Community Sentence Treatment Requirement (CSTR) Programme Operating Framework

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)

NHS England and NHS Improvement

Contents

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Introduction

This Operating Framework for the Community Sentence Treatment Requirement (CSTR) Programme is designed to assist new areas ("Sites") to develop pathways to enable and facilitate the increased use of all three treatment requirements: Mental Health Treatment Requirement (MHTRs), Drug Rehabilitation Requirements (DRRs) and Alcohol Treatment Requirements (ATRs).

The Programme is a partnership between the Ministry of Justice (MoJ), Department of Health and Social Care (DHSC), NHS England and NHS Improvement (NHSE/I)[1], Public Health England (PHE) and Her Majesty's Prison and Probation Service (HMPPS).

This document aims to support consistency of service provision within new Sites in increasing the use of CSTRs through the introduction of new pathways and additional primary care services. This relates to the provision of planned and co-ordinated services with a focus on primary/secondary care MHTRs, DRRs and ATRs which are made available to the courts as part of a community or suspended sentence order. This document should be read in conjunction with the DRR/ATR, primary care and secondary care MHTR guidance papers.

[2] Learnings from the five testbed and developing Sites have informed this CSTR Operating Framework which supports the Programme's ambitions. It describes how health, social care and justice services should work together to ensure vulnerable offenders (particularly those with mental health and substance misuse needs) receive the health and social support they require.

The Programme aims to increase the use of all three CSTRs with a view to reducing reoffending among individuals, through effective and coordinated health and social care treatment requirements and to offer an alternative to custodial sentences. The Programme will also provide the courts with information and confidence to sentence to community treatment requirements.

The Programme ensures that the promotion of equality and health inequalities are at the heart of the services and NHSE/I's values. Throughout the development of this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as defined in the Equality Act 2010) and those who do not share it; and
- Given regard to the need 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.

Through close partnership working between Probation, HM Courts and Tribunals Service (HMCTS), NHSE/I, Liaison and Diversion services (L&D), Substance Misuse, Third Sector and social support services, CSTR will ideally be the sentence handed down on the day that the case is heard in court, wherever possible and appropriate i.e. the aim is to provide the courts with the option to sentence to CSTRs on the day, rather than a lengthy adjournment.

It is important to ensure that partnerships, processes, services and pathways are in place that can provide appropriate and accessible treatment for individuals with multiple and complex health and social needs, many of whom don't reach the threshold of secondary care mental health services**.**

Separate guidance is available for secondary care providers in respect of secondary care MHTR's.

[1] NHSE/I is the collective name for the National Health Service Commissioning Board, the National Health Service Development Authority and Monitor, acting together in respect of the statutory functions of commissioning services which rest with the National Health Service Commissioning Board (known as NHS England), part of the collective body.

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

Background

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. This may be due to a range of issues including the need to improve partnerships between health and justice partners. Improved partnership working can increase the use of treatment requirements, particularly as an alternative to short custodial sentences. There are three types of treatment requirement:

- Mental Health Treatment Requirement (MHTR)
- Drug Rehabilitation Requirement (DRR)
- Alcohol Treatment Requirement (ATR)

[3]All three treatment requirements were introduced as a sentencing option in the Criminal Justice Act in 2003. 'Treatment' covers a broad range of interventions (for example psychological therapies, a course of medication or inpatient treatment). As members of the general population, offenders in the community should have access to treatment in the same way as anyone else via mental health services, commissioned by NHS Clinical Commissioning Groups (CCGs) and drug and alcohol treatment services commissioned by Local Authorities. However, there are few services in the community that provide appropriate holistic treatment and care to support the health needs of this specific cohort of individuals, ensuring that services are integrated and providing interventions to all individuals.
ATRs/DRRs are provided through substance misuse services commissioned by the Local Authority.
Assessments/treatment for MHTRs are commissioned or co commissioned by NHSE/I and/or Clinical Commissioning Groups (CCGs) who are responsible for commissioning local secondary care mental health services and can be split into MHTRs provided by:

- **Secondary care mental health services:** when an individual's mental health condition reaches the threshold of secondary care services. The individual may, at the time of the offence, already be referred or accepted for treatment but may have failed to attend. This provision should be provided through locally commissioned frameworks for secondary care.

- **Primary care services**: the majority of individuals with mental health issues don't reach the threshold for treatment in secondary care. To date the testbed sites have indicated that the addition of clinically supervised mental health practitioners providing assessment in court and short, individualised, psychological interventions have been appropriate and effective in delivering primary care MHTRs. In many areas no such service exists. These will be commissioned or co commissioned by NHSE/I. The description of these Primary care MHTRs is to distinguish them from MHTRs provided under standard mental health contracts. It does not refer to services provided by GPs under GMS PMS or APMS contracts.

