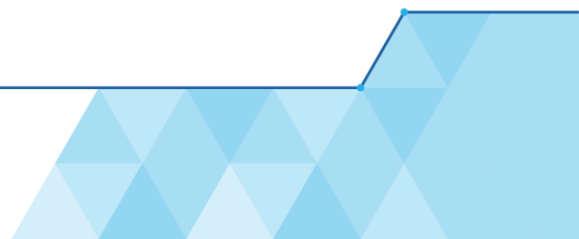




Ministry
of Justice

Government response to the ACMD report on Custody - Community Transitions

October 2019



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Executive summary

1. The Government welcomes the report by the Advisory Council on the Misuse of Drugs (ACMD) on Custody-Community Transitions that was published on 12 June 2019¹.
2. We recognise that the custody to the community transition point in the criminal justice system has particular challenges, especially for those with substance misuse issues. This move between custody to the community can often have a dramatic impact on vulnerable individuals.
3. Evidence from the Ministry of Justice's (MoJ's) Deaths of Offenders in the Community annual update 2017/18² show rates of natural deaths and self-inflicted deaths of offenders following release from custody have increased since the previous reporting period of in 2016/17. That is why we are committed to working across governmental and organisational boundaries to improve continuity of care and prevent critical gaps in provision.
4. The Government has considered the ACMD Custody - Community Transitions report carefully and have set out below the cross-governmental response to the recommendations in the report. Our response also sets out improvements that have been implemented or are currently underway to tackle the key challenges set out in the report.
5. The Government response to this report only covers England and Wales except where explicitly stated, as in recommendation 3. Both health and justice are devolved matters in both Scotland and Northern Ireland. Health is devolved in Wales, but not justice.
6. This response has been put together by the Ministry of Justice (MoJ) in conjunction with the following other government departments and agencies:
 - Department of Justice Northern Ireland,
 - Department of Health and Social Care (DHSC)
 - Her Majesty's Prison and Probation Service (HMPPS)
 - Home Office
 - Justice Directorate Scotland
 - Ministry of Housing, Communities and Local Government (MHCLG)
 - National Health Service England and National Health Service Improvement (NHSE/I)
 - Public Health England (PHE)
 - Department for Work and Pensions (DWP)

1

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/808320/CMD_Custody_community_transitions_report_June_2019.pdf

2 <https://www.gov.uk/government/statistics/deaths-of-offenders-in-the-community-annual-update-to-march-2018>

Introduction

7. The commissioning structures of substance misuse services (as well as other offender health services) between custody and community are highly complex – with different geographical structures and separate agencies having responsibilities within custody and the community.
8. Delivery of effective services and interventions is therefore dependent upon successful partnership working across the Ministry of Justice, Her Majesty's Prison and Probation Service, the Department of Health and Social Care, NHS England and NHS Improvement (NHSE/I), Public Health England, the Ministry of Housing, Communities and Local Government, the Department for Work and Pensions and local authorities.
9. The Government is taking a number of steps to ensure that we are delivering a joined-up approach to improve outcomes for this vulnerable cohort and these are outlined in this response.
10. Yet the Government recognises the scale of the issue, which is illustrated by the fact that in 2017/18, only 32% of offenders in England with substance misuse treatment needs were successfully engaged in community-based treatment within 21 days of release from prison³ and so more needs to be done.

³ <https://www.gov.uk/government/publications/substance-misuse-treatment-for-adults-statistics-2017-to-2018/algorithm-and-drug-treatment-for-adults-statistics-summary-2017-to-2018>

Government response

Recommendation 1:

That the Drug Strategy Board nominates one Minister who will have over-arching responsibility and accountability for the improvement of custody-community transitions for prisoners with complex health needs, including problems with drugs.

Response:

11. The Government accepts this recommendation.
12. To fulfil this role the Minister of State for Prisons and Probation, Lucy Frazer QC MP, will have over-arching responsibility for the improvement of custody-community transitions for prisoners with complex health needs. The MoJ, as lead department, will work in partnership with other relevant Government departments, agencies and devolved administrations across the Criminal Justice System and will need their support and commitment to effect change in this area.
13. The MoJ and Her Majesty's Prison and Probation Service (HMPPS) have responsibility for courts, prisons and probation policy and services in England and Wales, while NHS England & NHS Improvement (NHSE/I) are responsible for commissioning and delivering health services, including substance misuse services, in prisons.
14. Offenders in the community access the same health services as the rest of the population and there is no bespoke service. In England, Clinical Commissioning Groups (CCGs) are responsible for the majority of health needs, including mental health and GP services, whilst local authorities are responsible for substance misuse services and social care.
15. In Wales health services, including substance misuse, are devolved to the Welsh Government which allocates funding to Area Planning Boards for the provision of Tier 4 residential rehabilitation and in-patient detoxification services.
16. Departments such as the Department for Work and Pensions (DWP), the Department for Digital, Culture, Media and Sport (DCMS) and the Ministry of Housing, Communities and Local Government (MHCLG) also have important roles to facilitate support through the transition points to help achieve better outcomes for the individual, their families and society as a whole.
17. A cross-Government working group, led by the MoJ, will be set up to take forward recommendations 1 and 2.
18. The proposals agreed by the working group and approved by the lead Minister will report back to the cross-governmental Drug Strategy Board in due course.

