

Safer Leeds Partnership
HMP Wealstun
Leeds PCT

Integrated Drug Treatment System
Treatment Plan 2008/09

Part 1

Section A: Strategic Summary

Section B: Needs Assessment, key findings and priorities

Section A: Strategic Summary

HMP Wealstun is a split site Cat C / Cat D prison, catering for 907 prisoners, split 527 to the closed Cat C side and 380 to the open Cat D side. It has been announced in January 2008 that the Cat D side of the prison will be closed from April 2008, temporarily reducing the capacity to 527 on the Category C side, until the establishment is fully reopened as a Category C establishment. The majority of prisoners will be serving a sentence of in excess of two years, allowing some degree of stability in the population.

Throughout 2007, the Integrated Drug Treatment Service (IDTS) has been set up within HMP Wealstun. This process is still ongoing and as of March 2008 there is only a limited service in operation. To date, the local implementation group has successfully developed plans for delivering IDTS in a multi-disciplinary manner across healthcare, CARATs and the wider prison. Staff have been recruited into post within both healthcare and CARATs to support the delivery of drug services within the establishment, and officers have been identified to provide officer support on the wings and to support movement of prisoners. As of November 2007 a limited cohort of prisoners were accepted into HMP Wealstun, following agreement that the initial prisoners would all be received from HMP Leeds, the nearest local prison, for which healthcare is also commissioned by Leeds PCT.

The priority for the last months of 2007/08 is to complete the capital works necessary to support the provision of the service within the establishment. Once this has been completed the required increase in numbers in treatment can be implemented. Accordingly, a priority for 2008/09 is to manage the increase of prisoners within the establishment who are on IDTS treatment. This will require the bedding in of new processes in terms of reception screening processes, delivery of medication, increased liaison between healthcare, CARATs, mental health in-reach and officers, increased links to resettlement and the development of new pathways into community treatment. The complexity of managing the administration of controlled drugs within the prison environment must be taken into account when planning the service.

Throughout 2008/09, substance misusers within the prison will be able to access a combined service of treatment and psychosocial interventions, addressing their substance misuse issues alongside any physical and mental health issues that they may face. The service will be opened up to receive prisoners from outside of HMP Leeds, particularly from HMP Hull and HMP Durham. This service will address clinical needs, psychosocial and link to the wider Resettlement procedures within the establishment. A focus will be placed upon the holistic delivery of services such as the BBV agenda, in terms of harm minimisation, vaccination and treatment. IDTS will be embedded in the working of the prison as an integral part of the prison drug strategy and not a healthcare focused add-on service. An important aspect of this will be clear communication to prisoners and staff that IDTS is not long term maintenance but an extended and supported stabilisation and detoxification. Increasing links with community services will play an important role in firmly placing the prison as part of the wider drug treatment provision within Leeds and the wider region.

Section B: Needs Assessment and Priorities

Likely demand

Demand for treatment within the establishment will increase as a result of two major factors

- Increased transfer of IDTS prisoners from other establishments
- Increased demand from prisoners already within the establishment.

Both of these groups have been considered in planning for the service. Demand within the existing prisoners will be managed through strict criteria for eligibility. Clear communication will put this message across to prisoners to ensure an understanding of what treatment is on offer. This will link to the general health assessment and provision of BBV services for all prisoners, particularly those who have a history of substance misuse. CARATs will continue to provide a range of psychosocial support options for all prisoners deemed appropriate.

Needs Assessment

The Needs Assessment undertaken within HMP Wealstun reflects the current usage of illegal drugs within the establishment, along with an estimation of prisoners to be transferred to Category C conditions within HMP Leeds and other local prisons. An estimation, based on reporting from mandatory drug testing and a questionnaire carried out in Summer 2007 for the overall Health Needs Assessment, would be that 16% of prisoners use illegal drugs within the establishment, mainly cannabis, heroin and buprenorphine. Broadly speaking, 75-80% of positive tests have been for opiates, with 15-20% proving positive for buprenorphine.

It is reasonable to assume that not all of those who are using are in clinical need of detoxification, and that some use within prison will be opportunistic rather than daily. The psychosocial support offered within the establishment will support some of this need, but buprenorphine abuse needs to be considered within the wider treatment plan.

The need for clinical intervention is harder to quantify. To date, the requested level of intervention from prisoners within Wealstun has been minimal. If it is assumed that 50% of those who are currently using are in need of clinical intervention, or 8% of the population, it would be expected that 42 current prisoners will require clinical support.

One building work is complete in April 2008, there is an expectation that at least two IDTS clients will be transferred from HMP Leeds a week – this will be at least 100 a year, although has potential to increase. There is a pool of around 40 that could transfer with immediate effect. HMP Hull have an expectation of at least three clients per fortnight (78 over the year), plus 30 that could be expected to transfer with immediate effect. Data has not been available from HMP Durham, it is reasonable to assume a figure of one client per week, or 50 per year. Other establishments across the region and beyond could be expected to contribute a similar total of 50. This would give a total of at least 390 clients over the year 2008/09. This is less than previously expected due to the reduction in capacity within HMP Wealstun during the conversion process to a fully Cat C establishment.

