Research report April 2023

Living (and dying) as an older person in prison

Understanding the biggest health care challenges for an ageing prisoner population

Miranda Davies, Rachel Hutchings,
Eilís Keeble and Laura Schlepper

nuffieldtrust

Acknowledgements

We would like to thank the stakeholders who have supported this work. Our stakeholders included people with lived experience of prison as well as representatives from the Royal College of Nursing, Hospice UK, Recoop, the Royal College of General Practitioners' Secure Environments Group, the Howard League, the Hospice Charities Partnership, the Ministry of Justice, Cruse Bereavement Support and palliative care practitioners.

We are very grateful to the men with lived experience of prison who took the time to give us their perspectives on the health care needs of older people in prison. We thank Marc Conway, Prisoner Engagement Co-Ordinator at the Prison Reform Trust, for facilitating lived experience involvement.

We would also like to thank Sarah Scobie, Natasha Curry, Simon Keen and Rowan Dennison from the Nuffield Trust for supporting pre-publication review.

This project was funded by The Health Foundation, an independent charity committed to bringing about better health and health care for people in the UK.

This work uses data provided by patients and collected by the NHS as part of their care and support. Read more on our website: www.nuffieldtrust.org.uk/about/corporate-policies#informationsecurity-and-data.

Contents

About this report

In July 2022, the Nuffield Trust published *Inequality on the Inside: Using hospital data to understand the key health care issues for women in prison*,[1] the first of three reports providing a detailed look at the health care needs of specific groups within the prisoner population of England. We now move the focus to older people in prison, drawing on admitted patient care data and outpatient data from 2019/20 to examine how people in prison aged 50 or older use hospital services. Our wider body of prisoner health work has shown that there are ongoing issues that all people in prison can face in accessing hospital care, but we hope that this report will draw attention to the specific needs of older people and how the challenging conditions in prison uniquely affect them.

For this research we spoke to a range of stakeholders about the needs of older people in prison, which helped to inform the health care issues we focus on. In this report we outline our findings and finish by considering how the prison estate may need to adapt to manage the health care needs of increasing numbers of older people in prison in the future.

1 Davies M, Hutchings R and Keeble E (2022) *Inequality on the Inside: Using hospital data to understand the key health care issues for women in prison*. Nuffield Trust. www.nuffieldtrust.org.uk/research/inequality-on-the-inside-using-hospital-data-to-understand-the-key-health-care-issues-for-women-in-prison. Accessed 15 March 2023.

Summary

The number of older people in prison in England and Wales is increasing, but prisons are not well set up to meet health care needs associated with ageing. Between 2010 and 2022, the number of prisoners aged 50 or older increased by 67% (from 8,263 to 13,835),[2] and is predicted to increase to 14,800 by July 2025.[3]*

Prisoners tend to be in poorer health than the general population, and this is particularly the case for older prisoners, who are considered to be 'older' from the age of 50 in recognition of their additional health care needs. Tough conditions in prison – regime constraints, poor living conditions and the threat of violence – disproportionately affect older prisoners, but these are not new problems. The extent to which the needs of older people in poor health can be met effectively in a prison setting is questionable, given the multiple competing priorities.

For this work we used routinely collected hospital data to look at the health care needs of older people in prison in England. A summary of the key findings and considerations for policy-makers are provided below. We found significant health care needs associated with frailty among our older prisoner population. We consider the implications for the prison service of managing increasing numbers of older prisoners as the population continues to age.

*All percentages in this report have been rounded to the nearest whole number.

2 GOV.UK Annual prison population: 2022 www.gov.uk/government/statistics/offender-management-statistics-quarterly-january-to-march-2022

3 Ministry of Justice (2021) 'Prison population projections 2021 to 2026, England and Wales'. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1035682/Prison_Population_Projections_2021_to_2026.pdf.

More than 40% of men in prison aged 50 or more who were admitted to hospital in an emergency showed signs of frailty, risking poorer health outcomes. This is concerning among people much younger than we would normally consider as frail.

A much higher proportion of older people in prison are frail than in the general population, where the prevalence of frailty in adults aged 50+ has been estimated to be just 8%.[4] We found that 44% of men (n=997) aged 50+ in prison who were admitted to hospital in an emergency between 2018/19 and 2019/20 were classified as having either intermediate or high-risk frailty. Prisoners who were frail were found to be more likely to suffer from mobility problems, anxiety and depression, incontinence and dementia. Of men classified as having high-risk frailty, 29% had at least one hospital admission where dementia was recorded as a diagnosis. There are practical challenges managing frailty in a prison setting.

For prison staff, the reality of an ageing prisoner population is that they have to manage death, dying and ill-health associated with old age as a part of their job role. This adds to an already complex staffing picture.

There are people in prison receiving palliative care. Between 2016 and 2020, 190 older men with a palliative care diagnosis were admitted to hospital (including 50 in the most recent year of data, 2019/20). This was for a variety of reasons but in 40% of cases they had a primary diagnosis of cancer when admitted to hospital.

4 Sinclair DR, Maharani A, Chandola T, Bower P, Hanratty B, Nazroo J, O'Neill TW, Tampubolon G, Todd C, Wittenberg R, Matthews FE and Pendleton N (2022) 'Frailty among older adults and its distribution in England', *The Journal of Frailty & Aging* 11, 163–8. https://doi.org/10.14283/jfa.2021.55. Accessed 15 March 2023.

Older people in prison face possible health risks associated with high blood pressure.

Our work highlights the importance of understanding and addressing the health inequalities that people in prison face. We found that approximately 30% of hospital admissions by older men in prison had a diagnosis of high blood pressure (hypertension) recorded. This is less than we might expect if we compare it with the proportion of older men in the general population admitted to hospital with high blood pressure. Prisoners' hospital admissions where there was a diagnosis of hypertension were 162 per 1,000, compared with 213 per 1,000 for men in the general population. Given that older men in prison face multiple risk factors for cardiovascular disease, we would expect rates to be higher than in the general population. The difference is likely to reflect the challenges that older people face in accessing hospital care while in prison and raises questions about how effectively high blood pressure in the prison population is identified and treated. High blood pressure increases the risk of stroke and heart disease. Identifying hypertension is seen as a priority for the NHS as part of addressing underlying health inequalities.

The number of older women in prison is relatively small, but they were found to have significant health care needs associated with depression.

Older women in prison have different health care needs from those of older men in prison. More than 20% of admissions to hospital by older women in prison had a diagnosis of depression recorded, while for their male counterparts this was under 8%.

Considerations for policy-makers

Prisons are not currently set up to support the significant and varied health care needs of older people in the prisoner population. The upcoming Older Offenders strategy provides an opportunity to highlight the needs of older prisoners and ensure that the prison system is equipped and supported to address them. But success requires a coordinated response. Action is required from across the system to equip prisons and prison staff with the resources they need, particularly in light of the increasing number of older people in prison. This includes:

- ensuring prisons have access to the resources and equipment necessary to support older people in prison living with frailty
- supporting prison staff to develop the skills and confidence to manage older people in prison
- sharing best-practice examples of health care support for older people in prison.

1 Introduction

There are people of all ages in prison, including some of the oldest members of our society. Roughly one in six prisoners in England and Wales (17%) is over 50 years of age,[5] with the oldest reported prisoner in 2019 being 104 years old.[6]

It is widely accepted that older people in prison tend to be in poor health,[7,8] although there are no large-scale data on the health care needs of older prisoners. A survey by Clinks and Recoop[9] of 110 older prisoners reported that 61% had physical health issues, but other estimates are as high as 93% experiencing at least one physical health problem.[10]

5 GOV.UK Annual prison population: 2022 www.gov.uk/government/statistics/offender-management-statistics-quarterly-january-to-march-2022

6 BBC News (2019) 'Ageing prison population "sees officers working as carers"'. www.bbc.co.uk/news/uk-england-50082036. Accessed 15 August 2022.

7 House of Commons Justice Committee (2020) *Ageing Prison Population: Fifth report of session 2019–21: Report, together with formal minutes relating to the report*. House of Commons. https://committees.parliament.uk/publications/2149/documents/19996/default. Accessed 15 March 2023.

8 Prison Reform Trust (2022) *Bromley Briefings Prison Factfile: Winter 2022*. Prison Reform Trust. https://prisonreformtrust.org.uk/publication/bromley-briefings-prison-factfile-winter-2022. Accessed 15 March 2023.

9 Clinks and Recoop (2021) *Understanding the Needs and Experiences of Older People in Prison*. Clinks and Recoop. https://clinks.org/publication/understanding-needs-and-experiences-older-people-prison. Accessed 16 August 2022.

10 Hayes AJ (2012) 'The health and social needs of older male prisoners', International *Journal of Geriatric Psychiatry* 27(11), 1155–62.

