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Gateway Number 17594

Dear Colleagues

Funding for substance misuse services in prisons, Immigration & Removal Centres and children and young people's secure estate in England 2012/13

The transfer of funding responsibility in 2011/12 to the Department of Health for all treatment provision has enabled local commissioning of both clinical and non-clinical elements of substance misuse services in prison and the young people's secure estate (YPSE). Partnerships have the opportunity to commission fully integrated, recovery-orientated and outcome-focused treatment services in line with the vision set out in the Patel Report (2010) and the National Drug Strategy (2010). For the YPSE, the emphasis should be on preventing any escalation of drug/alcohol related risk, avoiding progression to adult dependency.

This letter confirms the allocations by individual prison, Immigration & Removal Centres and YPSE establishment for 2012/13 (Annex D). We are pleased to announce that funding has been maintained to at least the same levels as last year.

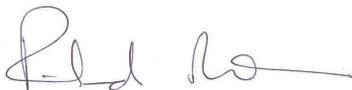
It is intended to make an agreement under Section 7 of the NHS Act 2006 as incorporated within the Health and Social Care Act 2012, by which from April 2013 the NHS CB will be responsible for substance misuse services in prisons and other forms of prescribed detention. This agreement will seek to ensure that prison drug treatment is commissioned at a level and in a way that promotes coordination with other aspects of prison healthcare and community drug treatment.

Annex A (adult prisons) and Annex B (YPSE) of this letter reiterate the existing guidance and policy requirements that should continue to inform and influence commissioning activity, and highlights some of the key developments that will assist local partnerships in developing effective, outcome-focused performance management arrangements.

Local NTA teams and the NOMS substance misuse co-commissioning team will continue to offer partnerships dedicated support throughout 2012/13. Their details are at Annex C.

If you have any queries concerning this letter please contact

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Richard Bradshaw
Director, Offender Health



Ray Hill
Director of Secure Accommodation

Annex A: Adult Prisons

Prison Delivery Expectations

Under the terms of PSI 04/2012 prison governors should be able to provide prisoners with access to effective treatment and recovery services. Locally, however, commissioners may decide to facilitate this within the terms of their partnership arrangements, to increase opportunities for enabling services within establishments

PSOs and PSIs regarding CARATs and Voluntary Drug Testing cease to apply to English prisons from 1st April 2012. Partnerships for Drug-Free Wing pilots are encouraged to consider co-commissioned investment in therapeutic drug testing.

To ensure an informed approach to commissioning prison based treatment, Prison Governors, and (for contracted prisons) Controllers should be represented on local drug and alcohol partnership commissioning groups.

Principles for commissioning treatment provision in prisons

Partnerships are encouraged to ensure all services are:

- based on assessed need
- outcome focused
- recovery orientated
- delivering evidence based interventions
- in line with national good practice and quality standards
- able to demonstrate value for money (including research participation)

Clinical priorities

In line with the current evidence base, all clinical and pharmacological treatment should be accompanied by appropriate psychosocial services and, at minimum, by individualised key working to provide care and recovery planning, assessment and review.

Drug treatment in secure settings has to manage the following clinical risks:

- (a) suicide and self-harm following reception related to uncontained drug withdrawal
- (b) post-release fatal overdose, due to loss of opioid tolerance

It is important that services in settings that receive offenders direct from the courts provide access to first night prescribing and 24-hour monitored stabilisation (Dept Health 2006) and that services in all adult prisons provide access to re-induction in accordance with section 7.3.4.3 of the 2007 UK Clinical Guidelines.

Weblink:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063064

Weblink:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_104819

Continuity of treatment and recovery support

The continuity of treatment and recovery support is central to good treatment outcomes. As part of the reception/initial assessment process, substance misuse teams are expected, with the service user's informed consent, to:

- proactively contact community based treatment services or the substance misuse team from transferring prison and take account of existing assessment and care plan information
- contribute towards an end-to-end approach to case management across prison and community

Planning for release should be an integral part of the case management process and prison substance misuse teams are expected to:

- work with community based treatment provider on the continuation of structured treatment well in advance of the prisoners release date
- ensure that contingency arrangements are in place for remand prisoners to access treatment in the event of unplanned or short notice release
- refer all who have engaged in prison based treatment to recovery support in the community particularly mutual aid, enhanced life skills and access to sober living communities
- ensure that case management is in place either via CJIT teams or under local Integrated Offender Management arrangements for remand or short sentenced prisoners, and via Offender Managers for adults serving sentences of over 12 months.

