

Nottingham Crime & Drugs Partnership

IDTS Treatment Plan 2011/12

Planning Framework

Planning Section 1: Commissioning for positive outcomes

Please see checklist at Appendix 1 of the 2011/12 treatment plan guidance for possible areas to include within this planning grid

Identification of key priorities following the needs assessment relating to IDTS within the commissioning system:

1.1 New Treatment Pathway

The current needs assessment identifies that there is still a need to commission a new drug treatment pathway in order to best meet the full range of identified local need and deliver the national Drug Strategy at a local level. This is endorsed by the findings of an external review of the CDP Commissioning Function undertaken in 2010, which supported continued investment in treatment system redesign and market testing.

The new drug treatment pathway will be commissioned in 2011/12 and will ensure that we have a properly integrated end-to-end treatment system that is able to respond flexibly to local need, delivers best value for money, and is aligned to the Drug Strategy 2010 and able to deliver on its recovery and reintegration outcomes.

Whilst Nottingham Crime and Drugs Partnership are not commissioning the Integrated Drug Treatment Service it is essential that there are robust links between the new drug treatment pathway and the Criminal Justice System, including HMP Nottingham, to ensure that Nottingham has a properly integrated end-to-end treatment system to deliver the national Drug Strategy at a local level.

1.2 Clinical Governance.

It is essential that the Nottingham Crime and Drugs Partnership are represented on all the strategic Boards held within HMP Nottingham to ensure that the delivery of treatment within the prison conforms to the minimum standards identified for the Nottingham Drug Treatment System; these will include the Strategic drug Treatment Development meeting, the Healthcare board and the senior Operational Partners Meeting. The Prison will also include a CDP director, or representative, on the Accountability Board. It is also essential that the Nottingham Crime and Drugs Partnership's planning framework becomes an agenda item on the Prison's Strategic Drug Treatment Development meeting to guarantee that these minimum standards are being met.

1.3 Performance.

During 2011/12 Nottingham's Drug Treatment System will be subject to robust performance management of effective interventions within the local delivery of the National Drug Strategy. As such representatives from HMP Nottingham's IDTS will be invited to attend the Criminal Justice Performance meetings, the Drug Intervention Programme Operational Meetings and the Integrated Offender Management Meetings. Local targets will be agreed to measure referrals back into the community and the effectiveness of interventions.

Where appropriate IDTS will agree to be audited on areas that are effecting/informing the performance of the Criminal Justice System in Nottingham City

1.4 Workforce development

In line with the National Drug Strategy the IDTS local partnership will continue to encourage the development of a skilled and experienced local workforce that is ambitious for our client group and is skilled to facilitate the recommendations in the Recovery and reintegration agenda.

1.5 Service User and Carer Involvement

Service user and carer involvement at all levels of commissioning, service design and delivery is central to the work of the CDP commissioning team. This will continue to be a central spoke in the full commissioning cycle and will include consultation and communication at a local, regional and national level. With regard to the prison there will continue to be links developed with PACT to involve and offer interventions for the carers and families of prisoners.

1.6 Information Governance

Integrating information systems to reflect and support a fully integrated treatment system across the community and prison will continue to be an aspiration and Information systems will be reviewed as part of commissioning the new treatment pathway. This will build on the success of the integrated information system across the prison which will be rolled out in March 2011.

1.7 Needs Assessment

We will continue to complete comprehensive needs assessments in line with national best practice. Our 2011/12 needs assessment will see the start of a three year planning cycle and will focus in particular on reviewing the impact of the new Drug Strategy and the new treatment pathway and the part that the IDTS local partnership can contribute to this. We will also continue to closely monitor the changing local profile of drug use and involve the Prison in evaluating the findings.

Expected outcomes 2011-12:

Links between IDTS and the New Treatment Pathway will deliver:

- Reduction in dependant and problematic drug use

- Reduction in repeat offending
- Improved social integration including access to the employment, training and education, stable housing, improved family functioning
- Safer communities
- An increase in prisoners who attain abstinence from their substance of misuse and who go on to continue their recovery journey in the community.

Expected outcomes 2012-13 and 2013-14:

Over the next three years, as the new treatment pathway and drug strategy becomes more effective, there is an expectation that the prison, IDTS and the community providers will be working much closer in delivering the recovery and reintegration agenda. Clearer protocols will exist for each to support the other in the effective delivery of structures recovery interventions.

