment of prisons in Leicestershire and Rutland.⁷ The figures in Table 3 in are based on June 2008 data. The data should not be taken too literally (e.g: there will not always be 10 prisoners with bulimia) and there is no indication of the proportion of prisoners who will meet more than one of the above diagnostic criteria, nor is there an indicator of the severity of illness.

There are significant issues for the mental health of offenders in the community, due to the high prevalence of mental health problems in this population. Prisoners have high risk of deaths in the the first week of post release which indicates a need for support services to prisoners with mental health problems in the key period post release.⁶

Table 3: Estimates of number of prisoners meeting diagnostic criteria⁷

Mental Illness	Ashwell	Gartree	Stocken	Glen Parva
Major depression	81	83	118	146
Post traumatic stress disorder	91	114	133	188
Bulimia	10	0	15	0
Obsessive Compulsive Disorder (OCD)	91	135	133	418
Panic disorder	91	21	133	21
Psychosis	61	52	88	167
Agoraphobia	81	42	118	126
Social phobia	91	94	133	167
Alcohol abuse/dependence	182	147	265	147
Drug abuse/dependence	172	187	250	187
Generalised anxiety disorder	131	62	191	62
Somatisation disorder	81	73	118	73
Hypochondrias	101	114	147	114
Mania	31	10	44	10
Personality disorder	343	365	499	636
Low IQ	148	143	216	143

18.8 SUBSTANCE MISUSE SERVICES

It is recognised that there is a significant need for the treatment of substance misuse amongst prisoners.⁸

Every prison has 'CARAT' workers. CARAT stands for 'Counselling, Assessment, Referral, Advice and Throughcare'. Everyone coming into prison who is identified as having a drug problem is assessed, given advice about their misusing, and referred to other services such as drug treatment programmes, housing, employment and external Drugs Intervention Teams to prepare for release, etc.⁹

CARAT workers act as keyworkers and coordinate the care of those prisoners on their caseloads; workers can also provide basic information about drugs and their effects and ways to reduce harm; they may offer some structured one-to-one support and group work to prisoners who want to give up or cut down on their misusing. They can also refer a prisoner to a drug treatment rehabilitation programme.

Integrated drug treatment services (IDTS) at HMP Ashwell and HMP Stocken are funded from national allocations, and services at HMYOI Glen Parva have been reviewed to enhance what can be provided from current resources. The Drug Intervention programme in the community supports offenders with drug misuse problems.¹⁰

There remain significant gaps in the delivery of services for alcohol misuse. It is proposed that current substance misuse work in prisons be enhanced to cover alcohol by investing in alcohol workers. This will impact on the number of offenders accessing alcohol advice and treatment and the number of hospital admissions for alcohol related illnesses.

Of the 619 prisoners at HMP Ashwell¹¹, 423 prisoners were identified to the CARATS department as having substance related issues.

Drug use in 2008 at HMP Stocken shows that heroin remains the drug of choice with 385 prisoners stating heroin as their main drug of choice. Cannabis (124 prisoners) and crack (122 prisoners) follow closely.

Data was not available for HMP Gartree and HMYOI Glen Parva.

Some offenders that are released into the community were on drug rehabilitation programmes or alcohol treatment as part of their community orders. These are provided through Leicestershire Drug and Alcohol Action Team (DAAT).

18.8.1 Stop Smoking Services in Local Prisons

In 2007-08, there were 317 prisoners who accessed the stop smoking service. In 2008-09 (Quarters 1 to 3), there were 340 prisoners who accessed the stop smoking service. This is illustrated in Table 4.

Stocken had the greatest number of prisoners accessing the service. Glen Parva had the lowest number of prisoners accessing the service.

The highest percentage of quitters were from Gartree (74% in 2007/08, 75% in 2008/09). The lowest percentage of quitters were from Glen Parva (40% in 2007/08, 38% in 2008/09).

A comparison can not be made from 2007-08 and 2008-09 data as the 2008-09 data is missing quarter 4 data.

Table 4: Patients access stop smoking services in 2007-08 and 2008-09 quarters 1-3

	Number Accessed	Lost to follow up	Quit	Not Quit
2007/08				
Ashwell	95	24%	62%	14%
Gartree	84	17%	74%	9%
Glen Parva	25	24%	40%	36%
Stocken	113	28%	53%	19%
2008/09				
Ashwell	61	15%	59%	26%
Gartree	28	7%	75%	18%
Glen Parva	34	18%	38%	44%
Stocken	217	11%	56%	33%

18.9 BLOOD BORNE VIRUSES

As Blood Borne Virus (BBV) transmission spreads through routes other than drug use alone, it is strongly recommended that all prisoners are assessed for risk factors, with those in high risk categories receiving the appropriate blood borne virus testing, including pre and post test counselling.¹²

HMP Stocken has a nurse led blood borne virus clinic that deals with Hepatitis B vaccinations (HBV) and blood borne virus. In 2007, 168 clients have received hepatitis B virus vaccinations although there is no breakdown of this data available as to whether 1,2,3 or booster vaccination have been delivered. 54 clients have been tested for blood borne virus although there is no breakdown of which screening has been carried out.

In HMP Ashwell for the 2007 annual year, 39% of prisoners had a blood borne virus risk assessment completed. Healthcare records indicated that of the 791 prisoners in 2007, 111 received 1st HBV immunisation, 98 received 2nd HBV immunisation and 101 received 3rd HBV immunisation. 36 received HBV booster immunisation¹³. In addition, HMP Ashwell healthcare records indicate that no hepatitis C Virus (HCV) tests were conducted in 2007. However 55 prisoners had a liver function test for which there are no results available. Also records indicated that 32 prisoners received HIV screening tests.

Data was not available for HMP Gartree and HMYOI Glen Parva. It is also not available for community offenders.

18.10 PRISONER MOVEMENT

There are no current expansion plans for any of the four prisons, they are all full to operational capacity. As a result there will be no increase in prisoner numbers.

There are plans to build a juvenile establishment which will hold 360 offenders, work is due to begin in Nov/Dec 2009 subject to planning approval. If planning approval is granted then the establishment is due to open in 2012. This will lead to an increase in demand on NHS services for offenders in 2012.

18.11 KEY ISSUES FACING LEICESTERSHIRE COUNTY AND RUTLAND FOR OFFENDER HEALTH

Offenders have significant health inequalities compared to the general population. Their issues with mental health and substance misuse may contribute to their offending behaviour. It is therefore important to target this group of people both to improve their own health and to support reductions in re-offending.

The overall aim is to improve health and wellbeing, improve life expectancy, reduce health inequalities and reduce re-offending in this group. To date work has focused on:

- Improving access to a comprehensive range of mental health services.
- Improving access to drug and alcohol assessment and treatment services.
- Providing access to appropriate services in prison.
- Improving access to health improvement activities including smoking cessation, diet, exercise and health education.
- Minimising the harm caused by hepatitis B and C.

The multi-agency *Prison Partnership Board* and the *Reducing Reoffending Board* aim to work to develop a multi-agency strategy for prison health and the health of offenders in the community, including responding to the recent recommendations in the Lord Bradley's report *Mental Health in the Criminal Justice System*¹⁴ on the care of people with mental health problems and learning disabilities in the criminal justice system.

18.12 REFERENCES

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