Outcomes

For other outcomes within prisons, partnerships may choose to adopt elements of the Patel Review outcomes framework. Weblink:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_119851

Some co-commissioning groups are incorporating re-offending outcomes within service contracts. Ministry of Justice intends to publish re-offending rates for prisons in the years to come, but until that point partnerships may find securing re-offending data demands significant resources.

Partnerships commissioning services in local and shorter-sentence prisons may want to focus on key indicators that would point to effective treatment outcomes in custody and post release. The following is therefore suggested.

The proportion of individuals in secure environments that engage in structured drug and alcohol treatment interventions who at the point of departure from that establishment either:

- successfully completed a treatment intervention in custody and did not represent to treatment (either in custody or the community) within 6 months of release; or
- successfully engaged in community based drug and alcohol treatment interventions following release; or
- where they were transferred to another prison/YPSE, successfully engaged in structured drug and alcohol treatment interventions at the receiving establishment.

Single point of contact

Substance misuse services are expected to provide a single point of contact [SPOC] for the communication, with informed consent, of patient information required to secure continuation of treatment and support. The SPOC provision must include a functional emailbox to which all members of the treatment team have daily access. Each prison has an established Functional Mailbox that should be used for this purpose. The SPOC coordinator will be kieran.lynch@nta-nhs.org.uk

National Drug Treatment Monitoring System

From 1st April 2012 responsibility for the collection of structured drug and alcohol treatment data in prisons will be transferring from the Home Office to NTA. The NTA will extend the scope of the National Drug Treatment Monitoring System (NDTMS) from 2012/13 to include returns for clients accessing substance misuse services within the prison estate. This will include all HM prisons, Young Offender Institutions (including those with an under 18 population) and Immigration Removal Centres where structured clinical and/or non-clinical drug and alcohol treatment is being delivered.

Vetting (security clearance of ex-offenders)

NOMS is reviewing protocols for security clearing ex-offenders wishing to work (paid or voluntarily) in prisons as mentors or recovery champions. This review looks to simplify the clearance process and facilitate more ex-offenders contributing to substance misuse treatment. We anticipate that a revised protocol will be implemented towards the end of the year; a separate note will be circulated then.

European Social Funding (ESF) Match Funding

NOMS is designated as a co-financing organisation. Weblink:

<http://www.co-financing.org>

This status allows NOMS to use funding from the European Social Fund (ESF) to contract employability services for adult substance misusers and other hard-to-help individuals. Continuity of funding for these very valuable services depends on a satisfactory local ESF audit. NTA and NOMS will therefore work with commissioners and providers on ways to achieve ESF audit compliance.

IDTS Evaluation

The National Information Governance Board (NIGB) has given approval for the IDTS outcome study to proceed without explicit consent. Prison substance misuse services are expected to send opioid prescribing information on all patients who do not opt out of the study. Garry Stillwell of King's College London will contact providers to arrange this. garry.stillwell@iop.kcl.ac.uk

Annex B: Young people's secure estate

Background

Following the transfer in 2011/12 of funding responsibility for YPSE substance misuse services to the Department of Health, local partnerships and establishments have undertaken assessments of need for substance misuse interventions to inform planning for the redesign and/or re commissioning of substance misuse services that are to be operational by 31/03/2013

A toolkit to support the partnerships in the process will be available on the NTA website and ChiMat. Key principles underpinning the delivery and commissioning of substance misuse provision across the young people's secure estate are set out in the document Guiding Principles. Weblink:

<http://www.nta.nhs.uk/uploads/secureestateguidelinesv1.2.pdf>

In the interim, to ensure continuity of delivery, partnerships should continue to fund existing substance misuse provision within the establishments. Partnerships are encouraged to develop closer alignment with community provision, to support improvements in continuity of care arrangements on reception, transfer and discharge from the secure estate.

It is important that services in establishments that receive young people direct from the courts provide access to first night prescribing and 24-hour monitored stabilisation (Dept Health 2009). Weblink:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_106433

To ensure an informed approach to commissioning, managers from Secure Training Centres and Secure Children's Homes, and YOI Governors and Controllers should be represented on local drug and alcohol partnerships.