Numbers of older people in prison over time

For many years there have been calls for a targeted strategy to meet the needs of older people in prison.[11,12] In part, this is due to the increasing numbers of older people in prison and concerns about how any future increases will be managed. The number of prisoners aged 50 years or older increased by 67% between 2010 and 2022 (from 8,263 to 13,835).[13]

Older people in prison for historical sex offences are often highlighted when talking about the ageing prisoner population, and while they do make up a sizable proportion of the older population in prison this is only part of the story. On the 30 September 2020, 44% of men aged 50+ in prison were serving sentences for sexual offences (5,552 out of 12,740), rising to 78% (1,300 out of 1,669) of the over-70s.[14] The ageing prisoner population is also a product of people who entered prison at a young age and have grown older, as well as people who have been in and out of prison multiple times throughout their life. The Prison Reform Trust Bromley Briefings provide a useful summary of the profile of older people in prison.[15]

11 House of Commons Justice Committee (2020) *Ageing Prison Population: Fifth report of session 2019–21: Report, together with formal minutes relating to the report*. House of Commons. https://committees.parliament.uk/publications/2149/documents/19996/default. Accessed 15 March 2023.

12 House of Commons Justice Committee (2013) *Older Prisoners: Fifth report of session 2013–14*. House of Commons. www.parliament.uk/globalassets/documents/commons-committees/Justice/Older-prisoners.pdf.

13 GOV.UK Annual prison population: 2022 www.gov.uk/government/statistics/offender-management-statistics-quarterly-january-to-march-2022

14 UK Parliament (2020) 'Prisoners: question for Ministry of Justice, UIN HL10578, tabled on 23 November 2020'. https://questions-statements.parliament.uk/written-questions/detail/2020-11-23/hl10578. Accessed 11 October 2022.

15 Prison Reform Trust (2022) *Bromley Briefings Prison Factfile: Winter 2022*. Prison Reform Trust. https://prisonreformtrust.org.uk/publication/bromley-briefings-prison-factfile-winter-2022. Accessed 15 March 2023.

'Older age' begins at 50 years old in prison

We would not normally consider someone aged 50 years old to be an 'older person', but in a prison context this is generally considered to be the start of older age. While not all older people in prison will be in poor health, in prison there tends to be more people in poorer health, experiencing health conditions that would normally be seen at a later stage. For example, prisoners are at a greater risk of poor cardiovascular health than the general population, which means they should be invited to receive an NHS Health Check at age 35 (instead of 40).[16]

Day-to-day life for older people in prison

There is a lot of variation between prisons in terms of what day-to-day life looks like for older people. While some have tailored facilities for the older population, such as day centres or low-impact exercise classes, a lack of meaningful activities for older people in prison more generally is a commonly raised concern.[17]

Some prisons have dedicated wings or house blocks for older prisoners, whereas in others they are dispersed throughout the prison. For prisoners who are disabled or have reduced mobility, even physically moving around the prison can be challenging in some places (particularly older prisons), as prisons were not built to be accessible for people using wheelchairs or walking aids.

16 Public Health England (2017) *Physical Health Checks in Prisons Standards: A framework for quality improvement*. Public Health England. www.healthcheck.nhs.uk/seecmsfile/?id=553. Accessed 19 October 2022.

17 House of Commons Justice Committee (2020) *Ageing Prison Population: Fifth report of session 2019–21: Report, together with formal minutes relating to the report*. House of Commons. https://committees.parliament.uk/publications/2149/documents/19996/default. Accessed 15 March 2023.

The wider issues that have an impact on everybody in prison, regardless of their age, compound the challenges of being an older person in prison. These include poor living conditions, longstanding staffing pressures and high levels of violence. The pressures on the prison estate can mean that, at times, the regime is minimised to prioritise basic core functions, such as people receiving food. This can mean that tailored activities (such as gym sessions just for older prisoners) are paused or withdrawn. It is of note that some activities and support for older prisoners in some locations were stopped at the start of the Covid-19 pandemic and have not yet reopened.[18]

For staff, the realities of an ageing prisoner population mean they may be working with prisoners with dementia, chronic health conditions or even people in receipt of palliative or end-of-life care as part of their job role. The Prison Officers' Association has raised concerns about the pressure this puts on staff and the need for specialist training.[19] The government committed to releasing an Older Offenders strategy in 2022.[20] This has still not been published but the *Prisons Strategy White Paper* reports that it will set out the need for staff to be trained to recognise age-related health conditions, such as dementia.[20]

18 HM Inspectorate of Prisons (2020) *Report on a Scrutiny Visit to HMP Wymott by HM Chief Inspector of Prisons*. HM Inspectorate of Prisons. www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2020/09/Wymott-web-2020.pdf.

19 BBC News (2019) 'Ageing prison population "sees officers working as carers"'. www.bbc.co.uk/news/uk-england-50082036. Accessed 15 August 2022.

20 Ministry of Justice (2021) *Prisons Strategy White Paper*. Ministry of Justice. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1038765/prisons-strategy-white-paper.pdf.

Deaths in prison

Nearly 90% of all natural-cause deaths[21] in prison in 2022 were among prisoners over the age of 50.[22] Although we may expect older people to die as a result of normal ageing, INQUEST's casework and monitoring found that natural-cause deaths often occur after 'serious lapses in healthcare' (p. 5).[23]

Outline of this report

In this report we look at how older people in prison have used hospital services. The majority of this report is focused on the health care needs of older men in prison, with a separate section about older women, who made up just a small percentage of people aged 50 or older in prison on 31 March 2022 (4%, n=493).[24] Women in prison have distinct health care needs and we have looked in greater detail at how women in prison of all ages use hospital services in a separate report.[25] Throughout the report, where we refer to older prisoners, we mean people 50 years of age or older.

21 Natural-cause deaths are defined as 'any death of a person as a result of a naturally occurring disease process' – see Ministry of Justice (no date) *Guide to Safety in Custody Statistics*. Ministry of Justice. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1131416/Guide_to_Safety_in_Custody_Statistics_January_2023.pdf

22 Ministry of Justice & HM Prison and Probation Service (2023) Safety in custody quarterly bulletin: September 2022 https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-september-2022

23 INQUEST (2020) 'Deaths in prison: a national scandal'. www.inquest.org.uk/deaths-in-prison-a-national-scandal. Accessed 13 September 2022.

24 GOV.UK Annual prison population: 2022 www.gov.uk/government/statistics/offender-management-statistics-quarterly-january-to-march-2022

25 Davies M, Hutchings R and Keeble E (2022) *Inequality on the Inside: Using hospital data to understand the key health care issues for women in prison*. Nuffield Trust. www.nuffieldtrust.org.uk/research/inequality-on-the-inside-using-hospital-data-to-understand-the-key-health-care-issues-for-women-in-prison. Accessed 15 March 2023.

Based on feedback from stakeholders, we focus in particular on using hospital data to calculate the frailty status of older prisoners, as well as learning about the use of hospital services by people in receipt of palliative or end-of-life care. Given the continuing increase in the number of older people in prison, we hope that this work will fill in some of the evidence gaps and support planning for future health care provision for older people in prison.

What did the work involve?

We conducted a literature review of the physical health care needs of prisoners[26,27] to consider the existing evidence on health care issues specific to older people in prison. We spoke to a range of stakeholders to shape our understanding of the most important health care issues for older people in prison as well as wider issues that affect this group and therefore the care they need. Where relevant we refer to insight from the literature review in this report. We used Hospital Episode Statistics (HES) data to look at the use of hospital services by older men in prison in England. Most of the analysis uses data from 2019/20, but where relevant we look across a longer data period, from 2016/17 to 2019/20. Our research approach is described in full in the Appendix.

26 Davies M, Rolewicz L, Schlepper L and Fagunwa F (2020) *Locked Out? Prisoners' use of hospital care*. Nuffield Trust. www.nuffieldtrust.org.uk/research/locked-out-prisoners-use-of-hospital-care. Accessed 9 September 2021.

27 Davies M, Keeble E and Hutchings R (2021) *Injustice? Towards a better understanding of health care access challenges for prisoners*. Nuffield Trust. www.nuffieldtrust.org.uk/research/injustice-towards-a-better-understanding-of-health-care-access-challenges-for-prisoners. Accessed 15 March 2023.

2 Why do older prisoners use hospital services?

On 30 June 2019, there were just over 13,000 older men (13,069) in prison,[28] which is 17% of the total male prisoner population. Table 1 shows that older prisoners account for over a third of all hospital admissions by men in prison (37%). Although this seems large relative to the size of the older prisoner population, age-standardised admission rates for male prisoners aged 50+ are lower than those seen in the general population (aged 50–59: 282 per 1,000 compared with 324 per 1,000; aged 60+: 630 per 1,000 compared with 698 per 1,000).[29] This means older prisoners are being admitted to hospital less than we might expect, particularly bearing in mind that prisoners tend to have higher health care needs.

