



## Team renaming

The team has recently been renamed the **Public Health Intelligence for Prisons & Secure Settings Service (PHIPS)**.

The re-brand reflects the increasing role that the team has in gathering evidence and intelligence to improve the health of people in prisons and other prescribed places of detention (PPDs). This includes:

- o data to support health needs assessments (HNAs)
- o health and justice indicators of performance (HJIPs)
- o MMR and seasonal flu vaccine coverage

This increased role compliments our ongoing work to collect and disseminate surveillance data on infectious diseases incidents and outbreaks.

Requests for information or reports to the PHIPS Service should continue to be sent to [Health&Justice@phe.gov.uk](mailto:Health&Justice@phe.gov.uk)

Further details about information on Public Health Intelligence for Prisons & Secure Settings can be accessed at:

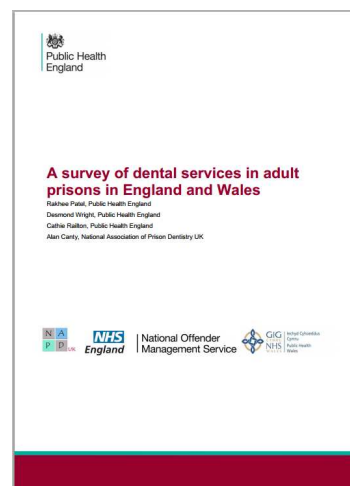
<https://www.gov.uk/government/collections/public-health-in-prisons>

## Survey of dental services in adult prisons in England and Wales

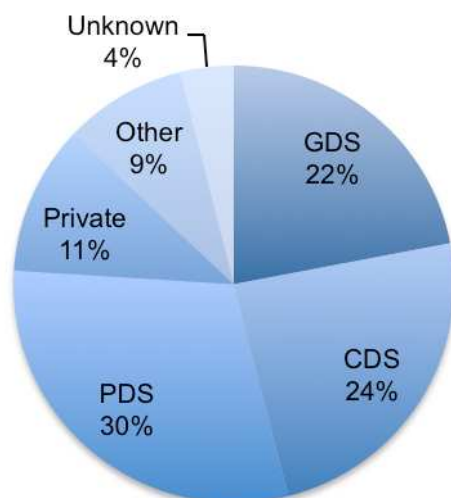
Published in July 2014, the report presents findings from a national survey of dental services in prisons in England and Wales. The survey was prompted by the transfer of commissioning responsibility for these services in England to NHS England, as well as the new role of Public Health England in improving health in prisons and prescribed places of detention.

All dental services in prisons in England and Wales were invited to participate in the survey, which covered a range of issues including the prison dental workforce, safety and security, infection control, access, communication and IT.

The survey received 105 responses from 118 prison dental services, including all five prison dental services in Wales responded – an overall response rate of 89%. Most dentists in prisons were on a personal dental services contract (30%) or community dental services contract (24%).



**Figure 1: Distribution of contract types**



Key:  
PDS: Personal dental services contract  
GDS: General dental services contract  
CDS: Community dental services contract

Other key themes found in the survey are detailed below:

- cross-infection compliance was variable, with only 61% reporting meeting best practice or compliant standards.
- there was wide variation in waiting times for assessing and treating people in prison,
- most respondents reported concerns about the large number of failed appointments.
- 98% of sites are computerised, although many respondents commented on the lack of adaptability of the software for dental care.
- the prison dental workforce is experienced, with a quarter of respondents having worked in prison dental services longer than ten years.

In light of these challenges, the report makes 16 recommendations to improve dentistry in prisons. These recommendations are being progressed in a national partnership group chaired by Sandra White, National Programme Lead for Dental Public Health, PHE. The first meeting of this group is due to take place in October 2014 and progress will be communicated to stakeholders in due course.

The full report and recommendations can be found at:

<https://www.gov.uk/government/publications/prison-dental-services-in-england-and-wales-2014-survey>

## **Smoking cessation – routes and methods**

Smoking remains the biggest cause of premature mortality in England, causing 80,000 deaths per year. Despite the declining smoking rate in the general population, the proportion of those in the prison estate smoking is estimated to be as high as 80%. Therefore helping prisoners to go smokefree is a crucial goal for public health.

The public health community has long recognised that many smokers cannot or do not want to stop smoking. In 2013, NICE published **public health guidance PH45** to outline the harm reduction approach and offer several different ways to do this:

- stopping smoking
- cutting down prior to stopping smoking (cutting down to quit)
- smoking reduction
- temporary abstinence from smoking

Any of these methods can be undertaken with or without the help of one or more licensed nicotine-containing products, to be used until relapse can be prevented.