NOMs expectations around the role of the establishment in the management and delivery of substance misuse services in the YOI estate are outlined in PSI 28/2009 '*The Care and Management of Young Offenders*', which has been revised to reflect the new arrangements and is to be re issued on 01/04/2012 as PSI 08/2012.

New Developments

Reporting Requirements and Outcome Monitoring:

From 01/04/2012 substance misuse specialist interventions activity across the secure estate is to be reported into the National Drug Treatment Monitoring System (NDTMS). In the YPSE this will be initially implemented in the YOIs with a view to this being rolled out across the wider secure establishments in due course. This will support an enhanced understanding of:

- The demand for specialist/intensive treatment interventions
- Continuity of care for young people on entry, transfer across and release from the secure estate
- The type and impact of the substance misuse interventions provided.

Partnerships will need to agree local mechanisms by which to measure substance specific activity that does not reach the threshold for a specialist/intensive intervention, but is delivered by the substance misuse service to prevent any escalation of risk directly attributable to substance misuse.

We will be developing an outcome profile tool for the YPSE during the next year

Improving Clinical Delivery

It is anticipated that all establishments should be able to offer a safe clinical service in line with the DH publication, *Guidance for the pharmacological management of substance misuse among young people in secure environments (2009)*. Partnerships are encouraged to undertake a review of protocols and pathways to ensure arrangements are in place in all establishments to provide an immediate response to pharmacological need, including access to clinical support to manage withdrawal/facilitate stabilisation prior to transfer.

The need to improve clinical delivery across the estate and develop expertise in the management of young people with pharmacological need will be a priority in 2012/13 and additional funding has been identified within this year's allocation to support partnerships to further develop local frameworks for delivery.

Annex C

Local and central support: prison and CYPSE substance misuse commissioning

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Substance Misuse Lead Offender Services Co- Commissioning John Wilson	John.wilson08@hmps.gsi.gov.uk	07968909483
PbR & Custody Co- Commissioning Support Mike Wheatley	michael.wheatley@noms.gsi.gov.uk	07968 907 460

Annex D: Allocations Table

PCT	Facility	DH 2012/13 substance misuse allocation	NOMS uplift for capacity programme	Total by PCT
County Durham	Deerbolt	£352,604		
County Durham	Aycliffe (SCH)	£96,000		
County Durham	DURHAM	£1,113,187		
County Durham	FRANKLAND	£754,304		
County Durham	Hassockfield (STC)	£112,616		
County Durham	LOW NEWTON	£727,642		£3,156,353
North Tees	HOLME HOUSE	£1,597,435	£31,000	
North Tees	KIRKLEVINGTON	£217,744		£1,846,179
Northumberland Care	ACKLINGTON	£801,010		
Northumberland Care	CASTINGTON	£397,287		£1,198,297
Cent & Eastern Cheshire	STYAL	£1,362,648		£1,362,648
Aston, Leigh & Wig N West	Hindley (YOI)	£606,000		£606,000
Central Lancashire	GARTH	£714,568		
Central Lancashire	PRESTON	£1,062,315		
Central Lancashire	WYMOTT	£1,013,181		£2,790,064
Heywood, Mid & Rochdale	BUCKLEY HALL	£422,143		£422,143
Liverpool	ALTCOURSE - Contracted	£1,776,150		
Liverpool	LIVERPOOL	£1,500,550		£3,276,700
Manchester	MANCHESTER	£1,214,713		£1,214,713
North Lancashire	KIRKHAM	£781,259		
North Lancashire	LANCASTER FARMS	£785,607		£1,566,866
Salford Teaching	Barton Moss	£39,527		
Salford Teaching	FOREST BANK - Contracted	£1,688,800	£254,000	£1,982,327

