Establishment: HMP Belmarsh
Drugs partnership: Greenwich
Primary Care Trust: Greenwich

Integrated drug treatment system
Treatment plan 2009/10

Part 1: Strategic summary, needs assessment and key priorities

The strategic summary incorporating the findings of the needs assessment, together with prison performance expectations (Part 2), the planning grids (Part 3), and the funding and expenditure profile (Part 4), have been approved by the Prison/Primary Care Trust Partnership Board and by our respective governance structures and represent our collective action plan.

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<th>Prison Governor</th>
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<td>Chair, Drugs Partnership</td>
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HMP Belmarsh is a 920-cell space, Category A local prison, situated in Thamesmead, serving the Crown and Magistrate courts of London and Essex. The prison receives remanded and sentenced adult males and category A prisoners from across the country. Greenwich PCT manages the healthcare service within the prison and commissions the substance misuse service from the Seagrave Trust.

The development of IDTS at Belmarsh will enable an expansion of drug services through a primary care model. Clinical protocols will be developed in line with DH guidance that will increase the number of prisoners offered a maintenance prescription rather than detoxification as a means of managing their drug treatment in prison.

IDTS implementation will create an opportunity to expand the capacity and skill of the Healthcare team to work with drug users; prison healthcare, the clinical drug treatment team and the CARAT team will form a single treatment system with shared care arrangements, clear protocols for joint working and arrangements made for co-location of key staff within the treatment system, shared clinical meetings, and group work with prisoners.

IDTS will provide an opportunity to improve the prevention, early detection and management of infections caused by blood borne viruses by increasing the coverage of Hepatitis B vaccination, increasing the routine uptake of screening for hepatitis C among all prisoners with problematic drug or alcohol use and through the further development of care pathways for those identified with Hepatitis B or C infection. This will be delivered through enhanced training for healthcare staff, the implementation of protocols for vaccination, screening or treatment and by ensuring that the healthcare and discipline systems at Belmarsh work together to enable harm minimisation intervention to be delivered as a priority.

Around half of the average daily population of 900 prisoners in Belmarsh are admitted under remand. The number of admissions in 2005 was around 4800: average length of stay was short with a quarter of prisoners staying less than a month and 24% of sentenced prisoners receiving a sentence of less than 6 months. There is an ongoing trend of more people being admitted and staying a shorter time. Release planning will be an essential element of the treatment journey including the provision of advice and information to prisoners about the risks of drug related death through overdose. In addition to the established naltrexone policy a re-toxification policy will also be developed to use as appropriate.

It is essential that the IDTS clinical team establishes good links with community treatment services in order to facilitate discharge arrangements from the first day that prisoners come into Belmarsh. Remand prisoners present a particular challenge as they may be released from court with little or no notice. As a minimum requirement these prisoners will be given information about how to access services in their local area and local DIP teams will be informed of court dates, in preparation for a possible immediate release.

All staff working with substance users will be encouraged to visit community drug services and will be expected to have close working relationships with the DIP team, and all new staff will be required to visit local services as part of their induction.
The project board views the involvement of service users in shaping strategy, informing decision making and providing feedback on the effectiveness of services as essential. Service user involvement within the community drug and alcohol sector has made substantial progress over the past 2 years and we will use the learning from the community to develop the involvement of service users in Belmarsh IDTS.

Communication about the benefits of IDTS and consultation about the implementation of IDTS at Belmarsh is key to the success of the project. Effective methods of raising awareness about IDTS throughout the prison establishment will form a key part of the implementation plan, together with opportunities for prison staff to discuss IDTS at team meetings and through training.

The likely demand for drug treatment interventions This section should identify and consider the differential impact on diverse groups within the establishment and ensure that the overall plan contains actions to address negative impact.

Harm reduction interventions
The provision of HBV vaccinations and HCV screening is planned to increase with the additional IDTS workforce. The growing crack and heroin poly drug using population in the community is likely to generate increased demand for harm reduction interventions in the prison, as this group has higher rates of risky injecting behaviour. This will lead to identification of a higher number of individuals requiring support and treatment. Needs of partners of individuals who are HCV + must be taken into consideration, as will the importance of gaining consent to share information with community GPs.

Substitute prescribing
There is an expectation that the number of prisoners receiving maintenance prescribing, rather than detox will increase steadily under IDTS. Support will be needed to assist individuals in selecting an appropriate option, balancing individual choice with clinical need, with particular attention paid to the needs of prisoners with complex co-existing problems such as drug use and mental health problems or physical health needs.

Stimulant use
There will be increased capacity of psychosocial interventions under IDTS, with more treatment options available for stimulant users. In the development of individual and group psychosocial intervention, consideration will be given to meeting a diverse range of needs.

Diverse groups
The differential impact of IDTS treatment on diverse groups will be addressed through monitoring arrangements and clinical audit, and through attention to ensuring that the views of diverse groups are sought through feedback from prisoners and their families.

