



**Perth & Kinross Integration Joint Board
1 December 2021**

Community Custody Unit

Report by Head of Health (Report No. G/21/147)

PURPOSE OF REPORT

The purpose of this report is to update IJB of the progress of the construction of the Scottish Prison Service (SPS) Community Custody Unit (CCU) in Dundee, within which, NHS will be responsible for the delivery of healthcare. The new build will provide a 16 bed custody unit in Coldside, Dundee for convicted female offenders.

1. RECOMMENDATION(S)

The IJB are asked to

- note the proposed date of opening for the CCU
- note the work ongoing to secure additional funding

2. SITUATION/BACKGROUND / MAIN ISSUES

In autumn 2018, the Planning Committee of Dundee City Council approved the application by the Scottish Prison Service (SPS) to build a Community Custody Unit (CCU) for 16 women in Dundee, on the site of the former Our Lady's Primary School in Coldside. The intention was that the facility would open in 2020.

It was agreed that the CCU will prioritise admission to women from the Tayside and North Fife area, as well as prioritising women assessed to be heading toward a transition phase at the end of a sentence. Women in the CCU will be able to maintain stronger links to family support and community services.

The Scottish Prison Service is responsible for the provision of premises, security and non health or social care support to the women in the unit, while the NHS are responsible for the delivery of healthcare to people in custody.

3. PROPOSALS

SPS hosted a national meeting in June 2021, including representatives from Scottish Government, which provided updated information to inform an assessment of the healthcare provision needed to support the women in the CCU.

SPS advised that in the Dundee CCU, some women would have unescorted access to community services, others would need escorted and the remainder would need to be provided with healthcare services in the unit. It was further acknowledged that the throughput of residents in the CCU is likely to be high as women progress quite quickly through the unit to home.

As a result, the healthcare model in the CCU will differ from the model of delivery for the two prisons in Tayside, HMP Perth and HMP Castle Huntly. As many of the females in the unit will have access to the community, and part of the ethos of the CCU is integration with community services, a blended approach of Prison Healthcare (PHC) and community services is required.

Some of the women assessed as suitable for transfer to the unit are likely to have complex health needs, including in respect of mental health and substance use difficulties. In response, it has been agreed that the PHC will provide healthcare services, as the team have the required knowledge, skills and experience to provide the necessary support.

As not all the women will be normally ordinarily resident in Dundee, links will be required with Partnerships across Tayside and Fife regarding support for the women, both prior to and on release. The CCU presents an opportunity to enable women to recover, build links within their community and successfully re-enter their community at the end of their sentence.

It is expected that the construction of the new Unit, which will be called the 'Bella Unit', will be completed in spring 2022 with the first residents in situ by the end of June 2022. The timescales having slipped a number of times initially due to the pandemic lockdown and latterly due to availability of construction materials.

4. COSTS

Based on the knowledge and analysis of the resources required to deliver healthcare at HMP Castle Huntly as well as the women's unit at HMP Greenock the likely costs of providing the healthcare service to the CCU have been calculated.

In order to provide the proposed blended model of service to the women in the CCU, and to support the unit's purpose and ambition, the additional costs of delivering the healthcare service has been calculated at an additional £462,400 annually. A breakdown of costs is included in the annex, section 2.

Scottish Government colleagues are aware that delivery of healthcare to the CCU cannot be achieved with the current PHC capacity and additional recurring funding will be required.

4. CONCLUSION

It is anticipated that the Prison Healthcare (PHC) service will be delivering care to the women in the occupied Bella Centre from the middle of next year, via the expansion of the existing team. The HSCP is actively seeking assurance from the Scottish Government on the provision of additional recurring funding to meet the healthcare costs that will be incurred in supporting this development.

Author(s)

Name	Designation	Contact Details
Angela Cunningham	Justice Healthcare Manager	Angela.cunningham2@nhs.scot

NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
HSCP Strategic Commissioning Plan	
Transformation Programme	
Resource Implications	
Financial	Yes
Workforce	Yes
Assessments	
Equality Impact Assessment	Yes
Risk	Yes
Other assessments (enter here from para 3.3)	
Consultation	
External	Yes
Internal	Yes
Legal & Governance	
Legal	
Clinical/Care/Professional Governance	
Corporate Governance	
Communication	
Communications Plan	

1. Strategic Implications

1.1 Strategic Commissioning Plan

Not applicable

2. Resource Implications

2.1 Financial

The following table provides a breakdown of the posts and the associated funding required, as well as one off and recurring costs such as medicines. A quotation for the costs associated with the cabling required for IT are still awaited as it has been confirmed that the wifi will not be sufficient and that this cost will not be met by SPS.

