

Service	Support Delivery of Alcohol Treatment Requirement	Version	P3.0
Document	Service Specification	Sign-off Complete	MCB - OCT



## **Service Specification for**

# **Support Delivery of Alcohol Treatment Requirement**

## **Service Specification Document**

This document defines the service, including the required outcome(s) and outputs. As part of an SLA or Contract, the national minimum outputs in this document are mandatory for all providers. The document can also contain optional outputs that are available for Commissioners to commission.

### **1. Service Specification Document**

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<b>Version Control Table</b>		
<b>Version No.</b>	<b>Reason for Issue / Changes</b>	<b>Date Issued</b>
P1.0	Preview Publication	28-01-2011
P1.1	Deleted references to the 2007 National Standards and unmerged rows in output table	11-04-2011
P2.0	Go live publication. Changes since preview: Responsible Officer changed to Offender Manager in output rows 4 and 5, and inserted in output row 7 where previously missing. Reference to new Probation Instruction added.	01-10-2011
P2.1	Supporting documents: reference to operating model, cost spreadsheet and direct service costs and assumptions removed, as these are now outdated.	20-01-2014
P 3.0	Reviewed as part of general updating, no changes were currently required	14/6/2107

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## Introduction to Support Delivery of Alcohol Treatment Requirement Specification

**Note: Definitions used in Specification (Introduction and Outputs) below:**

**Dependence:** 'a cluster of physiological, behavioural and cognitive phenomena in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviours which once had greater value' (as defined by the World Health Organisation 'International Classification of Diseases').

1.	<b>Service Name</b>	<b>Support Delivery of Alcohol Treatment Requirement</b>
2.	<b>Key Outcome(s) for Service</b>	<ul style="list-style-type: none"> <li>• Successful completion of treatment</li> <li>• Reduction in or elimination of alcohol use</li> <li>• Reduction in alcohol related offending</li> </ul>
3.	<b>Definition of Service</b>	<p>An Alcohol Treatment Requirement (ATR) can be made as part of a Community Order (CO) or a Suspended Sentence Order (SSO). The following requirements must be met:</p> <ul style="list-style-type: none"> <li>• The offender is dependent on alcohol</li> <li>• This dependency is such that it requires and may be susceptible to treatment</li> <li>• Arrangements have been or can be made for treatment</li> <li>• The offender expresses willingness to comply with its requirements.</li> </ul> <p>An ATR is usually made for a six month period - the minimum duration – although the maximum possible duration is three years as part of a CO, or two years as part of an SSO.</p> <p>The court does not have to be satisfied that alcohol caused or contributed to the offence in order to impose an ATR.</p> <p>Testing cannot be made a compulsory part of the ATR. An ATR attached to a CO cannot be subject to review by the court, although progress on an ATR can fall within the overall review of an SSO.</p> <p>An ATR must be carried out by or under the direction of a specified person having the necessary qualifications or experience. Core treatment should be at tiers 3 or 4 of the Models of Care for Alcohol Misusers (MoCAM), as defined by the National Treatment Agency in 2006, although some tier 2 preparatory and/or post-treatment work may be included.</p>

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4.	<b>Service Elements In Scope</b>	<ul style="list-style-type: none"> <li>• Offenders access and attend treatment</li> <li>• Information is shared</li> <li>• Liaison between the Offender Manager and the Treatment Provider is proportionate to the risk of harm presented by the offender</li> <li>• Progress is sustained and reinforced after treatment</li> </ul>
5.	<b>Out of Scope Elements</b>	<ul style="list-style-type: none"> <li>• Pre-Sentence assessment of suitability for and availability of treatment</li> <li>• The management of the Community Order including reporting in accordance with sentence planning, continuous risk assessment, review and enforcement</li> <li>• Development of partnerships and other working relationships with Primary Care Trusts (PCTs) and treatment provider agencies</li> <li>• Delivery of alcohol treatment by external provider</li> </ul>
6.	<b>Dependent Service Elements</b>	None
7.	<b>Strategic Context</b>	<p>Under Section 212 of the Criminal Justice Act 2003, an ATR is available to courts as a sentencing option for offences committed on or after 4 April 2005 by offenders aged 18 or over.</p> <p>The current major strategic issues in relation to the delivery of services to tackle alcohol misuse are:</p> <ul style="list-style-type: none"> <li>• The social and economic costs of alcohol misuse in terms of health and offending</li> <li>• The gap between treatment provision and treatment need, and the geographical variation within this</li> <li>• The underdeveloped and underfunded state of alcohol treatment services in comparison with provision for drug misusers</li> <li>• The lack of an integrated national substance misuse strategy</li> <li>• Inconsistent data and poor information sharing between agencies which limit the effectiveness of commissioning.</li> </ul> <p>In relation specifically to the ATR, the key issues are:</p> <ul style="list-style-type: none"> <li>• Slow development of ATR provision due of the complexity of accessing funding, although numbers</li> </ul>

