Public Health England

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Infection Inside

Quarterly publication from PHE on public health in prisons and other places of detention

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health&justice@phe.gov.uk

Health and Wellbeing Needs Assessment Programme: National Summary

Commissioned by NHS England, Community Innovations Enterprise LLP has recently undertaken a national health and wellbeing assessment on immigration removal centres (IRCs) and short term holding facilities (STHFs).

The assessment maps current service provision and detainees' health and wellbeing needs to support the establishment of a national baseline for healthcare within these services.

The establishments involved in the work are:

- Brook House (London Gatwick Airport)
- Tinsley House (London, Gatwick Airport)
- Cedars (Pease Pottage, Crawley)
- Campsfield (Kidlington, Oxon)
- Colnbrook (Harmondsworth West Drayton)
- Dover (Western Heights, Dover)
- Dungavel (Strathaven, South Lanarkshire, Scotland)
- Harmondsworth (Harmondsworth West Drayton)
- Larne House (Larne, Antrim, NI)
- Morton Hall (Swinderby, Lincolnshire)
- Pennine House (Manchester Airport)
- Yarl's Wood (Clapham, Bedfordshire)
- Haslar (Haslar, Hampshire)

The report included**:**

- **epidemiological needs assessment** - a review of various medical records, clinical activity and services, as well as a literature review on the evidence of effectiveness
- **corporate needs assessment** - consists of consultations with key stakeholders, including IRC healthcare staff as well as related secondary care health providers eg mental health specialists, drug service provider managers, pharmacists etc
- **comparative needs assessment** - comparing existing services and need against current healthcare standards and targets; and
- **the service user experience assessment** – includes focus groups with detainees and questionnaires about their perceptions and experience of healthcare services

Semi-structured interviews were held with 73 healthcare and IRC staff around strengths, weaknesses and suggestions for change. In addition 19 focus groups were held involving 92 detainees and a health needs questionnaire with responses were obtained from 403 detainees.

Findings:

Admissions

Many detainees move frequently between different IRCs and undergo a new assessment each time. For example, the actual number of people entering detention in 2013 was 30,423 (Source: Home Office, Immigration Statistics October to December 2013).

Table 1: Admissions to IRCs 2012/13

IRC	Admissions 2012/13
Haslar	1,740
Morton Hall	4,796
Brook	7,693
Tinsley	2,309
Cedars	153
Dover	3,360
Campsfield	2,896
Dungavel	2,531
Yarl's Wood	5,004
Harmondsworth	5,856
Colnbrook	10,224
Pennine House	3,857
Larne House	485
TOTAL	**50,904**

Access to Secondary care

Rates of access and transfer to local hospital services vary significantly across IRCs, from less than 3% of the detainee population to more than 10%.

There are some significant data gaps and it is also likely that some IRCs combine data on specific specialties eg A&E and/or x-ray referrals may be included in other clinic reporting. The average referral and use rate for secondary hospital services is approximately 5% of the total detainee population.

Health need detainee feedback

Most detainees responding to the detainee health needs questionnaire perceive their physical health to be OK, Good or Very Good (85%). 62 detainees (15%) perceived their physical health to be bad or very bad:

Table 2: Detainee health needs questionnaire feedback physical health (1)

Physical Health (N = 403)					
Rating	***1 Very good***	***2 Good***	***3 OK***	***4 Bad***	***5 Very bad***
Number of Detainees	86 (21.5%)	116 (29%)	139 (34.5%)	37 (9%)	25 (6%)

The majority of detainees report being asked about their physical health when they first entered the IRC:

Table 3: Detainee health needs questionnaire feedback physical health (2)

When you first entered this IRC did anyone ask you about your Physical Health? (N = 403)		
Yes	340	84.5%
No	59	14.5%
Not answered	4	1%

Among those who said that they had seen the doctor 151 detainees (67%) answered the question about waiting times. Most (73%) report having to wait a short time eg less than two days to see the doctor:

Table 4: Detainee health needs questionnaire feedback doctor wait time

How long did you have to wait to see the doctor? (N = 151)		
Less than 24 hours	63	(42%)
Between 1 and 2 days	47	(31%)
Between 3 and 7 days	28	(18.5%)
2 weeks or more	10	(6.5%)
More than 1 month	3	(2%)

228 detainees (57%) report having seen a nurse about a physical health problem.