Healthcare Model Staffing Requirements	
0.2 WTE Band 8b Service Manager	£17,500
1.5 WTE Band 6 primary care nurse	£75,000
1 WTE Band 6 substance misuse nurse	£50,000
1 WTE Band 6 mental health nurse	£50,000
1 x PA Forensic Psychiatrist	£11,500

1 x PA SM Psychiatrist	£11,500
1 x session per month SM specialist GP	£7,200
1 session per week by GP practice	£13,800
0.2 WTE Band 8a Clinical Pharmacist	£14,100
1 WTE Band 3 Healthcare Support Worker	£30,200
1 WTE Band 3 Pharmacy Support Worker	£30,200
0.5 WTE Band 3 Admin Assistant	£15,100
0.2 WTE Band 8b Clinical Psychologist	£17,500
Total Staffing Costs	£343,600
Medicines & Equipment	
Named Patient Medicines (based on formula from GGC)	£10,300
Stock Medicines (based on formula from GGC)	£3,800
OST (approx 1/4 of women on no OST / methadone / buprenorphine / buvidal)	£14,500
HepC treatments (2 per year for 8 weeks course)	£52,000
Furniture and medical equipment for treatment room - approx	£30,000
Approx 64 eye tests	£5,000
Controlled Drugs Licence	£3,200
Total Supplies Costs	£118,800
Total	£462,400

The above costs have been shared with Scottish Government who are considering what / how the Units should be funded, given the ministerial priority allocated to the improvements for women in custody. Feedback is awaited.

2.2 Workforce

In order to ensure resilience is built into the healthcare provision, the additional posts required will work across PHC, with multiple staff rotating through the CCU. This will ensure continuity of cover through not delivering a person dependant model which encounters significant difficulties during periods of planned or unplanned leave. It is clear that the healthcare model will evolve and change many times over the next few years, adapting to the needs of the women and having a deeper understanding of what is possible as well as pushing the boundaries of current prison healthcare provision

As the proposal suggests enhancing the current prison healthcare team, there will be more variety in the role as the team work across more than one location. This should lead to improved staff satisfaction. It will also provide flexibility in the care delivery across all three custodial establishments in the event of unplanned absences, resulting in less stress on the teams. The staffing required to deliver a safe healthcare model is detailed in section 2.1 It is acknowledged that this may change once there is more certainty over the needs of the patients once the Unit is operational.

Staffside have provided representation and will continue to provide advice on a strategic level, moving to a more practical level as recruitment and staff engagement progresses.

3. Assessments

3.1 Equality Impact Assessment

Under the Equality Act 2010, PKC and NHS Tayside is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the HSCP to demonstrate that it is meeting these duties.

This section should reflect that the proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

- (i) Assessed as **not relevant** for the purposes of EqIA
- (ii) Assessed as **relevant** and actions taken to reduce or remove the following negative impacts: (add summary points only here)
- (iii) Assessed as **relevant** and the following positive outcomes expected following implementation: (add summary points only here).

3.2 Risk

Risk Description:

As a result of the development of a female CCU in Dundee, NHS Tayside, Prison Healthcare must deliver healthcare to the women in the unit which will lead to a financial burden for Perth & Kinross, Angus and Dundee HSCPs / NHS Tayside as PHC is a hosted service (within P&K HSCP). Should funding not be available to staff the CCU, the women residing in the unit would not have access to GP services; receive supervised medication; have access to PHC mental health or substance misuse services or be able to be referred to secondary care services which would lead to an increased risk of harm to these patients. It would also risk significant reputational damage for NHS Tayside.

Current Rating of Likelihood: Red 20

Current Rating of Consequences: Yellow 8

Actual control level and main control tools: Red 20

Target control level: Yellow 8

Tolerance control level

3.3 Other assessments

The following headings should be included in the report where relevant:

Measures for Improvement – N/A

Patient Experience – *Patient feedback, both verbally and formally, will be used to measure patient experience*

IT – *cabling will be required to provide IT connectivity for NHS. NHS Tayside IT have been consulted regarding the necessity of cabling as opposed to utilising the wifi.*

4. Consultation – Patient/Service User first priority

4.1 External

A needs assessment has been carried out by SPS, engaging with women in custody

4.2 Internal

*Perth & Kinross HSCP Executive Management Team
NHS Tayside Executive Leadership Team
Prison Healthcare service*

5. Legal and Governance

5.1 *The Head of Legal Services must be consulted on all proposals with legal implications. No report with such implications should be presented at a meeting when this has not been done and it should be explicitly stated that the Head of Legal Services has been consulted. Where appropriate, this section should set out clearly set out the legal basis for the proposals*

5.2 *Governance reporting for the CCU will be via the Prison Healthcare Business & Governance meetings which report in to the P&K HSCP Care & Professional Governance*

6. Communication

6.1 *Communications are being led by SPS*

7. BACKGROUND PAPERS/REFERENCES

This section should list the documents that have been relied on in preparing the report, other than those committee reports already referenced within the main body of the report. All documents must be kept available by the author for inspection by the public for four years from the date of the meeting at which the report is presented.

8. APPENDICES

None.