FINAL DRAFT HEALTH NEEDS ASSESSMENT FOR HMP CHANNINGS WOOD, HMP DARTMOOR AND HMP EXETER

November 2008

Devon NHS
Primary Care Trust

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GLOSSARY

Assessment, Care in Custody, and Teamwork (ACCT)	A care-planning system to help identify and care for prisoners at risk of suicide or self-harm.
Baseline Certified Normal Accommodation (CNA)	The sum total of all certified accommodation in a prison except, normally, cells in punishment or segregation units, healthcare cells or room in training prisons and Young Offender Institutes that are not routinely used to accommodate long stay patients.
Counselling, Assessment, Referral, Advice and Throughcare services (CARATs)	A major element of the Prison Service Drug Strategy. A package of services which is available in every prison in England and Wales. CARATs provides support and advice to prisoners while in the establishment, referring prisoners on to more intensive treatment programmes if applicable, and forms a bridge to accessing services in the community on release.
(Security) categories	There are four security categories for adult male prisoners: A, B, C, and D. Category A is for prisoners whose escape would be considered highly dangerous to the public, or a threat to national security. Category B is for prisoners for whom escape must be made very difficult. Category C applies to prisoners who cannot be trusted in open conditions. Category D prisoners can be reasonably trusted in open conditions. Un-convicted adult prisoners (commonly referred to as Remand prisoners) will generally be treated as Category B prisoners[*].
Certified Normal Accommodation (CNA) places	The number of prisoners that the prison can accommodate at one time to the standard specified for uncrowded conditions. Any prisoner places provided above CNA are referred to as overcrowding places.
Devon Primary Care Trust (PCT)	The local NHS organisation responsible for commissioning health services, providing community services, overseeing payments to GPs, opticians, dentists and pharmacists, and improving the health of the population in Devon
Devon Prison Health Partnership, Public Health Sub Group	A subcommittee / subgroup of the Devon Prison Health Partnership, which exists to improve and monitor the commissioning of health care for prisoners.
Disease incidence	Number of new cases of disease within a specified period, divided by the number initially disease free.
Disease prevalence	The number of people with the disease at a particular point in time, divided by the total population.
Inmate Medical Record (IMR)	Medical records for each prisoner (equivalent to GP Surgery notes)
Local Inmate Database System (LIDS)	Prison Information System
Local prison [#]	A prison used for prisoners on remand and those newly sentenced. Local prisons tend to be near to the courts and are often situated in towns and cities. Once they have been sentenced most prisoners are moved to training prisons to serve

	their sentences.
Offender Management Unit (OMU)	Source of statistics
Operational capacity	The total number of prisoners that a prison can fit in, allowing for a safe level of overcrowding.
Overcrowding spaces	Accommodation spaces over the Prison Service's Certified Normal Accommodation (CNA).
Primary Care Trust (PCT)	See Devon Primary Care Trust (PCT).
Remand prisoners	A prisoner on remand is someone who is awaiting trial at court and has not been convicted of a criminal offence.
Sex Offender Treatment Programme (SOTP)	A strategy for the treatment of imprisoned sexual offenders began in 1991 when the Sex Offender Treatment Programme (SOTP) was set up. This initiative was devised by the Prison Service to be a framework for the integrated assessment and treatment of sex offenders in prison.
Strategic Health Authority (SHA)	In England, ten strategic health authorities (SHAs) are accountable to the Department of Health for ensuring their local health systems operate effectively.
Therapeutic Community (TC)	Prisoners in therapeutic communities live separately from the rest of the prison population. Prisoners can apply to enter a prison-based Therapeutic Community through their CARAT worker. Criteria for entrance to a TC include: category B or under prisoner; 12 months or more left to serve; drug or alcohol dependent; not on opiate based or psychotropic medication; not currently on a live Self Harm report. At HMP Channings Wood this service is run by Phoenix Futures (the largest not for profit provider of prison-based drug treatment in the UK).
Training prison [§]	A prison to which convicted prisoners are sent to serve their sentences. Training courses and education are usually made available to prisoners who are there long enough to benefit.
Vulnerable Prisoners Unit (VPU)	Prisoners are moved to the Vulnerable Prisoner's (VP) unit either because of the crimes they have committed or because of who they are; for example, those who have committed crimes against children and are therefore at risk from attacks by fellow prisoners.
Young Offenders	Offenders aged between 18 and 21 years (juveniles are aged < 18 years).
Young Offender Institute (YOI)	A prison for young people between the ages of 15 (16 for girls) and 21. Young offenders have to be kept separately from adults, and juveniles (under 18s) separate from 18-21s.

* www.cjsonline.org

www.crimeinfo.org.uk/dictionary/

EXECUTIVE SUMMARY

Description of the prisons

The Devon prison cluster comprises HMP Exeter, HMP Channings Wood (near Newton Abbot) and HMP Dartmoor.

At the time of writing the prison populations were 504 (HMP Exeter), 640 (HMP Dartmoor) and 723 (HMP Channings Wood).

HMP Exeter has a very high turnover of prisoners (approximately 240% per annum), compared with HMP Dartmoor (147%) and HMP Channings Wood (133%).

At the time of writing 188 prisoners (37% of the total population) were in overcrowding places at HMP Exeter, 16 prisoners (3% of the total population) at HMP Dartmoor and 25 (3% of the total population) at HMP Channings Wood.

In all three prisons combined, the majority of prisoners (87%) were from a white ethnic background; the largest black and minority ethnic group were prisoners of black ethnicity (7%). The majority of prisoners (56%) were aged below 35 years.

Comparative assessment using the national prison health performance indicators

Comparisons highlighted that HMP Dartmoor and Channings Wood had a higher than average performance indicator score in each of the six categories assessed (Safety, Clinical and Cost Effectiveness, Governance, Accessible and Responsive Care, Mental Health, Public Health) compared to the national prison average. HMP Exeter had a higher average performance indicator score for five categories compared to the national prison average (the average score for Governance was slightly below the national average).

Epidemiological assessment

Generic points

The majority of data were not stored electronically making it extremely difficulty to describe the health of the prison population.

The high turnover of prisoners, especially at HMP Exeter, made it very difficult to calculate the prevalence and incidence of diseases (as the total population on which these calculations should be based was changing too rapidly).

The local data, when available, was obtained from numbers accessing existing services; for many diseases, in particular those that can persist untreated, these data will not give a true reflection of need.

Data used to calculate expected numbers with disease may be out of date (e.g. expected numbers of prisoners with mental health problems were calculated from a 1998 survey, as this remains the most comprehensive survey to date).

Specific points

Data on the number of prisoners with chronic diseases was the most straightforward to collect. Interestingly, of those prisoners at HMP Channings Wood and HMP Dartmoor, who want to quit smoking a higher percentage access the smoking cessation programme and go on to successfully quit than observed in the general population. At HMP Exeter a lower number of prisoners access the smoking cessation programme than we would expect to see in the general population; this may be explained by the rapid turnover in prisoners at Exeter.

It was very difficult to get detailed information on the number of prisoners with infectious diseases as there is no routine screening. The exception to this was Hepitatis B vaccine coverage. The data indicate that a high percentage of prisoners are refusing Hepatitis B vaccination and of those who receive at least 1 dose of vaccine few go on to receive the third dose (necessary to give maximum projection).

Further data is required to assess prevalence and severity of dental health problems in the prison population.

Counting the number of prisoners referred to a mental health nurses/in-reach team severely underestimates the expected number of prisoners with mental health problems.

The number of substance misuse assessments at HMP Exeter are well documented and give an indication of the high number of prisoners passing through HMP Exeter with drug and alcohol misuse problems. In addition a Drug Needs Analysis at HMP Exeter suggests that heroin, followed by cannabis, were the two drugs that prisoners felt most dependent on.

The following section of the health needs assessment remains to be undertaken:

- What services are currently available in the three prisons?
    - Services and interventions
    - Human and physical resources
    - Pathways to care
- What health care (and other) interventions are worth doing?
- What services and procedures are required to ensure health care needs are met?
- Implementation plan for the provision of effective health services.

1. INTRODUCTION

In April 2006 the responsibility for the health of prisoners in England was transferred from prisons to primary care trusts (PCTs). In 2008 HM Prison Service and the Department of Health published a series of Prison Health Performance Indicators (*Prison Health Performance Indicators*, Gateway Ref: 8921, Department of Health, October 2007). The indicators were developed to measure the quality of prison health services and to help achieve the objective of NHS-equivalent standards:

"*Prisoners should have the same range and quality of healthcare as the public receives from the NHS*."

(*The Future Organisation of Prison Health Care. Report by the Joint Prison Service and National Health Service Executive Working Group*, HM Prison Service & NHS Executive, 1999).

1.1 Aims

This health needs assessment was requested by the Devon Prison Health Partnership, Public Health Sub Group and was carried out by the Prison Health Needs Assessment Group (convened in March 2008). The overall aim is to collate the necessary information to draw evidence-based recommendations to improve the health of prisoners in Devon. More specifically, this health needs assessment will:

1. Update the last health needs assessment, carried out in 2000 (*Towards a Health Improvement Programme for the Devon Prisons*, 2000)
2. Gather data to inform current commissioning of prison health services
3. Ensure that all three prisons fully satisfy Indicator 13 (Health Needs Assessment) of the Prison Health Performance Indicators (*Prison Health Performance Indicators*, Gateway Ref: 8921, Department of Health, October 2007). See Appendix 1 for a full list of the 31 prison health performance indicators.

1.2 Methods

The Prison Health Performance Indicators Guidance Booklet advises using the methodology laid out in a toolkit for health care needs assessment in prisons (University of Birmingham) (Marshall T *et al*., *J Public Health Med*. 2002;23:198-204). The toolkit outlines three approaches:

- Corporate approach – where stakeholders or others with special knowledge (patients, purchasers, providers) are canvassed to determine their views on what is needed
- Comparative approach – where services are compared with the services of other providers and major discrepancies are investigated and addressed
- Epidemiological approach – where health care needs are determined by considering three components:
    - incidence and/or prevalence of the problem
    - services available to deal with the problem
    - effectiveness & cost effectiveness of services.

This health needs assessment combines these three approaches.

2. DESCRIPTION OF THE PRISONS

This section of the report was compiled with information obtained from members of the Prison Health Needs Assessment Group and from two previous reports:

- *Devon Primary Care Trust report on Public Health activity in HMP Exeter, Channings Wood and Dartmoor*, J Jackson, October 2007

- *A Mental Health Care Needs Review of the Devon Cluster Prisons*, C Brown and C Stone, March 2007.

There are 135 prisons in England of which three are located in Devon: HMP Channings Wood, near Newton Abbot, HMP Dartmoor and HMP Exeter. The health of individuals within these three prisons is the responsibility of Devon Primary Care Trust.

2.1 HMP Exeter

HMP Exeter is a local remand prison which takes young offenders, remand prisoners and those prisoners on short sentences. It will also be the starting prison for those just convicted on longer sentences and those recalled from parole including life or undetermined sentences). It is a security category B prison, that is, it holds prisoners for whom escape must be made very difficult. The prison has a maximum operation capacity of 533 (*Monthly Bulletin*, HM Prison Service, June 2008). HMP Exeter is a Type 3 Prison Healthcare Centre and provides the most comprehensive healthcare of the three Devon prisons. Their healthcare unit has 22 beds for general health care (which other prisons can access for their prisoners) and 24-hour nursing cover. The prison population on the last Friday in June 2008 was 504 (*Monthly Bulletin*, HM Prison Service, June 2008). Information on the number of new receptions from 01 April 2007 to 31 March 2008 could not be easily retrieved. The recent mental health care needs review calculated the number of new receptions per year from the average monthly discharge figures. The average monthly discharge (over four months from August to November 2006) was 101. The review assumed that dischargers were equivalent to new receptions and therefore calculated that the number of new receptions per year was 1212. Whilst this figure may underestimate the number of new receptions per year, as the prison population at HMP Exeter is increasing (see Figure 2.1), it highlights the very high turnover of prisoners at this prison (approximately 240% (1212/504) per annum).

Table 2.1 outlines the basic description of HMP Exeter. On the last Friday in June 2008, 188 prisoners (37%) were in overcrowding places (any prisoner places provided above certified normal accommodation are referred to as overcrowding places).

Table 2.1 Basic description of HMP Exeter

	HMP Exeter
Sex of prisoners	Male
Minimum age of prisoners	18 years or older
Category	B
Status	Local/Remand
Maximum operational capacity[1]	533
Baseline certified normal accommodation (CNA)[1]	316
Current prison population[1]	504
Percentage population to available CNA[1]	159%
Type of health care services	Type 3 (in patient)

Source: [1] *Monthly Bulletin,* HM Prison Service, June 2008.

