

IDTS treatment plan 2011/12

Part 1: Strategic summary, needs assessment and key priorities

The strategic summary incorporating the findings of the needs assessment, together with local partnership ambition for effective engagement of drug users in treatment.

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Chair, partnership name	Chair, adult joint commissioning group

Nottingham City IDTS Treatment Plan

2011/12

Strategic Summary, needs assessment and key priorities

1. Introduction

1.1 Nottingham is committed to the delivery of the National Drug Strategy 2010 at a local level and the Nottingham City IDTS Treatment Plan for 2011/12 will be our key mechanism for building recovery in HMP Nottingham and the continuity of recovery back into the community.

1.2 The 2011/12 IDTS Treatment Plan is owned by the Responsible Authorities and signed off the Partnership Board.

1.3 The Integrated Drug Treatment System (IDTS) is fully embedded within HMP Nottingham since it was successfully implemented in June 2007.

1.4 It is acknowledged locally by key partners and lead organisations as being critical in supporting the end-to-end delivery of the recovery journey of substance misusing offenders within the Criminal Justice System.

1.5 Through IDTS, HMP Nottingham supports the delivery of the key outcomes in relation to improving the recovery journey for prisoners and improving the outcomes for their families and the wider community

2. Overall direction and purpose of the partnership strategy for drug treatment

2.1 Drug Strategy 2010 'Reducing Demand, Restricting Supply, and Building Recovery: Supporting People to Live a Drug Free Life'.

The national Drug Strategy is the framework for all activity to address drugs and deliver 'system wide reform' through a 'fundamentally different approach to tackling drugs' and will be supported by further detail to be set out by specific Government Departments.

The strategy sets out the Governments response to tackling drugs and addressing alcohol dependence through reducing the supply of drugs and drug-driven crime, while reducing demand and helping those who do use drugs to become drug free.

The strategy has two overarching aims to:

- Reduce illicit and other harmful drug use; and
- Increase the numbers recovering from their dependence

The strategy responds to the changing shift in the profile of drug use nationally; acknowledging the need to address drugs other than heroin and crack cocaine, in particular 'legal highs', prescription and over-the-counter medicines, and also in addressing alcohol dependency.

As with Government policy in other areas the strategy sets out a shift in power and accountability from central Government to local areas, particularly through new Police & Crime Commissioners, NHS reform and Public Health England. Local areas will need to respond to the strategy and design and commission services to meet the needs of the local community.

The work set out within the strategy is structured around three themes:

- Reducing demand
- Reducing supply
- Building recovery in communities

The IDTS Treatment Plan sets out our local response to the strategy in relation to building recovery in the prison and back out into the communities.

2.2 Building Recovery in Communities

Models of Care, the national commissioning framework for drug treatment, is due to be replaced and the new Building Recovery in Communities (BRiC) framework 2011. This will be fully considered in finalising the IDTS Treatment Plan.

2.3 The overall direction and purpose of the IDTS strategy for drug treatment in 2011/12.

HMP Nottingham's IDTS Drug Treatment Plan is part of the overall drug treatment strategy for Nottingham City and consistent with the Nottingham Crime and Drugs Partnership's recovery strategy. The treatment plan also contributes to the Nottingham Plan to 2020 (Sustainable Communities Strategy). The treatment plan will contribute to the following outcomes.

- To prevent and reduce the harm caused by substance misuse, particularly amongst the most at risk: Children, young people and families.
- To motivate and support those people who do have substance misuse problems to embark on the recovery agenda.
- To enable all those with substance misuse problems to have the capabilities and skills to reintegrate back into the general community and contribute to society.

2.4 Health Service Reform

The consultation period for the public health white paper 'Healthy Lives, Healthy People' has been extended to March 31st. The document sets out the Government's long-term vision for the future of public health in England. Commissioning of drug treatment is likely to sit under the remit of public health.

Additional health service reforms include Public Health England and the NHS Commissioning Board, GP Consortia, and Health and Well-Being Boards and the Pooled Public Health Budget.

The partnership will need to agree responsibility and accountability for substance misuse commissioning within these new health commissioning structures.

2.5 JSNA

There are several JSNA chapters that we have contributed to in order to ensure there is clear planning and prioritisation of drug users across the wider strategic plans. It is essential that individuals, families and local communities affected by drugs retain a focus across the partnership. This will be achieved by cementing Joint Commissioning arrangements based on the recommendations within the JSNA.

www.nomadplus.org.uk/pz/jsna

2.6 HMP Nottingham's demand for substance misuse intervention.

2.6.1 In March 2010 HMP Nottingham became a community prison serving and releasing to Nottingham City, Nottinghamshire, Derby City and Derbyshire. The capacity for prisoners increased from 550 prisoners to a maximum of 1060 prisoners.

