Service Specification

Service 4. A fully recovery-orientated, integrated prison substance use treatment service both within the prison and onwards into the community to ensure continuity of care.

This specification sets out the objectives and outcomes expected from the Service Provider in relation to:

A fully recovery-orientated, integrated prison substance use treatment service both within the prison and onwards into the community to ensure continuity of care.

This covers traditional drugs of abuse, psychoactive substances, illicit use of prescribed and over the counter drugs and alcohol.

1. Target Group and Description of Service

Provision for this service will be delivered within the Prison regime.

The population covered is people in prison who are identified as having problematic substance use.

Priority will be given to those individuals whose offending is assessed as directly linked to their problematic substance use. The provider will strive to achieve equality of access and outcomes across gender, disability (including mental health, pregnancy, race, sexual orientation, learning disabilities, visual and hearing impairments) nationality etc.

The Service Provider will ensure that they have a suitably skilled, competent and qualified workforce, who will engage in a multi-disciplinary approach to meet the needs of the individual. The service may be delivered by a full time Substance Use Worker or as 2 part-time posts, as appropriate, to deliver in both the prison and community settings.

The Service Provider will aim to provide a through-care service by addressing the individuals' needs throughout their term in prison and planned for on release, to reduce their dependency on drugs and/or alcohol and to enhance their chances of recovery.

The Service Provider will establish and maintain clear and effective pathways for the individual between the Prison, Prison Healthcare, CDAT and community services from reception to release.

Screening, assessment and treatment for problematic drug and alcohol use should address the wide range of substance use/misuse, and other, often related, physical and mental health needs identified, and should address any identified disability. It should have a public health perspective and focus on reducing harms and promoting recovery.

The Service is expected to reduce the risk of re-offending following release through robust throughcare and release planning. The Service will pro-actively work to re-engage the individuals who have disengaged from treatment prematurely or who have never engaged with treatment previously.

The Service Provider will attend prison meetings including sentence planning, risk management, safer custody and healthcare operational meetings and any other that would be required.

2. Referrals

Referrals can be made through the Offender Management Team by Prison Healthcare and other appropriate agencies outside of the sentence planning process, if assessed as suitable. If this is considered, liaison should take place with the Offender Management Team. An individual should also be able to self-refer.

Referrals will be automatic following a confirmed positive drug test. An appointment will be offered, and a record made, if declined.

Re-referral to the Substance Use Worker (SUW) could be triggered at the pre-release meeting to ensure there is provision for pre-release work and aftercare arrangements, if appropriate. There should be options for self-referral by the individual either by submission of application or directly via the in-cell telephone system to the main office.

Appropriate referral to prison psychological services where, through assessment, a need for additional counselling is identified. This would be via the Prison GP or the Offender Management Team.

3. Screening and Assessment (including Risk Assessment)

The Service Provider must undertake an appropriate level of screening for substance use. Individuals identified as needing structured treatment must then receive a comprehensive assessment to identify their immediate and long-term needs and goals to aid recovery. Consideration must be given to age, gender, disability (including mental health), pregnancy, race, sexual orientation, learning disabilities, visual and hearing impairments) nationality etc.

Usual access to the service will be triggered following the initial sentence plan and on occasions the custody planning. Initial assessment should aim to occur within five working days of referral.

The Service provider will produce summary reports of assessment and intervention to the Offender Manager and key staff involved in the individual's sentence and needs after each episode of intervention.

Risk Assessment of self-harm and/or harm to others will be completed including Risk Management of individual Recovery Pathways.

4. Intervention Tools and delivery

Interventions will be evidence-based, delivered by trained staff and delivered in a variety of ways (such as group and individual work) in accordance with prisoners' needs and the prison regime.

The suite of interventions deployed will be appropriate and as defined within Routes to Recovery: Psychosocial Interventions for Drug Misuse and Alcohol Use Disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence.

NICE QS23: https://www.nice.org.uk/guidance/qs23
CG115 https://www.nice.org.uk/Guidance/CG115
QS83 https://www.nice.org.uk/guidance/qs83
QS11 https://www.nice.org.uk/guidance/qs11

The timing of interventions should be dictated by individual needs in collaboration with the multi-disciplinary team.