In 2018, out of all the requirements commenced under community orders:

- 0.4% (690) were MHTRs;
- 4% (7,772) were DRRs;
- 3% (5,079) were ATRs.

This is in the context of a decrease in the volume of people starting community orders. There has been a 39% decrease between 2009 and 2018.

[3] www.gov.uk/government/uploads/system/uploads/attachment_data/file/391162/Mental_Health_Treatment_Requirement_-_A_Guide_to_Integrated_Delivery.pdf

[4] The CSTR Programme was introduced in late 2017. A year one process evaluation of the five testbed sites has been published; this evaluation shows promising results and indicates that by strengthening partnerships, processes and governance pathways, the increased use of treatment requirements, in particular MHTR, is achievable. The process evaluation also provides feedback from testbed site workforce and individuals who collectively agree that increased use of CSTRs is beneficial in addressing some of the underlying causes of the offending behaviours, providing alternatives to short custodial sentences and enabling rehabilitation within the community.

[5]A study published by the MoJ in 2018 provided the first evidence to show that including an MHTR or ATR into a community order can have a positive impact on reducing reoffending.

The study found that for individuals with identified mental health issues, MHTRs attached to community orders or suspended sentence orders were associated with significant reductions in reoffending 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 re-offending 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. In the case of ATRs, for those with identified alcohol misuse issues, ATRs were associated with similar or slightly lower re-offending where they were used compared with similar cases where they were not.

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

[6]"The LASPO Act sought to make it easier for courts to use the MHTR as part of a community 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 was to ensure that courts receive appropriate advice based on mental health assessments quicker, thus reducing the avoidable time delay leading to adjournments and unnecessary psychiatric court report costs of using the MHTR as part of a community sentence.

Barriers: A number of barriers have been identified by the testbeds which may contribute to the low uptake of the three treatment requirements, these are also highlighted in the year one CSTR process evaluation[7]. Further information is included in the myth buster / Q&A document which is available to all CSTR Programme sites. Some barriers to developing CSTR provision include:

- Lack of clarity as to who should receive CSTRs.
- MHTR: the clinical criteria regarding suitability hasn't been clear as to who may be suitable, especially for those with lower level mental health and complex social issues.
- Availability of suitable treatment/intervention provision that effectively engages all adults taking into consideration e.g. sexuality, gender, religion, ethnicity, BME, physical/mental disability, veterans.
- Uncertainty relating to responsibility for drug testing as part of the DRR.
- Lack of availability and access to community services that can provide wrap around services for individuals with multiple complexities including dual diagnosis.

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

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

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

[7] https://www.gov.uk/government/news/lifeline-community-treatment-pilots-to-steer-offenders-away-from-crime

- Low awareness and confidence among both criminal justice and health professionals around the effectiveness of mental health/substance misuse CSTRs for individuals with associated vulnerabilities.

Definition of CSTR Services

The provision of assessment and treatment through a process relating to offences which fall into the category of a community or suspended sentence order. Assessments determine whether individuals 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 processes, services and pathways are in place to enable information, assessment and consent on the day of the court hearing wherever possible. This ensures that the courts are provided with informed and effective community treatment order recommendations, and that appropriate and accessible treatment for individuals with multiple and complex health and social, ethnicity, communication and accessibility needs is available taking into account physical/mental disability, sexuality and gender.

National Drivers

NHS Long Term Plan: "Since 2017, five sites in England have been testing a new CSTR Programme. This enables courts to offer community treatment, instead of a possible custodial sentence, the CSTR sites have provided effective and individualised community treatment for people who may otherwise have been sentenced to custody. We will build on this by expanding provision to more women offenders, short-term offenders, offenders with a learning disability and those with mental health and additional requirements."
[8]**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 Offender 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 coming into contact with the CJS through early intervention and effective support in the community, in turn reducing the number of women on 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.

[8] 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

Guiding Principles, Aims and Objectives

Guiding principles

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.
2. Operate within the CSTR Operating Framework.
3. Take an inclusive approach, recognising the complex needs of all adults in contact with the CJS including mental health, personality disorder, substance misuse issues irrespective of their protective characteristics as defined under the Equality Act 2010.
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 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.

CSTR Programme Aims

- **Reduce offending/re-offending, by improving the health and social outcomes** through rapid access to effective individualised treatment requirements (which if appropriate, and without up tariffing[9], 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(s) of the offending behaviours.
- **Improve health and social care 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 their protected characteristics as defined in the Equality Act 2010
- **Strive for sentencing on the day where possible** by providing assessment report to inform pre-sentence reports.
- **Enable access to community services** through individualised support for individuals both during and after the 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 protected characteristics (as defined in the Equality Act 2010) who may be suitable for a CSTR for: judges, magistrates, legal advisers and representatives, probation and the Police.