Traditionally all smokers had been encouraged to stop abruptly ('cold turkey'), however recent evidence suggests that cutting down the number of cigarettes smoked may help smokers to control their smoking and result in complete cessation. This may be especially important for those smokers who are unwilling or unable to stop completely and in one step.

In addition, the use of replacements or substitutes for nicotine (such as nicotine replacement therapies) is recommended for times where temporary abstinence is desired.

The provision of nicotine replacement therapies to support people who are continuing to smoke is an important part of a harm reduction strategy. Where people attempt to reduce the numbers of cigarettes that they smoke, without replacing the nicotine that they are losing, then they tend to over-compensate by taking longer, deeper drags on each cigarette. This results in little or no actual reduction in quantity of smoke inhaled. Conversely, use of a nicotine replacement therapy, decreases the need for compensatory smoking, allowing the user to more effectively reduce the amount of nicotine required, and hence smoke obtained, from each cigarette.

Smokers may also wish to use these nicotine substitutes on a long-term basis as a means of reducing the harmfulness of their smoking. The recent popularity of electronic cigarettes has demonstrated that many smokers are interested in trying and using less harmful sources of nicotine.

## **Flu season 2014-15 Guidance**

Preparations for the flu season 2014-15 are in full swing and relevant guidance will be published on the PHIPS Service pages of the website (details below) within the next few weeks.

Seasonal flu vaccination programme in prison is becoming a well-established yearly routine. During the 2013/14 season only 21% of prisons reached the DoH target of 75% coverage amongst the over 65 year olds. In many cases coverage was between 55% and 74%, making the 75% target a genuine possibility.

The coverage target for at risk groups of 75% proved harder to reach with only a few achieving this and around a third of prisons just below target.

There are no substantial changes in targets coverage for this season and the newly introduced flu vaccination programme for children has yet to see prisons involvement, given the age groups currently targeted.

This year staff in prison will be encouraged to get the flu jab. Healthcare staff with direct contact with patients should have been offered vaccination already as any other health care staff in the community. This year other prison staff, such as prison officers and other custodial staff, will be encouraged to get vaccinated, as they might be considered equivalent to social care staff in the community, for whom vaccination is recommended. Prison population includes, amongst its members, people with reduced immunity and, increasingly, with the growing number of older prisoners being hosted, chronic conditions, which makes them more susceptible to flu and its complications. Furthermore the close and often overcrowded prison environment is ideal for spreading of airborne infections such as flu, making its prevention essential.

## **Research**

### **Prison smoking bans linked to substantial fall in deaths among US inmates**

A team of US researchers set out to determine the mortality attributable to smoking and years of potential life lost from smoking among people in prison – and whether bans on smoking in prison are associated with reductions in smoking related deaths.

Éamonn O'Moore (PHE), Kate Davies (NHS England), and William Payne (NOMS) have issued a joint response to outline ongoing partnership work to create a smokefree prison estate in England and Wales. The response also outlined the need to take careful account of the operational realities of running safe, decent and secure prisons while introducing this policy.

Link to full study and response: <http://www.bmj.com/cgi/doi/10.1136/bmj.g4542>

### **Payment-by-results pilots**

The first results from ground-breaking pilots at Doncaster and Peterborough prisons have been published. The pilot schemes, which are testing a new way of rehabilitating offenders where providers are only paid for results, have shown marked falls in reoffending. For further details: <https://www.gov.uk/government/news/payment-by-results-pilots-on-track-for-success>

## **News**

### **Health Without Barriers (HWB)**

The recently formed Health Without Barriers (HWB), the European Federation for Prison Health, is inviting members to the Second Board of Directors Meeting, which will take place in Barcelona (Spain) on 24<sup>th</sup> of October 2014. The meeting will be an opportunity for English and other country federations to discuss the work that HWB can do to improve the health of people in prisons across Europe. Both existing good practice and research in the field of prison health will be examined, with the final aim to disseminate the best of both across Europe.

### **Health & Justice Indicators of Performance – First quarter’s data**

To date, a broad set of indicators, known as the Prison Health Performance and Quality Indicators (PHPQIs), have been used to monitor the quality of healthcare in prisons, as well as the performance of other contributing health and prison services. However, the PHPQIs were not outcome focused and were qualitative measures that largely relied on self-assessment by local healthcare teams. Given this, and the recent changes in the commissioning of healthcare services in places of detention, it was widely agreed that the PHPQIs needed reviewing and updating. To replace the PHPQIs a new set of Health and Justice Indicators of Performance (HJIPs) have been developed by NHS England, Public Health England (PHE) and the National Offender Management Service (NOMS).

