HM PRISON SERVICE
Public Sector Prisons

DH Department of Health

Prison Health
Wellington House
133-155 Waterloo Road
London
SE1 8UG
Tel: 020 7972 2000
Fax: 020 7972 4881/1389

Gateway reference 6779

NOMS Management Board
Prison Service Management Board
Regional Offender Managers
SHA Chief Executives
PCT Chief Executives
PCT Prison Leads
SHA Prison Leads
Prison Service Area Managers
Prison Governors
Prison Healthcare Managers
CSIP Regional Leads
Area Chief Probation Officers
Managing Directors contracted out prisons
NTA
Regional/SHA Prison Health Leads
Chief Executives Prison Drug Treatment Provider Organisations.
Prison Service Area Drug Co-ordinators

28 July 2006

Dear Colleague

Re: Integrated Drug Treatment System for Prisons (IDTS) Budget – 2006/07

I am writing to inform you that funding has been approved for the development of an Integrated Drug Treatment System (IDTS) for 18 year-olds and over, within a number of prisons in England and Wales. The funding is to improve the clinical and psycho-social services for substance misusers in prisons and this letter sets out my expectations in terms of delivery at local level.

Prison clinical drug services have, to date, often been under-resourced and have delivered inadequate or inappropriate clinical treatment practices, particularly with regard to substitute prescribing, incorporating maintenance.. In many prisons, there have often been poor links between prison Counselling, Assessment, Referral, Advice and Throughcare Services (CARATs), clinical services and community treatment. IDTS aims to increase the volume and quality of treatment available to prisoners, with particular emphasis on early custody, and will start to address better integration between clinical and CARAT Services and reinforce continuity of care between prisons and on release into the community.

Key elements of the IDTS are:

- better treatment for people in prison linked to National Treatment Agency (NTA) Models of Care and the NTA's effectiveness strategy, offering a range of

effective needs-based interventions, realistic treatment opportunities, including to remain drug free;

- improved clinical management with greater use of maintenance prescriptions and the number of treatment/stabilisation programmes in the first wave prisons in 2007/08;
- intensive CARATs support during the first 28 days of intense clinical management, for all patients;
- greater integration of drug treatment generally but a particular emphasis on clinical and CARATs services, with the objective of creating multi-disciplinary teams;
- better targeting of interventions to match individual need;
- raising of standards more comprehensively to National Treatment Agency Models of Care levels to ensure that following triage and comprehensive assessment, a range of fully co-ordinated and structured services is available; and
- strengthening links to Community Services including Primary Care Trusts, Criminal Justice Integrated Teams (CJITs), Drug Treatment providers etc.

To support these developments two documents have been produced:

- *Clinical Management of Drug Dependence in the Adult Prison Setting* describes how clinical services for the management of substance misusers in prison should develop during the next two years as increasing resources permit. The aim is to address the current challenges facing the care and treatment of substance misusers in prisons. This guidance is an addendum to Prison Service Order 3550; and
- *Integrated Drug Treatment System The first 28 Days: Psychosocial Support. First wave model.* This describes how psychosocial (CARAT) services will be delivered during the first 28 days of custody under the Integrated Drug Treatment System, as funding permits.

These documents will be published shortly and will be available on www.hsccjp.csip.org.uk or from the DH publications order line on 08701 555455.

The criteria for the selection of the first wave prisons are as follows:

- an initial group representative of key categories of prison that also have varying degrees of service development in the prisons and principal community drugs team
- the prisons that these feed into or are fed by (including contracted prisons), to ensure continuity of care;
- additional prisons were added
    - to ensure that most English Regions have a minimum of one local prison in the first wave
    - other prisons identified from a clinical perspective as benefiting from an early implementation of IDTS.

PCTs with nominated prisons within their boundaries will receive ongoing funding from July 2006; National Offender Management Service Funding for 2006/07 will be allocated by the Prison Service National Drug Programme Delivery Unit (NDPDU), including funding for contracted prisons. Care Service Improvement Partnership (CSIP) Regional Development Centres and NDPDU will be working together to support local implementation. CSIP & NDPDU will report regularly on progress to a project steering group.