Key findings of current needs assessment This should be a brief summary that includes the prevalence of drug treatment needs within the establishment, the care pathways in operation, the characteristics of met and unmet need, attrition rates and treatment outcomes. The full needs assessment report should be submitted with the IDTS plan.
A prison health care needs assessment was carried out in February 2007, which updated an earlier needs assessment and looked at the substance use needs of prisoners in Belmarsh.

During 2005/6, 1109 prisoners were prescribed treatment for drug dependence, accounting for 23% of all prison admissions over one year. The needs assessment found that options for maintenance treatment programmes for prisoners on remand and service short sentences were very limited.

Coverage of Hepatitis B vaccination is low and far from target. There is currently no target for Hepatitis C screening, but numbers screened are also low. The capacity to administer vaccines and undertake screening in the prison health care service needs to increase.

During primary and secondary health care screening all prisoners are asked about drug use and those declaring a drug history are referred to the clinical specialist team provided by the Seagrave Trust. Clinical protocols are available for GPs to start prisoners' prescribing regime on their first night. Detoxification currently takes place in the house blocks supervised by a healthcare nurse, with weekly assessments provided by a specialist clinician (or more frequently where a person has complex needs). The lack of a dedicated area for prisoners who are stabilising or detoxing and the lack of a dedicated post detoxification facility was noted as a key gap in the 2007 needs assessment which also observed that a problem with the current model of care is that the substance use services are not managed by the health care department, leading to a situation where the health care centre is little aware of what is happening within the substance use services and creating a barrier to providing integrated primary health care to prisoners.

All prisoners with drug dependence are referred to the CARAT service. CARAT workers formulate a care plan and a brief release plan with the prisoner in cooperation with a worker from the DIP team and work with prisoners during their stay in prison.

The Wilson Centre provides day care activities for people with drug and alcohol problems, jointly run by CARAT workers and substance use service prison officers. Each month around 25 prisoners start a 4-week course at the Wilson Centre, representing around 300 people per year. Activities include group work, access to acupuncture and physical activities (gym) and creative writing workshops.

The needs assessment noted that more structured offender behaviour programmes specifically tailored to drug and alcohol users were needed within the prison.

Links between the Greenwich DIP team and Belmarsh Prison have been strengthened over the last year. Each prisoner treated for drug use is referred to the DIP team in their borough of residence so that arrangements can be made for contact following release from prison. Firmer arrangements are required for the support of high risk prisoners with complex needs to ensure they are re-engaged with community services.

Improvements to be made in relation to the impact of treatment in terms of its outcomes This should cover improvements in individual drug user’s health and social functioning, lower public health risks from blood borne viruses and overdose, and improvements in community safety.

A lead for blood borne virus control in primary healthcare will be created to ensure the implementation of protocols for vaccination and screening for blood borne viruses.
Closer work with specialist mental healthcare service in the prison to develop protocols for working with dual diagnosis clients

To ensure that there is continuity of care between prison and the community, procedures will be developed for information sharing and joint work between DIP and prison staff. DIP workers at Court and in the Police Custody suite who become aware of offenders going into Belmarsh will inform them of services available in the Prison and contact CARAT to pass on relevant details. DIP workers will be involved in release planning and attend the Prison to speak to pre release groups. There will be a presumption that all IDTS clients leaving Belmarsh will go through a DIP gateway into structured treatment or aftercare and CARAT will ensure that all eligible people are referred to DIP.

Where people are identified as being at particular risk the Prison and DIP will include arrangements for an escort to their initial assessment in the release plan.

Remand Prisoners present a particular challenge as they can be released with very little notice. DIP will work with CARAT and the Prison to try and ensure that these prisoners have information on relevant services whenever they are released.

DIP, CARAT and Prison staff will work closely with housing services inside and outside the Prison to ensure that release plans take account of housing need and housing advice is available to Prisoners who are part of IDTS.

Key priorities for 2009/10 – which should cover commissioning, drug treatment effectiveness, harm reduction, workforce, continuity of care on release, user and carer involvement

Effective implementation of the IDTS service model at Belmarsh, in line with the project implementation plan and service model

Improve the quality of drug treatment at Belmarsh, including greater access to maintenance treatment programmes and to harm reduction intervention and advice.

Create clear structures for the commissioning and performance management of substance use services

Undertake the re-commissioning of the clinical drug and alcohol service, to meet the needs of the prison population and the requirements of IDTS

Development of user involvement in line with good practice already taking place in the prison and the community: consideration will be given to the involvement of service users at all levels, including commissioning, development and monitoring of services.

Staff within the Prison will need a good knowledge of services available in the community in order to refer appropriately and encourage engagement from Prisoners on release. To facilitate this DIP will host visits to community services by CARAT, Prison and Healthcare staff. A flow of information between the Prison and the community will be key and DIP staff will be far more evident within the Prison, attending pre release group meetings and regularly attending team meetings in Belmarsh. Please expand the box as required