

NHS Greater Glasgow & Clyde	Paper No. 19/40
Meeting:	Board Meeting
Date of Meeting:	Tuesday 20th Aug
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Linda De Caestecker

UPDATE ON IMPLEMENTATION OF SMOKE-FREE PRISONS POLICY IN NHS GGC

Recommendation

The Board is asked to (a) note the content of the paper and (b) endorse the following recommendations:

- The Quit Your Way Prisons service model is adapted to meet demand, with a focusing of resources on HMP Barlinnie and HMP Low Moss where demand is greatest. This will include a flexible approach which accommodates more one to one support and incorporates a focus on withdrawing from using e-cigarettes as part of the service model.
- The team reviewing prison health care will work closely with public health to ensure that the health improvement workforce is able to address current and longer term smoking cessation needs and to build capacity for tackling wider health issues within the prison population

Purpose of Paper

This paper summarises the steps taken in NHS GGC and nationally to ensure the effective implementation of smoke-free prisons in Scotland in November 2018 and describes the current situation, 8 months post policy implementation.

Key Issues to be considered

- All prisons in Scotland successfully went smoke-free on the 30th November 2018
- Demand for stop smoking support is higher than anticipated and groups such as those who are Untried and who have No Funds (UNF) are highly vulnerable in the context of withdrawal management.
- Demand was anticipated to be relatively short term. However the pressures on the prison service, particularly HMP Barlinnie suggests demand is likely to remain for a longer period and requires to incorporate withdrawal from e-cigarettes.
- Staffing arrangements in this complex setting are reducing the resilience of the service.

Board Official

Any Patient Safety /Patient Experience Issues

Current arrangements both logistic and capacity are impacting on the availability of timely smoking cessation support.

Any Financial Implications from this Paper

The expansion of the Smoke Free Prisons Service is funded from the NHSGGC Tobacco Framework. The allocation of further resources to this service will reduce service in other aspects of stop smoking service. The NHSGGC Tobacco Framework is funded by the National Outcomes framework which has been subject to a 5% reduction nationally.

Any Staffing Implications from this Paper

Current temporary staffing arrangements will be extended.

Any Equality Implications from this Paper

Significant proportion of the prison population from vulnerable groups

Any Health Inequalities Implications from this Paper

Significant proportion of the prison population from vulnerable groups

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome

NA

Highlight the Corporate Plan priorities to which your paper relates

Better Care / Better Health

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UPDATE ON IMPLEMENTATION OF SMOKE-FREE PRISONS POLICY IN NHS GGC

1. Purpose

This paper summarises the steps taken in NHS GGC and nationally to ensure the effective implementation of smoke-free prisons in Scotland in November 2018 and describes the current situation, 8 months post policy implementation.

2. Summary

In July 2018 the Scottish Prison Service (SPS) announced the introduction of a comprehensive smoke-free policy for all Scottish Prisons on 30th November 2018. Since then NHS GGC has worked closely with the SPS in HMP Barlinne, Low Moss and Greenock to support the transition to smoke-free, ensuring the adequate provision of stop smoking support prior to, during and after implementation for those in custody.

The estimated prevalence of smoking amongst the prison population in Scotland is 68% (Scottish Prisoner Survey 2017), nearly four times higher than in the general population (18%) (Scottish Health Survey, 2017).

National funding for smoking cessation was reallocated to ensure an increase for those Boards with prisons in 2018/19 and in 2019/20 and the LDP smoking cessation standard was reduced to mitigate the impact of the move to smoke-free on existing smoking cessation services.

The move to smoke-free was overseen nationally by a multi-disciplinary Strategic Operations Group and Stakeholder Advisory Group, and locally by smoke-free implementation groups in each establishment.

E-cigarettes were introduced to Scottish prisons in September 2018, initially free of charge to the majority of those in custody, as a viable alternative to smoking and to facilitate the transition to smoke-free. These have proved very popular. The SPS also provided additional activities to those in custody to distract from the effects of stopping smoking.