The available funding will enable the roll-out of enhanced clinical services in 45 prisons matched by roll-out of enhanced psycho-social services in 17 prisons. In the

first instance therefore IDTS will only be rolled-out in full to 17 prisons. It had been hoped to roll-out IDTS simultaneously in the 45 prisons but I considered it important not to delay implementation of clinical services in all prisons on the first wave list. Once the NOMS funding picture becomes a little clearer I will make a further announcement on our plans for IDTS roll-out. I include a list of the prisons in Annex A.

Local Crime and Drugs Partnerships will also be integral to the planning and delivery of clinical drug treatment in prisons. IDTS commissioning plans will be jointly agreed with these Partnerships. Additionally, such Partnerships oversee the Drug Interventions Programme and wider community-based provision, which need to be aligned to ensure continuity of care for drug users as they enter and leave prisons.

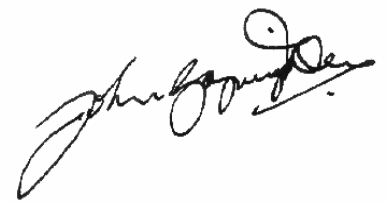
It is intended that the DH IDTS funding will be spent on the development of clinical drug treatment within prisons in the given Partnership area, to support delivery of the Government's integrated prison drug treatment system. The allocated funding will have a separate budget line and, as with community drug services, NHS commissioners and providers will be performance monitored by Strategic Health Authorities. Local Drug Action Team (DAT) partnerships will be performance monitored by the National Treatment Agency.

Although being sent to PCTs, it should be viewed as partnership money to be spent on implementation plans, jointly agreed between the PCT Chief Executive, Chair of the Drugs and Crime Partnership (or DAT) and Prison Governor(s), all of whom are required signatories for the plans and whose funding streams also need integrating into this plan. The initial needs assessment and resulting planning processes should be a partnership endeavour. Delivering an effective integrated prison drug treatment system will necessitate bringing together, into a joint plan, existing clinical and psychosocial services and proposals arising from new DH and NOMS funding, Support for development of such plans will be provided by NTA Regional Teams. Plans will be assessed by regional IDTS Steering Groups that will include NTA Regional Teams, CSIP, SHAs and Regional Offender Managers.

It has not been possible to fund the development of IDTS in all prisons this year. It is hoped that the programme can be expanded further in the next financial year. We are aware that those prisons not funded may wish to adopt some of the good practice from the clinical and psychosocial support documents. However, I wish to draw some important requirements to your attention should the prison/PCT partnership decide to progress in this manner:

- the use of evidence-based interventions that can be undertaken safely and appropriately with the current level resourcing;
- The operational implications on the prison and those prisons that receive prisoners from it:
    - impact on regime,
    - safety of prisoners,
    - the capacity of a receiving prison to continue an intervention initiated in the first prison
- continuity of care on release from custody;
- any new commissioning will be agreed with Local Crime and Drugs Partnerships; and
- such arrangements will also be reflected in the NTA treatment plan.

I am aware that in some regions, local discussions and early preparation are already well advanced. If you are not already involved we would encourage you to make contact with either the appropriate CSIP RDC lead, or with NDPDU - contact details are attached for ease of reference (Annex B).



John Boyington
Director of Health and Offender Partnerships

Annex A

Roll-out of IDTS

1. Full Roll-out of IDTS TOTAL 17

Prison	Prison Area	PCT
Doncaster	Contracted	Doncaster Central
Foston Hall	East Midlands	Derbyshire Dales & South Derbyshire
Nottingham	East Midlands	Nottingham City
Ranby	East Midlands	Bassetlaw
Chelmsford	Eastern	Chelmsford
Wormwood Scrubs	London	Hammersmith & Fulham
Low Newton	North East	Durham & Chester-le-Street
Styal	North West	Eastern Cheshire
Dorchester	South West	South West Dorset
Eastwood Park	South West	South Gloucestershire
Gloucester	South West	West Gloucestershire
Highdown	Surrey & Sussex	East Elmbridge & Mid Surrey
Bullingdon	Thames Valley and Hampshire	North East Oxfordshire
Birmingham	West Midlands	Heart of Birmingham
Featherstone	West Midlands	South Western Staffordshire
Hull	Yorkshire and Humberside	Eastern Hull
Moorland (Closed & Open)	Yorkshire and Humberside	Doncaster East

2. Roll-out of clinical element of IDTS TOTAL 28

Prison	Prison Area	PCT
Brixton	London	Lambeth
Stafford	West Midlands	South Western Staffordshire
Onley	East Midlands	Daventry & South Northamptonshire
Rye Hill	Contracted	
The Mount	Eastern	Dacorum
High Point	Eastern	Suffolk West
Edmonds Hill	Easterm	
Wayland	Eastern	Southern Norfolk
Coldingley	Kent, Surrey & Sussex	Woking
Blundeston	Eastern	Waveney
Acklington	North East	Northumberland Care Trust
Durham	High Security	Durham & Chester-le-Street
Lindholme	Yorkshire & Humberside	Doncaster East
Everthorpe	Yorkshire & Humberside	East Yorkshire
Wolds	Contracted	East Yorkshire

Prison	Prison Area	PCT
Deerbolt	North East	Durham Dales
Northallerton	Yorkshire & Humberside	Hambleton & Richmondshire
Guys Marsh	South West	North Dorset
Dartmoor	South West	South Hams & West Devon
Erlestoke	South West	Kennet & North Wiltshire
Wealstun	Yorkshire & Humberside	Leeds North East
Haverigg	North West	West Cumbria
Stocken	East Midlands	Melton, Rutland & Harborough
Ashwell	East Midlands	Melton, Rutland & Harborough
Sudbury	East Midlands	Derbyshire Dales & South Derbyshire
North Sea Camp	East Midlands	East Lincolnshire
Lowdham Grange	Contracted	Newark & Sherwood
Standford Hill	Kent, Surrey & Sussex	Swale

Annex B

Contact List
Care Service Improvement Partnership Regional Development Centres

Contact Details for the lead person on the Health and Social Care in Criminal Justice programme.

CSIP RDC	Lead/Contact	Tel	Email
Eastern	Rob Jayne	07887 636807	Robert.Jayne@nemhpt.nhs.uk
East Midlands	Carl Finch	01623 812 934	Carl.Finch@eastmidlands.csip.nhs.uk
London	Sean Duggan	0207 307 2439	sean.duggan@londondevelopmentcentre.org
North East Yorkshire and Humber	Angela O'Rouke	07970 908 124	angelaorourke@btinternet.com
North West	Simon Rippon	0161 351 4920	simon.rippon@nimhenorthwest,org.uk
South East	David Crawley	01256 376 322	david.crawley@sedc.nhs.uk
South West	Ruth Shakespeare	01179003535	Ruth.shakespeare@gosw.gsi.gov.uk
West Midlands	David Williams	07762 059966	David.williams@csip.org.uk

National Clinical Advisors

Dave Marteau 07968 908 084 david.marteau@dh.gsi.gov.uk

Jan Palmer 07968 907 594 jan.palmer@dh.gsi.gov.uk

National Psychosocial Adviser Policy Lead

Cath Pollard, Head of Treatment 020 7035 6148
cath.pollard4@homeoffice.gsi.gov.uk

National Drug Programme Delivery Unit

This is the Prison Service drug treatment implementation support unit headed by Lori Chilton. This piece of work will be lead by Sally Walls (Head of CARATs[1]) and a team of CARAT Support Managers

Contact Details:

Sally Walls 457598 Office: 01902 703150, Mobile: 07973
sallyann.walls@hmps.gsi.gov.uk

[1] Counselling, Assessment, Referral, Advice and Throughcare
*