As part of the health needs assessment, prison staff were asked to supply information on the age and ethnicity of their prison population on 23 April 2008 (or the nearest convenient day). Data on age and ethnicity at HMP Exeter on 25 April 2008 are presented in Table 2.2. Data were not available for remand and sentenced prisoners separately. Table 2.2 shows that the majority of prisoners (91%, 409/449) were of white ethnicity with only 4% (18/449) aged 55 years or older. Further analysis of the data, not shown in Table 2.2, revealed that 14% (62/449) of prisoners were classified as young offenders (18-21 years) – double the

percentage (7%) reported in 2007 (*A Mental Health Care Needs Review of the Devon Cluster Prisons*, C Brown and C Stone, March 2007).

Table 2.2 Daily population of HMP Exeter by age and ethnicity on 25 April 2008

	Ethnicity						Total
Age (years)	**White**	**Mixed**	**Asian**	**Black**	**Chinese**	**Other**	**(%)**
16-19	33	0	1	0	0	0	**34 (8%)**
20-24	86	3	0	3	0	0	**92 (21%)**
25-29	72	0	1	6	0	3	**82 (18%)**
30-34	55	2	2	4	0	1	**64 (14%)**
35-39	54	1	0	5	0	0	**60 (13%)**
40-44	49	2	0	2	0	0	**53 (11%)**
45-49	23	0	1	1	0	0	**25 (6%)**
50-54	19	0	1	1	0	0	**21 (5%)**
>54	18	0	0	0	0	0	**18 (4%)**
Total (%)	**409 (91%)**	**8 (2%)**	**6 (1%)**	**22 (5%)**	**0 (0%)**	**4 (1%)**	**449**

*Percentages may not add to 100 due to rounding errors

Data on length of sentence, type of crime and previous address of prisoners could not be collected within the timeframe of this project. The recent (2007) mental health care needs review reported that for all prisoners:

- A quarter of convicted prisoners at HMP Exeter had received sentences of 6 months or under. Over a third of convicted prisoners (34%) had received a sentence of over two years or more. Over one fifth of convicted prisoners (21%) were serving sentences of over four years;
- Nearly one third of prisoners (29%) at HMP Exeter had been charged or convicted of violent offences including murder and approximately one in ten prisoners (11%) had been charged or convicted of sexual offences;
- Nearly half of prisoners at HMP Exeter (43%) had an accommodation address locally (within 50 mile radius of HMP Exeter) whilst a quarter (25%) had no reported accommodation address

(*A Mental Health Care Needs Review of the Devon Cluster Prisons*, C Brown and C Stone, March 2007).

In summary:

- Prison population on the last Friday in June 2008 was 504. On this day 188 (37%) prisoners were occupying overcrowding spaces
- Very high turnover of prisoners (estimated average of 23 per week (1212/52))
- A quarter (25%) had no reported accommodation address
- Nearly one third (29%) were charged or convicted of violent offences
- A fifth (21%) were serving sentences of four years or more
- 14 % were young offenders whilst 29% were aged under 25 years.

2.2 HMP Dartmoor

HMP Dartmoor is a category C training prison, which takes sentenced males. It does not take young offenders. Prisoners are placed there due to their lower risk of escape and with a view to their working towards rehabilitation into the community. The prison has Type 2 healthcare (out-patient). There are no in-patient beds; prisoners are sent to HMP Exeter if 24-hour care is needed. The prison has a maximum operation capacity of 651. The prison population on the last Friday in June 2008 was 640 (*Monthly Bulletin*, HM Prison Service, June 2008). The number of new receptions from 01 April 2007 to 31 March 2008 was 940

(this figure was generated by manually counting the number of new prisoners entered in the reception book within the specified time period)[1] (a turnover of 147% (940/640) per annum).

Table 2.3 outlines the basic description of HMP Dartmoor. On the last Friday in June 2008, 16 prisoners (3%) were in overcrowding places (any prisoner places provided above certified normal accommodation are referred to as overcrowding places).

Table 2.3 Basic description of HMP Dartmoor

	HMP Dartmoor
Sex of prisoners	Male
Minimum age of prisoners	21 years
Category	C
Status	Training
Maximum operational capacity[1]	651
Baseline certified normal accommodation (CNA) [1]	625
Current prison population[1]	640
Percentage population to available CNA[1]	103%
Type of health care services	Type 2 (out-patient).

Source: [1] Monthly Bulletin, HM Prison Service, *June 2008*.

Table 2.4 presents data on the age and ethnicity of prisoners at HMP Dartmoor on 23 April 2008. Most prisoners were of white ethnicity (87%, 550/634) with 8% of black ethnicity whilst nine percent (57/634) were 55 years or older.

Table 2.4 Daily population of HMP Dartmoor by age and ethnicity on 23 April 2008

	Ethnicity						
Age (years)	**White**	**Mixed**	**Asian**	**Black**	**Chinese**	**Other**	**Total (%)**
16-19	0	0	0	0	0	0	**0 (0%)**
20-24	116	6	4	16	1	0	**143 (23%)**
25-29	92	3	5	8	0	0	**108 (17%)**
30-34	83	1	3	6	1	2	**96 (15%)**
35-39	79	0	1	9	1	0	**90 (14%)**
40-44	73	1	2	7	0	0	**83 (13%)**
45-49	34	0	1	2	0	0	**37 (9%)**
50-54	19	0	0	1	0	0	**20 (3%)**
>54	54	1	1	1	0	0	**57 (9%)**
Total (%)	**550 (87%)**	**12 (2%)**	**17 (3%)**	**50 (8%)**	**3 (0.5%)**	**2 (0.3%)**	**634**

*Percentages may not add to 100 due to rounding errors

At HMP Dartmoor data were also manually collected, from the Local Inmate Database System LIDS, on the age and ethnicity of all new receptions between 01 April 2007 to 31 March 2008 (Table 2.5).

[1] This is notably higher than the figure of 588 new receptions per year calculated from average monthly discharge figures (August – November 2006) by Brown and Stone (*A Mental Health Care Needs Review of the Devon Cluster Prisons*, C Brown and C Stone, March 2007).

Table 2.5 Age and ethnicity of new receptions at HMP Dartmoor between 01 April 2007 and 31 March 2008

	Ethnicity						
Age (years)	**White**	**Mixed**	**Asian**	**Black**	**Chinese**	**Other**	**Total (%)**
16-19	0	0	0	0	0	0	**0 (0%)**
20-24	196	10	2	16	3	5	**232 (25%)**
25-29	165	4	5	15	7	3	**199 (21%)**
30-34	138	3	2	9	1	3	**156 (17%)**
35-39	124	1	0	10	1	2	**138 (15%)**
40-44	88	2	2	3	2	5	**102 (11%)**
45-49	46	0	0	0	0	2	**48 (5%)**
50-54	28	0	0	1	0	1	**30 (3%)**
>54	34	0	1	0	0	0	**35 (4%)**
Total (%)	**819 (87%)**	**20 (2%)**	**12 (1%)**	**54 (6%)**	**14 (1%)**	**21 (2%)**	**940**

Data on length of sentence, type of crime and address before conviction could not be collected within the timeframe of this report. Recent reviews of this population have reported that the majority of prisoners at HMP Dartmoor (85%) were serving sentences of two years or more and over half of prisoners (56%) were serving sentences of four years or more (*A Mental Health Care Needs Review of the Devon Cluster Prisons*, C Brown and C Stone, March 2007).

In summary:

- Prison population on the last Friday in June 2008 was 640. On this date 16 prisoners (3%) were occupying overcrowding spaces
- Stable population with regular turnover (average of 18 new receptions per week (940/52))
- All sentenced, no young offenders
- Nearly all (85%) serving sentences of two years or more
- Most (56%) serving sentences of four years or more
- A quarter (25%) were aged under 25 years whilst 9% were aged 55 years or older.

2.3 HMP Channings Wood

HMP Channings Wood is a category C training prison, which takes sentenced males. It does not take young offenders. The prison has Type 2 healthcare (out-patient). There are no in-patient beds at Channings Wood; prisoners are sent to HMP Exeter if 24-hour care is needed.

Channings Wood has two national prison treatment programmes, for substance misuse and sex offending. This means that prisoners resident anywhere in England and Wales can request placement at Channings Wood in order to participate in these programmes as part of their sentence plan. The specialist Therapeutic Community (TC), which tackles drug misuse issues, is housed in a 64 bed unit opened in 2007. Two of the residential living blocks make up the Vulnerable Prisoners Unit (VPU) which specialises in delivering the Sex Offender Treatment Programme (SOTP).

The prison has a maximum operation capacity of 729. The prison population on the last Friday in June 2008 was 723. The healthcare staff at HMP Channings Wood manually counted that there were 801 new receptions between April 2007 and January 2008, which would roughly equate to around 960 new receptions from 01 April 2007 to 31 March 2008 (a turnover of approximately 133% (960/723) per annum).

Table 2.6 outlines the basic description of HMP Channings Wood. On the last Friday in June 2008, 25 prisoners (3%) were in overcrowding places (any prisoner places provided above certified normal accommodation are referred to as overcrowding places).

Table 2.6 Basic description of HMP Channings Wood

	HMP Channings Wood
Sex of prisoners	Male
Minimum age of prisoners	21 years
Category	C
Status	Training
Maximum operational capacity[1]	729
Baseline certified normal accommodation (CNA)[1]	698
Current prison population[1]	723
Percentage population to available CNA[1]	104%
Type of health care services	Type 2 (out-patient)

Source: [1] *Monthly Bulletin,* June 2008.

Table 2.7 presents data on the age and ethnicity of prisoners at HMP Channings Wood on 23 June 2008. Nine percent (60/705) were 55 years or older. Most prisoners were of white ethnicity (85%, 598/705) with 9% (62/705) of black ethnicity, 3% (22/705) Asian and 2% (15/705) of mixed ethnicity.

Table 2.7 Daily population of HMP Channings Wood by age and ethnicity on 23 June 2008

Age (years)	**Sentenced (Average Daily Population)**						**Total**
Ethnicity	**White**	**Mixed**	**Asian**	**Black**	**Chinese**	**Other**	**(%)**
16-19	0	0	0	0	0	0	**0 (0%)**
20-24	95	2	2	15	2	1	**117 (17%)**
25-29	134	6	8	16	0	1	**165 (23%)**
30-34	97	1	4	5	0	0	**107 (15%)**
35-39	77	2	5	8	0	1	**93 (13%)**
40-44	58	3	0	10	0	1	**72 (10%)**
45-49	45	0	1	6	0	0	**52 (7%)**
50-54	34	0	2	1	1	1	**39 (6%)**
>54	58	1	0	1	0	0	**60 (9%)**
Total (%)	**598 (85%)**	**15 (2%)**	**22 (3%)**	**62 (9%)**	**3 (0.4%)**	**5 (0.7%)**	**705**

*Percentages may not add to 100 due to rounding errors

Data on type and length of sentence, type of crime and previous address of prisoners could not be collected within the timeframe. Previous recent reviews of this population report that the majority of prisoners (83%) at HMP Channings Wood are serving sentences of two years or more. Over half of prisoners (56%) are serving sentences of over four years. (*A Mental Health Care Needs Review of the Devon Cluster Prisons*, C Brown and C Stone, March 2007). Over one fifth of prisoners (23%) had been convicted of violent offences including murder and one fifth of prisoners (21%) had been convicted of sexual offences. Few prisoners at HMP Channings Wood (9%) had been received into prison locally (within 50 mile radius of HMP Channings Wood). This means that most prisoners in HMP Channings Wood are likely to have a last known address outside Devon. (*A Mental Health Care Needs Review of the Devon Cluster Prisons*, C Brown and C Stone, March 2007).

In summary:

- The prison population on the last Friday in June 2008 was 723. On this day 25 prisoners (3%) were occupying overcrowding spaces
- Stable population with regular turnover (average of 18 (960/52) new receptions per week)
- All sentenced, no young offenders
- Most (56%) serving sentences of four years or more
- Many violent or sexual offenders
- 17% were aged under 25 years whilst 9% were aged 55 years or older.

2.4 Devon cluster prisons

Prison population

The Devon cluster prisons make up 3 of 13 prisons in the South West region (this total excludes HMP Ashfield, located in Bristol, which is the only prison in the South West to take juveniles (under 18 years)). The Devon prison population on the last Friday in June 2008 was 1867 (Table 2.8); on the same date, the prison population in the South West region was 6256. Thus the Devon cluster prisons make up nearly a third (30%) of the total prison population in the South West.