28 GOV.UK Annual prison population: 2022 www.gov.uk/government/statistics/offender-management-statistics-quarterly-january-to-march-2022

29 Davies M, Keeble E and Hutchings R (2021) Injustice? *Towards a better understanding of health care access challenges for prisoners*. Nuffield Trust. www.nuffieldtrust.org.uk/research/injustice-towards-a-better-understanding-of-health-care-access-challenges-for-prisoners. Accessed 15 March 2023.

Table 1: Admissions to hospital and outpatient appointments by men in prison aged 50+, 2019/20

	Admitted patient care	Outpatients
Number of men	2,488	6,977
Number of admissions/appointments		
Aged 50 or over	5,054	27,669
Aged 70 or over	*1,304*	*5,970*
% of all admissions/appointments by older men in prison	37%	30%

While hospital data do not tell us about the health care that older people receive in prison that may impact on their need for secondary care and therefore explain some of the difference seen, it is important that both prison services and health care commissioners and providers understand how and why older prisoners are using hospital services. We would expect older prisoners to have high use of health services given their age-related health care needs, but the key concern is that they are not getting access to the care they need. In addition, even though there are questions about whether older men in prison receive the amount of hospital care that might be expected, they generate significant demand for secondary care. It may be that providing different health services in prison would lessen demand for hospital care for this age group and improve their experiences of care.

Older people in prison use hospital services for different sorts of reasons than we tend to see if we look at hospital use across prisoners of all ages. In 2019/20, injury and poisoning were the most common reason for a hospital admission across the whole prison estate, representing 19% of all primary admissions,[30] but Figure 1 shows that only 5% of hospital admissions by older

30 Davies M, Keeble E and Hutchings R (2021) *Injustice? Towards a better understanding of health care access challenges for prisoners*. Nuffield Trust. www.nuffieldtrust.org.uk/research/injustice-towards-a-better-understanding-of-health-care-access-challenges-for-prisoners. Accessed 15 March 2023.

prisoners in 2019/20 were due to injury and poisoning. This compares with 28% of all hospital admissions by men under 50 years old.

The extent to which managing the impact of injury and poisoning in prison affects older prisoners' access to hospital care is unclear. Prisons have a fixed number of escorts (staff to accompany prisoners to hospital) each day. Cases of injury and poisoning are likely to represent acute health care need, which has to be prioritised within escort capacity, but data on people who miss escort slots and their health care outcomes are not collected. For older prisoners, admissions are most commonly due to diseases of the genitourinary system, diseases of the digestive system or cancer.

Figure 1: Primary diagnosis for older male prisoners (aged 50+) versus younger male prisoners

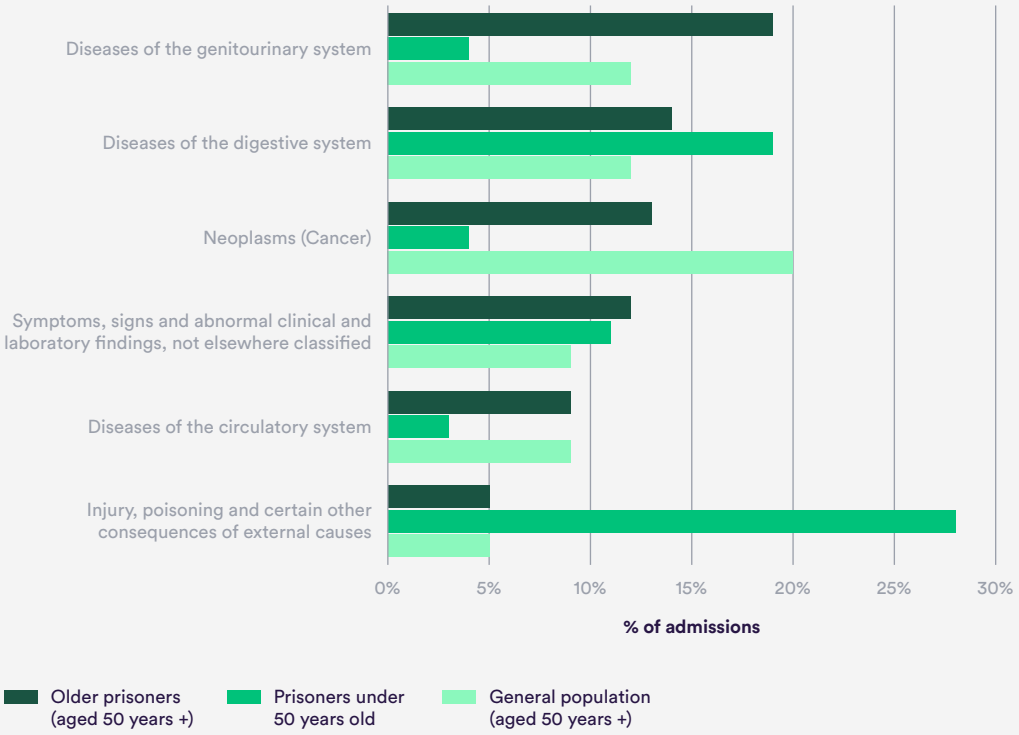


Figure 1 shows that older men in the general population had a much higher proportion of hospital admissions with a primary diagnosis of cancer than older men in prison (20% versus 13%). We compared age-standardised cancer admission rates to look at this difference in more detail and found a similar pattern. Older prisoners' hospital admissions where there was a primary diagnosis of cancer were 67 per 1,000 compared with 113per 1,000 for men in the general population. The concern is that this difference reflects prisoners not having cancer detected and subsequently treated due to challenges they can face in accessing health care services.

Stakeholders with lived experience of prison spoke to us about the experience of attending hospital from prison. They described feelings of indignity and shame due to being "double-cuffed", particularly if they required an intimate examination. A lack of family or other support networks exacerbated this, especially if people were required to attend hospital for an appointment related to a terminal diagnosis. Stakeholders noted that this deterred people in prison from attending health care appointments.

More generally, stakeholders spoke about the impact of age dynamics in prison, with particular concerns around older prisoners being bullied for medication. It was felt that the use of drugs was less of an issue for older prisoners, which may explain the differences in hospital admissions by age group for injury and poisoning.

The needs of older prisoners with kidney disease

Genitourinary admissions by older prisoners are predominantly the result of a relatively small number of patients with chronic kidney disease having to attend hospital regularly for dialysis. In 2019/20, there were 747 hospital admissions by nine men in prison who had a primary diagnosis of chronic kidney disease and were attending hospital for dialysis, which accounted for 15% of all hospital admissions by older prisoners. Younger prisoners were much less likely to be attending hospital regularly for dialysis. In 2019/20, only 1 of hospital admissions by prisoners under the age of 50 were by patients with chronic kidney disease requiring dialysis.

In previous Nuffield Trust work we have highlighted that, where prisoners require regular dialysis, this will have an impact on the availability of hospital escorts for prisoners with other health care needs.[31] Prisons with a large proportion of the prison population over the age of 50 are therefore likely to be particularly impacted in terms of escort availability for other health care needs.

31 Davies M, Keeble E and Hutchings R (2021) *Injustice? Towards a better understanding of health care access challenges for prisoners*. Nuffield Trust. www.nuffieldtrust.org.uk/research/injustice-towards-a-better-understanding-of-health-care-access-challenges-for-prisoners. Accessed 15 March 2023.

3 Health inequality in prison – applying the lens of Core20PLUS5

There is an increasing emphasis on identifying groups who experience health inequality to target resources to help those most in need. A key example of work in this space is the Core20PLUS5 approach of NHS England and NHS Improvement,[32] which was developed as a framework to identify and reduce health inequalities across the population. It focuses on the most deprived 20% in the population (Core20), 'PLUS' groups who may experience inequalities for other reasons. People in contact with the criminal justice system form part of the 'PLUS' aspect of Core20PLUS5. They are noted as an inclusion health group who face inequalities because of their risk factors for poor health alongside a high level of health care need.

There is wider evidence of the increased health care needs of people in prison. A survey of six prisons in England found that 12% (n=146) of male prisoners who took up the offer of an NHS Health Check had a new significant cardiovascular comorbidity (hypertension, type 2 diabetes or chronic kidney disease) – this is similar to community levels but in a population 10 years younger.[33]

We have used the lens of the Core20PLUS5 approach to look at the health care needs of older prisoners. The approach highlights five clinical areas where

32 NHS England (2021) 'Core20PLUS5: an approach to reducing health inequalities'. www.england.nhs.uk/wp-content/uploads/2021/11/core20plus5-online-engage-survey-supporting-document-v1.pdf.