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		<p>are increasing</p> <ul style="list-style-type: none"> <li>• Geographical inconsistencies around the priority given by local PCTs to enabling offender access to mainstream treatment provision</li> <li>• Although guidance makes it clear that ATRs are suitable only for dependent drinkers, there is a history of insufficiently precise targeting so that some offenders whose alcohol use is problematic but not dependent are made subject to this requirement</li> <li>• The level of treatment provided for offenders on ATRs is not necessarily sufficient to deal with dependency and can be slow to access</li> </ul> <p>The ATR requires specialist medical interventions which cannot appropriately be delivered by probation staff.</p> <ul style="list-style-type: none"> <li>• Intervention at Tier 3 of MoCAM covers community based, structured, care planned treatment for moderately dependent drinkers, including medically assisted detoxification, psychosocial therapies, support and structured day care</li> <li>• Tier 4 covers specialist alcohol inpatient treatment and residential rehabilitation suitable to those with severe alcohol dependence</li> </ul> <p>These interventions are provided by NHS Mental Health Trusts in England, NHS Local Health Boards in Wales and by third sector alcohol treatment community providers. Local Primary Care Trusts and Substance Misuse Area Planning Boards in Wales are responsible for commissioning alcohol treatment and interventions. All offenders, as local residents, should have access to these interventions where required as part of mainstream health provision.</p> <p>Probation Trusts are responsible for funding the supervision and enforcement of the requirement as part of a CO or SSO, but <b>not</b> for the funding of mainstream treatment. However, some areas have not been successful in obtaining PCT funding and, as an interim measure pending successful negotiations with health authorities, have resorted to funding ATR provision themselves. Some trusts choose to contribute to an enhanced level of intervention or treatment (such as fast track access, longer or more intensive programmes, or regular reports on compliance and progress), where this is necessary to meet the requirements of an ATR.</p>
8.	<b>Flexibility</b>	All the outputs in this specification are mandatory – referred to as the <b>National Minimum</b> .

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9.	<b>Reference to Supporting Documents</b>	None.
10.	<b>Example Measurement/ Assurance Method for Commissioners</b>	<p>The specifications identify examples of methods for Commissioners to measure / obtain assurance on the delivery of the outputs/output features. Where an output/output feature does not have Performance Indicator(s) or Management Information associated with it, then it is proposed that it should be covered by Contract Management and/or more specific audits of the Service.</p> <p>Contract Management refers to the Commissioner, under the terms of the Contract, exercising appropriate oversight and monitoring of Contract compliance against the service as a whole, including site visits, file inspections and review meetings.</p> <p>Audit may refer to individual reviews of compliance commissioned by Commissioners or to service wide reviews, by Internal Audit and Assurance, of a key process contributing to the delivery of an outcome in a Service Specification.</p>
11.	<b>References for Detailed Mandatory Instructions</b>	<p>Criminal Justice Act 2003, Section 212</p> <p>Probation Instruction 13/2011 Delivery of Alcohol Treatment Requirement</p>
12.	<b>References for Non-Mandatory Guidance</b>	NOMS Alcohol Interventions Guidance
13.	<b>Review</b>	Review cycle to be determined

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## Specification

### National Minimum

<b>Row</b>	<b>Service Element</b>	<b>Outputs / Output Features</b>	<b>Applicable Offender Types</b>	<b>Policy Theme</b>	<b>Example Methods of Measurement / Assurance</b>	<b>References for Detailed Mandatory Instructions</b>	<b>References for Non-Mandatory Guidance</b>
1.	Offenders access and attend treatment	The offender commences the specified treatment within the timescales indicated to the court at the time of sentence	Offenders subject to ATR	Substance Misuse	Contract Management and/or audit	Criminal Justice Act 2003: Section 212	NOMS Alcohol Interventions Guidance
2.	Offenders access and attend treatment	The offender is instructed to attend for treatment in accordance with the treatment schedule	Offenders subject to ATR	Substance Misuse	Contract Management and/or audit	Criminal Justice Act 2003: Section 212	NOMS Alcohol Interventions Guidance
3.	Information is shared	Attendance is monitored in accordance with a consistent framework agreed between the offender manager and the treatment provider	Offenders subject to ATR	Substance Misuse	Contract Management and/or audit		NOMS Alcohol Interventions Guidance
4.	Information is shared	There is prompt liaison between the offender manager, who holds the community order, and the treatment worker, who is responsible for the care plan, on risks presented by the offender and any changes to these	Offenders subject to ATR	Substance Misuse	Contract Management and/or audit		NOMS Alcohol Interventions Guidance

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<b>Row</b>	<b>Service Element</b>	<b>Outputs / Output Features</b>	<b>Applicable Offender Types</b>	<b>Policy Theme</b>	<b>Example Methods of Measurement / Assurance</b>	<b>References for Detailed Mandatory Instructions</b>	<b>References for Non-Mandatory Guidance</b>
5.	Liaison between the Offender Manager and the Treatment Provider is proportionate to the risk of harm presented by the offender	Offenders are provided with feedback on their progress by the offender manager and treatment worker and assisted in planning for appropriate treatment to continue after the end of the requirement	Offenders subject to ATR	Substance Misuse	Contract Management and/or audit		NOMS Alcohol Interventions Guidance
6.	Liaison between the Offender Manager and the Treatment Provider is proportionate to the risk of harm presented by the offender	Treatment providers are made aware of offender needs and risks	Offenders subject to ATR	Substance Misuse	Contract Management and/or audit		NOMS Alcohol Interventions Guidance
7.	Liaison between the Offender Manager and the Treatment Provider is proportionate to the risk of harm presented by the offender	Offenders presenting a medium or high risk of harm receive more intensive supervision from the offender manager than those who present a low risk of harm	Offenders subject to ATR	Substance Misuse	Contract Management and/or audit		NOMS Alcohol Interventions Guidance
8.	Progress is sustained and reinforced after treatment	Relapse Prevention is delivered when required	Offenders subject to ATR	Substance Misuse	Contract Management and/or audit		NOMS Alcohol Interventions Guidance
9.	Progress is sustained and reinforced after treatment	Alcohol use is assessed at the end of the requirement using a validated assessment tool	Offenders subject to ATR	Substance Misuse	Contract Management and/or audit		NOMS Alcohol Interventions Guidance