



Item No. 8

Meeting Date Wednesday 20th November 2019

Glasgow City Integration Joint Board

Report By: Jackie Kerr, Assistant Chief Officer, Adult Services and North West

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PRISON HEALTHCARE WORKFORCE REVIEW PROPOSAL

Purpose of Report:	To highlight service challenges in the Prison Healthcare Service and to seek IJB approval for a full workforce review.
Background/Engagement:	Over recent years there have been increasing challenges with recruitment and retention of staff to Prison Healthcare. Engagement with staff, staffside, Scottish Prison Service and other stakeholders will take place as part of the review.
Recommendations:	The Integration Joint Board is asked to: <ul style="list-style-type: none">a) Note the contents of the report;b) Approve the proposal to carry out a formal review of Prison Healthcare workforce; andc) Instruct the Interim Chief Officer to report on the conclusion of the review with recommendations for workforce development by the end of August 2020.

Relevance to Integration Joint Board Strategic Plan:

Consistent with Partnership key priorities <https://glasgowcity.hscp.scot/publication/strategic-plan-2016-19>

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Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	National health and wellbeing outcomes 1, 3, 4, 5, 7, 8, 9
Personnel:	Unknown at present – the process will include a review of the existing model and of all disciplines and bandings of staff. The Review will seek to propose a revised workforce model. Conclusion of the review is likely to have workforce implications and Staffside Partnership will be involved as appropriate through the process.
Carers:	None
Provider Organisations:	None
Equalities:	An EQIA will be carried out in relation to the review and any resulting proposals.
Fairer Scotland Compliance	None
Financial:	Any financial implications highlighted by the review and any subsequent recommendations will be presented to the IJB for consideration.
Legal:	None
Economic Impact:	None
Sustainability:	N/A
Sustainable Procurement and Article 19:	N/A
Risk Implications:	A risk register will be developed as necessary and if required
Implications for Glasgow City Council:	None

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Implications for NHS Greater Glasgow & Clyde:	To be confirmed via the review
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Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	✓
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

1.1 The purpose of this report is to highlight service challenges in the Prison Healthcare Service and to seek approval for a full workforce review, which will seek to assist in the delivery of a more effective and efficient service.

2. Background

2.1 Prison Healthcare is provided on three sites in Greater Glasgow and Clyde - HMP Barlinnie, HMP Low Moss and HMP Greenock, and is hosted by Glasgow City HSCP. The service has a total budget of £7,610,200 which includes a staffing budget of £6,247,300. The staffing establishment is 129.8 WTE. The current staffing profile consists of GPs, nursing teams and psychology team providing primary care, mental health (including psychology), pharmacy, addiction and health improvement services. In addition to this, the service purchases in-house services from forensic psychiatry and oral health. More recently, the service has received investment from the Mental Health Commitment 15 monies to develop psychological services across the service.

2.2 The responsibility for providing healthcare in prisons was transferred to the NHS from the Scottish Prison Service in 2011 based on a Memorandum of Understanding. This involved a direct transfer of existing resources to NHSGGC with no robust workforce analysis done at the time of the handover. Therefore, the transfer included an inequity in staffing establishments between prisons which has never been fully addressed. The Royal College of Nursing Scotland reviewed this transfer in 2016, and highlighted the fact that what was transferred was inadequate to match equivalence with the community and close the inequalities gap. In addition to this, the service has been required to expand since 2011 to include provision of health improvement services and other developments (e.g. BBV testing and management), most of which has had to be absorbed within existing capacity.

2.3 Since 2011, the health needs of the prison population have become more challenging, with patients requiring more complex health interventions. This includes an increasing number of older patients presenting a range of co-morbidities and an increasing demand for addiction and mental health services.

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2.4 More recently, there has been an additional pressure of a rising prison population. Barlinnie has been operating at approximately 500 (40%) prisoners over capacity for the last six months, and this looks set to continue. There are a number of factors influencing this including:

- More individuals being sentenced for sexual and violent offences, receiving longer sentences
- Fewer individuals being liberated on Home Detention Curfews.

2.5 Prison Healthcare is subject to external inspection and scrutiny by HM Inspectorate of Prisons for Scotland (HMIPS), and all three prisons have been inspected over the last two years. In 2017 HMP Low Moss received a poor inspection rating, with several concerns raised and recommendations made. As a result, an Improvement Plan has been implemented which received positive feedback at a follow up inspection in February 2018. HMP Greenock received a satisfactory rating in 2018, and HMP Barlinnie is currently awaiting the outcome of a recent inspection.

3. Workforce Challenges

3.1 Recruitment & Retention

3.1.1 Increasingly the service has had challenges in the recruitment and retention of staff, with particular difficulty and pressure around GPs and primary care nurses. This has resulted in a significant spend on bank nursing and locum / agency GP sessions. During 2018/19 the total spend was £945,782:

- Agency Locum GPs £522,681
- Bank Nursing £379,372
- Bank Admin £43,729.