33 Packham C, Butcher E, Williams M, Miksza J, Morriss RK and Khunti K (2020) 'Cardiovascular risk profiles and the uptake of the NHS Healthcheck programme in male prisoners in six UK prisons: an observational cross-sectional survey', *BMJ Open* 10(5), e033498.

improvement is thought to be needed most to reduce inequality. We looked at hospital admissions by older men in prison that fall under four of the five areas: hypertensive disorders, chronic respiratory diseases, severe mental illness and cancer (the fifth area is maternity care, which is not relevant to the older, male, prisoner population).

Complications of high blood pressure

Hypertension case finding is included in the Core20PLUS5 approach as a clinical area of focus. The aim is to identify patients with high blood pressure so that interventions can be put in place to lower their blood pressure and subsequently minimise the risk of stroke and heart attack. People in prison face many risk factors for cardiovascular diseases. Risk assessments of 299 men at HMP Parc in Wales in 2019 found that the majority were overweight or obese and 25% had systolic hypertension.[34]

We looked at hospital admissions by men where hypertension had been flagged as a diagnosis, as well as admissions where other key hypertensive disorders (such as coronary heart disease or stroke) were recorded. Table 2 shows that over 1,400 older men (1,475) admitted to hospital had a diagnosis of hypertension – this equates to 29% of all hospital admissions by men aged 50 or older in prison. This is actually less than we might expect if we compare it with the proportion of older men in the general population admitted to hospital with high blood pressure. Prisoners' hospital admissions where there was a diagnosis of hypertension were 162 per 1,000, compared with 213 per 1,000 for men in the general population. Given that older men in prison face multiple risk factors for cardiovascular disease, we would expect rates to be higher than in the general population. There are a number of reasons why this difference may be seen. It may reflect the different case mix of patients from prison who are able to attend hospital due to the limited number of escort slots. For instance, we know from previous research that 6% of all hospital

34 Gray BJ, Craddock C, Couzens Z, Bain E, Dunseath GD, Shankar AG, Luzio SD and Perrett SE (2020) 'Abundance of undiagnosed cardiometabolic risk within the population of a long-stay prison in the UK', *European Journal of Public Health* 31(3), 461–6, doi: 10.1093/eurpub/ckaa187.

admissions by prisoners are for a small number who need to attend for regular dialysis.[35]

It may also reflect the challenges prisoners face in accessing hospital care, which raises further separate questions about whether high blood pressure is routinely identified and treated in prison settings. It is important to note that this analysis only captures cases of hypertension that have been identified, which requires blood pressure to have been checked. While this is a standard assessment in a hospital setting, in a prison setting high blood pressure may go undetected if people are not experiencing symptoms.

Table 2 sets out our findings in relation to admissions to hospital by men in prison aged 50+ falling under the four clinical areas under study.

35 Davies M, Rolewicz L, Schlepper L and Fagunwa F (2020) *Locked Out? Prisoners' use of hospital care*. Nuffield Trust. www.nuffieldtrust.org.uk/research/locked-out-prisoners-use-of-hospital-care. Accessed 9 September 2021.

Table 2: Admissions to hospital by men in prison aged 50+ with a diagnosis falling under one of the Core20PLUS5 clinical areas in any coding position within a hospital spell, 2019/20

	Diagnosis	Number of admissions (number of people)	% of all admissions
Hypertensive disorders	Essential (primary) hypertension	1,475 (944)	29%
	Coronary heart disease	1,146 (645)	23%
	Atrial fibrillation	347 (202)	7%
	Heart failure	303 (161)	6%
	Stroke	44 (38)	1%
Chronic respiratory diseases	Chronic obstructive pulmonary disease (COPD)	658 (372)	13%
	Asthma	385 (267)	8%
	Pneumonia	156 (136)	3%
Severe mental illness	Depressive disorder	387 (274)	8%
	Schizophrenia, schizotypal and delusional disorders	76 (55)	2%
	Bipolar disorder	34 (20)	1%
Cancer	Digestive system tumours	182 (59)	4%
	Genital cancer	119 (59)	2%
	Benign tumours	111 (101)	2%
	Oral cancer	97 (12)	2%
	Lung cancer	94 (29)	2%
	Blood and bone cancer	74 (19)	1%

The challenges of being an older person in prison

We looked at a range of health care needs, which our stakeholders highlighted were issues for older people in prison, to see how often they were flagged in hospital admissions.

Stakeholders with lived experience of prison said that some older people in prison felt unsafe, particularly around younger prisoners, due to a perceived (and actual) risk of violence or bullying if they were seen to be 'weak' due to their age or had medication that could be taken from them. Concerns about the threat of violence from other prisoners were thought to be a particular issue for older people in prison for historical sex offences.

There were also health issues that could occur with age, such as incontinence, that led to people being teased or bullied.

Table 3 sets out our findings in relation to admissions for diagnoses that particularly affect older people.

Table 3: Admissions to hospital by men in prison aged 50+ with a diagnosis that can be associated with older age, in any coding position, 2019/20

	Number of admissions	Number of people
Falls	94	88
Urinary tract infection (UTI)	82	75
Urinary incontinence	62	48
Faecal incontinence	13	11

While the numbers of people may be relatively small, stakeholders raised concern about the extent to which prisons are equipped to meet the needs of older prisoners, both in terms of resources (for example in the case of incontinence, incontinence pads, spare changes of clothes or fresh sheets) and staff who are understanding and can manage potential discomfort or

embarrassment. These situations also take time to resolve yet staff shortages mean there are many competing demands on prison officers' time.

Older women in prison

The number of women in prison aged 50+ who use hospital services is small and admissions by this age group make up just 20.8% of all hospital admissions by women in prison (see Table 4).

Table 4: Admissions to hospital and outpatient appointments by women in prison aged 50+, 2019/20

	Admitted patient care	Outpatients
Number of men	127	416
Number of admissions/appointments		
Aged 50 or over	247	1,678
Aged 70 or over	*20*	*88*
% of all admissions/appointments by women in prison	21%	19%

We looked at hospital admissions by older women that fall under four of the five clinical areas outlined in the Core20PLUS5 approach[36] (the fifth area is maternity care, which is not relevant to the older prisoner population). Table 5 shows that 29% of older women in prison who used hospital services had a diagnosis of primary hypertension – this is similar to the percentage of older men in prison who had this diagnosis.

36 NHS England (2021) 'Core20PLUS5: an approach to reducing health inequalities'. www.england.nhs.uk/wp-content/uploads/2021/11/core20plus5-online-engage-survey-supporting-document-v1.pdf.

Table 5: Admissions to hospital by women in prison aged 50+ with a diagnosis falling under one of the Core20PLUS5 clinical areas in any coding position within a hospital spell, 2019/20

	Diagnosis	Number of admissions (number of people)	% of all admissions
Hypertensive disorders	Essential (primary) hypertension	71 (35)	29%
	Coronary heart disease	27 (16)	11%
Chronic respiratory diseases	Chronic obstructive pulmonary disease (COPD)	52 (27)	21%
	Asthma	28 (19)	11%
	Pneumonia	13 (-)	5%
Severe mental illness	Depressive disorder	52 (35)	21%
	Schizophrenia, schizotypal and delusional disorders	18 (12)	7%
Cancer	Breast cancer	25 (-)	10%

Note: - = the number is too small to report.

Our work also shows that a higher percentage of older women in prison who used hospital services had a diagnosis of depression flagged than older men in prison: 21% of hospital admissions by older women in prison had a diagnosis of depression flagged compared with just 8% of older men in prison. It is unclear why more older women in prison have a diagnosis of depression than older men. It may reflect a higher prevalence in the women's estate or that men are less likely to seek support and therefore be diagnosed. It may also reflect the complex health care needs of women in prison, which is indicated in the data on those who use hospital services. Female prisoners' hospital admissions where there was a diagnosis of depression were also much higher than seen for older women in the general population (98 per 1,000, compared with 34 per 1,000 among those in the general population).