Table 2.8 Population of Devon Prison Cluster on the last Friday in June 2008

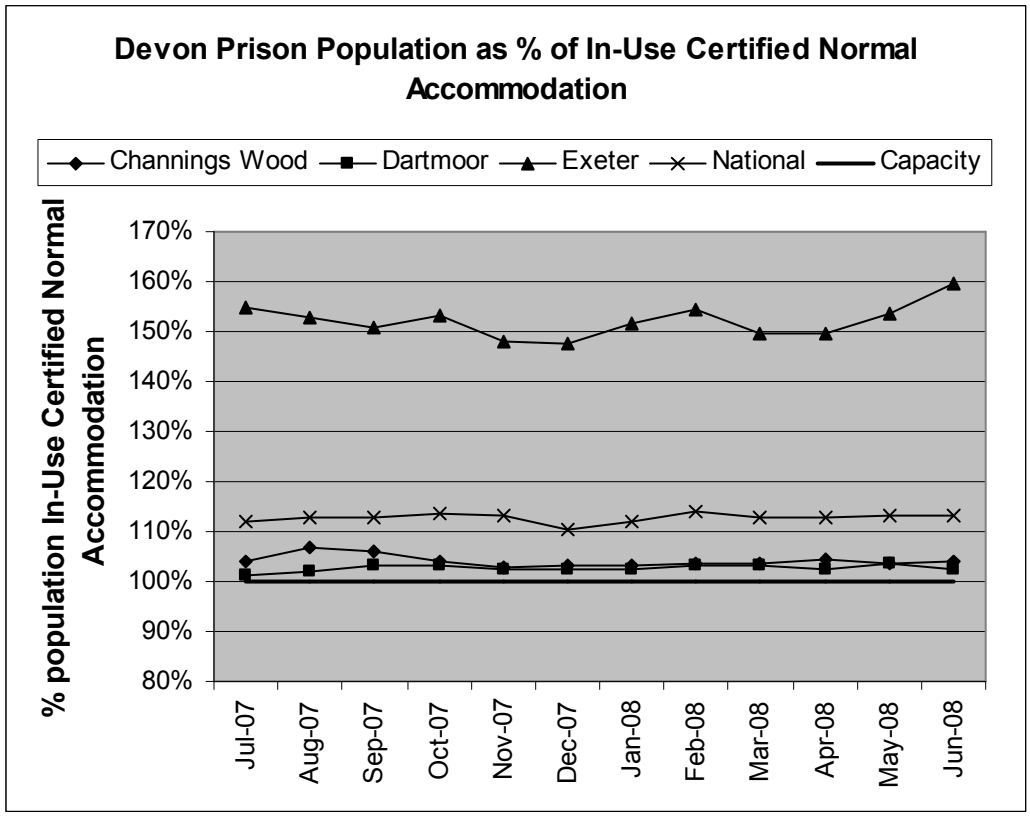
	Number	Percentage
HMP Channings Wood	723	39%
HMP Dartmoor	640	34%
HMP Exeter*	504	27%
Total	1867	100%

*This number combines unconvicted (remand) and convicted (sentenced) prisoners.

Figure 2.1 plots the prison population of the three Devon prisons, and the national prison population, as a percentage of their baseline certified normal accommodation (% population In-Use CNA). These figures are plotted from July 2007 to June 2008. A figure of 100% would mean that all prisoners were in CNA, a figure below 100% would indicate unused CNA whilst figures above 100% indicate overcrowding. A number of important points can be drawn from Figure 2.1:

- All three Devon prisons (in line with the national picture) are overcrowded (i.e. % of In-Use CNA is greater than 100%)
- At HMP Dartmoor and Channings Wood a relatively small percentage of prisoners are not in CNA, these figures are lower than observed nationally and have remained relatively stable over the year
- At Exeter a relatively high percentage of prisoners are not in CNA, these figures are much higher than observed nationally and have increased between April and June 2008 (from 150 to 159%).

Figure 2.1 Percentage of in-use Certified Normal Accommodation

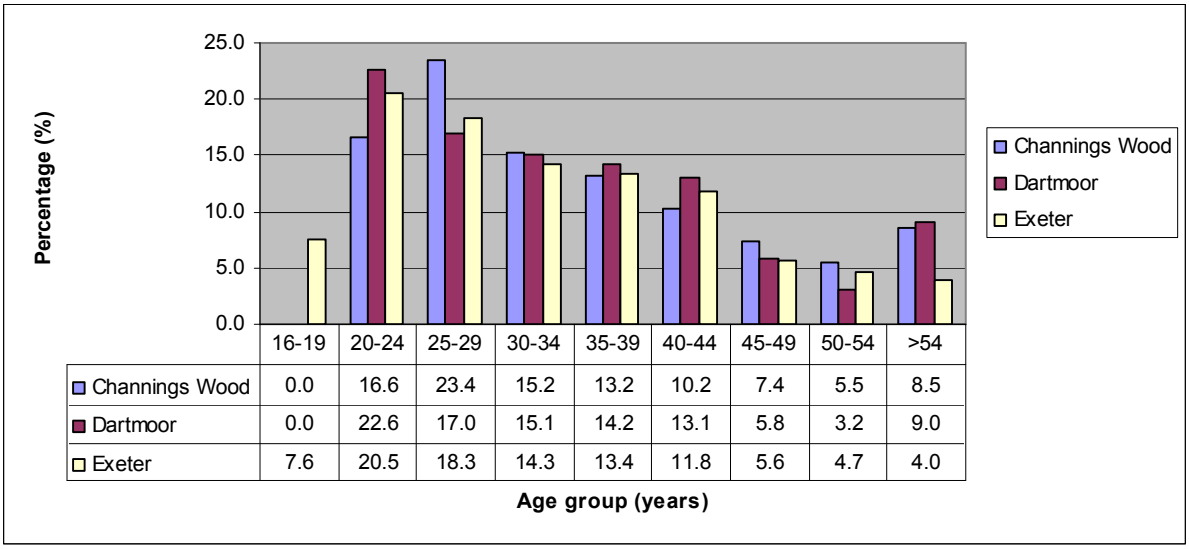


Note: It is important to highlight that HMP Exeter is a remand prison and therefore whilst the % population In-Use Certified Normal Accommodation may be noticeably higher than the national average it may still be similar to other remand prisons.

Age

Figure 2.2 compares the age distribution in the three Devon prisons. HMP Exeter is the only prison in Devon which takes young offenders and therefore, compared to Channings Wood and Dartmoor, has a much higher percentage of prisoners aged under 21 years. It is also noticeable that HMP Dartmoor and Channings Wood have more than double the percentage of older prisoners (aged 55 years or above) than found at HMP Exeter.

Figure 2.2 Prison population, by age-group, for the three Devon prisons on 23 April 2008*



	16-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	>54
Channings Wood	0.0	16.6	23.4	15.2	13.2	10.2	7.4	5.5	8.5
Dartmoor	0.0	22.6	17.0	15.1	14.2	13.1	5.8	3.2	9.0
Exeter	7.6	20.5	18.3	14.3	13.4	11.8	5.6	4.7	4.0

* Data for HMP Channings Wood were collected on 23 June and for HMP Exeter on 25 April, 2008

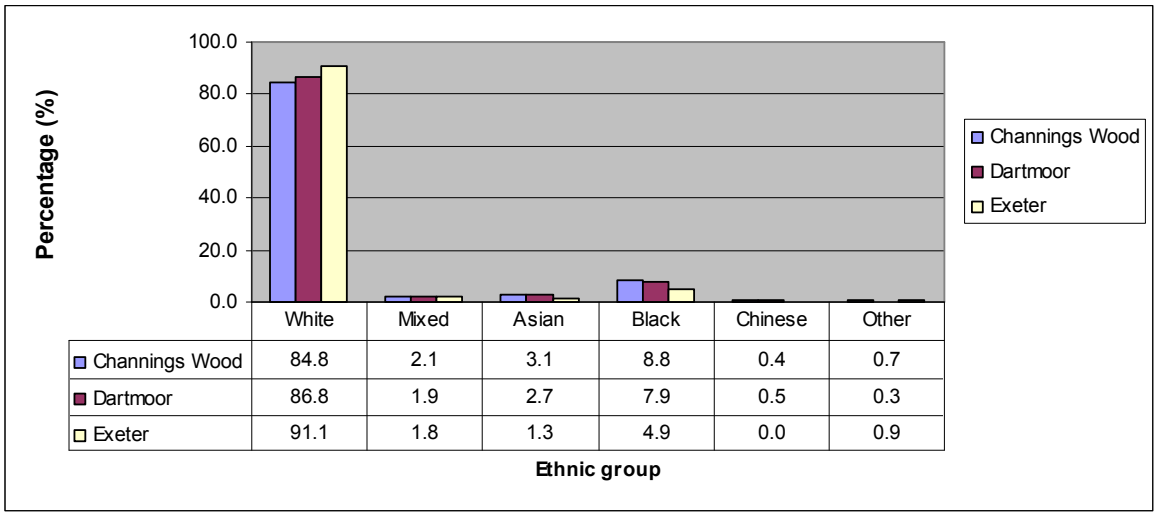
Compared with the previous health needs assessment there is some evidence that the age of the prison population is increasing; however, it is not possible to conclude whether existing prisoners are getting older or older people are now more likely to be carrying out crimes.

Ethnicity

Figure 2.3 highlights that nearly all prisoners at HMP Exeter, Channings Wood and Dartmoor were of white ethnic origin. The largest black and minority ethnic group were prisoners of black ethnicity; a higher percentage of whom were found at HMP Channings Wood (8.8%) and HMP Dartmoor (7.9%) compared with HMP Exeter (4.9%).

Data from the 2001 census reported that in the South West region 2.3% of individuals were from a non-white background; this indicates that, compared with the general population in the South West, prisons in Devon have a considerably higher percentage of individuals from black and minority ethnic groups. The previous health needs assessment summarised the ethnicity of prisoners in a graph but did not report the exact percentage of prisoners from each ethnic group. Comparing the two graphs suggests that between 2000 and 2008 the percentage of prisoners from white ethnic groups has reduced at HMP Channings Wood and HMP Dartmoor (earlier data from HMP Exeter were not available for comparison).

Figure 2.3 Prison population, by ethnic group, for the three Devon prisons on 23 April 2008*



	White	Mixed	Asian	Black	Chinese	Other
Channings Wood	84.8	2.1	3.1	8.8	0.4	0.7
Dartmoor	86.8	1.9	2.7	7.9	0.5	0.3
Exeter	91.1	1.8	1.3	4.9	0.0	0.9

* Data for HMP Channings Wood were collected on 23 June and for HMP Exeter on 25 April, 2008

Nationally, most prisoners are young, white males (*Prison Population and Accommodation briefing for 13th June 2008*, National Offender Management Service, 2008). As highlighted in Figures 2.2 and 2.3 this national pattern is seen locally in the Devon cluster prisons.

3. COMPARATIVE ASSESSMENT USING THE NATIONAL PRISON HEALTH PERFORMANCE INDICATORS

The 2007/08 Prison Health Performance Indicators include 31 indicators grouped into six indicator groups:

1. Safety
2. Clinical and Cost Effectiveness
3. Governance
4. Accessible and Responsive Care
5. Mental Health
6. Public Health

The Prison Health Performance Indicators are nationally determined. They are not mandatory but represent the results of an annual self-assessment exercise (see Appendix 1 for details of the indicators). The availability of this standardised data enables direct comparisons between the 13 prisons (excluding those that take juveniles –under 18 years) which are located within the South West Strategic Health Authority. Table 3.1 describes the characteristics of each prison and Appendix 1 compares the RAG (red/amber/green) score for each prison health performance indicator. Definitions of "Green" Indicator Status, which represents satisfactory performance, are available elsewhere (*Prison Health Performance Indicators*, Offender Health, Social Care, Local Government and Care Partnerships, 2007).