Recommendation 2:

That this Minister be given the following mandate: To assess and improve performance in delivering officially accepted recommendations on transitions between custody and community for people with substance misuse, mental health and homelessness problems.

Response:

19. The Government accepts this recommendation and is taking a number of steps to improve this transition experience for vulnerable individuals. The MoJ consultation response, 'Strengthening Probation, Building Confidence',⁴ published in May 2019 sets out how the National Probation Service (NPS) will take back responsibility for management of all offenders (low, medium and high-risk) in the community in England from 2021, and in Wales from the end of 2019.
20. Having a single organisation with clear regional accountabilities across 12 probation regions in England and Wales and which is responsible for managing offenders will help to ensure effective transitions from prison and HMPPS accommodation to the community. But Justice partners cannot assess and improve performance alone. That is why NPS will facilitate the involvement of a range of services such as housing and mental health to promote a more consistent approach for vulnerable offenders.
21. One of the key aspects of the future resettlement model that will support transitions is the role of the Community Responsible Officer in the National Probation Service, who will specify and oversee the future model. The Community Responsible Officers will start pre-release activity at a much earlier stage (up to 10 months prior to actual release instead of 12 weeks) and, include resettlement assessment and planning into their broader offender management work.
22. This will enable closer integration of risk assessment, need and behaviour during pre-and-post release work, a single plan to determine and tailor services to individual need and protect victims, as well as a single person who is accountable for pre-release, licence conditions and overall management oversight of the offender released from prison. The resettlement model assumes interventions will be delivered by third sector providers in the places where offenders will live and not just where the prison releases from.
23. Another area where transitions from custody to the community and partnership working are supported is through new probation arrangements reflected in the NPS Health and Social Care Strategy,⁵ which was published in June this year. One of the three core commitments of the Strategy is to support the development of more robust pathways into services for people under probation supervision, including improving continuity of care between the custodial and community settings.
24. One of the key new initiatives in the health and justice pathway is RECONNECT, the new 'care after custody' service announced in the NHS England & NHS Improvement (NHSE/I) Long-Term Plan⁶.
25. As part of the Long-Term Plan, NHSE/I have committed to invest £20 million within the next five years on the new RECONNECT service that supports vulnerable people with complex health needs to engage with health services as they return to the community. These services will engage with prisoners prior to release, and support probation service resettlement plans in a coordinated way to ensure that community healthcare is accessible to individuals returning to the community after a custodial sentence.

⁴ <https://www.gov.uk/guidance/strengthening-probation-building-confidence>

⁵ <https://www.local.gov.uk/sites/default/files/documents/national-social-care-cate-468.pdf>

⁶ <https://www.england.nhs.uk/long-term-plan/>

26. The MoJ and MHCLG are working together to deliver commitments in the Government's Rough Sleeping Strategy,⁷ to support individuals released from custody. We are investing up to £6.4 million in a pilot scheme⁸ in three prisons: Bristol, Leeds and Pentonville. Services which went live in August 2019.

The indicators of progress in this area should include the following:

a) Reducing the rate of reoffending (within six months and after two years) of people who leave prison and who have an assessed need for drug treatment.

27. The Government shares this ambition and will explore potential options to link the MoJ reoffending and National Drug Treatment Monitoring System (NDTMS) data sets. As the two data sets are not currently linked, significant work will be needed to link this data on an ongoing basis.
28. Data obtained by Public Health England (PHE) through the NDTMS does not measure the rate of reoffending and the factors that contribute to it together. The NDTMS only captures data on those receiving structured substance misuse treatment in custody or the community and does not include offending or mortality information in the dataset.
29. Data linkage between MoJ-held data – the Police National Computer and Probation's Offender Assessment System – and NDTMS data would be needed in order to determine reoffending amongst those with a drug treatment need.
30. Justice Statistics Analytical Services routinely publish re-offending statistics based on a one year follow up period⁹: Through more bespoke analysis they could potentially provide re-offending statistics based on six months and two years follow-periods through more bespoke analysis. However, data linking will be required to capture reoffending amongst individuals who have been identified through NDTMS as having a drug treatment need.

b) Reducing the numbers of people who die within four weeks of leaving custody (separated by police and prison custody) and while under the supervision of the probation services. These data should be collated separately for suicides and drug-related deaths, following the definitions that the Office for National Statistics uses for the general population.