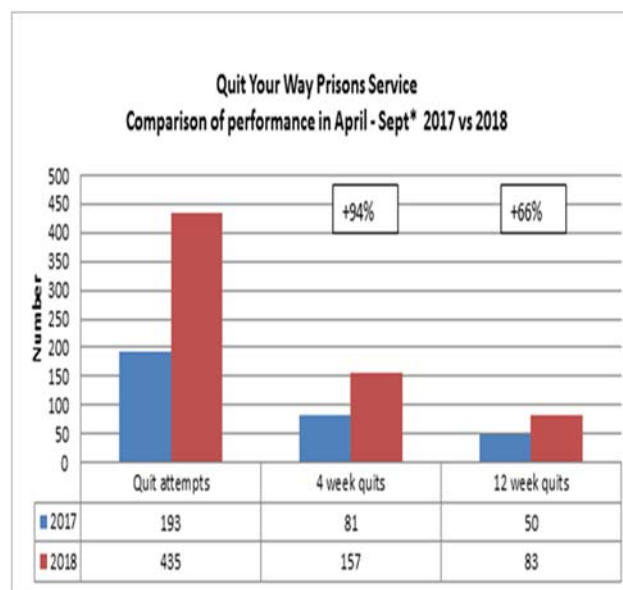
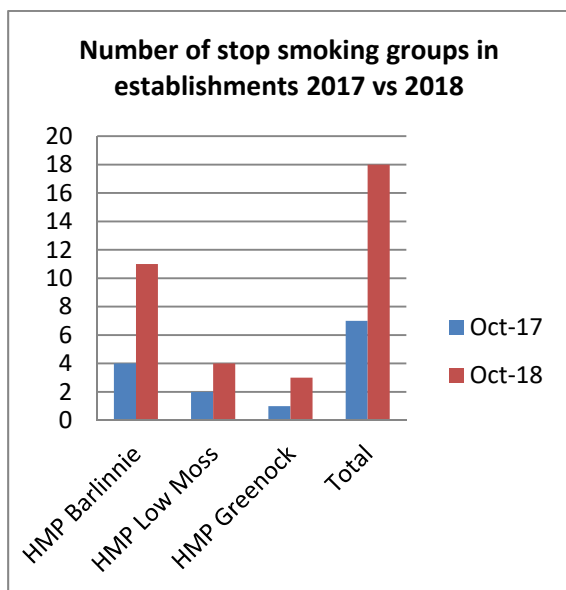
All prisons in Scotland successfully went smoke-free on the 30th November 2018, with no disturbances reported.

3. Pre-Policy Implementation

The NHS stop smoking service (Quit Your Way (QYW) Prison, previously Smokefree Prisons, Service) has been in place in prisons in NHS GGC since 2012. It is funded through the Board's Tobacco Framework and overseen by Health Improvement, Public Health. The model of support prior to implementation was in line with community provision and national guidelines, and included 6 weeks support in combination with up to 12 weeks of pharmacotherapy.

Following the smoke-free prisons announcement NHS GGC undertook steps to enhance the capacity of the service to meet anticipated demand including recruiting additional staff to the QYW Prison Service team on a fixed term basis, utilising other NHS staff in prisons and working in partnership with the SPS to co-deliver stop smoking support.

These measures had a positive impact on the capacity of the service. From mid-2017 until November 2018 the number of groups delivered in all prisons increased from 7 to 18 groups a week with numbers attending groups increasing from 75 per week to 200 per week (see chart 2 and 3). The increase in service capacity meant that there were negligible waiting lists in establishments at the time of smoke-free policy implementation.



However, the large, diverse population at HMP Barlinnie has presented problems with service delivery. The fact that the prison population was over capacity meant that whilst there was a willingness from the SPS to support service delivery there was often not the capacity to do so.

4. Post Policy Implementation

NHS Health Scotland “*Smokefree Prisons Pathway: a service specification supporting people in our care*” (Nov 2018), defines the minimum requirements for NHS cessation services in prisons in Scotland post 30th November 2018, to which all Boards should comply.

In line with the specification NHS GGC QYW Prison Service now provides:

- 6 weeks of behavioural support, with or without pharmacotherapy, to help those in custody manage their nicotine addiction
- Withdrawal symptom management to those who are untried and with no-funds by providing one week of NRT immediately on admission to address withdrawal symptoms. Thereafter, a further 6 weeks of support and pharmacotherapy is available.
- Support to withdraw from e-cigarette use