PCT	Facility	DH 2012/13 substance misuse allocation	NOMS uplift for capacity programme	Total by PCT
Sefton	KENNET	£544,416		£544,416
Warrington	RISLEY	£862,509		
Warrington	THORN CROSS	£457,897		£1,320,406
Cumbria	HAVERIGG	£657,777		£657,777
Halton & St Helens	Red Bank (SCH)	£72,000		£72,000
Doncaster	DONCASTER - Contracted	£1,714,075		
Doncaster	LINDHOLME	£798,429		
Doncaster	LINDHOLME D Cat	£280,000		
Doncaster	Moorland C & Open	£931,921	£12,000	£3,736,425
East Riding of Yorkshire	EVERTHORPE	£889,846		
East Riding of Yorkshire	FULL SUTTON	£640,456		
East Riding of Yorkshire	WOLDS - Contracted	£505,000		£2,035,302
Hull Teaching PCT	HULL	£1,476,204		£1,476,204
Leeds	Eastmoor (SCH)	£50,040		
Leeds	LEEDS	£1,419,489		
Leeds	Wetherby	£527,000		
Leeds	WEALSTUN	£818,211		£2,814,740
N Yorkshire and York	ASKHAM GRANGE	£213,957		
N Yorkshire and York	Northallerton	£423,833		£637,790
Sheffield	Aldine House (SCH)	£39,000		£39,000
Wakefield	NEW HALL (YOI)	£100,000		
Wakefield	NEW HALL	£955,977		
Wakefield	WAKEFIELD	£688,534		£1,744,511

PCT	Facility	DH 2012/13 substance misuse allocation	NOMS uplift for capacity programme	Total by PCT
Bassetlaw	RANBY	£1,154,948		£1,154,948
Derbyshire County	FOSTON HALL	£674,609		
Derbyshire County	SUDBURY	£534,051		£1,208,660
Leicester City	LEICESTER	£902,365		£902,365
Leics County & Rutland	GARTREE	£539,171		
Leics County & Rutland	GLEN PARVA	£1,016,342		
Leics County & Rutland	STOCKEN	£991,912		£2,547,425
Lincolnshire	LINCOLN	£1,184,578		
Lincolnshire	Lincolnshire Secure Unit (SCH)	£36,636		
Lincolnshire	MORTON HALL	£153,750		
Lincolnshire	NORTH SEA CAMP	£422,367		£1,797,331
Northants	ONLEY	£725,344		
Northants	Rainsbrook (STC)	£95,790		
Northants	RYE HILL - Contracted	£737,000		
Northants	WELLINGBOROUGH	£590,266		£2,148,400
Nottingham City	NOTTINGHAM	£1,288,213	£341,000	£1,629,213
Notts County	WHATTON	£246,757		
Notts County	Clayfield (SCH)	£32,000		
Notts County	Lowdham Grange - Contract	£720,241	£74,000	£1,072,998
Heart of Birmingham	BIRMINGHAM	£2,026,100		£2,026,100
Shropshire County	SHREWSBURY	£657,160		
Shropshire County	STOKE HEATH	£765,746	£153,000	£1,575,906
North Staffordshire	WERRINGTON (YOI)	£228,000		£228,000

PCT	Facility	DH 2012/13 substance misuse allocation	NOMS uplift for capacity programme	Total by PCT
South Staffordshire	BRINSFORD	£832,251	£38,000	
South Staffordshire	DOVEGATE - Contracted	£922,200	£491,000	
South Staffordshire	DRAKE HALL	£406,679		
South Staffordshire	FEATHERSTONE	£689,664		
South Staffordshire	FEATHERSTONE II	£674,000	£891,000	
South Staffordshire	STAFFORD	£714,230		
South Staffordshire	SWINFEN HALL	£535,300		£6,194,324
Worcestershire	HEWELL	£2,140,800		
Worcestershire	LONG LARTIN	£673,438		£2,814,238
Bedfordshire	YARLSWOOD IRC	£130,000		
Bedfordshire	BEDFORD	£1,291,768		£1,421,768
Cambridge-shire	LITTLEHEY	£779,652		
Cambridge-shire	WHITEMOOR	£589,736		£1,369,388
Gt Yarmouth & Waveney	BLUNDESTON	£599,881		£599,881
Mid Essex	CHELMSFORD	£1,480,688		£1,778,717
Norfolk	BURE	£168,000	£146,000	
Norfolk	NORWICH	£1,362,200		
Norfolk	WAYLAND	£932,183		£2,608,383
Peterborough	PETERBOROUGH - Female	£1,262,320		
Peterborough	PETERBOROUGH - Male	£512,780		£1,775,100
Mid Essex	BULLWOOD HALL	£298,029		
Suffolk	EDMUNDS HILL	£655,704		
Suffolk	HIGHPOINT	£930,643		
Suffolk	Warren Hill (YOI)	£292,000		