Response:

31. The Government agrees to take forward this recommendation. Further cross-governmental work will be needed to fulfil this recommendation, due to the complexities of data sharing across government departments.
32. With regards to drug-related deaths, there is currently nothing in place that measures drug-related deaths specifically. Deaths within four weeks of release are recorded as a death under supervision in the MoJ [Deaths of offenders in the community annual statistics bulletin](#)¹⁰, although currently the report is not broken down by the duration since their release.
33. PHE is exploring the feasibility of analysing data for drug-related deaths (mortality data), particularly in terms of take home naloxone and continuity of care for those released from prison having received drug treatment in custody. There is an opportunity to potentially link data on released prisoners with the drug-related deaths data and report back on deaths within

⁷ <https://www.gov.uk/government/publications/the-rough-sleeping-strategy>

⁸ <https://www.gov.uk/government/news/prisons-to-deliver-trailblazing-6m-rough-sleeping-initiative>

⁹ <https://www.gov.uk/government/collections/proven-reoffending-statistics>

¹⁰ <https://www.gov.uk/government/statistics/deaths-of-offenders-in-the-community-annual-update-to-march-2018>

four weeks of release. Health and Justice partners will explore how this data can be linked and report back to the HMG Drug Strategy Board on this recommendation.

c) Reducing the proportion of people who leave prison with unsettled or unknown accommodation on the first night of release.

Response:

34. The Government agrees with this recommendation.
35. It is vital that everyone leaving prison has somewhere safe, stable and secure to live. Having somewhere to live acts as a platform to accessing other services vital to rehabilitation, including healthcare, employment and education.
36. Through the Government's Rough Sleeping Strategy,¹¹ £6.4 million is being invested in a pilot scheme¹² to support individuals released from three prisons: Bristol, Leeds and Pentonville. Services went live in all three prisons in August 2019 and service users are now being referred onto the pilot scheme and receiving support from suppliers. It is expected that the first service users will move into their accommodation in mid-October. Following a mobilisation period, it is expected that services will commence incrementally over the next few months.
37. Subject to evaluation, the Government will use the lessons learned from this pilot to inform future provision of accommodation services. This a concrete step in our commitment to tackling rough sleeping.
38. Further to this and in light of experience to date, the MoJ will be working with HMPPS to monitor referrals being made under the Duty to Refer, and to review the guidance issued to ensure that this duty can be carried out effectively. In supporting prisons and probation advisers with this duty, there are further communication plans being rolled out specifically timed to run concurrent over the first year's commencement of the new enhanced Through the Gate arrangements for Community Rehabilitation Companies (CRCs) and the new joint prison and probation performance measure for accommodation on the first night after their release.
39. HMPPS (Approved Premises/Bail Accommodation and Support Service) Accommodation and Support Services is also developing an Accommodation Strategy for England and Wales that clearly sets out HMPPS responsibilities, partner responsibilities and a framework for building on successes and working together to ensure that offenders are able to access and maintain settled accommodation.

d) Increasing the proportion of people who have an assessed need for drug treatment on release who enter treatment in the community within four weeks of release.

Response:

40. The Government agrees with this recommendation and is committed to increasing the number of people with a drug dependency entering substance misuse support and treatment upon release from prison.
41. Supporting access to and continuity of care through the prison estate, pre-custody and post-custody, into the community is one of three shared objectives in the 2018 to 2021 National Partnership Agreement for Prison Healthcare¹³ between the MoJ, HMPPS, DHSC, NHSE/I, and PHE.

¹¹ <https://www.gov.uk/government/publications/the-rough-sleeping-strategy>

¹² <https://www.gov.uk/government/news/prisons-to-deliver-trailblazing-6m-rough-sleeping-initiative>

¹³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/76783/2/6.4289_MoJ_National_health_partnership_A4-L_v10_web.pdf