Table 3.1 Basic description of the 13 prisons (excluding YOIs) located within the South West Strategic Health Authority

	Maximum Operational Capacity*	**Type of prison**	**Healthcare**
Dorset cluster prisons			
HMP Dorchester	259	Category B (Local remand)	Health care centre (Type 3)
HMP The Verne	587	Category C (Training)	Daytime/24hr cover (Type 2)
YOI Portland	557	Young Offender Institute	Daytime/24hr cover (Type 2)
Guys Marsh	578	Category C (Training)	Daytime/24hr cover (Type 2)
Gloucester prison			
HMP Gloucester	323	Category B (Local remand)	Health care centre (Type 3)
Bristol cluster prisons			
HMP Bristol	606	Category B (Local remand)	Health care centre (Type 3)
HMP Eastwood Park	362	Category B (Female Local remand)	Daytime/24hr cover (Type 2)
HMP Erlestoke	410	Category C (Training)	Daytime/24hr cover (Type 2)
HMP Leyhill	508	Open prison (minimum security)	Daytime cover (Type 1)
Devon cluster prisons			
HMP Exeter	533	Category B (Local remand)	Health care centre (Type 3)
HMP Channings Wood	731	Category C (Training)	Daytime/24hr cover (Type 2)
HMP Dartmoor	646	Category C (Training)	Daytime/24hr cover (Type 2)
Somerset prison			
HMP Shepton Mallet	186	Category C (Training)	Daytime/24hr cover (Type 2)

* Latest figures available on HM Prison Service website (http://www.hmprisonservice.gov.uk)

Prison Health Performance Indicators Performance Reports have been produced by the Department of Health and HM Prison Service. In these reports a 'Prison Web' gives a summary overview of the relative position of each prison. For each of the 6 indicator groups, an average score has been calculated and plotted for the prison (black line) and its comparators – all England (marble shading) and that prison type (dark blue line).

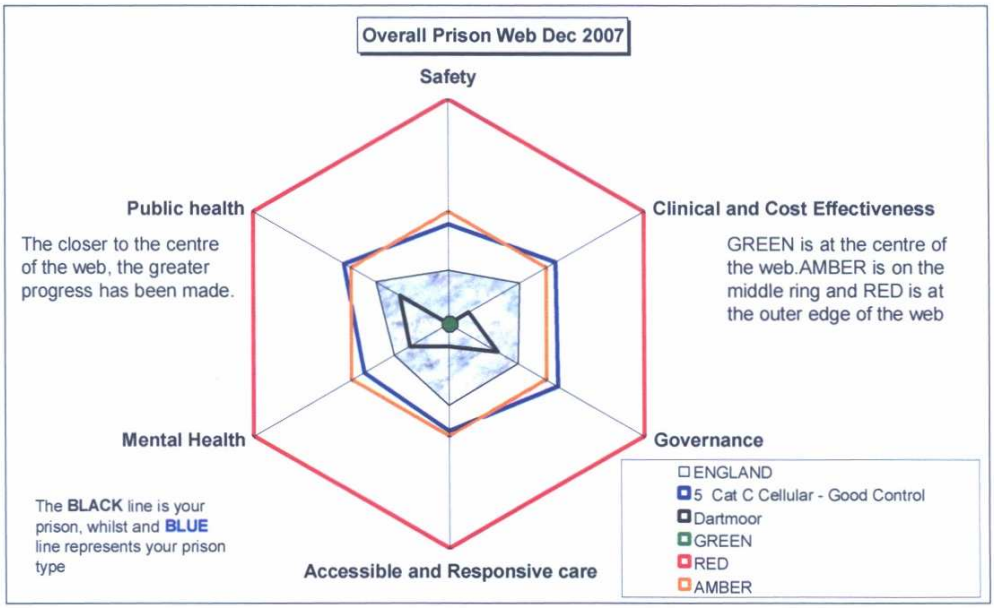
A green (highest) score for an indicator group would fall at the centre of the web. A red (lowest) score for an indicator group would fall at the rim of the web. The nearer the centre, the better, i.e. if the black line is inside a comparator's line, that prison's reported performance is better than the comparator.

The Department of Health and HM Prison Service state that before looking at the performance webs it is important to highlight that these indicators are merely that – indicators only. They cannot tell all of the story and the greatest benefit will be via the discussions and questions raised by the comparisons.

3.1 HMP Dartmoor

Figure 3.1 shows that HMP Dartmoor (black line) had a higher average performance indicator score for each of the six categories compared to the national prison average (marble shading) and the average for Type 5 Category C cellular prisons (dark blue line). The two indicators within Safety were defined as 'green' indicator status whilst only one of the five Clinical and Cost Effectiveness indicators (discharge planning) did not make 'green' status. As highlighted in Appendix 1 none of the individual indicators at HMP Dartmoor was at 'red' status.

Figure 3.1 Prison web for HMP Dartmoor

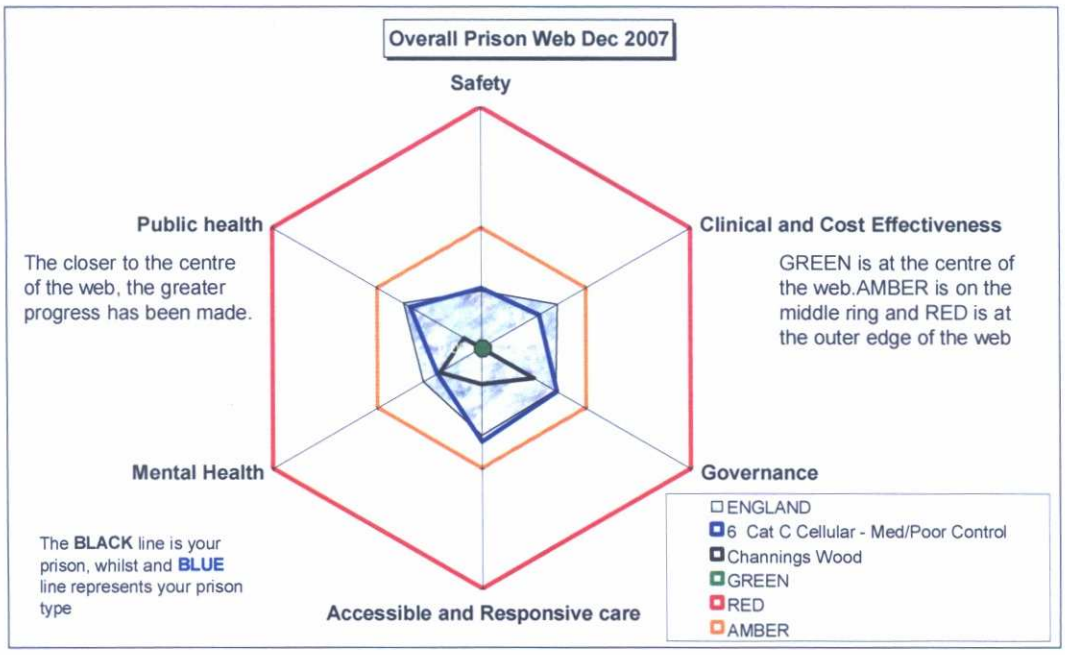


Source: *2007/08 Prison Health Performance Indicators' Performance Report. Results of Prison Health Performance Indicators for Dartmoor*, Department for Health and HM Prison Service, 2008

3.2 HMP Channings Wood

Figure 3.2 shows that HMP Channings Wood (black line) had a higher average performance indicator score for each of the six categories compared to the national prison average (marble shading). The prison has higher average performance indicator scores for five categories compared with other Type 6 Category C cellular prisons (dark blue line) – the average score for mental health indicators is the same. The two indicators within Safety and the five indicators within Clinical and Cost Effectiveness all met 'green' indicator status. As highlighted in Appendix 1, none of the individual indicators at HMP Channings Wood was at 'red' status.

Figure 3.2 Prison web for HMP Channings Wood



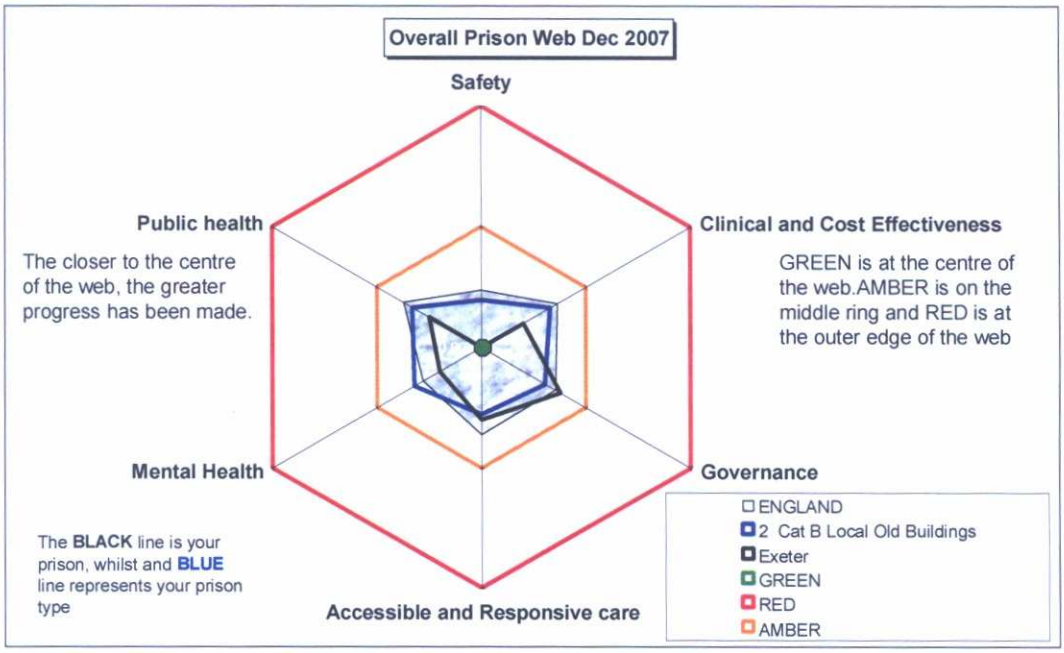
Source: *2007/08 Prison Health Performance Indicators' Performance Report. Results of Prison Health Performance Indicators for Channings Wood*, Department for Health and HM Prison Service, 2008

3.3 HMP Exeter

Figure 3.3 shows that HMP Exeter (black line) had higher average performance indicator scores for five categories compared to the national prison average (marble shading) – the average score for Governance was slightly below the national average. Governance and Accessible and Responsive Care at HMP Exeter were the only two sets of indicators below the average for a Type 2, Category B Local prison (dark blue line). The two indicators within Safety were defined as 'green' indicator status. As highlighted in Appendix 1, two of the individual indicators were at 'red' status: General Health Assessment (within Accessible and Responsive Care) and Sexual Health (within Public Health).

As the prison health performance indicators are new for 2007-08 it is not possible to compare the current status with previous years; year-on-year comparisons will be possible when the 2008-09 indicators are published.

Figure 3.3 Prison web for HMP Exeter



Source: *2007/08 Prison Health Performance Indicators' Performance Report. Results of Prison Health Performance Indicators for Exeter*, Department for Health and HM Prison Service, 2008

4. EPIDEMIOLOGICAL ASSESSMENT: HOW MANY PRISONERS HAVE EACH TYPE OF HEALTH PROBLEM IN THE THREE DEVON PRISONS?

Aim The aim of this section is to estimate the number of prisoners we can expect to have a particular health problem in each of the three prisons at any one time. The Prison Health Needs Assessment Toolkit provides a list of suggested health problems on which to collect data. As recommended in the toolkit, this list was adapted by the local Prison Health Needs Assessment Group and it was decided that data would be collected on the following seven disease categories: **chronic disease, communicable disease, dental health, skin problems, physiotherapy, mental health and substance misuse.**

Methods To obtain the most accurate 'picture' estimates on the number of prisoners with each type of health problem were collected from two sources:

1. Local prison data (e.g. prison clinic lists, GP prison referral lists) – the numbers from these data will be referred to as '**observed numbers**'
2. Using disease prevalence figures, calculated from other prison populations[2], to estimate the number of prisoners in Devon we would expect to have each disease – the numbers from these data will be referred to as '**expected numbers'.** Expected numbers are calculated using the prison population sizes reported in Tables 2.2 (HMP Exeter), 2.4 (HMP Dartmoor) and 2.7 (HMP Channings Wood) and, where data are available, take the age profile of prisoners into account.

Both sources of data have their limitations:

1. The sources of data used to extract observed number are clearly limited by what data is collected (and readily accessible) in prisons. These data sources may, in some cases, underestimate the total number with a particular disease; for example, mental health problems tend to be underreported as prisoners may not disclose their previous medical history (*Toolkit for health care needs assessment in prisons*, Marshall, Simpson and Stevens, 2000).
2. The sources of data used to calculate expected numbers are several years old (see footnote) and therefore may not reflect the true disease prevalence; however, they remain the most comprehensive source of data from which to calculate disease estimates in the prison population (*Prison Health Performance Indicators*, Offender Health, Social Care, Local Government and Care Partnerships, 2007). In recognition of the rapid rise, in the general population, of diabetes, the expected numbers with type 1 and 2 diabetes were calculated using a more recent tool generated by the Yorkshire and Humber Public Health Observatory allowing for age, sex, ethnicity and deprivation (it was assumed that prisoners were from the most deprived populations).