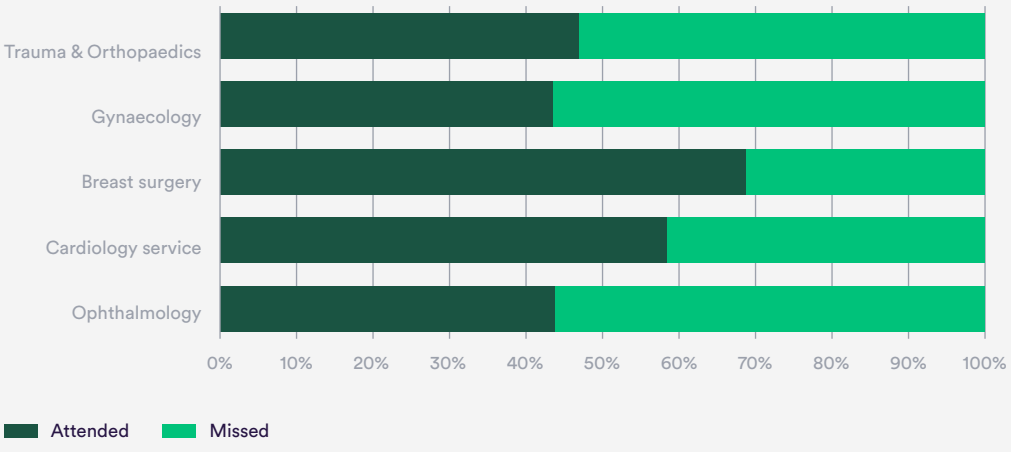
We looked at hospital admissions by older women with a diagnosis of dementia, but the numbers were too small to report. The number of admissions by those with a palliative care diagnosis was also too small to report.

Outpatient appointments

Women aged 50 or more in prison missed 45% of their outpatient appointments.

Figure 2 shows the top five treatment specialties (by number of appointments scheduled) and the percentage attended versus missed. Older women missed more than 57% of their gynaecology and ophthalmology outpatient appointments.

Figure 2: Percentage of outpatient appointments attended and missed by older female prisoners, by the top five treatment specialties



4 What are some of the key health care issues for older people in prison?

Alongside the issues described in the previous chapter, we looked in more detail at frailty, dementia and Alzheimer's disease, and palliative and end-of-life care, all of which our stakeholders identified as key areas of importance.

Frailty

What does it mean to be frail?

Older people are often referred to as frail, but frail does not mean 'old'. Frailty refers to people's general state of health. A poor state of health (frailty) can have an impact on how long people take to recover if they are unwell and mean additional complications.[37]

The *NHS Long Term Plan* highlights the importance of frail patients being identified and assessed promptly when admitted to hospital, so that their treatment can be tailored accordingly.[38] The *Silver Book*, which the British Geriatrics Society hosts, contains information and resources for health care professionals working with older people in urgent care, including how to assess frailty on arrival to hospital and how to develop the skills, knowledge

37 Age UK (2020) 'Understanding frailty'. www.ageuk.org.uk/our-impact/policy-research/frailty-in-older-people/understanding-frailty. Accessed 26 September 2022.

38 NHS England (2019) *NHS Long Term Plan*. NHS England. www.longtermplan.nhs.uk. Accessed 15 March 2023.

and attitudes of health care staff working with older people.[39] Community care plays an important role in managing frailty as well. The *NHS Long Term Plan* recognises the importance of taking action within the community to slow the development of frailty and ensure people receive the right care when they need it to avoid unnecessary use of secondary care services.[40]

In a prison setting, frailty may only become apparent when a prisoner suffers from a fall(s) or if they have problems with their mobility that mean they cannot move around the prison without support. In a survey of 127 prisoners aged 55 or older, 31% reported having had a fall in the previous two years, and 26% said they could not walk more than 100 metres.[41]

People in prison are particularly vulnerable to experiencing frailty due to the prevalence of multiple long-term conditions, and the challenges that the prison environment and the regime itself cause. But awareness of frailty in prisons, including how to identify and address it, is limited. Improving understanding and knowledge of how to support people in prison with frailty is key.

39 British Geriatrics Society (no date) *Silver Book II: Quality urgent care for older people*. British Geriatric Society. www.bgs.org.uk/resources/resource-series/silver-book-ii. Accessed 19 October 2022.

40 NHS England (2019) *NHS Long Term Plan*. NHS England. www.longtermplan.nhs.uk. Accessed 15 March 2023.

41 Turner M, Peacock M, Payne S, Fletcher A and Froggatt K (2018) 'Ageing and dying in the contemporary neoliberal prison system: exploring the "double burden" for older prisoners', *Social Science & Medicine* 212, 161–7. https://doi.org/10.1016/j.socscimed.2018.07.009. Accessed 15 March 2023.

Frailty and hospital use

We calculated a Hospital Frailty Risk Score[42] for all men in prison aged 50+ who had been admitted to hospital as an emergency over a two-year period between 2018 and 2020. We found that over 40% (44%, 997 people) had either intermediate or high-risk frailty, meaning they were more likely to experience poorer health outcomes and take longer to recover from illness. This suggests that frailty rates are much higher in prison than in the general population. A recent study estimated that the prevalence of frailty in adults aged 50+ in England was 8%.[43] An earlier study by Gilbert and others found that 20% of a sample from the general population aged 75 years of age and upwards were classified as high-risk frailty.

We found that increasing frailty was associated with more use of hospital services (see Table 6). Of the older men who had a high frailty risk, 79% had three or more past admissions to hospital, compared with only 14% of those who had a low-risk frailty.[42]

42 Gilbert T, Neuburger J, Kraindler J, Keeble E, Smith P, Ariti C, Arora S, Street A, Parker S, Roberts HC, Bardsley M and Conroy S (2018) 'Development and validation of a Hospital Frailty Risk Score focusing on older people in acute care settings using electronic hospital records: an observational study', *The Lancet* 391(10132), 1775–82. http://dx.doi.org/10.1016/S0140-6736(18)30668-8. Accessed 15 March 2023.

43 Sinclair DR, Maharani A, Chandola T, Bower P, Hanratty B, Nazroo J, O'Neill TW, Tampubolon G, Todd C, Wittenberg R, Matthews FE and Pendleton N (2022) 'Frailty among older adults and its distribution in England', *The Journal of Frailty & Aging* 11, 163–8. https://doi.org/10.14283/jfa.2021.55. Accessed 15 March 2023.

Table 6: Characteristics of older male prisoners by Hospital frailty risk category, between 1 April 2018 and 31 March 2020 (n=2,277)

	Hospital frailty risk category		
	Low risk (<5)	Intermediate risk (5–15)	High risk (>15)
Number of patients	1,280	687	310
%	56%	30%	14%
Hospital Frailty Risk Score mean (SD)	1.8 (1.50)	8.8 (2.86)	23.8 (8.51)
Mean age (SD)	61 (9.05)	63 (10.2)	67 (11.1)
Number (%) of past admissions per person			
0	652 (51%)	162 (24%)	15 (5%)
1	299 (23%)	143 (21%)	23 (7%)
2	151 (12%)	114 (17%)	27 (9%)
≥3	178 (14%)	268 (39%)	245 (79%)
Frailty syndrome*			
Falls and fractures	6%	21%	51%
Anxiety and depression	20%	26%	41%
Mobility problems	1%	10%	31%
Dementia	1%	9%	29%
Delirium	–	2%	20%
Pressure ulcers	–	4%	21%
Incontinence	–	3%	17%
Functional dependence	–	2%	9%
Senility	–	–	7%

Notes: * Frailty syndromes are based on codes in the 10th revision of the *International Statistical Classification of Diseases and Related Health Problems* (ICD-10), defined in a 2015 publication by Soong and others.[44] - = small numbers.

44 Soong J, Poots AJ, Scott S, Donald K, Bell D. Developing and validating a risk prediction model for acute care based on frailty syndromes. BMJ Open 2015; 5: e008457

There have long been debates about how to manage older people within the criminal justice system. For instance, should there be specific prisons for older prisoners, or secure nursing homes? But if a frailty classification was used to determine where people should be located, this would minimise the ability to flexibly manage how or where people are cared for.

Stakeholders reflected that recognising frailty in prisons is essential for managing the health care of the older prison population, but it was highlighted that there may be unintended consequences of labelling people as frail, which should be avoided. It was noted that one size does not fit all and that, while some older prisoners might want to be on a dedicated wing or facility, others might prefer to mix with prisoners of all ages. It was also noted that older people in prison often have family and friends who are older, who may be less able to travel to visit them if they are placed in a specific location due to their age that is far away from where their family/friends live. There were also concerns that a frailty 'label' may open up the risk of younger prisoners bullying older prisoners as a result.

What is happening to try to provide good care for frail older people in prison?

Many of our stakeholders talked about the key role of 'buddies' or peer supporters in providing support for older prisoners – these are prisoners providing support directly to other prisoners. This could be for a range of reasons, such as where people need practical help if they cannot move around easily (such as to get food from the canteen), or for emotional support where people need companionship. It should be for non-personal care. A documentary analysis of 102 HM Inspectorate of Prisons' reports on adult prisons in England and Wales, from 2017 to 2020, found that 40% of prisons included in the analysis delivered some form of peer support.[45]

45 Walton H, Somini SM, Sherlaw-Johnson C, Ng PL and Fulop NJ (2022) 'How is adult social care provided in prisons in England and Wales?', *The British Journal of Social Work*, bcac145. https://doi.org/10.1093/bjsw/bcac145. Accessed 17 March 2023.

