

Community Sentence Treatment Requirement (CSTR) Programme DRR/ATR Service Description

A partnership between the Ministry of Justice (MoJ), Department of Health and Social Care (DHSC), NHS England and NHS Improvement (NHSE/I), Her Majesty's Prison and Probation Service (HMPPS) and Public Health England (PHE)

**Service Description: Drug Rehabilitation Requirement and Alcohol
Treatment Requirement (DRR/ATR)
as part of the
Community Sentence Treatment Requirement Programme**

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Version number: 01

Updated: (only if this is applicable)

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Executive Summary

This Service Description is to be used in conjunction with the Community Sentence Treatment Requirements (CSTR) Operating Framework and provides guidance to commissioners, providers and CSTR steering group members on the increased use of Drug Rehabilitation Requirements (DRRs) and Alcohol Treatment Requirements (ATRs).

An increase in these requirements can only be achieved through a consistent approach across all new and developing CSTR sites, through an integrated and formalised partnership with the relevant criminal justice/health/substance misuse and social support partners in each site.

These documents have been developed through the CSTR Programme and developing sites during year one of the programme development.

Definition of a CSTR service

The provision of assessment and treatment through a process relating to offences which falls into the category of a community or suspended sentence order. Assessments determine whether they reach the criteria for CSTRs and what additional social support they may require enabling effective integrated engagement for all adults.

The CSTR delivery partners work together to ensure that consistent processes, services and pathways are in place to enable information, assessment and consent on the day of the court sentencing hearing, wherever possible. This ensures that the sentencing court is provided with informed and effective community treatment order recommendations, and that appropriate and accessible treatment for offenders with multiple and complex health and social, ethnicity, communication, accessibility needs is available, taking into account physical/mental disability, sexuality and gender.

National CSTR Programme

The CSTR Programme is a partnership between the Ministry of Justice (MoJ), Department of Health and Social Care (DHSC), NHS England and NHS Improvement (NHSE/I), Her Majesty's Prison and Probation Service (HMPPS) and Public Health England (PHE).

During 2017/18 five testbed areas were selected to test the recommendations within a protocol developed between the programme partners, with a view to increasing the use of the DRRs, ATRs and MHTRs.

Many offenders experience mental health and substance misuse problems, but the use of treatment requirements as part of a community sentence remains low and has been declining over recent years. The testbed sites have demonstrated that improved partnership working and effective engagement with all adults irrespective of race, gender, religion, sexuality, physical/mental disability can increase the use of treatment requirements, particularly as an alternative to short custodial sentences.

All three treatment requirements were introduced as a sentencing option in the Criminal Justice Act 2003. 'Treatment' covers a broad range of interventions (for example talking therapies, psychosocial support, a course of medication or inpatient treatment). As members of the general population, offenders in the community should be able to access treatment in the same way as anyone else via GP and mental health services, commissioned by NHS Clinical Commissioning Groups (CCGs) and substance misuse services commissioned via Local Authorities. However, due to the multiple complexities of health and social needs

affecting this cohort, there are few services in the community that are providing appropriate holistic treatment and care to support these type of court orders, especially for those who don't reach the threshold of secondary care services. The developing services ensure that priority is given to ensuring integrated services provide interventions to all individuals irrespective of the protected characteristics.

ATRs and DRRs are provided through substance misuse services commissioned by the local authority.

MHTRs can be split into those provided by:

Secondary care mental health services: when an individual's mental health condition reaches the threshold of secondary care services and the provision is provided through existing contractual arrangements.

Primary care mental health services: the majority of individuals sentenced to an MHTR don't reach the clinical threshold for treatment in secondary care. The testbed sites have demonstrated that the addition of a clinical pathway that enables clinically supervised mental health practitioners providing assessment in court and 1:1 short, individualised psychological interventions has been appropriate and effective in delivering primary care MHTRs. In many areas no such service currently exists. These will be commissioned (or co commissioned) by NHSE/I. The description of these services as Primary Care services is to distinguish them from services which are provided under standard mental health contracts and are provided by services in the community. It does not refer to services provided by GPs under GMS, PMS or APMS contracts.

