The Older prisoner Health and Social Care Assessment & Plan (OHSCAP)

December 2016
Overview

• What is the OHSCAP?
• Did it work?
• What happened?
• Was it cost effective?
• Why did/didn’t it work?
Pilot study

- Action learning is “a continuous process of learning and reflection that happens with the support of a group or ‘set of colleagues’, working on real issues, with the intention of getting things done” (McGill & Brockbank, 2004)

- Action Learning Group included older prisoners, healthcare staff and prison staff
What is the OHSCAP?

• Older prisoner Health & Social Care Assessment & Plan

• Structured approach for better identifying and managing the needs of older prisoners

• An assessment, a care plan and review
Assessment

1. Social
   - Relationships
   - Activities
   - Mobility

2. Wellbeing
   - Emotional wellbeing
   - Physical wellbeing
   - Medications and treatment

3. Discharge from Prison
Models of delivery

- Health care
- Prison Officers
Semi-structured interviews

1. Action Learning Group members

2. Prisoners (n=24)
Value

• Beneficial

• Early resolution of day-to-day problems

• Early referral to other help agencies

• Increased multi-agency working

• Created an easy record to refer back to
Prisoner: I’ve only just come in [to prison], so I’m trying to keep a low profile. I don’t want to rock the boat.
Research questions

1. Does use of the OHSCAP improve:
   a. Meeting health and social care needs
   b. health related quality of life
   c. Symptoms of depression
   d. activities of daily living

2. What helps the OHSCAP work and what stops it working well?
Methods

- Training
- Randomised controlled trial
- Audit of care plans
- Qualitative interviews
- Health economics
Does it work
Randomised Controlled Trial

- 10 prisons (open, high secure, training, local)
- OHSCAP or treatment as usual
- Prison entry = 497 (14 refusals, 3%)
- follow-up = 404 (6 refusals, 1%)
- Lost at follow up = 93 (19%)
Main Finding

- There were no differences between the OHSCAP and treatment as usual groups
  - Health and social care needs (except for hearing)
  - Depressive symptoms
  - Activities of daily living
What happened
OHSCAP Audit

• Bespoke pro-forma.

• Trained, independent reviewer.

• 150 (68%) examined in detail.
  – 68 lost (42 in folder at one site);
  – 2 incomplete/pages missing.
• OHSCAPs completed av. 20 days after arrival (range 4-63).
• Problems with accessing systems and sharing information.
Care Plans & Actions

• Care plans for less than half (43%).
  - No difference between roles.
  - Individual differences?

• 69% no evidence of prisoner involvement in care planning.

• Only 40% of planned initial reviews took place.
# Quality

<table>
<thead>
<tr>
<th>Not completed</th>
<th>Poor</th>
<th>Adequate</th>
<th>Good</th>
<th>No Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section not completed</td>
<td>Very brief notes made (e.g. majority of sub questions not answered)</td>
<td>Sufficient notes made (e.g. the majority of sub questions answered sufficiently)</td>
<td>Detailed notes made (e.g. all sub questions answered in detail)</td>
<td>Prisoner indicated that there was no problem in this area</td>
</tr>
</tbody>
</table>

Mean quality of completion scores all between “average” and “good.”
Actions

• 194 problems identified but no action taken in 41% = 79 problems not addressed.

• Problems most often unaddressed:-
  – Relationship issues outside of the prison;
  - Financial difficulties;
  - Discharge planning;
  - Emotional wellbeing;
  - Mobility.
Actions by Role

194 needs identified

157
by prison staff

83
yes

74
no

37
by h'care staff

32
yes

5
no
<table>
<thead>
<tr>
<th>Category</th>
<th>Prison Officers</th>
<th>Healthcare Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationships</td>
<td>54.1%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Mobility</td>
<td>46.2%</td>
<td>80.0%</td>
</tr>
<tr>
<td>Emotional Wellbeing</td>
<td>37.5%</td>
<td>100.0%*</td>
</tr>
<tr>
<td>Physical Wellbeing</td>
<td>57.9%</td>
<td>91.0%</td>
</tr>
<tr>
<td>Medication</td>
<td>50.0%</td>
<td>83.3%</td>
</tr>
<tr>
<td>Discharge Planning</td>
<td>30.8%</td>
<td>100.0%*</td>
</tr>
<tr>
<td>Other</td>
<td>71.4%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Referrals

- 5 external referrals
- 43 internal referrals
  - GP most common (n = 9)
  - Prison officer/wing staff (n = 6)

Referral type:

Healthcare:
  - Prison officers 9/26 (34.6%)
  - Healthcare staff 15/21 (71.4%)
Summary

• OHSCAP not delivered as planned.
• Assessment section good/detailed....BUT

Completed late
Problems not acted upon
Reviews not completed

Reduced Impact
Multi-agency Approach?