There will be reviews of progress against the drug strategy throughout the next three years.

Delivery Plan:

Key milestones	By when	By whom
1.1 New Treatment Pathway.		
To ensure that the New Treatment Pathway includes links to the Criminal Justice system, Including the Prison.	Dependent on the commissioning guidelines	Strategy and Commissioning Team
Ongoing assessment that the links between the new treatment pathways and the prison are working both ways	Throughout the year.	Strategy and Commissioning Team
Include IDTS in the communication strategy for the new treatment Pathway and the transition to it	Dependent on the	Strategy and Commissioning Team

	commissioning guidelines	
1.2 Clinical Governance.		
Incorporate clinical governance compliance into quarterly Strategic drug Treatment Development meetings	Quarterly reviews.	CDP's IDTS lead
Produce Clinical governance development plan and implement through the criminal justice performance meetings.	Quarterly reviews	CDP's IDTS lead
The CDP to have a representative on the Strategic Drug Treatment development meetings	April 2011	CDP's IDTS lead
The CDP to have a representative on the Senior Operational leads meetings	April 2011	CDP's IDTS lead
The CDP to have representation on HMP Nottingham's Accountability Board	April 2011	CDP Director or representative.
The CDP to have representation on the Health Partnership Board	April 2011	CDP's IDTS lead
1.3 Performance.		
IDTS to be represented on the Criminal Justice Performance meetings	April 2011	Prison IDTS lead
IDTS to be represented on the Drugs Intervention Operational Meeting	April 2011	Prison IDTS lead
IDTS to be represented on the Integrated Offender Management Meeting	April 2011	Prison IDTS lead
Develop and implement an audit plan, including service user feedback.	April 2011	Prison IDTS lead
1.4 Workforce development.		
IDTS (CARATs and Healthcare) to conduct personal skills audit.	June 2011.	CARAT lead, Healthcare lead

Complete a work force development plan which considers the recommendations within the “Building Recovery in the Community” publication that is to replace the Models of Care	July 2011	CARAT lead, Healthcare lead
1.5 Service user and carer involvement.		
Continue the evolution of service user structures of involvement including joint work with carers where appropriate	Throughout year	SUCI Officer
Scope the possibility of developing volunteering opportunities for service users and carers	May 2011	SUCI Officer
Develop a thematic approach to carer involvement (e.g. involvement in treatment, carers own needs etc.)	May 2011 and throughout	SUCI Officer
Continue to develop the links with the visitors centre (PACT).	April 2011. and throughout the year	SUCI Officer PACT Lead
1.6 Information Governance.		
Continue to evaluate the Integrated IT system across the criminal justice system.	April 2011 and throughout the year.	CDP Drug Analyst
1.7 Needs assessment.		
Need Assessment completed. 2011/12 will be completed in 2 parts. (i) Data analysis of whole system and (ii) in-depth analysis. This will include IDTS.	(i) April / May 11 (ii) Sept –Nov 11	Drugs analyst Performance and Info Team

Other Comments/Updates:

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Planning Section 2: Maintaining and improving access to treatment

Please see checklist at Appendix 1 of the 2011/12 plan guidance for possible areas to include within this planning grid

Identification of key priorities following needs assessment relating to access to the drug treatment system:

2.1 Under-represented groups

Since August 2010 HMP Nottingham has taken 18-21 year olds on remand; during 2011/12 there will be an expectation that there will be a proactive engagement of this client group within IDTS alongside other under-represented groups such as specific BME communities and stimulant users.

2.2 Initial assessment and referral

From April 2011 the CARAT paperwork will change dramatically; the prison DIR and Activity forms will cease to be used, CARAT initial assessments will be based on the use of Node Mapping. A consequence of this is that Healthcare will not be filling in the first part of the DIR and the initial feelings are that Healthcare will not have the resources to assess by using Node Mapping on first night reception. The community DIR will continue to be used as a referral into the prison, but there are concerns over naïve presentations in the prison and also those that do not engage with CARATs. The Prison will hold monthly LINK meetings to consider all problems around referrals; the meetings will include representatives from all the local DIPs, CARATs and Healthcare.