The requirements may be ordered singularly or as part of a combined order that includes other treatment requirements (such as an MHTR/ATR or MHTR/DRR).

A study published by the MoJ¹ in 2018 provided the first evidence to show that including an MHTR or ATR as part of a community or suspended sentence order can have a positive impact in terms of reducing reoffending.

The study found that for those with identified mental health issues, MHTRs attached to community or suspended sentence orders were associated with significant reductions in re-offending where they were used, compared with similar cases where they were not. Over a one-year follow-up period, there was a reduction of around 3.5 percentage points in the incidence of reoffending where such requirements were used as part of a community order, and of around 5 percentage points when used as part of a suspended sentence order.

²Additionally, a process evaluation of the five testbed sites has been published, which demonstrates that by strengthening partnerships, processes and governance pathways, the increased use of treatments is achievable.

The Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012 made changes to the administration of the MHTR by amending provisions linked to the Criminal Justice Act 2003 and the Mental Health Act 1983:

³*"The LASPO Act (the Act) sought to make it easier for courts to use the MHTR as part of a Community Order or Suspended Sentence Order by simplifying the assessment process with a view to ensuring that those who require community-based treatment receive it as early as possible. The Act removed the requirement that evidence of an offender's need for mental health treatment is given to a court by a Section 12 registered medical practitioner."*

This change means that the courts may seek views and assessments from a broader range of appropriately trained mental health professionals. The intention is to ensure that courts

¹ www.gov.uk/government/publications/do-offender-characteristics-affect-the-impact-of-short-custodial-sentences-and-court-orders-on-reoffending

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/810011/cstr-process-evaluation-summary-report.pdf

³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/391162/Mental_Health_Treatment_Requirement_-_A_Guide_to_Integrated_Delivery.pdf

receive appropriate advice based on mental health assessments quicker, thus reducing the avoidable time delay leading to adjournments and unnecessary psychiatric court report costs if using the MHTR as part of a community sentence order.

National Drivers

NHS Long term plan: “Since 2017, five parts of England have been testing a new Community Sentence Treatment Requirement (CSTR) Programme. This enables courts to require people to participate in community treatment, instead of a custodial sentence. We will build on this by expanding provision to more women offenders, short-term custodial offenders, offenders with a learning disability and those with mental health and additional requirements.”

⁴**The Proposed Future Model for Probation: A Draft Operating Blueprint 2019** provides a blueprint for the newly developing probation service. The document supports the increased use of the three treatment requirements by improving the range and quality of rehabilitative interventions, targeted to address the needs of vulnerable offenders.

Female Offenders Strategy: Published in June 2018 by the MoJ. The strategy highlights the complex and acute needs of female offenders and proposes that due to the offence profile of the majority of female offenders, managing them in the community is more effective than in prison. The strategy seeks to reduce the number of women in the CJS through early intervention and effective support in the community, and in turn reduce the number of women receiving short custodial sentences. Increased use of CSTRs is identified in the strategy as one of the mechanisms by which more female offenders could be managed in the community to address the complex needs that drive their offending.

Five Year Forward View for Mental Health taskforce 2016: In January 2016 the Five-Year forward view for Mental Health strategy was published by the Mental Health Taskforce. Several of the recommendations relate to this group, including one which recommends the increased use of MHTRs where appropriate. Additionally, there were recommendations for co-morbid mental health and substance misuse problems to be provided through joint assessment and provision.