The use of peer supporters or buddies ranges from informal schemes to those where prisoners receive specific training and supervision. Training is seen to be particularly important to protect both those in need of support and those providing it, but the extent to which buddies or peer supporters receive consistent training is not always clear. There are various examples of third sector organisations that can provide training. Recoop (see www.recoop.org.uk) provides peer support training for prisoners using adapted standards from the national Care Certificate so that prisoners can support others in prison who need low-level social support. There are also Samaritans-trained prison volunteers who can provide focused emotional or wellbeing support (see www.samaritans.org).

Dementia and Alzheimer's disease

It has been estimated that the prevalence of suspected dementia or mild cognitive impairment in the prison population of England and Wales is 8%, with the rate for 60- to 69-year-olds in prison being twice as high as that for people living in the community, and four times as high for those aged over 70.[46] Identifying and managing dementia in prisons can be challenging. In their study, Forsyth and others[46] noted difficulties with:

- the environment (such as the layout of cells and prisons)
- the prison regime
- high staff turnover (which can exacerbate feelings of disorientation)
- limited staff knowledge and training on how to identify the symptoms of dementia.

46 Forsyth K, Heathcote L, Senior J, Malik B, Meacock R, Perryman K and others (2020) 'Dementia and mild cognitive impairment in prisoners aged over 50 years in England and Wales: a mixed-methods study', *Health and Social Care Delivery Research* 8(27). https://doi.org/10.3310/hsdr08270. Accessed 15 March 2023.

Stakeholders told us that, like other health care services, dementia care in prisons is "patchy", with ongoing challenges around access to memory clinics and other specialist services.

The Royal College of Nursing has developed a set of principles – known as the SPACE principles – for providing dementia care, which have been adapted to take account of the prison environment.[47] The guidance notes the importance of:

- effective training and skills development for staff
- prompt identification and assessments
- involving family carers and the prison community in the individual's care where appropriate
- clear referral mechanisms
- having a dementia-friendly environment, including personal space and activities for stimulation.[47]

At present, the use of hospital services by prisoners with a diagnosis of dementia is low but the specific health care needs of this group are important to understand given that, as the prisoner population increases and ages, there are likely to be more cases of dementia to manage. We found that there were 52 hospital admissions by 37 patients with a dementia diagnosis somewhere within the hospital spell – this was most commonly recorded as 'unspecified dementia' (35 admissions by 25 people).

47 Royal College of Nursing (2021) *Dementia Care Principles for People in Prison*. Royal College of Nursing. www.rcn.org.uk/professional-development/publications/dementia-care-principles-for-people-in-prison-uk-pub-009-751#detailTab. Accessed 15 March 2023.

Palliative and end-of-life care

Given the increasing number of older people in prison, several stakeholders highlighted issues around managing palliative and end-of-life care as an area requiring action. This included concern for the needs of older prisoners who had a terminal diagnosis and the extent to which good-quality palliative or end-of-life care could be provided in a prison setting. Although not specific to older people, in its analysis of prison fatal incident reports, Hospice UK identified examples of shortfalls in the care people had received at the end of life, such as in relation to the use of restraint, the process of compassionate release and getting access to health care services and support.[48]

The Dying Well in Custody Charter outlines how the Ambitions for Palliative and End of Life Care framework applies in the context of a prison setting.[49]

Within the prison context, the charter sets out the importance of:

- **treating people with dignity and respect**
- **encouraging open conversations and involving prisoners in their own care**
- **providing appropriate spiritual and religious support**
- **having clear multidisciplinary processes for timely assessments, and pain, symptom and medication reviews**
- **carrying out appropriate needs assessments**
- **providing access to 24/7 clinical advice**
- **having a prison and clinical lead for palliative and end-of-life care**
- **having plans for transfer and release**
- **having effective education, training and reflective learning**
- **having effective partnership working.**

48 Hospice UK (2021) *Dying Behind Bars: How can we better support people in prison at the end of life?* Hospice UK. www.hospiceuk.org/latest-from-hospice-uk/end-life-care-english-prisons-inadequate-says-new-report. Accessed 13 September 2022.

49 Ambitions for Palliative & End of Life Care Partnership (2018) *Dying Well in Custody Charter: A national framework for local action*. Ambitions for Palliative & End of Life Care Partnership. www.england.nhs.uk/wp-content/uploads/2022/02/dying-well-in-custody-charter-apr-18.pdf.

Hospital data only provide limited information on the use of services by prisoners in receipt of palliative care. Between 1 April 2016 and 31 March 2020, there were 240 hospital admissions by 190 older men where palliative care was noted as a diagnosis (including 57 admissions by 50 men in the most recent year of data – 2019/20). We looked at the primary diagnosis where palliative care was flagged[50] and found that 40% of these admissions (97) had a primary admitting diagnosis of cancer. In Table 7 we look in more detail at the primary admitting diagnosis for palliative care patients.

Table 7: Primary diagnosis on admission for older men with a flag for palliative care within their hospital spell, 2016/17–2019/20

Chapter-level diagnosis	Number of admissions (% of all palliative care flagged admissions)	Individual diagnoses with more than 10 admissions
Cancer	97 (40%)	Secondary malignant neoplasm of respiratory and digestive organs
		Malignant neoplasm of bronchus and lung
		Secondary malignant neoplasm of other and unspecified sites
Diseases of the respiratory system	50 (21%)	Pneumonia, organism unspecified
		Other chronic obstructive pulmonary disease (COPD)
Certain infectious and parasitic diseases	19 (8%)	Other sepsis

50 We also looked at treatment specialty but there were only a small number of cases where palliative care was noted. There are different coding practices between hospitals as to how palliative care is recorded. There were a small number of admissions where palliative care was recorded as a treatment specialty but there was no palliative care diagnosis.

Where procedure codes were recorded as part of an admission, the most common primary procedures were diagnostic imaging. One hundred men in receipt of palliative care died while admitted to hospital, and for just over 30%, their primary diagnosis was cancer.

Although hospital data do not tell us about how many men in receipt of palliative care died in prison itself (some could have been moved to a hospice, or may have been released from prison before dying), there are practical implications for staff managing patients in receipt of palliative care. This is an area where variation between prisons is particularly pronounced, but pockets of good practice do exist. This includes prisons that have specialist palliative care nurses and consultants, palliative care suites (which include specialist equipment and facilities for visiting), good relationships with local hospices and tailored bereavement support. But this is not universal.

Stakeholders were concerned that palliative care (including the involvement of hospices) did not happen early enough, meaning that decisions around end-of-life care for people in prison were made in times of crisis. Stakeholders noted the need for all prisons and prison staff to recognise palliative care as a priority and be supported to respond to this accordingly with the necessary resources, support and training. However, for people in need of palliative or end-of-life care, being well set up was not necessarily seen to mean a palliative care suite. Similar to aspirations for a 'good death' in the general population, it is about having the resources to support people and respect their wishes, which will vary. For some older people in prison, they may wish to remain on the wing or house block rather than be moved to a separate palliative care suite, as the people who live around them are their community and provide a support network.

Managing death, dying and bereavement

Cruse Bereavement Support (see www.cruse.org.uk) works in a small number of prisons in England to support prisoners experiencing bereavement. A lack of support in managing grief and bereavement is something that has been raised not just for older prisoners but also for younger prisoners. For older prisoners, bereavement may be a particular challenge if their peers died in prison as they may have lived on the estate together for a long time.

Information-sharing

Also of note are wider efforts to bring together health care staff who are interested in a particular topic to learn from one another. For instance, Hospice UK has recently established an ECHO network for Palliative and End of Life Care in Prisons.

5 Discussion

Where does this leave older people in prison?

Despite some examples of innovative practice in the care of older prisoners, significant challenges remain. Nearly 20 years ago, HM Inspectorate of Prisons published a literature review entitled *'No problems – old and quiet': Older prisoners in England and Wales*.[51] This title neatly encapsulates the challenge of being an older person in prison in a way that is still very much applicable today – it is very easy for older prisoners to be overlooked. The needs of older people in prison, even though they may be significant, are arguably low on the list of priorities for a system under enormous pressure and it does not seem like much has changed in the preceding decades.

Our work provides new evidence of the significant health care needs of older people in prison and raises questions about how well these needs can be met in a prison setting. The number of older people in prison continues to increase, with further rises expected over the next few years – the number aged 50 or older in prison is predicted to increase to 14,800 by July 2025.[52] This should highlight the urgent need for change, but change has been a long time coming. The Ministry of Justice has stated that the Older Offenders strategy is due for imminent publication[53] after calls for its development for at least

51 HM Inspectorate of Prisons (2004) *'No problems – old and quiet': Older prisoners in England and Wales*. HM Inspectorate of Prisons. www.justiceinspectorates.gov.uk/hmiprisons/inspections/no-problems-old-and-quiet-older-prisoners-in-england-and-wales-a-thematic-review. Accessed 15 March 2023.