Data collection for the new HJIPs is happening across the secure adult estate in England and Q1 data has been received and is being analysed by NHS England and PHE. The data identified significant variation in quality which was expected in the first reporting period of a new indicator set. Prison healthcare teams are encouraged to continue to work to improve data collection especially via Read Codes on SystmOne to ensure that Q2 data shows better data consistency, validity and reliability. Support to prisons in using the new HJIPs can be provided by the NHS England Area Team or the PHE Health & Justice Public Health Specialist, Contact details can be found at:  
<http://www.england.nhs.uk/ourwork/commissioning/health-just/contacts/>  
<https://www.gov.uk/government/publications/public-health-in-prisons-and-other-secure-settings-contact-phe-specialist-leads>

### **PHE Health & Justice publications**

PHE have recently published a range of documents which will be of interest to those working in health and justice:

- **Prison dental services in England and Wales: 2014 survey**  
<https://www.gov.uk/government/publications/prison-dental-services-in-england-and-wales-2014-survey>
- **Blood-borne viruses: monthly report on opt-out testing in prisons**  
<https://www.gov.uk/government/publications/bloodborne-viruses-monthly-report-on-opt-out-testing-in-prisons>
- **Prescribed places of detention: health needs assessment toolkit**  
<https://www.gov.uk/government/publications/prescribed-places-of-detention-health-needs-assessment-toolkit>

### **Flu & MMR vaccine coverage in English prisons**

From October 2014, the PHIPS Service will be circulating data on vaccine coverage for MMR and seasonal flu. This will be done in partnership with ImmForm and the activity inputted into SystmOne will be used to populate the regular reports. The seasonal flu vaccine data will be circulated every Monday with the weekly incident log. The MMR vaccine coverage data will be circulated every month with the weekly incident log.

### **Ebola: Advice for immigration removal centres**

PHE have produced guidance for immigration removal centres in response to the on-going Ebola outbreak in West Africa which was first reported in March 2014 in

Guinea and since late May has involved four countries: Guinea, Liberia, Sierra Leone and Nigeria.

An algorithm to inform the initial assessment of detainees arriving at an IRC from West Africa has been produced and should be used for any person who has been in West Africa in the previous 21 days. The algorithm and is available at: <https://www.gov.uk/government/publications/ebola-advice-for-immigration-removal-centres>

## Events

### **The WHO Health in Prisons Programme annual conference: Irish Prison Service College in Portlaoise, the Republic of Ireland on 2 & 3 October 2014**

WHO, PHE and Irish Prison Service are partnering for this year's event on the theme of 'prisoner empowerment'. Speakers and sessions will explore the implementation of such projects across the world. To register please click here: <https://www.phe-events.org.uk/hpa/frontend/reg/thome.csp?pageID=146163&eventID=369&eventID=369>

### **TB symposium for non-TB Specialists Thursday 2 October 2014 Public Health England, Colindale**

This one day symposium is aimed at non-TB specialists and those requiring a refresher into TB management. For further details contact: [yvette.howell@phe.gov.uk](mailto:yvette.howell@phe.gov.uk) / [training@phe.gov.uk](mailto:training@phe.gov.uk)

### **Norovirus in healthcare settings and beyond – A research workshop, 17 October 2014, London**

This event is a collaboration between PHE and the Infectious Disease Research Network, and will be of relevance to those who have an interest in enteric disease and infection control. For further details: <http://www.idrn.org/events/upcoming/norovirus.php>

**Acknowledgements:** For his contribution to this edition we would like to thank Dave Jones, PHE.

#### Editorial Group

**Dr Éamonn O'Moore**, Director, Health and Justice, PHE  
[eamonn.o'moore@phe.gov.uk](mailto:eamonn.o'moore@phe.gov.uk)

**Dr Autilia Newton**, Acting Deputy Director, Health and Justice, PHE / Health and Justice Health Protection Network Chair  
[autilia.newton@phe.gov.uk](mailto:autilia.newton@phe.gov.uk)

**Cathie Railton**, Epi-scientist Public Health Intelligence in Prisons & Secure Settings Service (PHIPS), Health and Justice, PHE  
[cathie.railton@phe.gov.uk](mailto:cathie.railton@phe.gov.uk) / [health&justice@phe.gov.uk](mailto:health&justice@phe.gov.uk)

**Sarah Lewis**, Health & Justice Public Health Specialist, PHE, North West  
[Sarah.lewis@phe.gov.uk](mailto:Sarah.lewis@phe.gov.uk)

**Joe Sparks**, Press Officer, Health and Wellbeing, PHE  
[Joe.sparks@phe.gov.uk](mailto:Joe.sparks@phe.gov.uk)

PHIPS website pages: <https://www.gov.uk/government/collections/public-health-in-prisons>

PHE publications gateway number: 2014310