2.3 Implementation of the Bradley Report.

Mental health problems may often be masked by the self medication of illicit substances; these mental health problems can often manifest themselves in prison when the prisoner has no access to their drug of choice or the substitute prescribing is not of sufficient quantity to mask the problem. As such the CDP support the move towards a closer integration and co-ordination of the management of dual diagnosis within the prison.

2.4 Non-PDUs

Current drug trends in the community suggest a shift away from the use of class A drugs especially amongst the younger population. As such there is an increased possibility of naïve drug users presenting within the Prison; therefore a robust referral protocol needs establishing for this population.

2.5 Integrated Offender Management (IOM)

The IOM scheme targets those offenders who are committing the most serious acquisitive crime and who are stuck in the revolving door of going in and out of prison. The IOM scheme is the umbrella for Prolific and Priority Offenders (PPO), Drugs Intervention Programme (DIP) and General Offender Management (GOM); whilst the first two areas appear to be working very well it is those offenders who fall under the GOM scheme that need to be concentrated on. An IOM Police officer will be based within the prison to target GOM clients and start working with them prior to release to concentrate on the pathways out of offending, this will include substance misuse.

Expected outcomes 2011-12:

- **An increase in the treatment of under represented groups**
- **A robust referral pathway between community and prison and vice versa**
- **An improved treatment journey for dual diagnosis prisoners**
- **An increase in the retention of non-PDUs in effective treatment**
- **A decrease in the number of prisoners returning to prison**
- **An increase in the number of prisoners who attain abstinence.**

Expected outcomes 2012-13 and 2013-14:

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Delivery Plan:

Actions and milestones	By when	By whom
2.1 Under-represented groups.		
To analyse and engage the number of under-represented groups and engage them with IDTS	Ongoing throughout the year	Prison IDTS Lead.
To use questionnaires to evaluate the treatment journey for under-represented group	Ongoing throughout the year	Prison IDTS Lead
2.2 Initial Assessment and referral.		
Continue to evaluate the Integrated IT system across the criminal justice system.(Ref 1.6)	Throughout the year	CDP drugs analyst
Monitor the number of naïve presentations as referrals to the community	Ongoing throughout the year	Criminal Justice Performance meetings
CJIT to attend monthly LINK meetings in the prison to identify and rectify any referral problems	April 2011	CJIT Managers
2.3 Implementation of the Bradley Report.		
To evaluate the viability of using the Care Programme Approach (CPA) within HMP Nottingham.	July 2011	Prison Healthcare lead

To ensure there is a robust referral process for referral to Dual Diagnosis treatment in the Prison	July 2011	Prison Healthcare lead
To ensure there is a robust referral process to community mental health providers.	July 2011	Prison Healthcare lead
To implement the development of personality disorder specific interventions.	July 2011	Prison Healthcare lead
2.4 Non-PDUs		
To ensure that all non-PDUs identified in the Prison are referred through the criminal justice system back to the community.	Ongoing throughout the year	CJIT, CARAT and Healthcare leads.
Continue to evaluate the Integrated IT system across the criminal justice system.(Ref 1.6)	April 2011 and throughout the year	CDP Drug analyst.
2.5 Integrated Offender Management (IOM)		
The appointment of the IOM officer for Nottingham(shire) within the prison	April 2011	OMU lead, Police
Closer liaison between the Police and the prison for early identification of prisoners who fit the criteria for IOM.	April 2011	Police, IOM Officer.
Develop protocols for joint working with the police (IOM Officer), Probation and IDTS.	April2011	Prison IOM Board

Other Comments/Updates:

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Planning Section 3: Delivering recovery and progress within treatment

Please see checklist at Appendix 1 of the 2011/12 plan guidance for possible areas to include within this planning grid

Identification of key priorities following needs assessment relating to recovery and effectiveness of the drug treatment system;

3.1 New Treatment Pathway

The new treatment pathway will ensure that local treatment provision will deliver the recovery and reintegration agenda set out in the Drug Strategy and will respond to findings of ongoing needs assessments. It is therefore essential that provisions are in place to include the prison within the treatment journey of recovery and reintegration.

3.2 Recovery Capital

In order to fully address drug use and support full integration into society and our local communities, treatment must work alongside other interventions to build on individual clients 'recovery capital'. As set out in the drug strategy this encompasses social capital (e.g. relationships), physical capital (e.g. money and somewhere to live), human capital (e.g. skills, mental and physical health, and a job), and cultural capital (e.g. values, beliefs and attitudes). The implementation of these interventions will either be initiated within the prison or continued as part of treatment started pre-custody. The prison has a commitment to provide all the interventions outlined within the recovery capital agenda and will work with community agencies to ensure effective delivery.