Guiding Principles Aims and Objectives

The CSTR services in any given area will operate under six guiding principles. These are to:

1. Provide an exemplary assessment for all eligible referred adult offenders (18 years and over who consent to ATR/DRR/MHTR) ensuring the service is accessible to the most disadvantaged including e.g. BME, women, learning/communication difficulties, physical/mental disability, ethnicity, sexuality, religion and veterans.
2. Operate within the CSTR Operating Framework.
3. Take an inclusive approach, recognising the mental health needs, substance misuse and personality disorder of adults in contact with the CJS irrespective of their protected characteristic.
4. Provide high quality information to key decision makers across the criminal justice pathway including the police, courts, probation, health, substance misuse and Youth Offending Teams (YOTs in transition to adult services).
5. Signpost to social support to ensure that individuals engage with treatment until an appropriate discharge point is reached.
6. Ensure the CSTR workforce are adequately qualified to support all adults sentenced to a CSTR, are closely aligned, reflect and understand the needs of the local population.

⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/810334/The_Proposed_Future_Model_for_Probation_-_A_Draft_Operating_Blueprint_-_HMPPS_-_19-06-2019.pdf

Aims

- **Reduce offending/reoffending, by improving the health and social outcomes** through rapid access to effective individualised treatment requirements (which if appropriate, and without up tariffing⁵, may include more than one treatment requirement)
- **Provide alternatives to short custodial sentences for offenders**, by providing access to treatment which addresses the underlying cause of the offending behaviours.
- **Improve health outcomes** by providing evidence-based interventions, alongside GP registration and supported access to appropriate community services, as necessary.
- **Providing accessible services which enable engagement** for all eligible individuals irrespective of race, gender, sexuality, veterans, physical/mental disability and all other protected characteristics.
- **Strive for sentencing on the day where possible** by providing assessment reports to inform pre-sentence reports (PSRs).
- **Enable access to statutory community services** through individualised support for individuals both during and after completion of their community sentence irrespective of their protected characteristic.
- **Ensure consistency of service provision within all new and existing CSTR sites** and develop to align to local services and population by the publication of the CSTR Operating Framework and corresponding documents, best practice sharing across the sites and support from the CSTR Programme team.

A secondary aim is to raise awareness of the high numbers of individuals with mental health, personality disorder and substance misuse conditions across the criminal justice pathway including information on individuals with protective characteristics who may be suitable for a CSTR for: judges, magistrates, legal representatives, probation and the police. This increased awareness enables greater confidence to be placed in the CSTR process which, in turn, may lead to CSTRs being used more often in sentencing.

Objectives

To achieve these aims, CSTR sites will provide:

- **Rapid access to appropriate and effective assessment/interventions** which may be integrated or sequenced alongside other community orders or treatment requirements.
- **Providing services which meet the needs of all individuals** irrespective of their race, gender, sexuality, ethnicity, physical/mental disability, and all other protected characteristics.
- **Evidence based psychological interventions** by skilled mental health practitioners to promote wellbeing and recovery who are cognisant and aligned to the needs of the local community.
- **A local process map** to ensure that all partners and stakeholders are aware of their roles and responsibilities for providing and accessing speedy CSTRs.
- **A clinically led dedicated MHTR intervention service**, following consent/agreement. An individualised case formulation plan will be completed along with practitioner supervision. Clinical Leads will be appointed through the MHTR CSTR contract to maintain clinical oversight of the services. (see Clinical Leads and Primary Care MHTR guidance).
- **A pathway/process for on the day DRR/ATR assessments**, with clearly defined responsibilities for on-going management of any relevant requirement, including those combined with MHTRs.
- **Timely referral and access to ongoing support** after sentencing.
- **Local agreements must be in place to appropriately share information** to include; probation, HMCTS, Liaison and Diversion, health and substance misuse providers.
- **A flexible service** to maximise access i.e. around employment / education and family.

⁵ Up tariffing = Increasing the sentence to accommodate the order requirements

- **Training** to raise awareness of the mental health issues for magistrates, judges, solicitors, legal advisors, police and probation providers. Sites should consider introducing feedback for sentencing courts regarding the effectiveness of CSTR orders.