52 Ministry of Justice (2021) 'Prison population projections 2021 to 2026, England and Wales'. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1035682/Prison_Population_Projections_2021_to_2026.pdf.

53 Ministry of Justice (2021) *Prisons Strategy White Paper*. Ministry of Justice. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1038765/prisons-strategy-white-paper.pdf.

the past 10 years.[54,55] But while strategic direction is welcome, a new strategy will not, in isolation, solve the deep-seated problems that hamper efforts to improve conditions in prisons for everyone.

What are the biggest challenges?

The new Core20PLUS5 approach of NHS England and NHS Improvement identifies prisoners as a group who experience health inequality, meaning they should be a focus of resources and attention.[56] Despite this good intention, the pervading political narrative of being tough on crime has an impact on government's willingness to invest in the criminal justice system or be inventive in managing the needs of specific groups, such as older prisoners, despite the wider benefits this would have.

The way health care is delivered is also in a period of change, with the recent establishment of integrated care systems, and it still unclear how health care in prison fits in as part of this reorganisation (see an 'explainer' from The King's Fund[57] for a description of the basic mechanics of these systems). Integrated care boards have been established to plan how to meet health care needs within each of the 42 integrated care system areas. The health and justice framework for integration 2022–25 has set out several commitments for

54 House of Commons Justice Committee (2020) *Ageing Prison Population: Fifth report of session 2019–21: Report*, together with formal minutes relating to the report. House of Commons. https://committees.parliament.uk/publications/2149/documents/19996/default. Accessed 15 March 2023.

55 House of Commons Justice Committee (2013) *Older Prisoners: Fifth report of session 2013–14*. House of Commons. www.parliament.uk/globalassets/documents/commons-committees/Justice/Older-prisoners.pdf.

56 NHS England (2021) 'Core20PLUS5: an approach to reducing health inequalities'. www.england.nhs.uk/wp-content/uploads/2021/11/core20plus5-online-engage-survey-supporting-document-v1.pdf.

57 Charles A (2022) 'Integrated care systems explained: making sense of systems, places and neighbourhoods'. www.kingsfund.org.uk/publications/integrated-care-systems-explained. Accessed 15 March 2023.

integrated care systems.[58] These include the need to involve and be informed by people with lived experience, supporting people with poor mental health and enabling continuity of care for people on release. Importantly, it also acknowledges the need to improve access to health care services, including access to care for people at the end of life.

Prison-specific challenges

Prisons face significant challenges around staffing, living conditions, self-harm and violence, and as we have highlighted in our previous research, these are long-term issues.[59,60] In the year to 31st December 2022, the HM Prison and Probation Service staff-leaving rate for permanent staff was 13%, continuing the increasing trend in staff leaving the prison service since 2016 (setting aside the Covid-19 pandemic time period).[61] Another sign of the pressure on staff is sickness levels. Staff had an average of 13.8 days' sickness absence in the year ending 31 December 2022. Sickness is most commonly categorised as due to 'mental and behavioural disorders', which may reflect staff burnout.[61]

58 NHS England (2022) 'Health and justice framework for integration 2022–2025: improving lives – reducing inequality'. www.england.nhs.uk/long-read/health-and-justice-framework-for-integration-2022-2025-improving-lives-reducing-inequality. Accessed 15 March 2023.

59 Davies M, Rolewicz L, Schlepper L and Fagunwa F (2020) *Locked Out? Prisoners' use of hospital care*. Nuffield Trust. www.nuffieldtrust.org.uk/research/locked-out-prisoners-use-of-hospital-care. Accessed 9 September 2021.

60 Davies M, Keeble E and Hutchings R (2021) *Injustice? Towards a better understanding of health care access challenges for prisoners*. Nuffield Trust. www.nuffieldtrust.org.uk/research/injustice-towards-a-better-understanding-of-health-care-access-challenges-for-prisoners. Accessed 15 March 2023.

61 HM Prison and Probation Service and Ministry of Justice (2023) HM Prison and Probation Service workforce quarterly: December 2022 www.gov.uk/government/statistics/hm-prison-and-probation-service-workforce-quarterly-december-2022 Accessed 04 April 2023

It is also important to acknowledge the impact of Covid-19 on the prison estate. While our work does not address the use of hospital services during the pandemic, Covid-19 has placed further pressure on maintaining staffing levels in prison as well as living conditions for prisoners. For older prisoners, some activities and support for older prisoners in some locations were stopped at the start of the pandemic and have not yet reopened.[62]

Managing the needs of older people in prison therefore adds to an already complex picture for staff. It is proving hard to recruit and retain the front-line staff who are desperately needed to ensure even basic day-to-day life in prison can operate, let alone provide more targeted or specialist support for older prisoners.

The reality of the ageing prisoner population is that staff have to manage death, dying and ill-health associated with ageing as part of their job role and people may not anticipate this being part of what being a prison officer involves. The aspirations of the *Prisons Strategy White Paper*[63] for staff to be trained to recognise dementia are positive, but if prisons do not have enough staff to operate more than a basic regime, there is no time for staff to participate in training (or crucially to put it into effect).

Considerations for policy-makers

Our work highlights several key areas that need to be considered as part of planning appropriate services for the growing number of older people in prison. Prisons are not currently set up to support the significant and varied health care needs of older people in the prisoner population. The upcoming Older Offenders strategy provides an opportunity to highlight the needs of older prisoners and ensure that the prison system is equipped and supported to address them, but real change will require collaborative action and

62 HM Inspectorate of Prisons (2020) *Report on a Scrutiny Visit to HMP Wymott by HM Chief Inspector of Prisons*. HM Inspectorate of Prisons. www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2020/09/Wymott-web-2020.pdf.

63 Ministry of Justice (2021) *Prisons Strategy White Paper*. Ministry of Justice. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1038765/prisons-strategy-white-paper.pdf.

investment. Action is required from across the system to equip prisons and prison staff with the resources they need.

Ensure prisons have access to the resources and equipment to support people living with frailty.

Our work has shown that a significant number of older people in prison are at risk of frailty but prisons need adequate resources to meet their needs. Prisons must have access to basic equipment, including wheelchairs, walking aids and incontinence pads.

Although newer prison buildings are intended to be more accessible than older ones, the reality is that many prisons are in a poor state of repair and were not designed to meet the needs of an older or disabled population. Managing an increasing number of frail older people requires accessible cells (on the ground floor or wheelchair accessible), equipment for people with limited mobility and appropriately maintained lifts.

An accurate assessment of frailty and the associated risks at a population level would inform ongoing discussions about which prisons or units within prisons are the right place for older people, and what alternative provision might look like. A flexible approach is needed as some prisoners will benefit from (and prefer) living on a dedicated wing for older prisoners, whereas for others the opposite may be true. However, all older prisoners would benefit if prisons were more accessible spaces, with basic facilities and support in place.

Support prison staff to develop the skills and confidence to manage older people in prison.

The prison service is facing enormous staffing pressures, and older prisoners feel the impact of high sickness rates and staff leaving the service particularly keenly. Staff are integral to prisoners' access to health care and meaningful activity. As it stands, day-to-day life in prison (the regime) is not well set up for older people in terms of access to education, exercise or targeted activities such as day centres. Staffing availability is a big part of the reason why.

Our work has also highlighted the wide-ranging and complex health care needs of older people in prison, such as needs surrounding palliative care.

Prison staff need training (and appropriate support) to manage these issues as part of their job role.

Share best-practice examples of health care support for older people in prison.

Support and services for older prisoners vary between prisons. Some have tailored services and initiatives, whereas in others, particularly where the proportion of older people is smaller, it can be harder to meet people's needs. There are many organisations and individuals working hard to support older people in prison and there would be significant benefits of sharing learning and good practice across the prison estate to provide a consistent standard of care for older people in prison.

Appendix: Our research approach

Identifying health care issues relevant to older people in prison

Literature review

We drew on a literature review of the physical health care needs of prisoners,[64,65] to consider the existing evidence on health care issues specific to older people in prison. Where relevant we refer to insight from the literature review in this report.

We also reviewed existing quality standards and guidance for older people's health care to guide our analysis. For example, Public Health England has developed guidance for carrying out health and social care needs assessments for those aged over 50 in prison to inform commissioning and service delivery.[66] Specific considerations for older people include:

- the challenges around the physical environment
- disease risk factors such as smoking, alcohol use and diet

64 Davies M, Hutchings R and Keeble E (2022) *Inequality on the Inside: Using hospital data to understand the key health care issues for women in prison*. Nuffield Trust. www.nuffieldtrust.org.uk/research/inequality-on-the-inside-using-hospital-data-to-understand-the-key-health-care-issues-for-women-in-prison. Accessed 15 March 2023.