PCT	Facility	DH 2012/13 substance misuse allocation	NOMS uplift for capacity programme	Total by PCT
Suffolk	HOLLESLEY BAY COLONY	£445,992		£2,324,339
West Hertfordshire	MOUNT, THE	£640,047		£640,047
Greenwich	BELMARSH	£1,509,997		
Greenwich	THAMESIDE	£132,000	£585,000	
Greenwich	ISIS	£670,148	£120,000	£3,017,145
Hammersmith & Fulham	WORMWOOD SCRUBS	£1,885,852		£1,885,852
Hounslow	FELTHAM (YOI)	£350,500		
Hounslow	FELTHAM	£851,568	£15,000	£1,217,068
Hillingdon PCT	Harmsworth & Colnbrook IRCs	£260,000		£260,000
Islington	HOLLOWAY	£1,375,248		
Islington	PENTONVILLE	£2,291,230		£3,666,478
Lambeth	BRIXTON	£1,718,838		£1,718,838
Richmond & Twickenham	LATCHMERE HOUSE	£0		
Wandsworth	WANDSWORTH	£2,003,177		£2,003,177
E Sussex, Downs & Weald	LEWES	£1,168,237	£63,000	£1,231,237
Eastern & Coastal Kent	CANTERBURY	£323,475		
Eastern & Coastal Kent	DOVER IRC	£150,000		
Eastern & Coastal Kent	ELMLEY	£2,628,492	£139,000	
Eastern & Coastal Kent	STANDFORD HILL	£262,400		
Eastern & Coastal Kent	SWALESIDE	£157,850		£3,661,217
Medway Teaching	Cookham Wood (YOI)	£227,000		
Medway Teaching	Medway (STC)	£105,360		
Medway Teaching	ROCHESTER	£605,380		£937,740

PCT	Facility	DH 2012/13 substance misuse allocation	NOMS uplift for capacity programme	Total by PCT
Surrey	BRONZEFIELD - Contracted	£937,983		
Surrey	COLDINGLEY	£612,940		
Surrey	DOWNVIEW	£539,773		
Surrey	Downview (YOI)	£80,000		
Surrey	HIGH DOWN	£1,583,343		
Surrey	SEND	£605,966		£4,360,005
West Kent	BLANTYRE HOUSE	£345,670		
West Kent	EAST SUTTON PARK	£153,750		
West Kent	MAIDSTONE	£276,402		£775,822
West Sussex	Brook Hse & Tinsley Hse IRCs	£260,000		
West Sussex	FORD	£364,019		£624,019
Berkshire West	READING	£717,595		£717,595
Buckinghamshire	AYLESBURY	£445,627		
Buckinghamshire	GRENDON / SPRING HILL	£452,983		£898,610
Hampshire	HASLAR IRC	£150,000		
Hampshire	Swanwick Lodge (SCH)	£36,470		
Hampshire	WINCHESTER	£1,263,439		£1,449,909
IoW Healthcare	CAMP HILL (IoW)	£856,447		
IoW Healthcare	PARKHURST (IoW)	£184,500		
IoW Healthcare	ALBANY (IoW)	£153,750		£1,194,697
Milton Keynes	Oakhill (STC)	£151,560		
Milton Keynes	WOODHILL	£1,517,332		£1,668,892
Oxfordshire	BULLINGDON	£2,173,285		
Oxfordshire	Campsfield IRC	£130,000		

PCT	Facility	DH 2012/13 substance misuse allocation	NOMS uplift for capacity programme	Total by PCT
Oxfordshire	HUNTERCOMBE	£328,750		£2,632,035
Portsmouth City	KINGSTON	£250,524		£250,524
Bristol	BRISTOL	£1,350,006		£1,350,006
Devon	CHANNINGS WOOD	£953,682		
Devon	DARTMOOR	£802,915		
Devon	EXETER	£1,115,717		£2,872,314
Dorset	DORCHESTER	£882,808		
Dorset	GUYS MARSH	£729,635		
Dorset	PORTLAND	£556,853		
Dorset	VERNE, THE	£312,535		£2,481,831
Gloucester	GLOUCESTER	£906,638		£906,638
Somerset	SHEPTON MALLETT	£97,219		£97,219
South Gloucestershire	EASTWOOD PARK	£1,251,621		
South Gloucestershire	Eastwood Park (YOI)	£72,000		
South Gloucestershire	ASHFIELD (YOI)	£666,330		
South Gloucestershire	Vinney Green (SCH)	£51,360		
South Gloucestershire	LEYHILL	£510,412		£2,551,723
Wiltshire	ERLESTOKE	£920,592		£920,592