42. PHE have produced guidance¹⁴ for improving the continuity of care between prison and the community in November 2018. This document included detailed instructions on how to conduct a continuity of care audit based on a methodology that PHE developed following work with stakeholders in the London area. Since the publication of the guidance PHE have been supporting targeted work to improve continuity of care in the North West, West Midlands and North-East regions.
43. PHE produce the data that measures performance against this metric. Public Health Outcome Framework (PHOF) indicator 2.16¹⁵ is a national indicator that measures continuity of care for people with a substance misuse treatment need who are released from prison and are referred to, and subsequently engage with, a community treatment provider. The PHOF 2.16 metric is based on a three week rather than a four week window.
44. Continuity of care for substance misusing offenders between prisons and community treatment is also a key service outcome in Service Specification 29 (Public Health Services for Children and Adults in Secure and Detained Settings in England)¹⁶ and is therefore one of the performance indicators in the public health functions agreement (Section 7A)¹⁷ to which NHSE/I is held accountable. Other initiatives implemented to deliver improvements in this area include:
45. Since October 2017, GP practices are required to accept requests to pre-register prisoners coming to the end of their sentence, helping to transfer vital information on health when the offender returns to the community and improve continuity of care.
46. One of the three core commitments of the NPS Health and Social Care Strategy 2019-2022 is to 'support the development of more robust pathways into services for people under probation supervision, including improving continuity of care between the custodial and community setting'. This commitment specifically includes seeking to increase the proportion of people who have an identified drug treatment need who engage in treatment upon release. The Strategy will be delivered through both national and divisional action plans. The progress of the strategy will be monitored by the NPS National Health and Social Care Leads Group, culminating in a holistic review in 2022.
47. In January 2019, NHSE/I published its Long Term Plan which set the vision for NHSE/I for the next 10 years. Included in the Long Term Plan was the commitment to deliver RECONNECT, a care after custody service working with prison leavers to "RECONNECT" them to community based healthcare services and thereby safeguarding the health gains made in custody when they leave. This vulnerability led service will include a data set for measuring engagement with community based healthcare providers including substance misuse, mental health, primary and secondary care.

e) Increasing the proportion of prisoners who are assessed as having a problem with opioids who leave prison with naloxone

Response:

48. The Government agrees that it is important to have a clear picture of the transition process from custody to the community to ensure that the health needs of people with substance misuse issues, poor mental health or at risk of homelessness are being met.

¹⁴ <https://www.gov.uk/government/publications/continuity-of-care-for-prisoners-who-need-substance-misuse-treatment/guidance-for-improving-continuity-of-care-between-prison-and-the-community>

¹⁵ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000042/pat/6/par/E12000007/ati/102/are/E09000009>

¹⁶ <https://www.england.nhs.uk/publication/public-health-national-service-specifications/>

¹⁷ <https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2018-to-2019>

49. The Government Drugs Strategy (2017)¹⁸ sets out that all local areas should have appropriate naloxone provision in place. PHE have introduced reporting on the provision of naloxone as part of the National Drug Treatment Monitoring System data set. PHE will continue to report performance against this metric in both the quarterly monitoring report that they produce and the annual secure settings report that is published every January.
50. On its own, naloxone supply may not be a helpful isolated marker of effective transitions. The current proportion of people accessing community services is only 32% post-release (this is the latest available figure covering 2017/18), which will also affect risk/safety. PHE monitor the number of eligible prisoners who are given naloxone on release as this is an important marker in relation to preventing drug related deaths post release. The indicator of access to naloxone would be relevant as part of a wider set of indicators to measure improved transition of care.
51. NHSE/I's current guidance (Drug Misuse & Dependence; UK Guidelines on Clinical Management¹⁹) requires there to be a 'local agreement' on whether naloxone is supplied in custody or in the community post-release.

¹⁸

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

¹⁹

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf

Recommendation 3:

That the Minister of Justice (England and Wales), the Cabinet Secretary for Justice (Scotland) and their counterpart in Northern Ireland take further steps to reduce the number of transitions into and out of prisons. This includes reducing the use of short prison sentences of less than 12 months and the number of people who are recalled to prison. This should involve:

- a) reform sentencing to minimise the use of sentences of less than 12 months, with the aim of eliminating the use in sentencing of periods of less than 3 months in prison;**

Response:

England and Wales

52. The Prime Minister last month ordered an urgent review into sentencing policy. The MoJ will bring forward proposals shortly.
53. This is an internal review which will focus on sentencing for the most serious violent and sexual offenders and the rules governing when and how those offenders are released. The MoJ are also, as part of this review, looking at changes to sentencing for the most prolific offenders which could help break the cycle of reoffending.
54. It is important that the public and judiciary have confidence in effective community orders, including those which address offenders' behaviour, answer their mental health and alcohol or drug misuse needs, or provide reparation for the benefit of the wider community.
55. The MoJ, DHSC, NHSE/I and PHE have worked together to develop a new protocol to address the low numbers of Community Sentence Treatment Requirements (CSTR) currently being used.
56. The protocol supports the increased use of community treatment requirements, as part of a community or suspended sentence order. It directly addresses the reduction of short term custodial sentences by providing effective community sentence options.
57. The roll-out of Liaison and Diversion (L&D) services supports our efforts to intervene early for vulnerable offenders and divert them into services that address the underlying causes of offending. These services place clinical staff at police stations and courts to provide assessments and referrals to treatment and support. This means that, where appropriate, an offender may be diverted away from the criminal justice system altogether, away from charges, or from a custodial sentence to a CSTR. The L&D service is commissioned by NHSE/I and is currently operating across 92% of England. Full roll-out is expected by 2020/21.
58. The NHSE/I Long-Term Plan, published in January 2019, includes a commitment to expand provision for the CSTR programme for more women offenders, short-term offenders, offenders with a learning disability, and those with mental health and additional requirements.
59. The recently announced reforms to probation are a critical first step to building this confidence and improving the delivery of effective community orders. The reforms will strengthen the supervision of offenders on community orders by bringing together offender management functions under the National Probation Service, while improving joint working with other partners in the system. A commercial framework is being developed to support the commissioning of rehabilitative interventions from a more diverse range of specialist and voluntary sector organisations.