65 Davies M, Rolewicz L, Schlepper L and Fagunwa F (2020) *Locked Out? Prisoners' use of hospital care*. Nuffield Trust. www.nuffieldtrust.org.uk/research/locked-out-prisoners-use-of-hospital-care. Accessed 9 September 2021.

66 HM Inspectorate of Prisons (2020) *Report on a Scrutiny Visit to HMP Wymott by HM Chief Inspector of Prisons*. HM Inspectorate of Prisons. www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2020/09/Wymott-web-2020.pdf.

- disease prevalence (such as cardiovascular disease, hypertension and diabetes)
- managing medication
- social care needs.[67]

The National Institute for Health and Clinical Excellence (NICE) has also set out guidance and recommendations for supporting people's health while in the prison environment.[68] For older people, this includes ensuring frequent monitoring of long-term conditions, and carrying out reviews for people who may need additional support to manage medication. For older people, issues related to the use of medication include:

- having accessible information about side-effects
- how the medication is received (in prison this can involve long periods of queuing)
- supporting people to administer medication safely
- whether people can keep their medication 'in possession' (stored in their own cell).

Older people in prison should receive equivalent health care to health care that older people in the general population receive. Broader care quality standards are also relevant, such as those relating to dementia and frailty. Prison-specific guidance also exists, such as the Dying Well in Custody Charter.[69] Where relevant, these guidance documents and quality standards are highlighted throughout this report.

67 HM Inspectorate of Prisons (2020) *Report on a Scrutiny Visit to HMP Wymott by HM Chief Inspector of Prisons*. HM Inspectorate of Prisons. www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2020/09/Wymott-web-2020.pdf.

68 National Institute of Health and Care Excellence (2016) 'Physical health of people in prison', NICE guideline [NH57]. www.nice.org.uk/guidance/ng57/chapter/recommendations. Accessed 17 March 2023.

69 Ambitions for Palliative & End of Life Care Partnership (2018) *Dying Well in Custody Charter: A national framework for local action*. Ambitions for Palliative & End of Life Care Partnership. www.england.nhs.uk/wp-content/uploads/2022/02/dying-well-in-custody-charter-apr-18.pdf.

Stakeholder involvement

We spoke to a range of stakeholders to shape our understanding of the most important health care issues for older people in prison, as well as wider issues that affect this group and therefore the care they need. Stakeholders included older men with lived experience of prison, as well as representatives from the Royal College of Nursing, Hospice UK, Recoop, the Royal College of General Practitioners' Secure Environments Group, the Howard League, the Hospice Charities Partnership, HM Prison and Probation Service and Cruse Bereavement Support. We also held a discussion group with six older men with lived experience of prison, which the Prison Reform Trust facilitated. People with lived experience of prison were paid for their involvement following guidelines from the National Institute for Health and Care Research.[70]

Stakeholders highlighted that any discussions about the health care needs of older people in prison must be considered within the context of the challenging conditions in prisons more broadly, due to how these can disproportionately affect older prisoners. Most noticeably, these included regime constraints, poor and inaccessible living conditions, managing the threat of violence and the use of drugs.

Stakeholders also discussed what good-quality health care would look like for older people in prison. This included clear and accessible communication about health care services, prisoners' health concerns being taken seriously and them receiving regular health and wellbeing checks. Stakeholders also talked about the need for health care that is person-centred, integrated and compassionate, as well as the importance of the continuity of care, particularly for people with long-term conditions or for people on release. Access to services such as screening, hearing tests, eye care and dental care, as well as good-quality diet and exercise, were also recognised as vital for supporting the health and wellbeing of older people in prison.

70 National Institute for Health and Care Research (2022) Payment for Public Involvement in Health and Care Research: A guide for organisations on determining the most appropriate payment approach www.nihr.ac.uk/documents/Payment-for-Public-Involvement-in-Health-and-Care-Research-A-guide-for-organisations-on-determining-the-most-appropriate-payment-approach/30838

Some of these issues apply to good-quality health care across the board and were also highlighted in our work on women in prison.[71] But stakeholders also recognised that understanding and responding to the specific needs of older people in prison is needed. Throughout this report we draw on the wider observations from our stakeholders on how the nature of the prison environment can have an impact on older people's health, both positively and negatively, and to inform understanding of the implications of this work.

Identifying how older people in prison use hospital services

Older men in prison

We used Hospital Episode Statistics (HES) data to look at how older men in prison in England use hospital services. Most of the analysis used data from 2019/20, but where relevant we looked across a longer data period, from 2016/17 to 2019/20. Throughout the report, where we refer to older prisoners, we mean people 50 years of age or older.

We began with a descriptive analysis phase, looking at how often hospital services were used and the reasons why. We also looked within the prisoner population itself to compare the use of hospital services by older prisoners with that of younger men in prison – in this instance meaning men under the age of 50.

We then looked at key health care issues for older people in prison. We drew on NHS England and NHS Improvement's Core20PLUS5 approach[72] to select clinical areas that are relevant to older people in prison as an inclusion health

71 Davies M, Hutchings R and Keeble E (2022) *Inequality on the Inside: Using hospital data to understand the key health care issues for women in prison*. Nuffield Trust. www.nuffieldtrust.org.uk/research/inequality-on-the-inside-using-hospital-data-to-understand-the-key-health-care-issues-for-women-in-prison. Accessed 15 March 2023.

72 NHS England (2021) 'Core20PLUS5: an approach to reducing health inequalities'. www.england.nhs.uk/wp-content/uploads/2021/11/core20plus5-online-engage-survey-supporting-document-v1.pdf.

group. These include severe mental illness, chronic respiratory disease, cancer and hypertension. We used the University of Oxford's QCOVID® coding lists[73] to classify severe mental illness and specific cancers, and for individual diagnoses such as COPD and hypertension we used codes from the *International Statistical Classification of Diseases and Related Health Problems* (ICD-10 Version: 2019).[74]

Based on our discussions with stakeholders around the key health care issues for older people in prison, we conducted focused analysis of hospital data to explore frailty, palliative care and the needs of older women in prison.

To examine frailty, we used hospital data to calculate a Hospital Frailty Risk Score27[75] for all men in prison aged 50+ who had an emergency admission to hospital over a two-year period, 2018–20. The Hospital Frailty Risk Score was validated for people aged 70 and older. As our 'older' prisoner population was much younger than in the general population (aged 50 upwards), we also looked at literature regarding assessments of frailty among the prisoner population and the presence of specific frailty syndrome.

For our analysis of palliative care, we looked at hospital admissions where palliative care had been flagged in 2019/20, as well as over a four-year period (2016/17 to 2019/20). We also considered the primary reason people with a palliative care diagnosis were admitted to hospital over the four-year period to ensure the diagnostic groups were large enough to report.

73 NHS (2022) NHS Data Model and Dictionary. Available from: www.datadictionary.nhs.uk/Covid19PRA/Dementia.html (Accessed 10th October 2022)

74 World Health Organization (2019) *International Statistical Classification of Diseases and Related Health Problems* (ICD-19 Version: 2019). https://icd.who.int/browse10/2019/en. Accessed 17 March 2023.

75 Gilbert T, Neuburger J, Kraindler J, Keeble E, Smith P, Ariti C, Arora S, Street A, Parker S, Roberts HC, Bardsley M and Conroy S (2018) 'Development and validation of a Hospital Frailty Risk Score focusing on older people in acute care settings using electronic hospital records: an observational study', *The Lancet* 391(10132), 1775–82. http://dx.doi.org/10.1016/S0140-6736(18)30668-8. Accessed 15 March 2023.

Older women in prison

The small number of older women in prison limited the analysis we could conduct looking specifically at this group's use of hospital services. We focused on carrying out descriptive analysis to see how often hospital services were used, and the reasons why, and looked at the Core20PLUS5[76] clinical areas where numbers were sufficiently large, to add to the body of evidence on the needs of older people in prison as an inclusion health group.

76 NHS England (2021) 'Core20PLUS5: an approach to reducing health inequalities'. www.england.nhs.uk/wp-content/uploads/2021/11/core20plus5-online-engage-survey-supporting-document-v1.pdf.

Nuffield Trust is an independent health think tank. We aim to improve the quality of health care in the UK by providing evidence-based research and policy analysis and informing and generating debate.

59 New Cavendish Street
London W1G 7LP
Telephone: 020 7631 8450
www.nuffieldtrust.org.uk
Email: info@nuffieldtrust.org.uk

Published by the Nuffield Trust.

Design by Soapbox: soapbox.co.uk

nuffieldtrust