CSTR activities relating to Drug and Alcohol Treatment Requirements (DRRs and ATRs)

The activities undertaken by the commissioned service will integrate into a wider CSTR operating model. ATRs and DRRs are provided through substance misuse services commissioned by the local authority. In order to support the CSTR processes to achieve assessment on the day, where possible, the following activities are suggested:

CSTR planning process

- **Engage with CSTR partners** (probation, HMCTS, substance misuse, health providers and Liaison and Diversion) to develop and agree process and governance pathways to maximise the benefit of MHTRs, ATRs and DRRS as standalone or combined requirements. The latter referring to a MHTR with a DRR or an ATR.
- **Develop information/data sharing agreements** across the relevant partner organisations to enable joined up working across the sectors. Information sharing protocols to enable sharing of clinical information with other agencies when appropriate, which is underpinned by Caldicott Principles and GDPR information governance structures.
- **Operational and joint working protocols** jointly agreed with relevant agencies e.g. sharing confidential information/risk assessment and management/obtaining assessments under the Mental Health Act 1983. Consider sharing **aggregated Treatment Outcomes Profile data** (TOP) data on relevant DRR/ATR cases.
- **Agree a local tracking and reporting process** on the number of ATR and DRR commencements (to enable confidence in locally collected CSTR data).
- **Agree on a process to report** on the numbers of individuals consenting to DRRs/ATRs successfully completing treatment as defined by PHE.
- **Lived experience engagement** throughout this process to ensure that the planning process is reflective of the needs of the local population and community.

Pre-sentence

- **Option one:** where the substance misuse provider or Liaison and Diversion service operate in police custody. Provider or Liaison and Diversion services identifies individuals potentially suitable for DRR/ATR. If charged and guilty plea anticipated, the provider to alert probation Court Duty Officer (CDO). This information is then incorporated into a PSR, if requested, with the CDO liaising with MHTR provider as and when required.
- **Option two:** where the provider operates in the court setting an assessment will be completed and liaises with MHTR provider and CDO to agree relevant requirements.
- **Option three:** where the provider does not operate in police custody or court setting. CDO applies screening tool that has been agreed with local providers and contacts the provider to discuss/agree an appropriate intervention, DRR or ATR, or combined order with an MHTR. CDO ensures consent explained and received from the individual prior to sentencing.
- Across all options above when screening/assessing an individual, consideration must be given to ensure that steps are taken to provide information/interpretation/easy read material so that the individual understands and is in full agreement with the requirements.

Sentencing

The CDO will recommend the proposal to the sentencing court, including the fact that the individual has consented to the requirements and that the provider and/or mental health providers have agreed to offer interventions for a DRR/ATR/MHTR or combined order.

A combined CSTR may only be recommended if the offence is serious enough and matches the level of the order i.e. a court order that includes two treatments will only be available to individuals whose offence reaches the medium level community order range or higher. The length of any CSTR should reflect the treatment need and be agreed with the treatment provider.

Whilst the individual is being sentenced, CDO and court must ensure that the person understands the sentence and is provided with a CSTR leaflet (language appropriate/easy read if necessary) along with the date/time of the next appointment.

Post sentence

If sentenced to a proposed CSTR(s) the judiciary will be asked to complete a short form which indicates the sentence which might have been imposed had the CSTR not been available. Probation will ensure a process to arrange appointment(s) with the relevant provider(s).

Post sentence the Offender Manager (OM) will co-ordinate a three/four-way meeting with the provider and/or MHTR provider and the individual to discuss sequencing of the order, expectations and goals.

ATR/DRR case management

The **treatment** elements of a DRR or ATR will be provided by locally commissioned substance misuse services. If an individual is sentenced to a combined CSTR, all providers will work in partnership to appropriately deliver the requirements, ideally by joint case reviews. The MHTR interventions will be provided by the MHTR Mental Health practitioners and clinically supervised by the Clinical Lead.

Probation is responsible for informing the Substance Misuse/MHTR provider of any relevant requirement.

The Offender Manager (OM) is responsible for:

- Making initial contact, co-ordinating 3-way reviews and initiating contact to gain information for court reviews and preparing reports;
- Informing the provider of any relevant risk issues, breach or remand status;
- Informing the provider of any protected characteristics, social/ access issues;
- Supporting the provider if engagement is proving difficult or if the requirement is not meeting the individual's needs and requires adjustment, or if an individual has responded well and does not require the full duration of the intervention or treatment.