Scotland

60. On 26 June 2019 the Scottish Parliament approved the order²⁰ which extends the presumption against short sentences from three months or less to 12 months or less.
61. Overall, there was strong support for extending the presumption, which is part of a broader approach to preventing reoffending and reducing victimisation. The Cabinet Secretary for Justice (Scotland) made the order on 2 July 2019, which came into force on 4 July 2019. The level of impact of the extension of the presumption to 12 months will be dependent on judicial decision making. The presumption is not a ban and the judiciary will still impose custodial sentences where they have considered the alternatives and decided these are not appropriate in the circumstances. Evidence from the three-month presumption, which was introduced, and scenario planning from analysts suggests the extended presumption will have a moderate impact and take time to filter through the system.

Northern Ireland

62. In Northern Ireland, the Department of Justice is concerned about the relative effectiveness of short custodial sentences. Under its Problem-Solving Justice approach, the Department has been piloting problem solving courts. One such initiative, the Enhanced Combination Orders (an alternative to custodial orders of under 12 months) provides a practical means of addressing this issue. A Substance Misuse Court in Belfast is now entering its second year, with early results looking promising.

b) reforms to the system of supervision on licence, so as to reduce the number of people who are recalled to prison.

Response:

63. In England and Wales, responses to the MoJ's 2018 consultation, 'Strengthening Probation, Building Confidence', identified concerns about a lack of distinction between the supervision provided under licence and during the post sentence supervision period. Offenders are not always clear about when their licence period has ended or about the different implications of failing to comply with requirements. The consultation also acknowledged the risk of "spiral": where post-sentence requirements are not complied with, punishment of the breach (for example committal to prison) can create a repeated pattern of further non-compliance, and increased punishment out of proportion to both the original offending and the rehabilitative purpose of post sentence supervision.
64. Work is already underway at looking at ways in which the existing regime can be made more proportionate and effective within the existing legal framework. Where, for example, an offender is low risk and is making good progress with their rehabilitation and they do not require intensive supervision, the MoJ is exploring a process whereby face-to-face contact can be suspended in these cases and oversight undertaken by telephone. This would make supervision more proportionate and targeted at those with the greatest need.
65. The Scottish Government recently carried out a consultation²¹ on parole which included questions about improvements to supervision, review and recall. The consultation is currently being analysed and results are expected to be published in the autumn.
66. The recall of offenders in Northern Ireland is risk based and predicated on public protection. The volume of recalls in Northern Ireland is symptomatic of the many of the issues identified in the ACMD's report. The Department of Justice recognises that there are a wide range of factors which contribute to licence revocation including substance misuse, further offending, failure to engage with probation etc.
67. The Government recognises the importance of working with partner bodies to improve preparation for release from custody; to provide cohesive transition support/programmes; and

²⁰ <https://www.legislation.gov.uk/ssi/2019/236/contents/made>

²¹ <https://consult.gov.scot/justice/transforming-parole-in-scotland>

to increase the availability of community-based services to assist offenders with drug/alcohol issues.

Recommendation 4:

That the prison services of the UK take steps to minimise the release of prisoners with complex needs (including substance misuse) on Friday afternoons.

Response:

68. The Government is exploring issues around Friday releases from prison, however automatic release points for custodial sentences are set in legislation in England and Wales. Where the release date falls on a weekend or Bank Holiday, the Criminal Justice Act 1961 requires the release date to be brought forward to the first preceding working day, i.e. Friday. To hold prisoners beyond their release date would be unlawful, and to amend the release arrangements, primary legislation would need to be changed. Similarly, the Northern Ireland Prison Service cannot hold individuals beyond their release date.
69. Release from custody in the UK is governed by distinct legislation in each jurisdiction and the prison services have distinct systems in England and Wales, Scotland and Northern Ireland. Prisons are a devolved matter in Scotland and Northern Ireland.
70. The MoJ recognises that there can be challenges for some prisoners released on a Friday in accessing the services they need, but we consider that the solution lies in improving resettlement, and looking at changes to policy, rather than amending the statutory rules on release. This can include ensuring that resettlement and other supportive services are made aware in advance of release (where possible), and building in an expectation of those services working outside of Monday to Friday 9-5.
71. Several pieces of work are underway to improve resettlement and mitigate the issues around Friday releases.
72. As set out in the response to recommendation 2, Community Responsible Officers will be responsible for managing the offender on his/her release in the future probation model. They will also be responsible for planning for the offender's release from prison and undertaking the assessment and planning. This will build on the work completed and planned within the prison to ensure continuity and to support successful transition and integration back into the community.
73. Additionally, as highlighted in paragraph 25, the NHSE/I Reconnect service, which is currently being developed will, support vulnerable people with complex health needs to engage with health services as they return to the community and will engage with prisoners prior to release, and support probation service resettlement plans.
74. In England and Wales, we are able to limit releases on a Friday for those with complex needs through use of temporary release. In May 2019 we changed our Release on Temporary Licence (ROTL) policy, to allow it to be granted in the days leading up to release. This means that those assessed as suitable for ROTL with a Friday release date may access services and support before the weekend, where this has been identified as essential by their community offender manager. This must be considered on a case by case basis as to do so in a blanket fashion raises legal issues around misuse of the statutory release provisions.
75. The Prisoners (Control of Release) (Scotland) Act 2015 introduced provisions which allow prison governors to release a prisoner up to two days earlier if it would be better for the prisoner's re-integration into the community. For instance, this could include the prisoner obtaining access to drug or alcohol treatment services or the prisoner obtaining access to the provision of housing services. These arrangements came into effect on 1 February 2016.

Recommendation 5:

That the Department for Work and Pensions (DWP) should:

- a) accelerate the introduction of the measures listed in the 2018 *Rough Sleeping Strategy* (MHCLG, 2018) to enable prisoners to access employment or Universal Credit immediately on release;**

Response:

76. The Government accepts this recommendation.
77. The Department for Work and Pensions committed to delivering the following measures in the 2018 *Rough Sleeping Strategy*²²:
- Increasing the level of prisoner engagement with Prison Work Coaches;
 - Supporting prisoners to begin the Universal Credit claim in prison;
 - Continuing work to support prisoners to open bank accounts in prison; and,
 - Supporting prisoners to verify their identity for Universal Credit purposes.
78. To accelerate the introduction of these four measures and to enable prisoners to access employment or Universal Credit immediately on release, the DWP is providing a range of support to help prisoners/ex-offenders access employment or Universal credit as close as possible to the day of release. This includes Prison Work Coaches and Jobcentre Plus colleagues in place, with the right skills, to support prisoners and ex-offenders to access appropriate employment and welfare support, helping reduce re-offending.
79. A National Partnership Agreement between MoJ, HMPPS and DWP was launched on 23 July 2019. In the spirit of the ACMD's own report, this agreement is intended to improve an offender's journey from custody to the community, driving rehabilitation and reducing reoffending. In particular, the intention is to improve support for offenders leaving prison to find work, access Universal Credit and reintegrate into society.

Increasing the level of prisoner engagement with Prison Work Coaches

80. From the recent Universal Credit pilot in three prisons in England, the Government understands (please see the response to recommendation 5c.) that, on average, prisoners who engage with a Prison Work Coach make their claim and receive an advance payment significantly quicker than those who do not engage.
81. Lessons from the pilot have also helped inform a package of good practice enhancements, now rolled out to Prison Work Coaches, their managers and colleagues in Jobcentres. This includes new posters and mailshots to prisoners; bringing engagement activities forward from five weeks to 12 weeks before release; and a handover template from the Prison Work Coach to Jobcentre staff, to ensure consistent sharing of information on release.
82. We have also recruited additional Prison Work Coaches to support the increased engagement and continue to review this.

Supporting prisoners to begin the Universal Credit claim in prison

83. The long-term objective is to enable prisoners to make a claim in advance of leaving prison. However, there are many areas where work is required to make this process possible, both with regards to improving through the gate support for prisoners and enabling advance claim functionality within the design of Universal Credit itself.

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/73342/1/Rough-Sleeping-Strategy_WEB.pdf

84. DWP support for prisoners, including through Prison Work Coaches, is therefore currently targeted at improving engagement and preparing prisoners to gather all the information and documentation needed to make their Universal Credit claim on release and booking an appointment at the local jobcentre.
85. Building on tests that have been completed in England, we will be testing ways to improve prison leavers' access to Universal Credit in two prisons in Scotland.