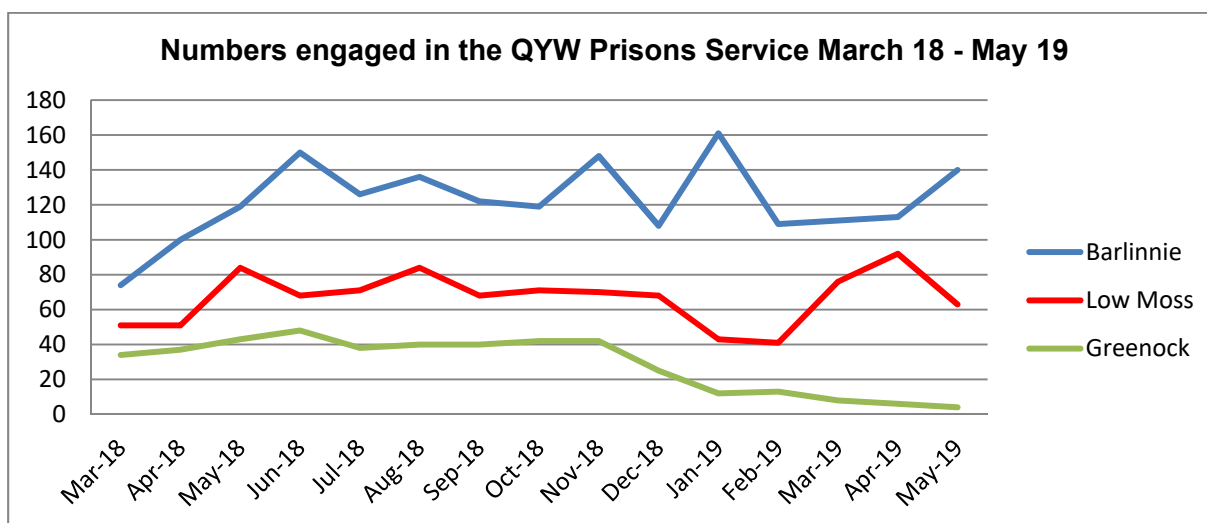
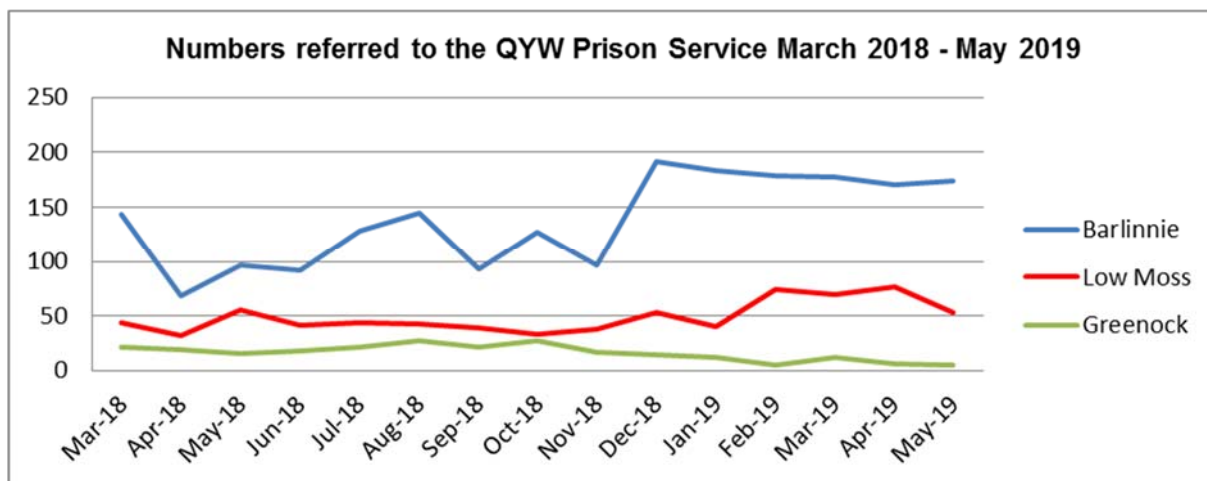
An identified priority for the QYW Prisons Service is to provide one week of NRT for initial withdrawal symptom management to those in custody who are untried and have no funds (UNF) and to provide on-going support (within 7 days) to those that want it. This group are experiencing acute withdrawal, are not eligible for a free rechargeable e-cigarette from the SPS nor do they have any funds on admission to purchase one. Once these individuals are accommodated within the stop smoking groups, the remaining places are offered to those already in custody who have been referred for support and who are on the waiting list. HMP Barlinnie is a receiving prison and therefore the number of smokers admitted as UNF creates significant additional pressure on the service.

4.1 Demand for Service

Following implementation there was a significant increase in demand for the QYW Prison Service.

- Overall referrals increased from 151 to 259 between November and December 2018.

- The number of referrals in December 2018 was more than 3 times the number of referrals received in December 2017 (83).
- HMP Barlinnie saw the biggest increase in referrals - from 90 in November to 190 in December (110% increase).
- Between 30th November 2018 - 31st January 2019 196 individuals were identified as UNF, requiring one week of NRT from the QYW Prison Service (the majority from HMP Barlinnie). 43% (85) were allocated to service for on-going support.
- The demand coming from this group, particularly in HMP Barlinnie as a receiving prison, mean QYW Prisons Service has been unable to provide support to those already in custody who have been referred or self-referred to service and the waiting list increased.