The partnership has identified significant risks posed by the proposed level of funding cuts to the Supporting People budget.

3.3 Harm Reduction.

Harm reduction interventions will continue to be provided as part of IDTS; it is essential that this client group are screened for BBV and offered vaccination or treatment as appropriate. It is also essential that this is offered to the families and carers of prisoners. Harm reduction alerts will be provided for prisoners leaving the prison to ensure that drug related deaths and serious or untoward incidents are avoided.

3.4 Family, Carers and Children.

Nottingham has demonstrable commitment to supporting whole families affected by drug use and in particular safeguarding the needs of children. Family's, carers' and children's needs are all considered within the new treatment pathway. Nottingham will take a Think Family approach through implementation of x guidance, including the appropriate involvement of family in a prisoner's drug treatment. The needs of children will remain paramount in the delivery of services through the hidden harm agenda. Whilst security across the prison estates precludes

families, carers and children being directly involved in a prisoner's drug treatment it is essential that interventions and support, including harm reduction, exists for the families, carers and children. Hidden harm will remain on the audit agenda and will form part of the desirable training for new IDTS recruits.

3.5 Self Help Groups.

Whilst Nottingham's Self Help Recovery Network has had a rapid development in responding to the needs of service users in the community there has been a slower response within the prison. Some groups do go into the prison at a reasonably frequent rate but it is desirable that self help groups become established within the prison; especially for diverse groups. It is essential that all prisoners are informed of self help groups that are available to them on release.

Expected outcomes 2011-12:

- **An increase in the number of prisoners who are discharged with suitable accommodation**
- **Where appropriate, an increase in the opportunities for discharged prisoners to engage with ETE.**
- **An increase in the numbers of family members, carers and children accessing support and relevant interventions in line with their needs including BBV interventions and advice**
- **An increase in the number of BBV interventions for prisoners.**
- **To establish self help groups within the prison; to consider self help groups for BME prisoners.**

Expected outcomes 2012-13 and 2013-14:

Delivery Plan:

Actions and milestones	By when	By whom
3.1 New Treatment Pathway		
To engage with local areas and key partners and explore how the recommendations within the new drugs strategy can best be implemented		
To ensure the correct level of support and a robust referral process is developed for prisoners who have achieved abstinence.		
3.2 Recovery Capital.		
To ensure that the triage assessment in the prison (node mapping) includes all the items within the recovery capital (housing, health, ETE, etc).	April 2011	CARAT lead
The CDP to have representation on HMP Nottingham's accountability board.	April 2011	CDP Director or a representative.
All new contracts to include requirement to provide volunteering and mentoring opportunities to service users / ex-service users in line with the 2009 Mentoring Strategy; this will include all ex-prisoners.	April 2011	Strategic and commissioning team CDP
3.3 Harm Reduction		

All prisoners on IDTS to be offered access to BBV interventions	April 2011	Healthcare leads
All BBV intervention information to be recorded on the integrated IT system to be shared with the relevant community providers	April 2011	Healthcare.
The prison to continue to have representation on the harm reduction strategy group.	April 2011	IDTS Leads
The prison to continue to receive national and local drug alerts	April 2011	CDP Harm reduction lead..
3.4 Family, Carers and Children		
Implement the Think Family strategy within the prison estate. Focussing on the recommendations made with regard to Prisons.		
BBV advice/interventions made available to family, carers and children via the visitors centre.	April 2011	Prison Healthcare leads.
General health advice to be delivered by healthcare to the Family, Carers and Children of prisoners who use the visitors centre	April 2011	Prison Healthcare leads.
Substance misuse intervention advice will be on display in the visitors centre to signpost Families, carers and Children to appropriate interventions	April 2011	Prison Healthcare leads. PACT leads
Parenting skills training to be made available to all prisoners prior to release.	June 2011	Prison OMU
Parenting skills and support to be made available to Families and carers via services holding workshops within the visitors centre.	June 2011	PACT leads
Explore new ways of supporting children affected by adults substance misuse following what ever happens to Empowerment Contract (update once have final position).		
All new staff involved with IDTS or the visitors centre to have safeguarding and hidden harm training, and regular refresher courses.	April 2011	CARAT lead Healthcare lead PACT lead.
3.5 Self-Help Groups		