Continuing work to support prisoners to open bank accounts in prison;

Supporting prisoners to verify their identity for Universal Credit purposes

86. Prison Work Coaches can also support work on this where necessary, but these are primarily responsibilities of MoJ and Through the Gate services working in prisons, as prisoners will still need acceptable evidence of identity and access to bank accounts as part of their wider reintegration into society, including for jobs and housing.

b) work in partnership with Her Majesty's Courts and Tribunal Services (HMCTS) and the NPS to ensure that people who are imprisoned are not overpaid the housing element of Universal Credit; and,

87. The Government accepts this recommendation.
88. Although prisoners are not usually entitled to income-related benefits while in custody, prisoners serving short term sentences or on remand in custody are able to retain support with housing costs, to safeguard their tenancy and prevent them from becoming homeless on release.
89. MoJ and DWP officials are currently working to improve the data transfer on prison admissions, so that DWP can more quickly and accurately identify claimants with an ongoing entitlement. Where the duration of the sentence is unclear, DWP err on the side of continuing payment of housing costs, rather than ending them, again to protect tenancies.
90. As outlined in paragraph 79, the DWP, MoJ and HMPPS have launched a National Partnership Agreement for employment and welfare support in custody and the community, which sets out how the partners will work together to ensure more effective join-up between services. For example, the Agreement sets out the role of HMPPS to share timely sentencing data to support accurate benefit claims, and of DWP to support continuation of housing costs where applicable.

c) Following the completion of the evaluation of the pilots, implement the effective elements identified through evaluation.

91. The Government accepts this recommendation.
92. Improved engagement between a Prison Work Coach and prisoner has been identified as the effective element of the Universal Credit proof of concept work. As above, this has led to a package of good practice enhancements (please see response to recommendation 5a.)
93. In addition, former Work and Pensions Secretary Amber Rudd announced on 27 June 2019 that DWP will be working with the Scottish Prison Service on a further trial to build on the tests that took place in England. This will test further ways to improve the prison leaver's access to Universal Credit on the day of release.

Recommendation 6:

That the prison and probation services of the UK should develop and extend services that provide face-to-face, individualised support to prisoners who have drug problems in the run up to release and through the transition to the community.

Response:

94. The Government accepts this recommendation.
95. As outlined in Recommendation 2, the MoJ consultation response, 'Strengthening Probation, Building Confidence',²³ published in May 2019 sets out a number of steps how the NPS will improve this transition experience for vulnerable individuals, including prisoners who have drug problems. One of the key aspects of the new model that will support transitions is the role of the Community Responsible Officer as outlined in paragraph 21 in response to recommendation 2.
96. Another area where transitions from custody to the community are supported is through new probation arrangements reflected in the NPS Health and Social Care Strategy.²⁴ One of the three core commitments of the Strategy is to support the development of more robust pathways into services for people under probation supervision, including improving continuity of care between the custodial and community setting.
97. Also, the RECONNECT services will help engage with prisoners prior to release, and support probation service resettlement plans in a coordinated way to ensure that community healthcare is accessible to individual returning to the community after a custodial sentence.

²³ <https://www.gov.uk/guidance/strengthening-probation-building-confidence>

²⁴ <https://www.local.gov.uk/sites/default/files/documents/national-social-care-cate-468.pdf>

Recommendation 7:

That the Drug Strategy Board should make a clear statement that it is the responsibility of the national NHS bodies to ensure that all people who have an assessed problem with opioid use should be given the opportunity to take home naloxone when they leave prison or police custody. The Board should ensure that resources are made available to the national NHS bodies to support this responsibility.

Response:

98. Whilst NHSE/I support the provision of naloxone to all those who have an assessed problem with opioid use, including when they leave prison or police custody, the Government does not agree with this recommendation.
99. The Drug Strategy Board provides ministerial oversight on progress across the whole of the Drug Strategy, with lead departments responsible for driving particular strands of activity. The Board does not have recourse to any funding to support the delivery of the Strategy and would therefore not be the appropriate body to make a statement on resources for naloxone.
100. NHSE/I are responsible for commissioning naloxone in custodial settings and local authorities are responsible for commissioning in the community. It is therefore a joint local commissioning decision as to whether naloxone is provided to those leaving prison or police custody. Currently, local community substance misuse service providers agree a pathway in partnership with other stakeholders about which prisoners receive naloxone before they leave the prison, and which will receive a supply after they leave via community-based services.

Recommendation 8:

- a) That relevant agencies (for example, PHE) establish custody-community pathways into identified treatment for prisoners who have an assessed problem with alcohol, cannabis, cocaine, or other non-opioid drugs – as well as for users of opioids.**

Response:

101. The Government does not agree with this recommendation. The difficulty with developing national standardised care pathways is that these will differ from one area to another depending on the local need and the services available.
102. Most substance misuse services are commissioned to provide a full range of interventions for people with a range of substance misuse problems. Although we recognise there are still some specialist services (e.g. stimulant specific) they are increasingly less common, so care pathways, for these particular services, will differ from one area to another.
103. PHE's '*Improving continuity of care between prison and the community report*²⁵', published in November 2018, provides detailed, step by step guidance and recommendations to help prison healthcare and community based services to optimise successful transition between custody and community treatment. The Drug misuse and dependence: UK guidelines on clinical management²⁶ also provides guidance on this issue in section 5.3.
104. There are areas that have developed good and effective practice in terms of custody-community pathways. For example, the Connecting Communities Team at HMP Holme House, implemented as part of the Drug Recovery Prison Pilot, have funded dedicated community connection staff that sign-post to specific services that meet the individual's needs - these could be offered as exemplars of good practice. Also, the forthcoming developments like the introduction of the RECONNECT programme will help make a difference on a national level. This new model, funded up to £20 million per annum by year five (2023-24), will work with the National Probation Service to engage those most vulnerable groups of offenders, safeguarding health gains made in custody. This will be supported by the proposals being developed by MoJ as part of the probation redesign: that is promising a clearer role for the new National Probation Service in facilitating effective resettlement for offenders post release. These initiatives will need to work in a joined up and co-ordinated way with existing services.

- b) Additionally, that a pathway should be developed that offers sufficient support to enable prisoners leaving abstinence-focused interventions to maintain such change following release.**

Response:

105. Public Health England guidance states that decisions on the best treatment options for prisoners post release should be made based on a comprehensive assessment on their needs and circumstances at the point of release.
106. There is cross-Government consensus based on evidence that supports recovery treatments with the long-term goal of abstinence. Treatment services are delivered in line with NICE guidance and recognition that although some people may be able to commit to become abstinent, others may be unable or unwilling. UK guidelines acknowledge that there is a hierarchy of goals of drug treatment from reducing drug-related problems to abstinence, and that treatment goals should depend on the motivation and circumstances of each individual.

²⁵ <https://www.gov.uk/government/publications/continuity-of-care-for-prisoners-who-need-substance-misuse-treatment/guidance-for-improving-continuity-of-care-between-prison-and-the-community>

²⁶ <https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>

107. For substance misusing prisoners, returning to the community is often a very vulnerable and risky time. Even where good progress has been made in custody and individuals are drug free, no longer on Opioid Substitution Therapy (OST) and determined to remain abstinent, experience shows that the risk of relapse and drug related harm/death is very high for this cohort. There are very few specialist services that cater for abstinence only clients.
108. The current model is that mainstream community based substance misuse services should be able to support those who wish to remain drug free by offering talking therapies and recovery support.

c) Therefore, the ACMD recommends that post-release pathways for people with non-opioid problems and for people who have achieved abstinence in prison be strengthened

Response:

109. The Government does not agree with this recommendation for the reasons set out in recommendation 8(a) above.
110. Most substance misuse services should be prepared to support those who have achieved and want to maintain abstinence, although numbers accessing residential rehabilitation have reduced.
111. Mutual aid services like Narcotics Anonymous continue to provide support for those who are looking to remain drug free post release. The NHSE/I Long-Term Plan announced funding to develop a new service for those leaving prison custody who may be unable to engage with community based health services due to multiple complex needs.
112. The implication of the term 'pathway' is that it should be possible to establish a national roadmap that plots a clear journey from custody to community treatment. As mentioned in our response to 8(a) above, there are many variables, including the complex nature of individual needs and the differential availability of services from area to area, such that standardised national treatment pathways are unlikely to be feasible.

Recommendation 9:

That the Home Office should commission research specifically to identify and ameliorate problems and opportunities related to transitions into and out of police custody by people who have problems with drugs. This should include gathering information, across the UK, on:

(a) The levels of overdose and drug-related deaths in police custody and immediately afterwards;

Response:

113. The Government accepts this recommendation.

114. The Government accepts this recommendation. Home Office analysts have been commissioned to gather information on the levels of overdose and drug-related deaths in police custody and immediately afterwards. Subject to securing permission from stakeholders, officials will submit a summary of the findings to the ACMD.

(b) The coverage and effectiveness of Liaison and Diversion schemes in meeting the needs of arrestees with drug and alcohol misuse problems.

Response:

115. The Government accepts this recommendation as DHSC has already commissioned RAND Europe to evaluate the impact of Liaison and Diversion (L&D) services in the criminal justice system including re-offending and levels of diversion from the criminal justice system into treatment. The RAND evaluation will look at the effectiveness of L&D in terms of reducing crime and also on presentation at other health services. The evaluation is a longitudinal study that has tracked over 10,000 people for a large period of time. The study is expected to report its findings at the end of the year.

116. We recognise that transitions into and out of police custody for people with substance misuse problems are a touchpoint with a potentially hard to reach group, and may represent an opportunity for engagement with drug treatment services.

117. In relation to coverage of L&D services, England will be completely covered by service provision in both police custody and courts by 1 April 2020. However, L&D services are dependent upon effective partnerships between police custody, healthcare and effective pathways to drug recovery services, often commissioned by Local Authorities and or PCCs.