

Agenda item 8

DERBYSHIRE HEALTH AND WELLBEING BOARD

12 July 2018

**Report of Director of Public Health
Derbyshire County Council**

HEALTH OF OFFENDERS RESIDING IN THE COMMUNITY

1. Purpose of the report

To provide the Health and Wellbeing Board with a summary of the health needs and experiences of offenders in the community, and to ask the Board to support implementation of the recommendations of a Health Needs Assessment to improve the health outcomes for this population group.

2. Information and analysis

There are approximately twice as many offenders supervised in the community than in prison, and these are individuals who are serving solely community sentences, those on suspended sentences and those who have been released on licence. There is a complex relationship between health and social influences on offending and re-offending behaviour. Offenders are known to disproportionately experience poorer mental and physical health and commonly engage in unhealthy and high-risk behaviours. There are no health services commissioned specifically for offenders residing in the community, with individuals expected to access general community health services.

The Reducing Offending, Re-offending and Health Board requested that a Health Needs Assessment be completed to review the health needs and experiences of offenders residing in Derbyshire, to inform the future commissioning and provision of local services and to improve the health and wellbeing of this population group. The HNA was undertaken by Public Health at Derbyshire County Council, and the scope included adult and youth offenders, and covered the geographic areas of Derbyshire County and Derby City. Information was collected through interviews held with offenders, and surveys completed by offenders, health professionals and staff working in adult probation services and youth offending teams.

In August 2017, there were 1,995 offenders residing in the community in Derbyshire. The general profile of the offenders was male, young adult and white. Approximately 13% of offenders were aged under 18.

Compared to the general population, the general health of offenders who reside in the community was worse. Offenders reported high rates of illness, in particular mental illness, musculoskeletal problems and respiratory conditions. One in four reported co-morbidities, and given the age profile of this population group highlights the complexities of their health needs. Smoking among offenders in community was high (55% compared to 14% in the general population). Offenders also reported higher levels of alcohol consumption, illicit drug use and lower levels of physical activity compared to the general population. However, there was evidence that respondents were willing to adopt a healthier lifestyle, with over half of the smokers reported recent attempts to quit, and one third of drug users reporting that they had sought help to stop using drugs.

Housing and financial issues, along with lifestyle choices and difficulties in accessing non-urgent healthcare services were determined to be key factors in determining the health outcomes of offenders residing in the community.

Less than 10% of respondents were not registered with a GP, and 40% were not registered with a dentist. However, difficulty accessing health services was a recurring theme through the engagement, and this was felt to be due to inflexibilities in making or attending appointments, long waiting lists for specialist services, and primary care services being the gatekeepers for onward referral to other specialist services. Combined, these result in an over-reliance on urgent health services by offenders residing in the community.

Examples of good practice were highlighted, particularly among probation workers and health professionals who had gone “above and beyond” in securing support for offenders, however this seemed to relate to individual professionals rather than being applied systematically across services.

A number of recommendations were made as part of the HNA, relating to:

- Establishing a strategic direction for improving the health of offenders residing in the community
- Undertaking further engagement and consultation to explore specific issues in more detail
- Reviewing pathways into specialist services
- Support access to primary care services, in particular general practice and dental services
- Reviewing the pathway on release from prison to improve the links between prison health services and community services
- Reviewing the provision of information to health and probation staff to support access to services, and work with offenders to improve health literacy levels
- Improve access to healthy lifestyle services

The Reducing Offending, Re-offending and Health Board is to take responsibility for overseeing implementing the findings and recommendations of the HNA. A multi-agency task and finish group has been established, and has identified priority actions to take forward. The Reducing Offending, Re-offending and Health Board will receive progress reports from the task and finish group.

3. Links to the Health and Wellbeing Strategy

This piece of work supports the priorities to build social capital and also to create healthy communities.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Note the poor health outcomes experienced by offenders residing in the community, and ensure that the needs of this population group are considered in the local assessment, planning and delivery of services
2. Note the role taken by the Reducing Offending, Re-offending and Health Board to improve the health of offenders residing in the community
3. Support the adoption of the recommendations of the HNA

**Dean Wallace
Director of Public Health
Derbyshire County Council**