- Difficulties accessing systems and sharing information.

- Most likely to address problems within core responsibilities of role.

- Also difficulties making referrals - less aware of support available?
Was it cost effective?
Cost of the OHSCAP

Resources required for delivery of the OHSCAP:
- Training: 3 hour session run by 2 researchers, average 8 trainees
- Delivery: Average 40 mins to deliver

Average cost of the OHSCAP = £25.52 per prisoner
- £16.42 cost of delivery
- £9.10 training costs

Based on the costs of training and delivery of 245 OHSCAPS during the study
## External services used in secure facility

<table>
<thead>
<tr>
<th>Service</th>
<th>Treatment As Usual</th>
<th>OHSCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean number of times accessed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Samaritans/listeners</td>
<td>0.83</td>
<td>0.34</td>
</tr>
<tr>
<td>Citizen’s Advice Bureau</td>
<td>0.02</td>
<td>0.01</td>
</tr>
<tr>
<td>Solicitor/legal advocate</td>
<td>0.67</td>
<td>0.79</td>
</tr>
<tr>
<td>Barrister</td>
<td>0.18</td>
<td>0.23</td>
</tr>
<tr>
<td>Social worker</td>
<td>0.02</td>
<td>0.00</td>
</tr>
<tr>
<td>Care worker</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Organised prison visitors</td>
<td>0.14</td>
<td>0.04</td>
</tr>
<tr>
<td>Older prisoner organisation</td>
<td>-</td>
<td>0.00</td>
</tr>
<tr>
<td>Probation officer</td>
<td>0.34</td>
<td>0.17</td>
</tr>
<tr>
<td>Police officer</td>
<td>0.02</td>
<td>0.05</td>
</tr>
</tbody>
</table>
## Daily activities inside secure facility

<table>
<thead>
<tr>
<th>Activity</th>
<th>Treatment As Usual</th>
<th>OHSCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean number of times accessed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic group</td>
<td>2.30</td>
<td>0.96</td>
</tr>
<tr>
<td>Creative activity</td>
<td>4.33</td>
<td>1.94</td>
</tr>
<tr>
<td>Work</td>
<td>40.84</td>
<td>48.25</td>
</tr>
<tr>
<td>Sports activity</td>
<td>15.18</td>
<td>12.38</td>
</tr>
<tr>
<td>Older prisoner group</td>
<td>0.52</td>
<td>0.56</td>
</tr>
<tr>
<td>Education course</td>
<td>13.45</td>
<td>12.69</td>
</tr>
<tr>
<td>Assessment Care in Custody and Team Work (ACCT)</td>
<td>0.07</td>
<td>0.10</td>
</tr>
</tbody>
</table>
### Professional contacts inside secure facility

<table>
<thead>
<tr>
<th></th>
<th>Treatment As Usual</th>
<th>OHSCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean number of times accessed</td>
<td></td>
</tr>
<tr>
<td>GP</td>
<td>2.15</td>
<td>2.16</td>
</tr>
<tr>
<td>Older prisoner lead nurse</td>
<td>0.15</td>
<td>0.75</td>
</tr>
<tr>
<td>Practice or prison nurse</td>
<td>5.09</td>
<td>5.39</td>
</tr>
<tr>
<td>Psychiatric nurse</td>
<td>0.98</td>
<td>0.72</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>0.13</td>
<td>0.05</td>
</tr>
<tr>
<td>Psychologist</td>
<td>0.00</td>
<td>0.03</td>
</tr>
<tr>
<td>Counsellor/therapist</td>
<td>0.04</td>
<td>0.05</td>
</tr>
<tr>
<td>Drug alcohol staff/CARAT</td>
<td>0.49</td>
<td>0.64</td>
</tr>
<tr>
<td>Dentist</td>
<td>0.25</td>
<td>0.32</td>
</tr>
<tr>
<td>Optician</td>
<td>0.28</td>
<td>0.27</td>
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</tbody>
</table>
### Professional contacts inside secure facility cont.

<table>
<thead>
<tr>
<th>Professional Contact</th>
<th>Treatment As Usual</th>
<th>OHSCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean number of times accessed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropodist</td>
<td>0.17</td>
<td>0.50</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>0.07</td>
<td>0.10</td>
</tr>
<tr>
<td>Chaplain</td>
<td>2.40</td>
<td>1.71</td>
</tr>
<tr>
<td>Health care assistant</td>
<td>1.61</td>
<td>1.50</td>
</tr>
<tr>
<td>Psychological wellbeing practitioner</td>
<td>0.08</td>
<td>0.02</td>
</tr>
<tr>
<td>Smoking cessation coach</td>
<td>0.15</td>
<td>0.10</td>
</tr>
<tr>
<td>Health coach</td>
<td>0.08</td>
<td>0.04</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>0.03</td>
<td>0.09</td>
</tr>
<tr>
<td>Pharmacy technician</td>
<td>0.09</td>
<td>0.04</td>
</tr>
</tbody>
</table>
## Hospital contacts

