

Meeting of
Lanarkshire NHS Board

Lanarkshire NHS Board
14 Beckford Street
Hamilton ML3 0TA
Telephone 01698 281313
Fax 01698 423134
www.nhslanarkshire.co.uk



SUBJECT: PRISONER HEALTHCARE

1. PURPOSE

This report provides the Board with information on the background and work that has been undertaken to date in regard to the transfer of responsibility for the healthcare of prisoners from the Scottish Prisons Service (SPS) to NHS Scotland.

2. BACKGROUND

Currently within Scotland the responsibility for the provision of healthcare to the prison population rests with SPS. In the rest of the UK this responsibility transferred to the NHS.

As a result, and linked to European and Internationally recognised standards for the provision of healthcare to prisoners, Scottish Government commissioned a feasibility study in 2007 to consider this issue.

The outcome from this study was an agreement by Scottish Ministers that the responsibility for prisoner healthcare would transfer in a measured and controlled manner to NHS Scotland.

This transfer of responsibility will be contained in the Criminal Justice and Licensing Bill which is due to go through the Scottish Parliament in June 2010. The anticipated date for the transfer to be concluded by is October 2011.

In late 2009 a National Programme Board was established to oversee the transfer of this responsibility to NHS Scotland. This Board is chaired by John Ross (the Chair of NHS D&G) and has a wide remit to ensure that the transfer takes place in a safe, consistent and timely fashion.

The National Board is dealing with a raft of issues from finance and HR matters through to models of care, memoranda of understanding and draft SLAs between the NHS locally and the prisons, as well as very detailed work on individual contracts and services.

It was a requirement of the National Programme Board, that local NHS Boards which have a prison in their boundary should establish a Local Implementation Group (LIG).

For NHSL we have one prison within our boundary, HMP Shotts, and have as such established a LIG which is co chaired by the Governor of HMP Shotts (or nominated deputy) and Alan Lawrie, Director of SLCHP.

The attached Project Initiation Document (PID) has been developed in collaboration with a range of stakeholders including HMP Shotts and will form the basis upon which the local transfer will take place, whilst operating under the auspices of the National Board.

It is noteworthy that the organisation of this work nationally has required local Boards to establish only LIGs for the prison within their boundary. For NHSL only 8% of the prisoners in Shotts originate from the Lanarkshire area, unlike HMP Addiewell (in West Lothian) where the prisoner population from Lanarkshire is nearing 50%.

Given that one of the key benefits of this transfer nationally is to improve the throughcare and aftercare for prisoners with substance misuse issues, we have asked that we are part of the NHS Lothian LIG associated with HMP Addiewell.

3. SUMMARY OF KEY ISSUES

The attached PID outlines, in some detail, the objectives for the project, the key milestones, the potential benefits and aspirations as well as the risks and issues. The PID also outlines the project structure which breaks into four workstreams; Finance, HR, Throughcare and Models of Care. These workstreams broadly mirror those established at a national level

The PID has been developed in conjunction with a range of stakeholder, most importantly HMP Shotts. Key staff from the prison have been and will continue to play into the various workstreams and are well represented on the Project Board.

Over the past three months there have been a number of visits to HMP Shotts. This has both developed good working relationships as well as providing an understanding of the nature of delivery of healthcare in a prison environment.

Sections 6 and 7 of the PID outline the anticipated benefits that flow from this work as well as the current and anticipated risks , a few of the risks which are prominent for the Project Board are outlined below;

- The medical model to be delivered post October 2011, given the current contracted out service and the tenure of the contract.
- The financial envelope that will ultimately be provided to NHSL to operate the range of healthcare services in HMP Shotts.
- The implementation of a new clinical information and management system and its links to the current GPIT implementation.
- The maintenance of quality services during a time of transition.

4. RECOMMENDATION

The Board is asked;

to note the establishment of a Local Implementation Group with HMP Shotts

to note the contents of the current Project Initiation Document including the various risks and issues

to request further updates in due course and as a minimum at the halfway point in the project (February 2011)

5. FURTHER INFORMATION

For further information or clarification of any issues in this paper please contact.

Alan Lawrie Director South Lanarkshire CHP 01698 245194