Contingency planning can be difficult, due in part to the specialist training required to work in a prison environment.

3.1.2 There are various reasons for why recruitment and retention of staff in this service is problematic:

- The environment is challenging. Not everyone is able to adapt to this and the service often recruits enthusiastic staff who, within a very short period of time, realise that the nature of the job is not for them
- Staff have to function in premises which are controlled by the Scottish Prison Service (SPS) and the day-to-day experience for NHS staff can vary between prisons
- Medicines management and administration takes up significant time in the day. When there are primary care nursing staff shortages, all other nursing staff spend a disproportionate time supporting this. This can lead to frustration and job dissatisfaction

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- Given the nature of the job and the prison environment, it is difficult to recruit to vacancies, particularly as GPs are currently paid at the salaried GP rate and can earn more in out-of-hours or general practice.

3.2 Skill Mix

- 3.2.1 The existing nursing workforce currently reflects a community nursing model with the majority of staff at band 5 level, fewer band 6s and band 7 team leaders. The service often recruits newly qualified band 5 staff, resulting in inexperienced staff commencing their career in a very challenging environment which really needs experienced and confident staff. There is therefore a need to review the balance of band 5 and band 6 nurses.
- 3.2.2 There is also the need to consider the role of non-registrant and pharmacy staff, particularly in relation to medicines management. This would potentially release the registered nursing workforce to carry out other essential clinical tasks.
- 3.2.3 The service is currently considering how the role of Advanced Nurse Practitioners (ANP) could be introduced to improve skill mix and assist with the delivery of some clinical tasks in order to release medical resource to see more medically complex patients.
- 3.2.4 Despite the significant clinical responsibilities and span of work, there is no Practice Development Nurse (PDN) resource within the service which creates a significant gap for improving workforce training and development.
- 3.2.5 Given the nature of the service, prison healthcare staff operate in isolation from the wider healthcare system. Consideration needs to be given to the development of rotational opportunities to improve skills, knowledge and experience and encourage more interest in this line of work.

4. Scope of Review

- 4.1 In order to address the issues detailed above, it is recommended that a formal workforce review for Prison Healthcare takes place which will:
- Review the skill mix in prison healthcare teams to ensure they are fit for purpose in the light of additional demands now placed on the service eight years post transfer
 - Look at new and innovative ways of staffing the service, including the introduction of ANP, PDN, enhanced pharmacy posts and a balance of registrant / non registrant staff to maximise efficiency and effectiveness of the workforce
 - Review GP and nursing structures, including GP remuneration - to attract and retain staff to the service
 - Create a Workforce Plan to guide service development
 - Review management structures supporting the workforce
 - Review Health Improvement service

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- Consider how Telehealth developments could improve service delivery and efficiency.

4.2 The review will involve engagement and partnership working with key stakeholders, including prison healthcare staff, staffside, community health services, SPS and patient representation.

5. Other Points for Consideration

5.1 Funding has been received from the Scottish Government for a 6 month test-of-change pilot in Low Moss and Greenock prisons to introduce the delivery of adult care assessment & care management. This is being tested with the intention of developing equivalence with community services and ultimately the integration of health and social care within the prison setting. Whilst this is a review pertaining to healthcare staff, cognisance must be given to the integration agenda.

5.2 As previously mentioned, oral health services are purchased internally. A recent review of oral health provision has made recommendations to increase the number of sessions to bring the three prisons into line with prisons in other Boards. This review will therefore need to take this into consideration and any financial implications resulting from it.

5.3 Work is underway to create a staffing profile for the new female Community Custody Unit being developed in Maryhill. This work will continue to be managed under a separate process and will not form part of this review.

6. Recommendations

6.1 The Integration Joint Board is asked to:

- a) Note the contents of the report;
- b) Approve the proposal to carry out a formal review of Prison Healthcare workforce; and
- c) Instruct the Chief Officer to report on the conclusion of the review with recommendations for workforce development by the end of August 2020.

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	201119-8
2	Report Title	Prison Healthcare Workforce Review Proposal
3	Date direction issued by Integration Joint Board	20 November 2019
4	Date from which direction takes effect	20 November 2019
5	Direction to:	NHS Greater Glasgow and Clyde only
6	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Prison Healthcare, including general practitioners, nursing and psychology team providing primary care, mental health (including psychology), pharmacy, addiction and health improvement services.
8	Full text of direction	NHS Greater Glasgow and Clyde is directed to undertake a review of the Prison Healthcare Workforce as outlined in this paper and make recommendations for workforce development to the Integration Joint Board by the end of August 2020.
9	Budget allocated by Integration Joint Board to carry out direction	Within existing resources.
10	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
11	Date direction will be reviewed	August 2020