Table 5: Detainee health needs questionnaire feedback nurse appointments

Since being at this IRC have you seen a Nurse about any Physical Health problems? (N = 403)		
Yes	228	(57%)
No	166	(41%)
Not answered	9	(2%)

Detainees were asked a variety of questions about their physical healthcare:

Table 6: Detainee health needs questionnaire feedback physical healthcare

Since being at this IRC have you had any of the following? (N = 403)	
Someone to check if you have problems with your eyes	69 (17%)
Someone to check if you have problems with your ears	33 (8%)
Someone to check if you have problems with your teeth	88 (22%)
Someone to check if you have problems with your feet	29 (7%)
Someone to check if you have problems with your muscles	36 (9%)

Conclusions

These circumstances, alongside known variances in health need and disease prevalence for particular ethnic and national groups means that there are a variety of health and wellbeing needs that require sensitive and appropriate responses. These include:

- the potential for **communicable diseases to spread or go unchecked** due to the likelihood of detainees not having received childhood immunisations
- **aggravation of long term conditions** eg diabetes due to detainees having avoided contact with formal healthcare services prior to being detained and/or the lack of access to appropriate health services in their home country
- **high levels of stress** resulting in poor mental health and associated physical problems eg skin disorders, lack of sleep etc.;
- risk factors associated with poor health including **smoking, alcohol and drug use**

- **cultural and religious barriers** making early identification and treatment of sexual and blood borne viruses problematic in particular HIV/AIDS;

Although all detainees have access to primary care services while in detention there are a number of systemic problems that provide particular challenges to the process of accurately identifying and meeting the health and wellbeing needs of detainees. These include:

- the **lack of a national template** for initial health screening and assessment
- reliance on **manual data systems** that makes compiling health need and service activity data problematic and time consuming
- **inconsistent use of health need recording systems** eg not all IRCs and STHFs have a long term condition register and many do not record diagnostic classifications, such as READ codes for presenting health problems
- the **range of providers and historical commissioning arrangements** means that there are variances in the type of service configurations across IRCs and STHFs
- the **short length of stay for detainees and numbers transferring internally** within the system inhibits **continuity of care**

Recommendations from the report

Capacity
The detainee population is growing and there is evidence of increasing demand for healthcare in IRCs and STHFs. This demand could be addressed better through improvements to did not attend (DNA) rates and greater use of nurse triage to free up medical appointment time.

Health screening and initial assessment
Scope the introduction of a national template for initial health screening and assessment that would enable standardised information on health need to be compiled across IRCs and STHFs.

Long term conditions
Consider a common template for identification and reporting of long term conditions that would also enable an accurate picture of prevalence in the detainee population as a whole.

Communicable diseases
Ensure that IRCs and STHFs are appropriately included in the PHIPS reporting template for communicable diseases. This would ensure that there is an appropriate focus on the detainee population as distinct from the prison population.

Health promotion
To promote more active engagement amongst detainees with health promotion, including targets for smoking cessation and sexual health screening.

Mental health
Consider establishing a minimum service specification for mental health support services in IRCs and STHFs including the provision of culturally sensitive and appropriate counselling.

Alcohol and drug use
Thought should be given to healthcare staff members receiving appropriate training in assessment and treatment of alcohol and drug problems for detainees.

Wellbeing and social vulnerability factors
Look at the possibility of a national programme for promoting the health and wellbeing of detainees through improved collaboration and partnership between local area commissioners, healthcare providers, IRC and STHF management and detainees.

Equality and diversity
Consider issuing guidance on equality monitoring and setting equality objectives for IRC and STHF healthcare providers.

National strategy and policy development
A national strategy and action plan should be developed for healthcare across the immigration estate that will ensure the delivery of appropriate high quality services that can meet the particular health needs of detainees.

The full report will be available in due course, if you would like to be notified please let the PHIPS Service know at health&justice@phe.gov.uk

NHS Health Checks in prisons

Background

NHS Health Checks provide a systematic assessment of major metabolic, physiologic and lifestyle risk factors for cardio-vascular disease and diabetes. The NHS Health Check programme aims to prevent heart disease, stroke, diabetes and kidney disease, as well as raising awareness of dementia. It acts by promoting active management of risk factors and cardiovascular (CVD) risk as part of a regular dialogue with patients, at least every 5 years, about maintaining and improving their health. The principle of equivalence of healthcare in prisons means that people in detained settings should have equal access to the preventive health programme of NHS Health Checks equal to that of a member of the general public.

The NHS Health Check differs from general ‘well man’ or ‘well women’ checks as each element of the basic CVD risk factor check is evidence based and brought together to provide a summary score of the risk of a heart attack or stroke in the next 10 years. The NHS Health Checks also provides a filter to assess the risk of developing diabetes in the near future. Unlike most other health check programmes the pathway following an NHS health check includes both lifestyle support (stop smoking, advice about diet etc.) and pharmacologic management of risk (principally hypertensive medication and statin

prescribing). This combined approach means that if the programme is implemented effectively with integrated pathways after the programme to manage CVD and diabetes risk it will deliver benefits in both the short and the long term from reduced cardio-vascular events and complications of diabetes.