Interventions are to be delivered as part of individual recovery care plans and in support of shared care arrangements with the Prison GP or/and CDAT as part of an integrated package of care including harm reduction. This will include:

- Delivering motivational interventions for adults who have not responded to treatment to date.

- Delivering structured advice on drug use and alcohol for adults who have been identified through screening as drinking at increasing risk, high risk or possibly dependent level.

- Therapeutic Detox and Post Detox Support in collaboration with health-care professionals including system relief therapy (e.g. auricular acupuncture).

- All individuals participating in the drawing up of their recovery care plan to meet their treatment goals. As part of this process, a contingency plan will also be drawn up covering safety, risk, overdose prevention, harm reduction and support arrangements available to them should they leave structured treatment in an unplanned fashion on release. This will also cover opportunities for re-engagement and will be reviewed as part of care plan reviews.

- Collaboratively planning the individual led Recovery Journey (written and structured care plan) resulting from the assessment, which will be communicated to the Offender Management Unit and the Prison Healthcare team, with client consent.

- Arrangements should be made for the transfer of the individual's recovery plan (care plan) to a community provider if the intervention is on-going at the time of their release, subject to client consent.

- The Service provider will work closely with the Prison, Prison Healthcare, Probation Services and any other external agencies to provide seamless, integrated and appropriate interventions and liaison that specifically secure appropriate specialist housing and accommodation as required on release, in partnership with the Offender Management Unit. Other recommendations or referrals for an appropriate package of aftercare should take place in the final phase of the sentence for post release care to the appropriate agencies, subject to client consent.

- The review of interventions on a regular basis should be undertaken to monitor individual's progress.

- Facilitated access to other mutual aid/peer support networks on release, including but not limited to 12 steps, SMART recovery, Narcotics Anonymous.

4. Reducing Drug Related Deaths

An essential aspect of the service is to reduce drug and alcohol related deaths locally in Prison and on release into the Community. This includes a range of activity with other services, individuals, families and carers to manage and minimise the risk of death, including:

- Participating in drug and alcohol-related death reviews when appropriate.

- Implementation of learning from previous drug and alcohol-related deaths, particularly in confidential enquiries.

- Providing training to consenting and at-risk individuals and agreed family members and/or carers, including harm reduction measures and life support e.g. Naloxone training facilitated within the prison setting.

- Participating in health improvement/promotion initiatives.

5. Service performance management and anonymised client data collection.

Information collected and recorded by the Service Provider regarding individuals who attend and/or engage with treatment will be made available via the Prison Information Management System, within stated and agreed parameters, agreed data sharing arrangements and paying due regard to relevant Information Sharing Policies. These data will align with relevant KPI's in the Substance Use Strategy as well as reflect service delivery outputs and outcome measures.

A six-monthly report in a consistent and anonymised format must be provided by the Service Provider on the delivery of the service including measurable outcomes and statistical information as agreed with the Health Improvement Commission's Substance Use Lead. This

will allow for service provision monitoring, identification of trends and will be used within the Substance Use Strategy Annual Report.

Service providers should also report on any developments in service provision, emerging trends, or changes in the service provision landscape.

Services may collect descriptive and outcome information/data as appropriate. As a minimum, information collected and reported should include:

- The number of referrals into the service.
- The number offered the service.
- The number and % who are offered the service who engage in an intervention.
- The number who have arrangements in place for community-based treatment on release.
- The number and % of Individuals who successfully engage in community-based treatment with the Service Provider following release.
- Recovery work outcomes to be developed between the Service Provider and the Prison Offender Management
- Client experience pre and post questionnaire at the end of their treatment journey.

6. Individual Satisfaction Survey

A survey for individuals accessing the service to be carried out each year and results reported as part of the service provider's Annual Report.

7. Staff Training

Agencies are required to provide evidence that staff are receiving DANOS-based competency training and that is it being implemented effectively in their practice. They will also attend all training, as appropriate, provided by the Health Improvement Commission or other providers.

8. Substance Use Action Group Meetings

All service provider managers or an appropriate designated person will attend the Substance Use Strategy quarterly meetings and any other extraordinary meetings organised by the Substance Use Lead.

9. Annual Review

An annual review will take place between the Service Provider and the Substance Use Lead and will form part of the Service Providers Annual Report.

10. Annual Report

An Annual report will be submitted by the Service Provider each Year covering both the Core Service and the Structured Psychosocial Intervention Service.