Explore how “Self Help Nottingham” can make closer links with HMP Nottingham to offer prisoners support whilst in prison and post release.	April 2011	SUCI Officer.
To develop a full range of self help provision within the Prison i.e. facilitator led CBT, 12 Step, etc.	April 2011	Prison Strategic Drugs Development Meeting
To explore self help groups for Family and carers within the visitors centre.	April 2011	Prison Strategic Drugs Development Meeting
To elicit the views of diverse groups within the prison to explore the needs for specialist self help groups for IDTS prisoners.	April 2011	Prison IDTS Leads
To make community “self help” information available for all prisoners prior to discharge.	April 2011	SUCI Officer.

Other Comments/Updates:

Planning Section 4: Achieving outcomes and successful engagement in community treatment.

Please see checklist at Appendix 1 of the 2011/12 plan guidance for possible areas to include within this planning grid

Identification of key priorities following needs assessment relating to outcomes, discharge and exit from the prison drug treatment system:

4.1 New Treatment Pathway

The new treatment pathway is being commissioned to ensure that the recovery and reintegration agenda is achievable for Nottingham's client group; as such it is essential that those who have engaged in IDTS within the prison and have achieved a level of progress towards recovery are not abandoned on release from prison and can maintain their treatment journey back in the community. This can be achieved either via a referral through the Criminal Justice system or a direct referral to the new treatment pathway. This can only be achieved by having a robust referral process which builds and expands on the process that exists between the prison and CJIT.

4.2 Retention in IDTS and transferring to CARATS.

Since the inception of IDTS prisoners have had the choice of just accepting clinical support through medication and substitute prescribing or of accepting psychosocial interventions and onward referral to CARATs to accept further support and community referrals. This concept is now unacceptable as a treatment option within the guidelines of the recovery and reintegration agenda. It is to be hoped that the interventions applied within the prison will be the first step, for most; on the journey towards abstinence and that this work will continue beyond IDTS and be taken back into the community.

4.3 Successful engagement in the community.

Successful engagement with the community provider should start before the end of the prisoner's sentence. Currently those prisoners serving a sentence of less than 12 months are being retained in HMP Nottingham; those who are serving longer are being returned to HMP Nottingham for the last 3 months of their sentence prior to release. CJIT workers are currently performing in-reach work 2 days each week to engage all the referrals from IDTS, CARATs and Healthcare; it is essential that the CJIT workers complete joint release plans to engage prisoners on their release or to refer them into the new treatment pathway. The launch of the new integrated IT system will help with this work but it will require robust management.

Expected outcomes 2011-12:

- an increase in clients getting free from their dependency
- An increase in clients being reintegrated into society
- An increase in prisoners completing the IDTS programme
- An improvement in retention figures for IDTS
- Higher numbers leaving Prison and accessing the new treatment pathway

Expected outcomes 2012-13 and 2013-14:

Delivery Plan:

Actions and milestones	By when	By whom
4.1 New Treatment Pathway.		
A continuation of the ongoing development of referral pathways out of prison into the new treatment pathway		
Develop protocols between the prison and the new treatment pathways		
To implement the recovery agenda where appropriate in the prison	May 2011	Drug treatment review meeting
4.2 Retention in IDTS and referral to CARATs		

To conduct regular joint (CARAT and Healthcare) prisoner reviews to evaluate the necessity of continuing substitute prescribing for individual prisoners.	Ongoing	CARAT Healthcare Leads
To implement the recovery agenda with regard to abstinence, amongst the prisoners who are sentenced to longer than 12 months.	Ongoing	CARAT Healthcare Leads
To increase the number of prisoners who exit IDTS and continue their treatment journey through CARATs	Ongoing	CARAT Healthcare Leads
To encourage and motivate prisoners to attend the IDTS 28day psychosocial interventions.	Ongoing	CARAT Healthcare Leads
4.3 Successful engagement in the Community.		
To develop robust release planning incorporating the CJIT in-reach workers.	April 2011 and throughout the year	CJIT, CARAT and Healthcare Leads
Continue to evaluate the Integrated IT system across the criminal justice system.(Ref 1.6)	April 2011 and throughout the year	CDP Drug analyst.

Other Comments/Updates:
