

Justice Health and Forensic Mental Health Network response to recommendations in Old and Inside: Managing aged offenders in custody

Rec Number	Recommendation	Response	Timeframe	Comments
8	The Inspector recommends that JH&FMHN completes a baseline assessment for all inmates aged 55 and over, and 45 and over if they are of ATSI heritage. This assessment will enable baseline observations to be made for each inmate and should be reviewed on a regular basis.	Supported in principle	The implementation of this recommendation is contingent on feasibility and impact assessments and resourcing, training and policy development	<p>Note recommendation 7 in draft report: This recommendation would need to be considered in line with other current health assessments e.g. Reception Screening Assessment, Chronic Disease Screen, Aboriginal Chronic Care Program etc. to avoid duplication of information gathering and to streamline the process. The additional considerations are poor clinic access, as the undertaking of a BACAT would receive low priority and unlikely to be done. Similar to the introduction of the CDS, if pursued the BACAT would need to be a staged intervention. Education/training requirements for staff undertaking the assessment would also need to be considered, specifically the length of time for assessments, who can complete the assessments i.e. Aboriginal Health Workers, Enrolled Nurse, or is it Registered Nurses only.</p> <p>Note the BACAT was developed to assist with referral and assessment at Aged Care Bed Demand Committee. Completion of BACAT in health centres/reception centres would not assist with management of these patients.</p>

**When filling out the template please insert:**

**Response** – please measure your response to each recommendation in terms of: Supported (**S**), Partially supported (**PS**), or Not Supported (**NS**)

**Timeframe** – please insert a timeframe for when the recommendation is expected to be fully implemented or nominate as ongoing DG53363/15

9	The Inspector recommends that JH&FMHN improves individual inmate understanding of medication management.	Supported in principle	Ongoing	Note recommendation 8 in draft report: A considerable amount of resources is provided to patients who self-medicate, this includes the provision of consumer medicines information leaflets on all medications when patients are first included in the program and limiting the number of different brands (generics) provided to patients. This is sometimes a challenge as the purchase of medications is informed by the 902 Government contract which includes generic medications. There is also no requirement for a reassessment of patients when they have changes to their medications. Further work could be undertaken in this area but it would require development of an education pan and would also require resources to implement. It should also be noted that aged patients could also possibly forget the information they were given due to old age.
10	The Inspector recommends that JH&FMHN ensures that waiting times for the optometrist and podiatrist in correctional centres are improved.	Supported in principle	Ongoing	Note recommendation 9 in draft report: However it should be noted that in the community that optometry and podiatry services are nearly always provided in a private setting therefore it would be unreasonable and difficult to determine a comparable waiting time for these services in custody. Optometry and podiatry services are therefore usually accessed by private means in the community. The recent adoption of the over the counter glasses has eased the

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				problem, but JH&FMHN is not resources to adequately meet the needs of the custodial population.
13	The Inspector recommends that CSNSW, in collaboration with JH&FMHN, creates accommodation for aged and infirm inmates in the metropolitan area. This capability could be through a new CSNSW facility or the acquisition of an existing aged-care facility in the community.	Supported in principle	The implementation of this recommendation is contingent on feasibility and impact assessments and resourcing and budgetary considerations	Note recommendation 12 in draft report: Feasibility and impact assessments. Consideration should also be given to the refurbishment of accommodation units such as the ADCU at MRRC as this would be an ideal central location to establish an aged care ward for up to 18 beds.
18	The Inspector recommends that JH&FMHN introduces comprehensive continence assessments to determine individual needs.	Supported in principle	The implementation of this recommendation is contingent on feasibility and impact assessments and resourcing, training and policy development	Note recommendation 17 in draft report: JH&FMHN would need to examine ways to determine an appropriate comprehensive continence assessment for use in the custodial environment as all existing tools will be aged care or hospital based, and not entirely appropriate in the custodial environment. Additionally JH&FMHN would need to consider resourcing, training and policy development through feasibility and impact assessments.
19	The Inspector recommends that JH&FMHN reviews the current levels of service provision against the projected demand for aged-care services.	Supported in principle	The implementation of this recommendation is contingent on feasibility and impact assessments and resourcing and	Note recommendation 18 in draft report. JH&FMHN will require feasibility and impact assessments resourcing and budgetary considerations

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			budgetary considerations	
21	The Inspector recommends that CSNSW works with JH&FMHN to adjust meal distribution times to meet community standards, ensuring food is available to manage medical requirements	Supported in principle	Ongoing, the implementation of this recommendation is contingent on CSNSW engagement with JH&FMHN	Note recommendation 19 in draft report. The responsibility for the provision of food to inmates sits with CSNSW. CSNSW food distribution times do not consider any medical issues such as the one raised about taking medication with food but also diabetes stabilisation. JH&FMHN is responsible for, and provides information and education on medication including which medications need to be taken with food.

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