3% of prisoners report alcohol use within Wealstun, according to the 2007 Health Needs Assessment. This figure may well be under-reported, as only 13% of prisoners in the survey reported alcohol use prior to Wealstun. This may mean

alcohol *Abuse*, or may be indicative of a lack of alcohol at previous establishments. This issue should be addressed in the 2008 Health Needs Assessment.

Improvements in outcomes

The drug and alcohol use of individuals will continue to be targeted in a range of ways. Following arrival in Wealstun clients will undergo a full health screen, allowing their general health needs to be highlighted in addition to drug and alcohol needs, Targeted access to the CARATs menu of options will be offered to support those clients on IDTS, in addition to other prisoners who will also have access to the full range of psychosocial interventions including relapse support, harm minimisation etc. Alcohol awareness courses are to be run in participation with the PCT, which will have referral pathways from CARATs. Outcomes sought relate to a reduction in usage of illegal drugs within the establishment and long term abstinence from illegal drugs for the individual.

Drug services within the establishment are intended to be an integral part of health services. A combined reception screen is undertaken of health and drug and alcohol needs, which is becoming embedded in practice. Appropriate referral pathways between health, CARATs and the mental health in-reach team have been set up to facilitate joint working and identification of those in need of support. Shared case conferences will ensure that the physical and psychosocial needs of the client are addressed. A priority for 2008/09 will be ensuring that these pathways are effective and that all appropriate prisoners receive support.

Increasing treatment and screening of bloodborne viruses will be a priority, to include offering Hepatitis B vaccination at reception with appropriate follow up with the intention of ensuring full vaccination coverage across the establishment population. There are currently plans in development to create stronger links between the prisons, community services and Leeds Teaching Hospitals with regards Hepatitis C treatment. This has the dual intention of providing a Hep C service at HMP Wealstun and addressing unmet need amongst the vulnerable prison population.

Social functioning of prisoners will be addressed through a holistic approach within the establishment. CARATs interventions include self development and group work to support prisoners in addressing their drug misusing behaviour. Training across all staff groups within the prison has, and will continue to in 2008/09, address wider understanding of substance misuse issues and the benefits of offering treatment. Officers will be able to offer greater support and understanding to prisoners who have substance misuse issues and be better placed to facilitate social inclusion amongst this group. Maintenance and detoxification will facilitate a reduction in the drug dependent population within the establishment, allowing prisoners to address their wider needs. It is proposed that a healthy living program will be developed within the establishment, addressing the health and social needs of prisoners in a supportive manner. This would be intended to have links to drug and alcohol services and may act as a route for family involvement.

A key element of drug strategy, related to individual's offending behaviour, will be the linking of IDTS treatment to OASys officers within the establishment. This will facilitate the coordination of sentence and release planning with a prisoners substance misuse needs. The P-ASRO program is available to prisoners throughout the establishment, addressing high risk substance misuse needs in a focused manner. This is not currently open to those undertaking IDTS treatment, although it is proposed that this may change in 2008/09 . An area to consider relates to the potential re-rolling of A wing as a programmes wing supporting prisoners involved in

drug rehabilitation programmes (PASRO/AOD/STOP). This could be a useful tool to address offending behaviour. The Drug Peer Supporters Programme will allow prisoners to help each other address their issues, promoting cohesion with those in treatment and contributing to the Social Inclusion agenda.

Offering prescribing support for substance misuse within the establishment is intended to reduce drug misuse within the establishment. This will reduce the risk of overdose amongst the population both within the prison and also on release back to the community. Linking prisoners on release to community services will ensure continuity of treatment between community and prison, with the intention of reducing an individual's reliance on criminality to support their addiction. This will contribute to the reducing reoffending agenda and to community safety within an offender's home area. CARATs workers will link all IDTS clients to DIP teams 12 weeks prior to release, or to community services if the client will not engage. PPO clients will be identified to the appropriate agencies.

Key Priorities

Key priorities for 2008/09 within HMP Wealstun are:

- The establishment of C wing as the drug treatment wing in addition to induction wing. Staff training and support will be key to ensuring an effective environment for the provision of treatment and holistic support for drug and alcohol misusers
- Expanding treatment from the initial low levels of prisoner numbers following the completion of necessary capital works.
- Developing strong links with community services to ensure continuity of care upon release
- Establishing an effective program of BBV treatment and vaccination, including health promotion and education initiatives.
- Developing A wing as a 'drug-free' wing providing a safe environment for those prisoners wish to undertake voluntary testing and remain drug free during their time at HMP Wealstun.
- Develop the service to address buprenorphine use within the establishment.
- Develop a plan for ongoing and meaningful Service user involvement and evaluation
- Develop Family involvement in service planning – particularly with respect to discharge planning
- Develop links to family support services within Voluntary sector
- Ensure training is undertaken with respect to alcohol assessment skills within IDTS team.
- Discharge arrangements with DIP teams and community services are nascent, and require development to secure long term success.
- Harm reduction strategy needs developing with CARATs
- Further development of the prisoner/officer forum, with input from families if possible.
- Develop the joint release planning with CARAT's
- Develop a strategy for unplanned discharges, which is unpredictable we need a contingency plan for the best possible outcome)
- Develop statistical collection / audit strategy.