<table>
<thead>
<tr>
<th></th>
<th>Treatment As Usual</th>
<th>OHSCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mean number of times accessed</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospital contacts inside secure facility</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient stay (healthcare wing)</td>
<td>0.03</td>
<td>0.01</td>
</tr>
<tr>
<td>Visiting specialist</td>
<td>0.02</td>
<td>0.02</td>
</tr>
<tr>
<td><strong>Hospital contacts outside secure facility</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient stay</td>
<td>0.03</td>
<td>0.01</td>
</tr>
<tr>
<td>Outpatient attendance</td>
<td>0.19</td>
<td>0.16</td>
</tr>
<tr>
<td>A&amp;E attendance</td>
<td>0.06</td>
<td>0.02</td>
</tr>
</tbody>
</table>
## Costs of resource utilisation

<table>
<thead>
<tr>
<th></th>
<th>Treatment As Usual</th>
<th>OHSCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>External services inside secure facility</td>
<td>£54.22</td>
<td>£67.04</td>
</tr>
<tr>
<td>Daily activities inside facility</td>
<td>£2,281.85</td>
<td>£2,145.28</td>
</tr>
<tr>
<td>ACCT</td>
<td>£81.40</td>
<td>£136.39</td>
</tr>
<tr>
<td>Professional contacts inside facility</td>
<td>£284.55</td>
<td>£289.62</td>
</tr>
<tr>
<td>Hospital contacts inside facility</td>
<td>£67.75</td>
<td>£19.21</td>
</tr>
<tr>
<td>Hospital contacts outside secure facility</td>
<td>£282.49</td>
<td>£160.37</td>
</tr>
<tr>
<td>Medication</td>
<td>£93.68</td>
<td>£102.23</td>
</tr>
<tr>
<td>OHSCAP</td>
<td>-</td>
<td>£25.52</td>
</tr>
<tr>
<td><strong>Total costs</strong></td>
<td><strong>£3,145.94</strong></td>
<td><strong>£2,945.65</strong></td>
</tr>
</tbody>
</table>
Why did/didn’t it work?
Interviews

- 14 prisoners
- 2-4 times
- 11 staff members
OHSCAP qualitative interview findings

- Broken prison system
- Rigid prison processes
- Relationships

OHSCAP
Broken prison system

- Staff shortages
- Low job satisfaction
- Basic needs unmet
Broken prison system

“The staffing levels are just ridiculous, to be honest, every day there’s a wing shut down because there’s no staff, prisoners are noticing it, prison officers are stressed, it’s dangerous at the minute, to be honest, the staffing levels.”
Rigid prison processes

- Process focussed
- Discontinuity of care
- Prison & healthcare silos
And one...he’d lived in children’s homes all his life and he’d had a girlfriend that had died and he had nothing to support him on the outside, and he really didn’t want to come out of prison. So I really didn’t know what to do about that. I didn’t have enough experience with the prison to know about that, and unless it’s a safety issue we’re not allowed to share that sort of information with the prison side of it.
Relationships

• ‘Walking on egg shells’
• Support for ‘genuine’ needs
• Social care issues too ‘care beary’
Social care issues

Well, I just consider working on the wings like the actual bread and butter of the job, that’s why you join the job, to be on the wings and dealing with issues. But it’s not issues like ‘can I have a new flask because I can’t open mine properly’, or...you know, because we do get that; or, ‘can I have a sock aid to help me get my socks on because I can’t bend over properly’; it’s proper issues, like ‘I need to ring my mum because she’s not well’ and ‘I’ve got no money on my PIN, can you sort this for me’; ‘I can’t get this person cleared for a visit, can you help me’; or just the general day-to-day of supervising the prisoners, making sure they’re not up to no good really.
OHSCAP Process

• ‘Above and beyond’
  – Introductions
  – Distraction packs
  – Ordering medication

• Facilitators
• Prisoner involvement
At the end of the day, they’re still in uniform aren’t they? And she [prison officer] could go and say to another officer, ‘oh, he doesn’t like this place’, and all that, like, they do.
Blimey, after 15 years, someone is finally taking notice that I'm here.
Summary

- OHSCAP did not improve outcomes
- OHSCAP not delivered as planned
- Broken prison system
- Landscape has changed
For OHSCAP Success

- Designated role
- No redeployment
- Preferably not prison officer
- Awareness of older prisoner issues
- Designated review times
- Interest in role
Thank you

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What next?

How can older prisoners’ health and social care needs be met in the current prison climate?

• Policy
• Research
• Practice