As part of Section 7A priorities that determine NHS England commissioning of public health functions, specification 29 states that NHS Health Checks should be implemented in all prison and detained settings. Under the Health and Social Care Act 2012 responsibility for the programme passed to local authorities, making them responsible for commissioning NHS Health Checks within the community. NHS England is responsible for commissioning NHS Health Checks in prisons and detained settings and associated preventive services such as stop smoking, physical activity and obesity management programmes. A joint advisory board between NHS England and Public Health England was established in June 2013 to oversee implementation of NHS Health Checks in prisons.

To inform its work the advisory board established an audit of the extent and quality of roll out of the NHS Health Check in prisons in July 2014. The summary results of the audit are provided below (a full report is available from Health&Justice@phe.gov.uk).

The NHS Health Checks in prisons audit results

The audit was sent to all prison health provider leads via NHS England Health and Justice Commissioners. Uptake was supported by PHE Health and Justice leads. The audit achieved an 80% response rate – 85/106 adult prisons (IRCs were excluded). Four main issues were identified from the audit:

- slow implementation;
- poor quality of content of the NHS Health Check;
- poor availability of health promoting lifestyle services;
- inconsistent continuity of care.

i) Slow **implementation**

- Only half (52%) of prisons recorded that they were providing NHS Health checks in July 2014.
- Of those not providing NHS Health Checks 36% plan to do so by 31st March 2015.
- Overall by end March 2015 70% of adult prisons will be or plan to be providing NHS Health Checks.

ii) Low **quality of content** of the NHS Health Check compared to legislation and national standards

- the main issue was the content of the NHS Health Checks and the extent to which they conform to legislated requirements of the NHS Health Check and with national good practice standards
- of those currently providing NHS Health Checks from the audit only 7 prisons were providing the full NHS Health Check amounting to less than one in ten (8%) of all prisons (7/85) who responded to the survey providing the full NHS Health Check.

iii) Availability of **lifestyle health promoting services**

- less than 100% of prisons reported that they are providing follow-on lifestyle health promoting services: 89%; 88%; 70% respectively for smoking cessation; physical activity services and weight loss management
- the majority of these services had a waiting list, eg 80% of stop smoking services had a waiting list. 43% of stop smoking services had a waiting list over 3 months

iv) Variation in arrangements for **continuity of care and continuity of health improvement services "through the gate"**

- 73% of prisons reported that they had a protocol in place to share data with primary care on clinical outcomes on release; 7% reported they had no protocol; 9% left this question blank and 4% were either prisons that did not usually release directly to the community or reported that they were actually sending discharge letters to the prisoner's GP
- less than 20% of prisons reported having a policy to ensure continued access to health improvement services post release: 18%; 5%; 6% for stop smoking, weight management and physical activity respectively

Action plan

A joint NHS Health Checks in prisons working group has been established and a full PID to inform and action plan to address each of the 4 areas of concern from the audit. The main aims of the programme are to ensure equivalence; 100% roll out; improve quality to include all legislated elements of the NHS Health Checks and to show exemplary best practice; improved responsive lifestyle and primary care services and effective pathways to ensure continuity of care through the gate.

Key interventions include:

- developing an NHS Health Checks implementation action plan with each commissioner.
- greater integration of approaches to NHS Health Checks in prisons to that in the general community
- promoting use of the NHS Health Checks website by prison providers and commissioners as a source of information about NHS Health Checks http://www.healthcheck.nhs.uk/
- involvement of Health and Justice representatives on the Local Implementers National Forum (a forum of Local Authority commissioners for sharing best practice)
- developing a session on NHS Health Checks in prisons for the NHS Health Check annual conference in February
- running a webinar about the results of the survey and the PID to tackle the issues
- further develop national monitoring of prison activity via the HJIPs (Health and Justice Indicators of Performance) and integrate this data onto the NHS Health Check website Prisons and Detained settings page
- integrate the work on lifestyle services with other work streams such as that happening to progress smoke free prisons
- integrate the development of work required to ensure continuity of care and prevention following an NHS Health Checks with the wider work occurring as part of Transforming Rehabilitation. Aim to include within each supervision plan a health improvement element.

