



Strategic Summary and key priorities for Gloucester HMP 2008/09

1.0 Introduction and Direction of Strategy

This strategic summary is written following the guidance issued by the National Treatment Agency (NTA) and HM Prison Service. The document will outline the overall direction and purpose of the prison strategy for the delivery of drug treatment; the likely demand for drug treatment interventions and findings from the needs assessment. The Strategy is underpinned by principles of developing harm reduction services in the prison by the developing substitute prescribing where appropriate alongside psychosocial interventions. The principles of harm reduction will not prevent any inmate receiving abstinence based services when these are needed and appropriate. This principle reflects the Gloucestershire Adult Drug Treatment Summary and Strategic Plan 2008/9 and serves as a basis for both strategic and clinical decision making based on the Models Of Care framework for Drug Treatment.

The document will outline and support development of treatment services which can impact on the individual drug user's health and social functioning; lowering public health risks from blood borne viruses and overdose and the priorities for developing these in 2008/09. All IDTS services in Gloucester HMP will work towards these goals.

- 1.1 The summary is a joint document written between PCT and DAAT Commissioners, The Drug Strategy lead and Health Care Lead for the Prison.

We have been assisted in this process by colleagues in the Gloucester Prison drug treatment system and the Gloucestershire PCT. and have consulted with the Treatment and Planning Group who monitor community treatment services for Gloucestershire including service users and carers. We have consulted extensively with the Regional IDTS lead for NTA.

- 1.2 The governance commissioning and performance management of IDTS is through a combination of Gloucester HMP Partnership Board and Gloucestershire Safer and Stronger Communities Partnership (GSSCP) and.
- 1.3 The summary acknowledges both the success of making IDTS Clinical Services operational and some of the pitfalls encountered. There are difficulties in projecting activity, need and demand for IDTS Clinical Services in particular as there is limited data and activity to draw on. It is also clear that the successful implementation of IDTS in other local prisons will impact on levels of activity due to difficulties in transferring prisoners on when they are in receipt of clinical treatment.
- 1.4 The Local Management Group (LMG) and IDTS Steering Group will work in 2008/09 to develop a fully integrated psychosocial and clinical programme for IDTS. This will ensure that all prisoners received at Gloucester who are problem drug users (PDU) receive the right level of care package and treatment for their needs in line with prison health and safety. The LMG and the IDTS Steering Group are committed to meet regularly to monitor and measure performance and helping to ensure the right levels of clinical and psychosocial treatment.
- 1.5 The Needs Assessment process will continue through 2008/9 and inform the monitoring and provision of drug treatment in the prison. This process will be informed by local knowledge of service users in the community of Gloucestershire that have received IDTS services whilst in Gloucester HMP.

2.0 Demand for Drug Treatment Interventions

Projected need for 2007/08 before the implementation of clinical IDTS estimated that 780 prisoners would need clinical input. This number has been revised to 750 for 2008/09 based on activity to date.

- 2.1 The needs assessment indicates a high level of drug use by inmates prior to admission including 78% admitting to drug use at any time. Importantly 56% of the snapshot undertaken this year admitted problematic drug use of a type requiring treatment and this has been backed up by 126 prisoners accessing IDTS clinical in the first two months of operation.
- 2.2 Psychosocial drug treatment services are mainly delivered through the 10 accredited packages in the 28 Day psychosocial programme guidance. Staff form psychosocial and clinical IDTS are now co located and working together to integrate the clinical and psychosocial aspects of IDTS.
- 2.3 Blood borne virus (BBV) testing and treatment are a priority for Prison, PCT and DAAT. A brief survey was undertaken by an IDTS doctor between March and June 2007 which showed that 80% had already been vaccinated for Hepatitis B, 40% screened for Hepatitis C. in the drug treatment population being treated under Healthcare. The current statistics for Hep B vaccination is between 6-11% of the overall prison population. This is thought to be an under representation of the vaccination activity and is a key priority for accurate recording in 2008/9
- 2.4 Measuring the effectiveness and outcome of drug treatment in prison can be difficult with the degree of transfer that occurs between prisons. However the Clinical and psychosocial teams are working toward measuring outputs effectively and ensuring the continuity of care for those prisoners coming from the community on community prescriptions and successful release to the community with their IDTS prescriptions.

3.0 Key Priorities for Developing Drug Treatment

3.1 After 6 months of IDTS clinical activity it is unclear how demand will develop. The IDTS Treatment Plan for 2008/9 will be based on projections of these activity figures. The clinical team will work to targets agreed and the LMG will monitor this on behalf of GSSCP and Prison and PCT Partnership Board

3.2 The Clinical and psychosocial teams will build on the integration established via co-location. Clinical Governance arrangements and their scrutiny will be a priority.

The PCT Governance lead who has asked Gloucestershire Partnership Trust to provide this as the specialist provider for substance misuse.

3.3 Continuing the vaccination and testing of inmates against Hepatitis B and providing testing will be a priority. The recording of information on this will also be a focus to ensure that staff's work is captured routinely and in a timely way.

3.4 Monitoring of the effectiveness of prescribing will continue with an emphasis on getting the balance right between methadone and subutex. The GSSCP and Prison Partnership Board acknowledge that substitute prescribing is still new to Gloucester HMP.

3.5 The clinical team will monitor and work closely with prison staff to monitor the effects of receiving substitute prescribing on the transfer of inmates. This is particularly relevant to Welsh residents and English areas where DIP teams and SPOC are not functioning to allow return of service users with a prescription.

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On behalf of Local Management Group
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