

End of Life Care in Prison

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Overview

- 123 Prisons England and Wales
- Population 82,305
- Male 82,305 Female 3,945
- Model Primary Care
- NHS England Health and Justice teams commission to the '**principle of equivalence**' which means that the health needs of a population constrained by their circumstances are not compromised and that they receive an equal level of service as that offered to the rest of the population.

<https://www.england.nhs.uk/commissioning/health-just/>

What we know

Prison population is ageing. The over 60s are the fastest growing segment of the prison population

Ministry of Justice project the population in prison:

- aged over 50 to increase from 11,980 in 2015 to 15,100 in 2020
- aged over 60 to increase from 4,100 in 2015 to 5,500 in 2020
- 70 plus to grow from 1,400 June 2016 to 1,900 by June 2020

Drivers for this demographic shift are:

- longer sentences;
- prosecutions later in life due to historic sex offences

Over 80% of older prisoners have serious illness or disability

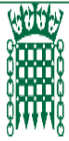
Cont....

- More than 80% of prisoners have a mental health issues, and up to 30% have learning disabilities or difficulties that impact on their ability to cope with prison.
- Prisoners life expectancy is **10 years less** than people living in areas of highest poverty
- Thus prisoners come into prison with complex health and social care needs
- Corresponding increase in '**foreseeable deaths**' in prison which can be anticipated and managed by the delivery of palliative and end of life care

Challenges

- Prison and healthcare partnership – Governors support
- Environment and resources
- Commissioning arrangements
- Access to 24 hour care
- Prisons have many competing priorities – (Prison reform) – palliative/end of life care may not be on the agenda
- Older prisoners have been invisible to national strategy
- Early Release on Compassionate Grounds

Early Release on Compassionate Grounds



House of Commons

Justice Committee

Older prisoners

Fifth Report of Session 2013–14

"It has to be recognised that with some older prisoners, particularly those who have been guilty of sexual offences, the risk goes on until they are completely immobile"

"The minister told us that he faces a difficult decision in approving release on compassionate grounds. The public are aware of high profile cases, [such as] the release of Al-Megrahi in which prisoners have been released on the ground of terminal illness but death did not imminently occur. "

ERCG not everyone's choice -preferred and permitted place of care

Challenges cont....

- Many prisons provide palliative and end of life care

“The provision of end of life care is improving but quality is variable”

- Care Planning
- Family Involvement
- Early Release on Compassionate Grounds
- Restraints

Certain groups in society are more disadvantaged than others, not only in their access to services and health outcomes but also in the quality of dying and death **this include people in secure and detained settings**

Improving Care What Does Good Look Like



What is being done to reduce to reduce inequity and support the delivery of the Ambitions for Palliative and End of Life Care in prison?

Each person gets fair access to care

"I live in a society where I get good end of life care regardless of who I am, where I live or the circumstances of my life."

Six ambitions to bring that vision about

- 01 Each person is seen as an individual
- 02 Each person gets fair access to care
- 03 Maximising comfort and wellbeing
- 04 Care is coordinated
- 05 All staff are prepared to care
- 06 Each community is prepared to help

"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."



Macmillan Community of Practice Health and Justice Palliative and End of Life Care

Communities of Practice are groups of people who share a concern or passion for something they do and interact regularly to learn how to do it better.

Jean Lave- Etienne Wenger 1991

Dying Well in Custody Charter

North East Prisons



Improving Palliative End of life Care



Challenges

- Population

- Environment and resources and regime – Wing care

“Mr H, for example, [was] doubly incontinent in the middle of the night. There was no provision to put him in the shower and give him a shower. We offered; ‘You can’t’, you know, ‘Everybody’s asleep, it’s not happening.’ So we had to wash him down, three of us trying to hold him up in a cell that wide... to wash him, change him. Nobody had clean kit; we were borrowing off the rest of the landing at 3 o’clock in the morning.”

(Nurse) Both sides of the Fence study

- How to provide compassionate care and maintain boundaries

- Loneliness and isolation – access to family

Cont.....

- Training and education competence and confidence

“I don’t think we’re trained to deal with [end of life]. I mean the nine weeks I spent [training] in 1987, I certainly don’t remember anybody sort of talking anything about that at all. I think we probably had a chat off the chaplaincy for half an hour or so, but I certainly do not remember anybody touching on sort of end of life stuff or preparing people for, you know, for finding people who have taken their lives or they’ve passed over.”

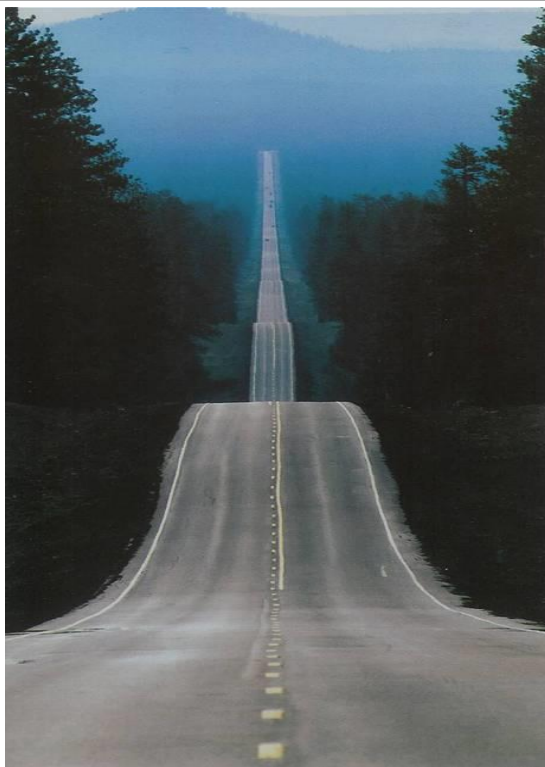
(Prison Officer) Both sides of the Fence Study

Cont.....

- Identification – Case finding
- Access to appropriate and timely medication – medication abuse
- Fear, bullying and intimidation
- Non compliance – choice
- Preferred place of care – Hospice – public perception
- Transfer – release
- Cuffing – risk
- Investigation and clinical review

Progress..

- Commissioning Arrangements
- Macmillan Adopted Prison Standards – local review
- Registers – MDT –restraints
- Champions
- Environment
- Partnerships – providers – prisoners
- Chemotherapy – blood transfusion
- Support Group
- Education



Thank you for Listening
Any Questions

