children and young people being given custodial sentences, Huntercombe will close at the end of this month. National Offender Management Services has proposed using it as an adult prison. However, the issues explored within this article remain relevant to all nurses working with vulnerable children and young people.

All primary healthcare services are provided from the on site healthcare centre. The range of services at Huntercombe includes a 24 hour nurse led service, GP services, and child and adolescent mental health services (CAMHS). There are no inpatient facilities, but young people may be transferred to local NHS services for specialist care.

IDENTIFYING HEALTH NEEDS

The system for audit and inspection cuts across the Ministry of Justice and the DH. Primary care trusts and prisons are accountable for implementing recommendations made by Her Majesty’s Inspectorate of Prisons, the Care Quality Commission, local committees and performance monitoring arrangements that are linked into the prison health delivery plan (DH, 2002).

In 2007, an audit based on the National Healthy Schools programme (DCSF, 2005b) – which promotes a “whole school” approach to health, which addresses the needs of pupils, staff and the wider community – was commissioned by Oxfordshire PCT’s public health department. It found Huntercombe provided a range of education and training activities to support the development of young people. The audit positively benchmarked the YOI services against the Healthy Schools programme audit criteria, which includes personal, social and health education (PSHE), healthy eating and physical activity.

The following year, a health needs assessment was conducted on behalf of the PCT by a specialist registrar at Huntercombe. This assessed the range of met and unmet needs, identifying that staff shortages and frequent staff turnover contributed to poor morale and problems in delivering such elements of healthcare as in depth health screening. This unpublished assessment also highlighted concerns around medicines management, lack of continuity of care and basic health promotion.

DEVELOPING PRACTICE IN A PRISON SETTING

To coordinate many of the competing priorities for the healthcare department, Oxfordshire PCT’s commissioner and service provider wanted to include staff in implementing change, using a bottom up, rather than a top down, target led approach to practice.

Following a period of transition – where there was high staff turnover and agency staff were frequently used – the PCT developed a robust service model. This involved a process of practice development and support the redesign of services in the healthcare department. Their aim was to build team cohesion and work with staff to develop a robust service model. This involved a process of practice development to integrate local and national directives in a systematic way.

The advisers found a number of action plans had been cascaded to staff to implement with no clear direction or leadership to take the work forward. Nursing staff were not aware of the national and local context behind the plans, and had not been sufficiently involved in the change process.

Within Huntercombe, it became obvious that nothing could happen without the involvement of clinical staff who were comfortable working with vulnerable young people, despite the social aspects being dismissed by some key stakeholders. The team needed to be able to consider the needs of children and young people.

CHALLENGES

Over a period of six months, the commissioning manager changed, a new service manager was appointed and staffing levels were down due to sickness or people leaving. By August 2008, it was clear that several areas needed to be addressed at Huntercombe. These included integration with the mental health in-reach team, improving medicines management and understanding the responsibilities of nurses towards safeguarding children.

Prison nursing comes with specific difficulties. The YOI regime follows a strict timetable, and offering any appointment system, health promotion activity or preventive work has to be accommodated within that. Consequently, services can compete for time within the structure of the day.

Within this system, there is only limited time to administer medicines or associated treatments. At Huntercombe, a culture had developed where nurses did not always assert their position. Professionally, this meant they might be compromising their practice and working outside the standard for medicines management (Nursing and Midwifery Council, 2008). There had been several medicine errors and management of medicines was variable. These problems led to a meeting between the governor and the commissioner to discuss how best to safely administer medicines.

CREATING STAFF OWNERSHIP OF CHANGE

The clinical leader and independent adviser planned and delivered practice focused workshops. These were an opportunity to enable staff to take ownership of changes to healthcare. Issues that were important to staff also mirrored national and regional drivers for change.

The nursing team developed an action plan and staff requested further workshops, which were held six months later. All created momentum and enthusiasm for change and staff began to feel empowered.

At times, the process of practice development felt like “one step forward and two steps back”. Nurses did not always recognise the health needs of young people at Huntercombe. Challenges to the team to think in the longer term for patients and focus on health and social aspects were dismissed by some clinical staff who were comfortable working in a medical model setting. The team needed to recognise that their skills and practice had to change to help children and young people.

BACKGROUND

In 2005, responsibility for commissioning healthcare in prisons and young offender institutions transferred from the prison service to the NHS to ensure inmates had access to the same range and quality of healthcare as they would receive in the community.

Evidence shows young people in YOIs have a higher incidence of physical and mental health problems than the general population.