The provider is responsible for providing the OM with information as follows:

- Non-attendance/non-compliance within 48 hours of the set appointment;
- Drug test results;
- Engagement with treatment;
- Risk issues;

In relation to court reviews:

- Levels of attendance;
- Drug test results;
- Engagement with treatment;
- An assessment of progress.

Sentence completion

On completion of the requirements, the service providers will sign the completion documents along with ensuring that advice and further treatment/interventions have been arranged for ongoing support.

Eligibility

- 18 years or over and consent to the requirements.
- ATR: the individual is dependent on alcohol, susceptible to treatment and arrangements can or have been made for treatment.
- DRR: the individual's dependency or propensity is such as requires and may be susceptible to treatment.

Reasonable adjustments will be made to accommodate offenders needs in line with the Equality Act 2010.

- Individuals subject to these requirements may have several vulnerabilities, including: mental health, substance misuse, autism, learning/communication difficulty.
- Adjustments will be made to ensure that the services are accessible to individuals subject to these requirements (e.g. easy read, information available in relevant languages, treatments offered in suitable and accessible locations taking into account physical and mental health requirements).

Operational scope

Example: The following courts will be included in delivery:

Court	Address	Number of court rooms (operational)

Referrals may be made from a number of sources including:

- Police custody
- Probation
- Liaison and Diversion
- Court staff
- Legal representatives
- Substance misuse services
- Community mental health services
- Self-referrals
- Carers and family members
- Appropriate adults

A probation single point of contact will be made available for all pre and post sentence queries along with telephone number/email address to all relevant services. The service will proactively work with agencies to ensure that practitioners understand who can be referred for referral.

Governance, reporting and evaluation of the CSTR Programme

Governance

The local CSTR steering group will be responsible for monitoring the progress of the CSTR service to ensure it enables effective multidisciplinary working.

The performance and effectiveness of the site will be reviewed by the local authority commissioner and in discussion with the CSTR steering group. The membership of the CSTR steering Group will ideally include:

Chair (determined locally), NHS England and NHS Improvement, CCG, local authority commissioners, probation, HMCTS, judiciary, service users, CSTR provider, third sector providers. The CSTR steering group will provide updates to the local stakeholders according to the local arrangements and to the national CSTR Programme Board.

Reporting

The steering group will oversee the delivery of the CSTR site. In order to provide a minimum data set a standardised template will be provided to the sites for monthly reporting to the CSTR Programme Board. Local commissioners will conduct regular contract review meetings which will include a review of the CSTR site.

Diversity Monitoring

The promotion of equality and health inequalities are at the heart of this service. Throughout the development of the CSTR service we have given:

- Due regard to eliminate all forms of discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Due regard has been given to reduce inequalities between individuals in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

All individuals who engage with the treatment process will be asked to provide equal opportunities/diversity information. This will be monitored to ensure that no groups are disadvantaged. The Provider will record equalities information.
above.

Abbreviations

CSTRs	Community Sentence Treatment Requirements (DRR/ATR/MHTR)
MHTR	Mental Health Treatment Requirement
DRR	Drug Rehabilitation Requirement
ATR	Alcohol Treatment Requirement
NPS	National Probation Service
CL	Clinical Lead
CDO	Court Duty Officer
OM	Offender Manager (Probation)
RP	Responsible Practitioner (Dr)
L&D	Liaison and Diversion Service
PCC	Police and Crime Commissioner
HMCTS	HM Courts & Tribunals Service
MoJ	Ministry of Justice
PHE	Public Health England
NHSE/I	NHS England and NHS Improvement

This ATR/DRR service description has been written on behalf of the CSTR Programme Board by Sue Whitaker (HMPPS) Nino Magdalena (PHE) and Mignon French CSTR Programme Manager.

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