Currently have 12 groups running across establishments (7 in HMP Barlinnie, 3 in HMP Low Moss and 2 in HMP Greenock). There continues to be high demand for the QYW Prisons Service from both HMP Barlinnie and from HMP Low Moss. Demand from HMP Greenock has been decreasing steadily since smoke-free policy implementation.

4.2 Waiting lists

Demand is being met and the service is well supported by the SPS at HMP Low Moss and HMP Greenock there are no waiting lists. There are on-going issues at HMP Barlinnie which means that demand for the service is currently not being met with approx 80 people on the waiting list (July 2019). This is primarily due to the fact the population at HMP Barlinnie is 40%

above capacity, increasing pressures and demands on SPS staff. There is a lack of SPS staff to escort those in custody to their stop smoking group which is further adding to the waiting lists and limiting the effectiveness of the service.

5. Developing a wider Peer Support Approach in Prisons

As part of a wider approach to support health literacy and cultural change within the prison population, the NHSGGC QYW Prisons Service is piloting a novel peer support project in HMP Low Moss. The removal of tobacco from prisons has provided impetus to integrate smoking cessation (and e-cigarette) programmes into wider health improvement work in prisons, helping to address related health issues, improve overall health and well-being and reduce inequalities.

The intervention will train around 10 people in custody (per cycle, per prison) to contribute to the planning and delivery of health-related activities in prison, focusing on issues such as tobacco use, oral health, drug use, and sexual health and relationships. Initially, peer mentors will be trained to deliver very brief advice on tobacco and e-cigarettes in residential areas of the prison, to widen the reach of services and address gaps in support for imprisoned former smokers during evenings and weekends.

The intervention seeks to support both peer mentors and recipients of health-related activities to manage nicotine dependence in prison and make sustainable improvements to health and wellbeing, including increasing the chances of long-term smoking abstinence. In addition, peer mentors will be able to develop life skills and achieve formal qualifications through participation in Glasgow Kelvin College's Community Achievement Awards (benchmarked against the Scottish Credit and Qualifications Framework), and in turn increase social capital in disadvantaged communities.

6. Issues for QYW Prison Service Going Forward

A number of specific challenges have been identified with the ongoing implementation of the smoke-free policy and the national service specification. These challenges are subject to ongoing discussion with SPS management and constant service development is in place to ensure services are as responsive as possible.

Challenges include:

- The higher than expected demand for those coming into prison that are UNF and who smoke. Valuable QYW staff time is spent locating individuals placing further pressure on the QYW Prison Service from this highly vulnerable group.
- The impact on service provision and waiting lists due to current demand and logistic issues across HMP Barlinnie. Service models are being adapted to address the logistic issues which can make group work impossible.
- Demand was anticipated to be relatively short term as the policy stabilised. However the pressures on the prison service and the specific considerations at HMP Barlinnie suggest that demand for cessation support is likely to remain for a longer period.
- Supplying single use e-cigarettes for those who are UNF at admission to support withdrawal management in HMP Barlinnie.
- From July 2019 re-chargeable e-cigarettes will no longer be offered at a discounted price. This, and the on-going costs associated with using an e-cigarette, is leading to an increase in demand for help to stop using these devices and to withdraw from nicotine altogether. The service needs to adapt to meet this demand.

Board Official

In addition to the above challenges, the implementation of the smoke-free policy has led to number of unintended consequences for wider health improvement, with significant increases in the amount of fizzy juice and confectionary purchased post policy implementation period.

7. Conclusion

Implementation of the smoke-free policy in prisons has been a successful example of partnership working between SPS, the NHS Prison Health Care service and Health Improvement. The ongoing challenges require constant service development and innovation to meet the needs of this vulnerable group and unique setting. The philosophy, partnership working and momentum for health improvement gained from the smoke free prisons project offer significant opportunities to build on the legacy of smoke-free implementation going forward.

8. Recommendations for 2019-20

The Board is asked to endorse the following recommendations:

- The Quit Your Way Prisons service model is adapted to meet demand, with a focusing of resources on HMP Barlinnie and HMP Low Moss where demand is greatest. This will include a flexible approach which accommodates more one to one support and incorporates a focus on withdrawing from using e-cigarettes as part of the service model.
- The team reviewing prison health care will work closely with public health to ensure that the health improvement workforce is able to address current and longer term smoking cessation needs and to build capacity for tackling wider health issues within the prison population.

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