Ebola outbreak in West Africa and preparedness in the detention system in the UK

Since March 2014 there has been a large outbreak of Ebola virus in West Africa, with widespread and intense transmission in Guinea, Liberia and Sierra Leone. This is the largest ever known outbreak of this disease prompting the World Health Organization (WHO) to declare a Public Health Emergency of International Concern in August 2014. Sporadic cases have also occurred in Senegal, Nigeria, Mali, the US and Spain.

The incubation period of Ebola ranges from 2 to 21 days, and so whilst unlikely, it is not impossible that a person infected in Guinea, Liberia or Sierra Leone could arrive in the UK.

While a fever in persons who have travelled from Ebola transmission areas is more likely to be caused by a common infection, such as malaria or typhoid fever, healthcare and custody staffs in UK detention settings (including IRCs, police custody suites and prisons) should remain vigilant for those who have come from areas affected by this outbreak and subsequently become unwell.

To assist staff in detention settings to identify possible cases of Ebola, PHE has devised an algorithm, specifically adapted to each of the different settings. The algorithms are included in guidance, completed with instructions on whom to contact once suspicion of Ebola has arisen about an individual in one of these settings. Further guidance gives more detailed information on use of Personal Protective Equipment (PPE) for police officers, who might come across a possible Ebola case during their work in the field.

PHE will continue to work with key partners, including both national and local teams of Home Office, NHS England, and the National Offender Management Service, to strengthen the level of understanding of Ebola and the level of confidence in managing a suspected case in an IRC.

News

PHE publications

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

- **Guidance for 2014/15 on responding to cases or outbreaks of seasonal flu in prisons and other prescribed places of detention within the criminal justice system in England**
  https://www.gov.uk/government/collections/public-health-in-prisons
- **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

- **Ebola: Advice for prescribed places of detention** https://www.gov.uk/government/collections/ebola-virus-disease-clinical-management-and-guidance
- **Guidance on Infection Control for Chickenpox and Shingles in Prisons, Immigration Removal Centres and other Prescribed Places of Detention** (third edition) https://www.gov.uk/government/collections/public-health-in-prisons
- **Hep C secondary care prison contacts** https://www.gov.uk/government/publications/improving-testing-rates-for-blood-borne-viruses-in-prisons-and-other-secure-settings

Also published by our Chief Knowledge Office directorate:

- **Local authority liver disease profiles** https://www.gov.uk/government/news/phe-launches-local-authority-liver-disease-profiles

Other publications

- **WHO Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations** http://www.who.int/hiv/pub/guidelines/keypopulations/en/

Flu vaccine coverage in English prisons

The PHIPS Service is now circulating data on vaccine coverage in prisons for seasonal flu. This is done in partnership with ImmForm and the activity inputted into SystmOne is used to populate the regular reports. The seasonal flu vaccine data is circulated every Thursday. If you would like to receive this email the team: health&justice@phe.gov.uk

United Nations Office on Drugs and Crime review of HIV services in prisons

The National Drug and Alcohol Research Centre, University of New South Wales, Australia is currently undertaking a review HIV services in prisons around the world on behalf of the United Nations office on Drugs and Crime. The review focusses on various key themes including:

- education and communication on HIV
- HIV testing and counselling
- harm reduction including condom programmes, prevention of mother to child transmission of HIV, prevention of HIV transmission through tattooing and piercing, needle and syringe exchange and prevention of sexual violence
- vaccination, diagnosis and treatment of viral hepatitis
- TB prevention, diagnosis and treatment

We have provided the response for England and will publish the link for the findings when completed.

Events

BBV opt-out testing in prisons, 21 May 2015, Holiday Inn, Birmingham

The date has now been set for next year's national BBV opt-out testing in prisons event. More details will follow.

Applied Epidemiology Scientific Meeting, 18-19 March 2015, Warwick University
The aim of this meeting is to help strengthen epidemiology and support high quality and innovative science through sharing of good practice. Further details: https://www.phe-events.org.uk/hpa/frontend/reg/thome.csp?pageID=167479&eventID=427&eventID=427

WHO/Health in Prison Programme (HIPP) Conference

Portlaoise, Ireland October 2014

Public Health England

Seirbhís Phríosúin na hÉireann IRISH PRISON SERVICE

World Health Organization REGIONAL OFFICE FOR Europe

Following on from the success of our conference last year in London titled 'Delivering High Quality Healthcare in Prisons and Continuing Care Beyond the Prison Wall', in partnership with WHO and the Irish Prison Service our second conference took place in October 2014 in Portlaoise, Ireland. The event was attended by professionals from around Europe, all with a key interest in health and justice. Presentations from the event are available if you contact us at health&justice@phe.gov.uk

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