2.6.2 As a community prison it is intended to release all prisoners who are resident in the four areas to be released from HMP Nottingham. Those prisoners serving sentences of less than 12 months will complete their sentences within HMP Nottingham; those prisoners who are serving sentences greater than 12 months will be returned to HMP Nottingham prior to release.

2.6.3 The development of current delivery arrangements has matched the increased prison population and the demand for interventions. Alongside this there has been an increase in community in-reach to link the prison and the community.

2.6.4 Considering the increase in the prison population the percentage the demand for IDTS remains at approx 20-25%; this figure represents those who are accessing substitute prescribing. There needs to be a pro-active assertion of IDTS as part of a recovery journey to engage other drug and alcohol users. The treatment plan reflects the need to engage beyond the PDU population.

3. Demographic issues;

As with previous years it has been identified that there are certain demographic groups are not engaging with IDTS,

3.1 Since August 2010 HMP Nottingham has been taking Young people, 18-21 year old, whilst they are on remand. This group tends not to use Class A drugs and as such risk being overlooked. The treatment plan recommends a pro-active approach to engage this group

3.2 Black and Minority Ethnic Groups (BME) are over represented within the prison, but under represented on IDTS. As in past years it is considered a priority to engage these groups in questionnaires to establish the barriers to them accessing interventions.

3.3 Other drug users (non PDU), the treatment plan identifies this group and recommends that IDTS is offered to all those non PDUs as a psychosocial intervention.

4 The improvements to be made in relation to the impact of treatment in terms of its outcomes which will deliver improvements in;

4.1. A significant gap highlighted through the Treatment System Review was a need to improve social functioning and integration/re-integration, with a lack of clear wraparound provision for all drug users, and a gap in aftercare/continuing care provision for drug users who have achieved some stability in their drug use (including those who are stable on a script). The introduction of partnership agencies working within the prison to deliver these services is going some way to alleviate the risks

These changes to the treatment system will be outcome focused, concentrating on supporting clients to address social problems and integrate/re-integrate into society. They will also support clients as they exit from the treatment system looking at their long term support needs in order to sustain positive outcomes.

Relapse prevention packages will be a core component of continuing care provision and will ensure that the positive gains of treatment are maintained in the long term. Prisoners are offered a relapse prevention/ harm reduction package prior to release and are linked with a community worker.

5. Offending and criminal involvement

5.1 Evidence shows that there is a direct reduction in drug related crime as a result of meaningful engagement in treatment. Therefore the Treatment Plans overall objective to increase the number engaged in and having positive outcomes of treatment through increased effectiveness of the treatment system will contribute to a reduction in offending and criminal involvement.

5.2 By placing a high strategic focus on the further integration of treatment and offender management across the prison and community and through the Adult Offender Team model, the partnership aim to provide more effective end to end management of drug using offenders. This will maximise treatment outcomes for this client group and in turn will contribute to further reductions in offending and criminal involvement.

5.3 The introduction of prison based Integrated Offender Management Officers (IOM) for the early identification of repeat offenders who are serving less than 12 months will ensure that interventions incorporating the pathways out of offending can start prior to release and be continued back into the community.

6. Likely demand

As acknowledged, heroin and crack use is decreasing in Nottingham City. This is reflected in the significant increase in Other Drug Users in effective treatment. Demand for treatment from other drug users is likely to continue to increase over the next three years. IDTS should be delivered flexibly to respond to all types and patterns of drug use, including secondary alcohol use.

7. Key Priorities for developing drug treatment in HMP Nottingham during 2011/12

- To continue to develop the governance of IDTS as part of the recovery agenda via the Drug Treatment Development Meetings and the DIP Performance meetings
- To install the Carepath integrated treatment data system within the prison and Nottingham AOT.
- To ensure wider healthcare needs are met including mental health interventions

- To develop systems that research why IDTS is not attracting BME prisoners.
 - Delivers interventions in line with clinical guidelines, the BRiC framework and the new Drug Strategy
 - Provides volunteering opportunities including mentoring and peer support
 - Addresses the full range of drug use identified locally, including secondary alcohol use
 - Continues to deliver harm reduction interventions as part of the public health agenda
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- We will continue to commit to a Think Family approach to commissioning and service delivery and will place the needs of children as paramount in the delivery of services through the hidden harm agenda.
 - We will improve governance across the whole treatment system through implementation of a robust clinical governance framework focused on minimum standards, roles and responsibilities and information pathways. This will include safeguarding.
 - We will support delivery of an effective and efficient treatment system through a skilled and motivated workforce, setting clear minimum standards of workforce competence and core skills. The workforce will be developed to promote a culture of ambition and a belief in recovery.
 - We will continue to include Service User and carer involvement as a central spoke in the full Treatment Plan and will include consultation and communication at a local, regional and national level.
 - We will improve the way in which we monitor and performance manage the drug treatment system through a move to a new system of outcome monitoring from service provider to Board level.