Presentation of findings The tables below report the observed and expected numbers of prisoners with each health problem, within the seven disease categories, for April 2008[3]. The local Health Needs Assessment Group decided to collect data over a month period as data from only one day might not give a accurate picture of the numbers with each disease. Before reading the tables below it is useful to make the following generic points:

1. The availability of local data were limited as prison health records are not kept electronically and it was too time consuming, within the time-frame of this report, to manually collect data from paper records

[2] This report uses disease prevalence data from previous epidemiological studies of UK prisoners (*Toolkit for health care needs assessment in prisons*, Marshall, Simpson and Stevens, 2000) and a report on psychiatric morbidity among prisoners in England and Wales (Office for National Statistics, 1998).

[3] In cases when data were not available for April 2008, alternative data are presented and the dates it refers to clearly documented within the report.

2. Local data were not available by age group and therefore only the total number of prisoners with each health problem is reported
3. The tables only report the observed and expected numbers of prisoners with each health problem. Disease prevalence was not reported as it was considered too difficult to confirm the appropriate population denominator for local data. No incidence data (number of new cases within a specific time period) is presented in this report
4. Appendix 2 (HMP Exeter), Appendix 3 (HMP Channings Wood) and Appendix 4 (HMP Dartmoor) report the expected numbers with each health problem in more detail, providing disease prevalence data and, where possible, numbers and prevalence by age group category
5. Local information collected at the previous health needs assessment (in 2000) was based on data from a newly installed computer system at HMP Exeter which recorded information collected at reception; this data is referred to where appropriate.

4.1 Chronic disease

Table 4.1 lists the number of prisoners we observed, and would expect, to have epilepsy, asthma, type-1 and type-2 diabetes, coronary heart disease and a desire to quit smoking.

Table 4.1 Observed and expected number of prisoners with chronic disease in each of the three Devon prisons in April 2008

		HMP Dartmoor		HMP Exeter		HMP Channings Wood	
		Number		Number		Number	
	Data source for observed number	Observed	Expected*	Observed	Expected*	Observed No	Expected*
Epilepsy	Number on chronic illness registers/nurse-led specialist clinic lists in April 2008 (paper records)	6	5	12	4	11	5
Asthma		64	80 (diagnosed) 32 (treated)	19	59 (diagnosed) 23 (treated)	56	85 (diagnosed) 34 (treated)
Type-1 diabetes		6	3	6	2	13	4
Type-2 diabetes		13	3	3	1	36	3
Coronary Heart Disease		20#	9 (Ischaemic heart disease)	1	4 (Ischaemic heart disease)	26 (hypertensive / high cholesterol / heart-related problems)	10 (Ischaemic heart disease)
Smoking	Number of prisoners who accessed the smoking cessation programme between April 2007 and June 2008	64	273§	4	193§	69	303§

* Expected values (for epilepsy, type-1 and type-2 diabetes, asthma and coronary heart disease) take the age profile of each of the prison populations into account (and for type-1 and type-2 diabetes also adjust for sex, ethnicity and deprivation)

At HMP Dartmoor the coronary heart disease specialist nurse is on long-term sick leave and, as a result, the prison does not currently have a method to monitor the disease. A Clinical Nurse Manager calculated that between June and August 2008 an average of 20 prisoners were known to have coronary heart disease

§ Expected numbers represent the number of prisoners, at any give time point, who we would expect would wish to quit smoking

Table 4.2 Number of prisoners who accessed the smoking cessation service between April 2007 and June 2008 in each of the three Devon prisons and subsequent outcome

	Number of prisoners accessing the service	Number quit	Number not quit	Number unknown
Channings Wood	69	45 (65%)	21 (30%)	3 (4%)
Dartmoor	64	51 (80%)	10 (16%)	3 (5%)
Exeter	4	1 (25%)	0 (0%)	3 (75%)

Figures may not add up to 100% due to rounding error
A successful quitter is an individual who quits smoking for four weeks

Key discussion points (Tables 4.1 and 4.2):

- The observed number of prisoners with epilepsy at HMP Exeter and HMP Channings Wood was higher than the expected number. In line with these findings, the previous Health Needs Assessment for the Devon prisons (2000) reported that on two separate days 11 and 16 prisoners were suffering from epilepsy, respectively. It is important to highlight that the numbers with epilepsy are small and therefore may fluctuate throughout the year.
- The number of known asthmatics at HMP Exeter was lower than expected to be diagnosed. At HMP Exeter there is a large turnover of prisoners and it is possible that by chance a lower number of asthmatics than average were in the prison in April 2008. In the 2000 report, the observed number of prisoners with asthma at HMP Exeter on two separate days was substantially higher at 46 and 42, respectively (although this was calculated from number reporting asthma at reception rather than number on the specialist disease register and therefore one might expect it to be higher). Data from HMP Exeter over a longer time-period would be useful to clarify the true number of prisoners with asthma.
- At all three prisons the number of prisoners with type 1 and type-2 diabetes was higher than expected; this was particularly noticeable for type-2 diabetes at HMP Channings Wood. The previous Health Needs Assessment reported 13 (HMP Channings Wood) and 14 (HMP Dartmoor) patients had diabetes (type not clarified). In the previous health needs assessment it was suggested that the higher than expected figures may reflect the older populations at Channings Wood and Dartmoor; however, in this report even after adjusting for the age-profile of the prisoners the numbers with diabetes remained higher than expected.
- The data collected from HMP Channings Wood and Dartmoor suggest that a considerably higher number of prisoners were on the heart disease register compared with expected. At HMP Channings Wood the heart disease register includes prisoners with hypertension, high cholesterol and heart-related problems and is therefore not comparable with the expected number with ischaemic heart disease. In prisons with older populations, monitoring the number of individuals with chronic disease risk factors (e.g. high blood pressure, high cholesterol, obesity and smoking), and not just heart disease itself, is important.
- Data on smoking status is collected from all prisoners at reception screening but this information is not collated or stored electronically and cannot be easily extracted and is therefore not presented in the table. Health professionals working at each prison estimated that the majority of prisoners smoke - approximately 70% (HMP Exeter) 70-80% (HMP Dartmoor) 86% (Channings Wood). At all three prisons the number of prisoners who wanted help to quite smoking were considerably lower than expected.
- Table 4.2 indicates that of those who accessed the smoking cessation programme the percentage which subsequently quit were higher at HMP Dartmoor (80%) and HMP Channings Wood (65%) compared with HMP Exeter (25%); however, it is

important to highlight that outcomes at HMP Exeter are not known for a large proportion of the participants (75%).

4.2 Communicable disease

Table 4.3 lists the observed and expected number of prisoners with communicable diseases in each of the three Devon prisons in April 2008. Data were not available from which to calculate the expected number of prisoners with Hepatitis A, Gonorrhoea, Syphilis, Tuberculosis or Chlamydia.

Since April 2003, all prisons have been required to deliver a Hepatitis B vaccination programme[4]. Data, collated by the Health Protection Agency, is therefore available on the number of prisoners vaccinated and number of doses given; the latest available data are presented in Tables 4.4 and 4.5.

[4] Needle-sharing, by intravenous drug users, is one method by which Hepatitis B is spread; the wide-spread use of intravenous drugs by prisoners makes them a high priority target for vaccination.

Table 4.3 Observed and expected number of prisoners with communicable diseases in each of the three Devon prisons in April 2008

		HMP Dartmoor		HMP Exeter		HMP Channings Wood	
		Number		Number		Number	
	Data source for observed number	Observed	Expected	Observed	Expected	Observed	Expected
Hepatitis A	Number known by the healthcare team to have the disease in April 2008	0	Not known	0	Not known	0	Not known
Hepatitis B		2	51	1	36	2	56
Hepatitis C		14	57	12	40	5	63
Human Immunodeficiency Virus (HIV)		1	2	2	1	1	2
Gonorrhoea		0	Not known	0 known	Not known	0	Not known
Syphilis		1	Not known	0 known	Not known	0	Not known
Tuberculosis (TB)		0	Not known	0	Not known	0	Not known
Chlamydia		Accurate number not available*	Not known	3	Not known	1	Not known

* GPs often treat directly according to patient's background (and to locate this information would require looking through patients' paper records)
Note: Expected numbers are based on the 2000 figures presented in the Prison Health Needs Assessment Toolkit (*Toolkit for health care needs assessment in prisons*, Marshall, Simpson and Stevens, 2000), so are likely to be an underestimate of numbers in some areas.

Key discussion points (Tables 4.3):

- As in the non-prison population, there is no routine screening of many communicable diseases and therefore the observed figures in Table 4.3 may not be representative of the entire prison population; this may explain why the observed number with Hepatitis B and C are considerably lower than expected. The exception to this is that, in line with the national screening programme, all prisoners aged under 25 years are routinely screened for Chlamydia at HMP Exeter
- The numbers of prisoners known to have HIV were similar to the expected figures as of the 2000 prevalence figures presented in the Prison Health Needs Assessment Toolkit (*Toolkit for health care needs assessment in prisons*, Marshall, Simpson and Stevens, 2000)
- No information on the number of prisoners with communicable diseases was presented in the previous health needs assessment.

Table 4.4 Actual Hepatitis B vaccine coverage observed in each of the three Devon prisons in March and April 2008

	Total receptions	Number already vaccinated	Number of refusals	% of refusals*	Number vaccinated within one month	Vaccine coverage	Vaccine uptake
March 2008							
HMP Channings Wood	87	47	16	40%	28	86%	116%**
HMP Dartmoor	79	32	18	34%	10	41%	34%
HMP Exeter	285	75	71	38%	62	48%	45%
April 2008							
HMP Channings Wood	96	82	11	79%	29	116%	967%**
HMP Dartmoor	88	31	4	45%	18	56%	34%
HMP Exeter	251	58	87	7%	49	43%	47%

* Expressed as a percentage of total receptions (excluding those already vaccinated)
**Overestimation of the vaccine uptake due to problem with data on receptions and refusals

Table 4.5 Actual Hepatitis B vaccination activity observed in each of the three Devon prisons in March and April 2008

	Number of prisoners who received at least 1 dose of vaccine	Total number of doses given	Number of prisoners who received the third dose of vaccine (% of total no. of prisoners who received at least 1 dose of vaccine)
March 2008			
HMP Channings Wood	43	57	16 (37.2%)
HMP Dartmoor	17	17	2 (11.8%)
HMP Exeter	72	84	17 (23.6%)
April 2008			
HMP Channings Wood	38	44	19 (50%)
HMP Dartmoor	40	41	15 (37.5%)
HMP Exeter	76	101	21 (27.6%)

Key discussion points (Tables 4.4 and 4.5):

- Table 4.4 shows that a high percentage of prisoners are refusing Hepatitis B vaccination; although the percentage varies considerably from month to month. At HMP Dartmoor and Exeter, of those prisoners who were eligible and consented less than half were vaccinated (vaccine uptake).
- Whilst incomplete vaccination schedules offer some protection, full protection from Hepatitis B requires three doses of the vaccination. In March and April 2008 no more than half (and often considerably fewer) of all prisoners who received at least one dose of vaccine received the third dose (Table 4.5).

4.3 Dental health

Table 4.6 lists the number of prisoners with dental health problems in each of the three Devon prisons. Data were not available from which to calculate the expected number of prisoners with dental health problems.

Table 4.6 Observed number of prisoners with dental health problems in each of the three Devon prisons in April 2008

HMP Dartmoor		HMP Exeter		HMP Channings Wood	
Data source	**Observed Number**	**Data source**	**Observed Number**	**Data source**	**Observed Number**
Patients self-referred to dental services (excluding those seen for routine check-ups) in April 2008 (paper records)	63	Number who made initial application and/or were seen in April 2008 (paper records)	72	Number of new prisoners referred to the dentist in April 2008 (paper records)	34

Key discussion points (Table 4.6):

- Information about the severity of dental problems was not readily available. To collect this data healthcare staff would have to manually go through the dental card paper records. The healthcare staff at HMP Dartmoor and Exeter stated that the majority of individuals on the waiting list had serious dental problems which needed treatment. Data on how long individuals had been on the dental waiting list were also not readily available.
- It is difficult to get a good understanding of dental health problems from the limited data presented. Further data is required on the prevalence of specific dental problems to understand the demand on dental services within the prison. No local data on dental health problems were presented in the previous health needs assessment.

4.4 Skin problems

Table 4.7 lists the observed numbers of prisoners with skin problems in each of the three Devon prisons. Data were not available from which to calculate the expected number of prisoners with skin problems.

Table 4.7 Observed number of prisoners with skin problems in each of the three Devon prisons in April 2008

HMP Dartmoor		HMP Exeter		HMP Channings Wood	
Data source	**Observed Number**	**Data source**	**Observed Number**	**Data source**	**Observed Number**
List of GP referrals to the dermatology service in April 2008	5	Referred to outside consultant (severe requests) in April 2008	1	Not available; referrals would have be checked with Torbay	

Key discussion points (Table 4.7):

- The data presented in Table 4.7 show the number of prisoners with skin problems which require specialist healthcare not available in the prison. The rationale for collecting data on skin problems was that in a recent health needs assessment at HMP Bristol dermatological problems were the top reason for first visit to primary care and the second to top reason for repeat visits to primary care. In order to assess the prevalence of the complete range of dermatological problems in the Devon prisons, not just problems that require referrals, we would need to manually go through medical paper records or as done for the health needs assessment at HMP Bristol prospectively collect data on reason for each prisoner's visit to primary care over a set time period
- No local data on dermatological problems were presented in the previous health needs assessment with which to compare out current findings.

4.5 Physiotherapy

Table 4.8 lists the observed number of prisoners with health problems requiring physiotherapy in each of the three Devon prisons. Data were not available from which to calculate the expected number of prisoners needing physiotherapy.

Table 4.8 Observed number of prisoners with health problems requiring physiotherapy in each of the three Devon prisons in April 2008

HMP Dartmoor		HMP Exeter		HMP Channings Wood	
Data source	**Observed number**	**Data source**	**Observed number**	**Data source**	**Observed number**
List of prisoners referred by GP to physiotherapy and remedial gym service in April 2008	9	Number referred to the physiotherapist in April 2008	3	Number of prisoners seen by the physiotherapist in April 2008	4

Key discussion points (Table 4.8):

- No local data on problems requiring physiotherapy were presented in the previous health needs assessment with which to compare current findings.

4.6 Mental health

Poor mental health and substance misuse are commonly found together (dual diagnosis). Although it is recognised that many prisoners will have both mental health problems and be substance misusers, in this section of the report the two topics will be considered separately.

It is well documented that the prevalence of mental problems is considerably higher in prisoners compared with the general population. In recognition of this Devon Primary Care Trust recently produced a mental health care needs review of the Devon cluster prisons. The figures presented in this section are a combination of new local data, expected numbers and data which were originally presented in the mental health care needs review.

Table 4.9 reports the number of prisoners referred to a registered mental health nurse or the In-Reach Team in April 2008; observed numbers were not available for specific mental health problems. Table 4.10 reports the number of prisoners we would expect to have a range of mental health problems based on prevalence figures from the Report on Psychiatric Morbidity among prisoners in England and Wales (Office for National Statistics, 1998).

Table 4.9 Observed number of prisoners with any mental health problem in each of the three Devon prisons in April 2008

	HMP Dartmoor		HMP Exeter		HMP Channings Wood	
	Data source	**Observed number**	**Data source**	**Observed number**	**Data source**	**Observed number**
Any mental health problem	Referred to registered mental health nurse (RMN)/In-Reach Team throughout April 2008	28 (9 seen by RMNs and 19 seen by In-reach Team)*	Not applicable	Not reported	Referred to registered mental health nurse / in-reach team on one day in April 2008	43

* The mental health clinics at HMP Dartmoor have since been reviewed and in July 2008 a total of 49 prisoners were seen; 21 by RMNs and 28 by the In-reach Team.

Table 4.10 Expected number of prisoners with specific mental health problems in April 2008

	HMP Exeter	**HMP Channings Wood**	**HMP Dartmoor**	**Total**
Prison population*	**449**	**705**	**634**	
Personality disorders	350	451	406	1207
Functional psychoses (in the past year)	45	49	44	138
Common Neurotic Symptoms				
Sleep disorders	301	381	342	1024
Somatic symptoms	108	113	101	322
Worry about physical health	99	113	101	313
Neurotic disorders (in the past week)				
Post-Traumatic Stress Disorder	22	21	19	62
Mixed anxiety and depression	117	134	120	371
Generalised Anxiety Disorder	49	56	51	156
Depressive Episode	76	56	51	183
Phobias	45	42	38	125
Obsessive-Compulsive Disorder	45	49	44	138
Panic Disorder	27	21	19	67
Any Neurotic Disorder	265	282	254	801
Self-Harm and Suicide				
Suicide attempts (past week)	9	0	0	9
Suicidal thoughts (past week)	54	28	25	107
Non-suicidal self-harm	22	49	44	115

* Expected numbers were calculated based on the prison population size on 25 April (HMP Exeter), 23 June (HMP Channings Wood) and 22 April (HMP Dartmoor).

Key discussion points (Tables 4.9 and 4.10):

- Comparing the numbers in Table 4.9 with Table 4.10 it is clear that counting the number of prisoners referred to a mental health nurse/in-reach team within a given month will not give a good indication of the total number of prisoners with a mental health problem within the prison population. The numbers presented in Table 4.9

also give no indication about the type of mental health problem for which prisoners are being referred – to collect this information would require sorting through paper medical records.

- At HMP Exeter it was difficult to obtain any information about the number of prisoners with mental health problems (Table 4.9)
- Table 4.10 demonstrates that a large number of prisoners in the Devon cluster prisons are able to benefit from mental health care. It is expected that between the three prisons 138 prisoners will have experienced a psychotic episode within the last year, 801 will have had a neurotic disorder with symptoms experienced in the last week and 1207 will have a personality disorder
- The number or prisoners expected to have mental health problems are considerably larger than, for example, the number we would expect to have, for example, coronary heart disease or diabetes.

Table 4.11 reports the number of prescriptions written by the prison pharmacy for anti-depressants and anti-psychotics in February 2008. Table 4.12 is copied from the recent mental health care needs review of the Devon prisons (Stone and Brown, *A Mental Health Care Needs Review of the Devon Cluster Prisons*, Devon Primary Care Trust, 2007) and gives a more detailed summary of the number of prisoners receiving scripts, and number of tablets prescribed, for mental disorders and substance misuse between October 2005 and November 2006.

Table 4.11 Number of prescriptions for anti-depressants and anti-psychotics in February 2008 in each of the three Devon prisons

Drug	**Number of prescriptions in February 2008**		
	HMP Channings Wood	**HMP Dartmoor**	**HMP Exeter**
Anti-depressants			
Amitriptyline	10	5	10
Cipralex	2	NR	0
Citalopram	23	20	43
Clomipramine	NR	1	0
Dosulepin	2	1	3
Escitalopram	NR	1	7
Fluoxetine	6	11	19
Lofepramine	NR	NR	0
Mirtazepine	35	3	NR
Paroxetine	2	4	6
Seroxat	2	NR	NR
Sertraline	1	2	NR
Trazodone	NR	1	6
Venlafaxine	5	9	NR
Total	**88**	**58**	**94**
Anti-psychotics			
Amisulpride	NR	1	1
Aripiprazole	1	NR	0
Chlorpromazine	7	6	18
Flupentixol	2	NR	1
Olanzapine	11	13	19
Prochlorperazine	1	NR	14
Quetiapine	6	1	11
Risperdal	NR	2	10
Sulpiride	0	0	2
Trifluoperazine	0	NR	1
Total	**28**	**23**	**77**

NR (Not Reported) – assume no prescriptions for these drugs were made

Table 4.12 Drugs prescribed for mental disorders and substance misuse between October 2005 and November 2006, inclusive (Source: Stone and Brown, *A Mental Health Care Needs Review of the Devon Cluster Prisons*, Devon Primary Care Trust, 2007)

Class of drug	Drug name and dose dispensed	Oct 05– Nov 06 inclusive		Monthly mean number of prisoners receiving medication
		Number of prisoners receiving script	Number of tablets prescribed	
Benzodiazepines				
	Nitrazepam 5mg	36	1 054	3
	Lormetazepam 1mg	2	423	<1
	Lorazepam 1mg	22	3 682	2
	Zolpidem 10mg	22	401	2
	Zopiclone 7.5mg	498	6 145	38
	Diazepam 2-10mg	198	23 182	15
	Total benzodiazepines	**805**	**34 887**	**62**
Anti-psychotics				
Typical	Chlorpromazine 25-100mg	418	45 520	32
	Haloperidol 0.5 – 5mg	17	2 119	1
	Haldol Decanoate 100mg	1	n/a	n/a
	Modecate 25mg	3	n/a	n/a
	Flupenthixol conc 20-40mg	4	n/a	n/a
	Flupenthixol 0.5-3mg	2	1 531	<1
	Clopixol conc 500mg	3	n/a	n/a
	Clopixol acuphase 50-100mg	2	n/a	n/a
	Clopixol 10mg	1	862	<1
	Pericyazine	1	53	<1
	Perphenazine 4mg	2	350	<1
	Promazine 25mg	1	3	<1
	Trifluoperazine 1-5mg	26	2 696	2
Atypical	Amisulpiride 100-400mg	12	1 084	1
	Aripiprazole 5-15mg	11	874	1
	Olanzapine 2.5-15mg	126	17 270	10
	Quetiapine	42	10 528	3
	Risperidone	63	8 592	5
	Risperidone consta	8	n/a	n/a
	Sulpiride 200-400mg	12	1 056	1
	Total anti-psychotics	**755**	**95 538**	**58**
Mood stabiliser				
	Lithium 200 – 400mg	15		1
	Sodium Valproate			
	Carbamazepine			
	Total mood stabilisers			
Antidepressants				
Tricyclics	Amitrityline 10 – 50mg	162		12
	Clomipramine 25 – 75mg	11		1
	Dothiepin 25 – 75mg	26		2
	Doxepin 10mg	1		<1
	Imipramine 25mg	3		<1
	Lofepramine 70mg	9		1

	Trimipramine 50mg	3		<1
SSRIs	Paroxetine 20mg	Error in data		Error in data
	Sertraline 50 – 100mg	35 3		3
	Fluoxetine 20mg	158		12
	Escitalopram 5 – 20mg	34		3
	Citalopram 10 – 40mg	383 3		29
MAOIs	Phenelzine 15mg	1		<1
Other	Mirtazapine 15 – 45mg	283		22
	Reboxetine 4mg	3		<1
	Venlafaxine 37.5 – 150mg	79		6
	Duloxetine 60mg	4		1
	Trazodone 50 – 150mg	32		2
	Total antidepressants excluding paroxetine	**1227**		**94**
Addictions				
	Subutex 0.4 – 8mg	8	3 137	1
	Methadone 1mg/ml	24	n/a	2
	Naltrexone 50mg	39		3
	Lofexidine 200mcg	73		6
	Acamprosate 333mg	12		1
Stimulants	Methylphenidate 10-36mg	7		1
Other	Donepezil 5mg	1		<1
Anti- cholinergic	Procyclidine			
	Orphenadrine			

Key discussion points (Tables 4.11 and 4.12):

- The data presented in Table 4.11 indicate the number of prescriptions written for each drug in February 2008. It would be inappropriate to assume that these figures reflect the number of prisoners on anti-depressants and anti-psychotics in February 2008
- The previous mental health needs assessment obtained data on the number of prisoners receiving prescriptions for mental health problems and substance misuse (Table 4.12)
- The mental health needs assessment reported concern that prescribing of psychotropic drugs was occasionally used as a form of behavioural control in the prison. The quantities of anti-psychotics prescribed between October 2005 – November 2006 inclusive (755 prisoners received a prescription) was more than would be expected for the known prevalence of psychotic illness in this population (based on current population sizes we would expect 138 prisoners to have had a functional psychoses in the past year (Table 4.10)). It is also important to note that the main anti-psychotic prescribed in 2005-06 was Chlorpromazine. It would be informative to get further statistics on the strength of dose and types of medical conditions for which this was prescribed.

Table 4.13 reports local data from the three Devon prisons on the number of prisoners referred by the GP, a registered mental health nurse or reception screening for suicidal attempts, suicidal thoughts or non-suicidal self-harm in April 2008; the number of prisoners we would expect to have these health problems is also reported. Table 4.14 is copied from the recent mental health care needs review of the Devon prisons (Stone and Brown, *A Mental Health Care Needs Review of the Devon Cluster Prisons*, Devon Primary Care Trust, 2007) and reports the number of open ACCTs (see glossary for definition) and incidents of self-harm between November 2005 and December 2006 inclusive.

Table 4.13 Observed and expected number of prisoners who have self-harmed or had suicidal attempts/thoughts in each of the three Devon prisons in April 2008

		HMP Dartmoor		HMP Exeter			HMP Channings Wood		
		Number			Number			Number	
	Data Source for observed numbers	Observed	Expected	Data source	Observed	Expected	Data source	Observed	Expected
Suicide attempt	Referrals from GP and registered mental health nurse / Reception screening	2	0		Not reported	9		Not reported	0
Suicidal thoughts		Not reported	25		Not reported	54		Not reported	28
Non-suicidal self-harm	Referrals from GP and registered mental health nurse / Reception screening	8	44		Not reported	22		Not reported	49

Table 4.14 Number of open ACCT and incidents of self harm between November 2005-December 2006, inclusive (Source: Stone and Brown, *A Mental Health Care Needs Review of the Devon Cluster Prisons*, Devon Primary Care Trust, 2007)

	HMP Exeter	**HMP Channings Wood**	**HMP Dartmoor**	
Number of ACCTs opened:				
- November 2005		Not available	16	
- December 2005		Not available	5	
- Jan 2006		12	14	
- Feb 2006		5	15	
- Mar 2006		10	18	
- April 2006		16	19	
- May 2006		18	21	
- June 2006		19	12	
- July 2006		8	12	
- August 2006		15	10	
- September 2006		10	7	
- October 2006		14	14	
- November 2006		14	Not available	
- December 2006		14	Not available	
Open ACCT monthly average	**33**	**13**	**14**	**60**
Open ACCT year total	**384**	**155**	**163**	**745**
Actual self harm monthly average	**8**	**4**	**5***	**17**
Actual self harm year total	**94**	**51**	**63***	**208**
-cutting, burning etc.	72	44	43*	159
- overdose	5	4	11*	20
- ligature	17	3	9*	29

ACCT (Assessment, Care in Custody, and Teamwork) is a care-planning system to help identify and care for prisoners at risk of suicide or self-harm.
*no information for actual self harm for April 2006

Key discussion points (Tables 4.13 and 4.14):

- The missing data in Table 4.13 highlights that it is difficult to obtain information on the numbers who self-harm and have suicidal attempts/thoughts.
- A prisoner who is on an ACCT is one identified at risk of suicide or self-harm. The table highlights that the yearly total of open ACCTs and self-harm was higher at HMP Exeter compared to the other two prisons in Devon. This may reflect the greater turnover of prisoners at HMP Exeter or that individuals in a remand prison are more vulnerable to suicide and self-harm.

4.7 Substance Misuse

Tables 4.15 and 4.16 list the observed (Table 4.15) and expected (Table 4.16) number of problem alcohol and drug users within the three Devon prisons in April 2008. Table 4.17 details the numbers collected for substance misuse assessment at HMP Exeter between April 2007 and March 2008, inclusive.

Table 4.15 Number of problem alcohol and drug users within each of the three Devon prisons in April 2008

	HMP Dartmoor		HMP Exeter		HMP Channings Wood	
Physical conditions and health problems	**Data source**	**Observed number**	**Data source**	**Observed number**	**Data source**	**Observed number**
Problem alcohol user	CARATS & Reception book/IMR (paper sources)*	13		Not available		Not available
Problem drug user		81		Not available		Not available

* Data came from two sources: 1) Reception Book/Inmate Medical Records which highlight the new receptions in April with a history of drug and/or alcohol misuse and 2) CARATS (see glossary for definition)

Table 4.16 Expected numbers* of prisoners with alcohol and drug dependency in the three Devon prisons in April 2008

	HMP Exeter	HMP Channings Wood	HMP Dartmoor
Alcohol Misuse			
Number with *AUDIT # score >32 (severe problem)*	31	28	25
Drug Dependence			
Cannabis only	40	56	51
Stimulants only	76	113	101
Opiates and stimulants	67	71	63
Opiates only	49	56	51

* The expected numbers, calculated using prevalence figures from the Prison Health Needs Assessment Toolkit (*Toolkit for health care needs assessment in prisons*, Marshall, Simpson and Stevens, 2000) are not adjusted for age and therefore do not take into account the different age profiles in the three prisons

The AUDIT questionnaire was developed by the World Health Organization to evaluate a person's use of alcohol. Your AUDIT score shows whether your drinking should be considered a problem.

Table 4.17 Substance misuse assessment at HMP Exeter between April 2007 and March 2008

	Apr 2007	May 2007	Jun 2007	Jul 2007	Aug 2007	Sep 2007	Oct 2007	Nov 2007	Dec 2007	Jan 2008	Feb 2008	Mar 2008	(Annual) Key Performance Target	Total
Referrals to substance misuse team, HMP Exeter	81	108	106	112	69	101	116	107	98	104	111	100	N/A	1213
Declined/Unsuitable	9	9	6	16	11	14	11	19	1	12	12	7	N/A	127
CARAT Assessments	55	65	62	72	61	66	71	68	43	71	70	63	695	767
Alcohol Detoxes	28	29	49	32	19	30	27	34	19	26	21	28	N/A	342
Subutex prescriptions	4	2	4	8	5	5	3	4	4	5	5	8	N/A	57
Methadone prescriptions	16	14	14	17	14	19	17	14	10	17	17	14	N/A	183
Other detoxes	33	49	41	44	21	42	46	29	29	42	27	31		434
Total detoxes	81	94	108	101	59	96	93	81	62	90	70	80	800	1016
Voluntary drug testing (number of 'Compacts' signed	221	149	195	150	227	137	96	198	222	200	109	233	195	178
Voluntary drug testing (number of tests)	237	223	313	224	188	205	144	298	333	300	164	350	N/A	2979

CARAT = Counselling, Assessment, Referral, Advice and Throughcare.
Subutex is an opioid used to wean people off their addiction to stronger opioids (e.g. diamorphine (heroin) and methadone).
Compact is a contract drawn up between prison staff and the prisoner

Key discussion points (Tables 4.15, 4.16 and 4.17):

- The missing data in Table 4.15 highlights the difficulty of obtaining information on the numbers of prisoners with alcohol and drug dependency
- A recent drug needs analysis, carried out only at HMP Exeter, conducted a survey of all prisoners to assess, amongst other questions, type of drugs used. The survey was handed out to all prisoners in May 2007 and completed by 227 (the percentage of the potential participants this represents was not reported). Of those who completed the survey, 225 (99.1%) stated that they used an illegal substance. More than half of survey respondents reported using heroin, cocaine, LSD, crack, ecstacy amphetamines or cannabis. Heroin, followed by cannabis, were the two drugs that prisoners felt most dependent on; with 102 (45%) admitting to being dependent on an illegal substance (Greg Ward, HMP/YOI Exeter Drug Needs Analysis, 2007-08). Similar findings were reported in a previous survey (Greg Ward, HMP/YOI Exeter Drug Needs Analysis, 2006)
- The Devon Drug Alcohol Action Team are currently working on a substance misuse and clinically enhanced programme needs assessment within the three Devon prisons
- As highlighted in Table 4.17 between April 2007 and March 2008, inclusive, 1016 prisoners at HMP Exeter underwent a detox programme; this figure represents 127% of their annual key performance target of 800.
- An assessment of alcohol treatment needs in prisons in the South West, commissioned by the South-West Prison Area Drug Co-ordinator, was produced in August 2006 (*An assessment of alcohol treatment needs in prisons in the South-West UK, and recommendations for possible development***,** Anthony Hewitt Consultancy, Ltd, August 2006). This assessment did not show any local data on which to assess numbers with alcohol dependency.

5. Recommendations

- There is a lack of coherent information collected on the health of prisoners - both within and between prisons. The information collection systems should be reviewed and assessed in order to bring in a common framework – to aid commissioning. In the previous health needs assessment (2000) local data were collected from a newly installed computer system at HMP Exeter used to record information collected at reception – this was not presented as an option when collecting current data. The extent to which 'System 1' (the new IT system due for installation in all prisons in England & Wales) will meet these needs should be confirmed.

- All three prisons have a significant turn-over of prisoners and if health needs are to be acted on then the mechanisms used to collect and process information need to be rapid.

- Diseases which require immediate management (e.g. type-2 diabetes and epilepsy) are reasonably well identified; attention is needed to improve documentation of those conditions that are less likely to require an immediate response.

- The lack of easily available information on risk factors for chronic conditions, (e.g. blood pressure and smoking status), particularly in older prisoners, prevent the opportunity for early intervention.

- Prompt action on preventive interventions is needed; for example, for vaccines where completion of the course is important.

- There is a striking under-recording of mental health problems. Where data is collected it is, in general, to enable an immediate reactive response for those most at harm to themselves, or of harm to other prisoners and staff.

Appendix 1 Status of each of the 31 prison health performance indicators at the 13 prisons within the South West Strategic Health Authority

			Prison												
			Dorset cluster					Bristol cluster				Devon cluster			
Indicator type	**No.**	**Indicator description**	**Dorchester**	**The Verne**	**Portland**	**Guys Marsh**	**Gloucester**	**Bristol**	**Eastwood Park**	**Erlestoke**	**Leyhill**	**Exeter**	**Channings Wood**	**Dartmoor**	**Shepton Mallet**
Safety	1	Patient safety	G	G	G	G	G	G	G	G	A	G	G	G	G
	2	Medicines management	G	G	G	G	A	G	A	G	A	G	G	G	G
Clinical & Cost Effectiveness	3	Personal development plans	G	G	G	G	G	G	A	G	R	G	G	G	G
	4	Chronic disease and long term conditions care	G	G	G	G	A	A	G	A	A	A	G	G	G
	5	Continuity of case management (incl. prison transfers)	G	G	G	G	G	G	G	G	G	G	G	G	G
	6a	Discharge planning	G	A	G	A	G	G	A	G	G	G	G	A	G
	6b	Discharge planning chronic disease management	G	G	G	G	A	G	A	G	G	A	G	G	G
Governance	7	Clinical governance	G	G	G	G	G	G	G	G	R	A	G	G	G
	8	Corporate governance	G	G	G	G	G	G	A	A	A	G	G	G	G
	9	Information governance	G	G	G	G	A	G	G	G	G	A	A	A	G
	10	Workforce plans	G	G	G	G	G		G	G	A	A	A	A	A
Accessible & Responsive Care	11	Supporting diversity	A	A	A	A	G	G	G	G	G	A	A	G	G
	12	Service user involvement	G	G	G	G	A	G	A	A	G	A	G	A	G
	13	Health needs assessment	G	G	G	G	G	G	G	G	G	A	A	A	G
	14	Comprehensive range of services	A	G	G	G	A	G	G	G	A	G	G	G	G
	15	Access and waiting times	G	R	G	A	G	G	G	G	G	G	G	G	G
	16	Prison dentistry	G	G	G	G	G	G	G	G	G	G	G	G	G
	17a	Substance Misuse Activities - IDTS fully funded	A				G	A	G						
	17b	Substance Misuse Activities - IDTS partially funded			A	G				G					
	17c	Substance Misuse Activities - Non IDTS fully funded		A							R	G	A	G	R
	18	General health assessment	G	G	G	G	R	G	A	G	G	R	G	G	G
	19	Secondary Health Screen - Prison Transfers	G	G	G	G	G	G	G	G	G	G	G	G	G
	20a	Age bounded services (YOI only)			G		G		G						
	20b	Services for Older Adults (NOT YOI Estate)	A	G		A	G	A	G	G	G	A	G	G	G
Mental Health	21	Section 117	A	A	A	G	G	G	G	G	G	G	G	G	G

			Prison												
			Dorset cluster					Bristol cluster				Devon cluster			
Indicator type	No.	Indicator description	Dorchester	The Verne	Portland	Guys Marsh	Gloucester	Bristol	Eastwood Park	Erlestoke	Leyhill	Exeter	Channings Wood	Dartmoor	Shepton Mallet
	22	Care programme approach	G	G	G	A	A	G	G	G	G	G	G	G	G
	23	Suicide and self harm	G	G	G	G	G	G	G	G	G	G	G	G	G
	24	Access to specialist services	A	A	A	A	A	G	G	G	G	A	A	A	G
	25	Primary care mental health	G	G	G	G	A	G	G	G	R	A	A	A	G
Public Health	26	Vaccination/immunisation policy	G	G	G	G	A	G	A	G	G	G	G	G	G
	27	Vaccination	G	A	G	G	R	G	A	R	A	G	A	A	A
	28	Health Promotion Action Groups	R	R	R	R	A	A	A	A	A	G	G	A	G
	29	Sexual Health	A	A	G	A	G	G	G	G	G	R	G	A	A
	30	Communicable disease control	G	G	G	G	G	A	G	G	G	G	G	G	G
	31	Exercise	G	G	G	R	A	G	G	G	G	A	G	G	A

Note: Definitions of "Green" Indicator Status are available elsewhere (*Prison Health Performance Indicators*, Offender Health, social Care, Local Government and Care Partnerships, 2007).

Key: R=Red; A=Amber; G=Green

Appendix 2 Expected prevalence of physical and mental health problems at HMP Exeter

HMP Exeter

Expected Prevalence of Physical Health Problems (from *Toolkit for health care needs assessment in prisons*, Marshall, Simpson and Stevens, 2000)*

POPULATION (25 APRIL 2008)

GROUP	16-24	25-29	30-34	35-39	40-44	45-49	50-54	55+	TOTAL
Total Population	126	82	64	60	53	25	21	18	449
of which white	119	72	55	54	49	23	19	18	409
of which black	3	6	4	5	2	1	1	0	22

EXPECTED PREVALENCE RATES AND TOTALS

HEALTH PROBLEM OR CONDITION	AGE									EXPECTED
	16-24	25-29	30-34	35-39	40-44	45-49	50-54	55+	ALL	
PHYSICAL CONDITION										
Epilepsy	1.1%	0.7%	0.7%	0.6%	0.6%	0.8%	0.8%	0.8%		4
Asthma										
Wheezing in the past year	*20.0%*	*19.0%*	*19.0%*	*18.0%*	*18.0%*	*19.0%*	*19.0%*	*19.0%*		*85*
Diagnosed Asthma	*19.0%*	*12.0%*	*12.0%*	*11.0%*	*11.0%*	*8.0%*	*8.0%*	*8.0%*		*59*
Treated Asthma	*7.0%*	*5.0%*	*5.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*		*23*
Diabetes										
Insulin Dependent	*0.3%*	*0.5%*	*0.5%*	*0.6%*	*0.6%*	*0.6%*	*0.6%*	*0.9%*		*2*
Non Insulin Dependent	*0.0%*	*0.1%*	*0.1%*	*0.3%*	*0.3%*	*1.0%*	*1.0%*	*2.8%*		*6*
IHD and Cardiovascular risk factors										
IHD	*0.0%*	*0.3%*	*0.3%*	*0.5%*	*0.5%*	*3.0%*	*3.0%*	*10.0%*		*4*
>10% 5 year risk of IHD (whites)			*1.5%*	*1.5%*	*21.0%*	*21.0%*	*58.0%*	*58.0%*		*38*
>10% 5 year risk of IHD (black)			*6.0%*	*6.0%*	*35.0%*	*35.0%*	*53.0%*	*53.0%*		*2*
Smokers wanting help to give up									*43.0%*	*193*
Infectious Diseases										
Hepatitis B									*8.0%*	*36*
Hepatitis C									*9.0%*	*40*
HIV									*0.3%*	*1*
Sexually Transmitted Diseases										

TB										
Disability (mobility, hearing and visual)									0.6%	3
Speech and language problems									11.0%	49
MENTAL HEALTH PROBLEMS										
Personality disorders									78.0%	350
Functional psychoses (in the past year)									10.0%	45
Common Neurotic Symptoms										
Sleep disorders									*67.0%*	*301*
Somatic symptoms									*24.0%*	*108*
Worry about physical health									*22.0%*	*99*
Neurotic disorders (in the past week)										
Post-Traumatic Stress Disorder									*5.0%*	*22*
Mixed anxiety and depression									*26.0%*	*117*
Generalised Anxiety Distorder									*11.0%*	*49*
Depressive Episode									*17.0%*	*76*
Phobias									*10.0%*	*45*
Obsessive-Compulsive Disorder									*10.0%*	*45*
Panic Disorder									*6.0%*	*27*
Any Neurotic Disorder									*59.0%*	*265*
Self-Harm and Suicide										
Suicide attempts (past week)									*2.0%*	*9*
Suicidal thoughts (past week)									*12.0%*	*54*
Non-suicidal self-harm									*5.0%*	*22*
Alcohol Misuse										
AUDIT score >32 (severe problem)									*7.0%*	*31*
Drug Dependence										
Cannabis only									*9.0%*	*40*
Stimulants only									*17.0%*	*76*
Opiates and stimulants									*15.0%*	*67*
Opiates only									*11.0%*	*49*

* Prevalence of type 1 and type 2 diabetes calculated using Yorkshire and Humber Public Health Observatory Diabetes PBS Population Prevalence Model

Appendix 3 Expected prevalence of physical and mental health problems at HMP Channings Wood

HMP Channings Wood
Expected Prevalence of Physical Health Problems (from *Toolkit for health care needs assessment in prisons*, Marshall, Simpson and Stevens, 2000)*

POPULATION (23 JUNE 2008)

GROUP	16-24	25-29	30-34	35-39	40-44	45-49	50-54	55+	TOTAL
Total Population	117	165	107	93	72	52	39	60	705
of which white	95	134	97	77	58	45	34	58	598
of which black	15	16	5	8	10	6	1	1	62

EXPECTED PREVALENCE RATES AND TOTALS

HEALTH PROBLEM OR CONDITION	AGE									EXPECTED
	16-24	25-29	30-34	35-39	40-44	45-49	50-54	55+	ALL	
PHYSICAL CONDITION										
Epilepsy	1.1%	0.7%	0.7%	0.6%	0.6%	0.8%	0.8%	0.8%		5
Asthma										
Wheezing in the past year	*20.0%*	*19.0%*	*19.0%*	*18.0%*	*18.0%*	*19.0%*	*19.0%*	*19.0%*		*133*
Diagnosed Asthma	*19.0%*	*12.0%*	*12.0%*	*11.0%*	*11.0%*	*8.0%*	*8.0%*	*8.0%*		*85*
Treated Asthma	*7.0%*	*5.0%*	*5.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*		*34*
Diabetes										
Insulin Dependent	*0.3%*	*0.5%*	*0.5%*	*0.6%*	*0.6%*	*0.6%*	*0.6%*	*0.9%*		*4*
Non Insulin Dependent	*0.0%*	*0.1%*	*0.1%*	*0.3%*	*0.3%*	*1.0%*	*1.0%*	*2.8%*		*14*
IHD and Cardiovascular risk factors										
IHD	*0.0%*	*0.3%*	*0.3%*	*0.5%*	*0.5%*	*3.0%*	*3.0%*	*10.0%*		*10*
>10% 5 year risk of IHD (whites)			*1.5%*	*1.5%*	*21.0%*	*21.0%*	*58.0%*	*58.0%*		*78*
>10% 5 year risk of IHD (black)			*6.0%*	*6.0%*	*35.0%*	*35.0%*	*53.0%*	*53.0%*		*7*
Smokers wanting help to give up									*43.0%*	*303*
Infectious Diseases										
Hepatitis B									*8.0%*	*56*
Hepatitis C									*9.0%*	*63*
HIV									*0.3%*	*2*
Sexually Transmitted Diseases										

TB										
Disability (mobility, hearing and visual)									0.6%	4
Speech and language problems									11.0%	78
MENTAL HEALTH PROBLEMS										
Personality disorders									64.0%	451
Functional psychoses (in the past year)									7.0%	49
Common Neurotic Symptoms										
Sleep disorders									*54.0%*	*381*
Somatic symptoms									*16.0%*	*113*
Worry about physical health									*16.0%*	*113*
Neurotic disorders (in the past week)										
Post-Traumatic Stress Disorder									*3.0%*	*21*
Mixed anxiety and depression									*19.0%*	*134*
Generalised Anxiety Distorder									*8.0%*	*56*
Depressive Episode									*8.0%*	*56*
Phobias									*6.0%*	*42*
Obsessive-Compulsive Disorder									*7.0%*	*49*
Panic Disorder									*3.0%*	*21*
Any Neurotic Disorder									*40.0%*	*282*
Self-Harm and Suicide										
Suicide attempts (past week)									*0.0%*	*0*
Suicidal thoughts (past week)									*4.0%*	*28*
Non-suicidal self-harm									*7.0%*	*49*
Alcohol Misuse										
AUDIT score >32 (severe problem)									*4.0%*	*28*
Drug Dependence										
Cannabis only									*8.0%*	*56*
Stimulants only									*16.0%*	*113*
Opiates and stimulants									*10.0%*	*71*
Opiates only									*8.0%*	*56*

* Prevalence of type 1 and type 2 diabetes calculated using Yorkshire and Humber Public Health Observatory Diabetes PBS Population Prevalence Model

Appendix 4 Expected prevalence of physical and mental health problems at HMP Dartmoor

HMP Dartmoor

Expected Prevalence of Physical Health Problems (from *Toolkit for health care needs assessment in prisons*, Marshall, Simpson and Stevens, 2000)*

POPULATION (22 APRIL 2008)

GROUP	16-24	25-29	30-34	35-39	40-44	45-49	50-54	55+	TOTAL
Total Population	143	108	96	90	83	37	20	57	634
of which white	116	92	83	79	73	34	19	54	550
of which black	16	8	6	9	7	2	1	1	50

EXPECTED PREVALENCE RATES AND TOTALS

HEALTH PROBLEM OR CONDITION	AGE									EXPECTED
	16-24	25-29	30-34	35-39	40-44	45-49	50-54	55+	ALL	
PHYSICAL CONDITION										
Epilepsy	1.1%	0.7%	0.7%	0.6%	0.6%	0.8%	0.8%	0.8%		5
Asthma										
Wheezing in the past year	*20.0%*	*19.0%*	*19.0%*	*18.0%*	*18.0%*	*19.0%*	*19.0%*	*19.0%*		*120*
Diagnosed Asthma	*19.0%*	*12.0%*	*12.0%*	*11.0%*	*11.0%*	*8.0%*	*8.0%*	*8.0%*		*80*
Treated Asthma	*7.0%*	*5.0%*	*5.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*		*32*
Diabetes										
Insulin Dependent	*0.3%*	*0.5%*	*0.5%*	*0.6%*	*0.6%*	*0.6%*	*0.6%*	*0.9%*		*3*
Non Insulin Dependent	*0.0%*	*0.1%*	*0.1%*	*0.3%*	*0.3%*	*1.0%*	*1.0%*	*2.8%*		*3*
IHD and Cardiovascular risk factors										
IHD	*0.0%*	*0.3%*	*0.3%*	*0.5%*	*0.5%*	*3.0%*	*3.0%*	*10.0%*		*9*
>10% 5 year risk of IHD (whites)			*1.5%*	*1.5%*	*21.0%*	*21.0%*	*58.0%*	*58.0%*		*67*
>10% 5 year risk of IHD (black)			*6.0%*	*6.0%*	*35.0%*	*35.0%*	*53.0%*	*53.0%*		*5*
Smokers wanting help to give up									*43.0%*	*273*
Infectious Diseases										
Hepatitis B									*8.0%*	*51*
Hepatitis C									*9.0%*	*57*
HIV									*0.3%*	*2*
Sexually Transmitted Diseases										

TB										
Disability (mobility, hearing and visual)									0.6%	4
Speech and language problems									11.0%	70
MENTAL HEALTH PROBLEMS										
Personality disorders									64.0%	406
Functional psychoses (in the past year)									7.0%	44
Common Neurotic Symptoms										
Sleep disorders									*54.0%*	*342*
Somatic symptoms									*16.0%*	*101*
Worry about physical health									*16.0%*	*101*
Neurotic disorders (in the past week)										
Post-Traumatic Stress Disorder									*3.0%*	*19*
Mixed anxiety and depression									*19.0%*	*120*
Generalised Anxiety Distorder									*8.0%*	*51*
Depressive Episode									*8.0%*	*51*
Phobias									*6.0%*	*38*
Obsessive-Compulsive Disorder									*7.0%*	*44*
Panic Disorder									*3.0%*	*19*
Any Neurotic Disorder									*40.0%*	*254*
Self-Harm and Suicide										
Suicide attempts (past week)									*0.0%*	*0*
Suicidal thoughts (past week)									*4.0%*	*25*
Non-suicidal self-harm									*7.0%*	*44*
Alcohol Misuse										
AUDIT score >32 (severe problem)									*4.0%*	*25*
Drug Dependence										
Cannabis only									*8.0%*	*51*
Stimulants only									*16.0%*	*101*
Opiates and stimulants									*10.0%*	*63*
Opiates only									*8.0%*	*51*

* Prevalence of type 1 and type 2 diabetes calculated using Yorkshire and Humber Public Health Observatory Diabetes PBS Population Prevalence Model