[9] Up tariffing = increasing the sentence to accommodate the order requirements

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.
- **Services which meet the needs of all individuals** irrespective of their protected characteristics as defined in the Equality Act 2010.
- **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 clear of their roles and responsibilities for providing and accessing speedy CSTRs.
- **A clinically led dedicated MHTR intervention service, following consent/agreement**. A case formulation will be completed along with practitioner supervision (see Clinical Leads Guidance). Clinical Leads will be appointed through the CSTR contracts to maintain clinical oversight (see Appendix 2 for more detail of the role of the Clinical Lead).
- **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 access and referral into 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. All information to be shared must be in accordance with data protection legislation and information sharing agreements need to be developed accordingly.
- **A flexible service** to maximise access taking into account the protected characteristics (as defined in the Equality Act 2010) which may previously have prevented access, also ensure flexibility around employment/education and family.
- **Training to** raise awareness of the mental health/substance misuse issues for magistrates, judges, solicitors, legal advisers, police and probation providers. Sites should consider introducing feedback for courts regarding the effectiveness of the orders.

How will this provision improve community integration?

More individuals will experience:

- **Improved access to mental health and substance misuse interventions:** commissioning a CSTR service will increase the number of individuals over the age of 18 years who are assessed as suitable to receive individualised treatment/support to aid their recovery. Links with adult social care will help to ensure that those suspected of having social needs are assessed and, where appropriate, provided with support.
- **Improving access and outcomes to treatment for all individuals:** supporting engagement for all adults taking into account their individualised requirements including protected characteristics as defined in the Equality Act 2010.
- **Recovery and reduction in offending:** appropriate treatment/interventions will address the individual's specific health and social needs, identified through proactive engagement by appropriately qualified practitioners.
- **Improved physical health:** many individuals will not be registered with a GP, which can place an unnecessary burden on A&E, out of hours' and other emergency health services. The CSTR services would encourage GP registration, enabling improved physical health care and access to screening etc.
- **Effective care and support:** individuals in contact with Criminal Justice Services (CJS) may have experienced years of trauma, abuse and victimisation with little care and support from appropriate services. They may have poor experiences of health, social services and may be reluctant to engage positively with staff. By addressing their mental health,

substance misuse and social needs effectively and sensitively, individuals are more likely to engage in treatment and support.

- **Reduced stigma and discrimination:** CSTR services recognise that mental health, substance misuse and physical health are inseparable and inter-related. All vulnerabilities must be mainstreamed to remove all forms of stigma and discrimination and enable access to mainstream services.
- **Avoidable harm to themselves or others:** assessment of risk is a key component of the CSTR services. Health and Justice staff will work closely together to develop a shared understanding of risk as it relates to mental health/substance misuse and criminogenic behaviors. Staff will be appropriately trained to reflect the needs of the local community and to provide support and interventions. Appropriate interventions will be put in place if levels of risk are raised.

Outcomes and Key Performance Indicators

Nationally monitored via CSTR dataset (to be aggregated up from local monitoring data)

Most of the information required (as set out below) can be collected by the treatment providers using the national CSTR National Minimum Data Set, supported by the CSTR Programme Team and local commissioning frameworks. Exceptions to this include breach information which will need to be provided by Probation and sentencer feedback forms which are completed by the judiciary/sentencer.
In accordance with the data sharing legislation, anonymised data will be sent to the CSTR Steering Group Chair, within a format as agreed by the national CSTR Programme Board. The template will include separate tabs for MHTRs, ATRs and DRRs to allow for separate analysis of each of the different types of treatment requirements. The data will be provided on a monthly basis and sent to the Chair by the second week of each month (or as locally agreed).

Pre-sentence
Record and monitor the individuals assessed and in the services for the following characteristics, ensuring that the service is accessible and appropriate for all adults and in line with the Equality Impact form (EIF).

- Source of CSTR referral
- Gender, Age and Ethnicity of individual
- Pregnancy and caring responsibilities
- Disabilities
- Armed Forces history
- Offence type
- Numbers assessed for MHTR/DRR/ATR/MHTR & DRR/MHTR & ATR
- Numbers consenting for CSTR following assessment
- Numbers of CSTRs obtaining provider approval for ATR/DRR
- Number of CSTRs obtaining MHTR Clinical Lead Approval

Sentence

- Number of CSTRs included within a Pre-Sentence Report
- Numbers of CSTRs accepted and declined by the judiciary (Accepted MHTR, DRR, ATR, MHTR & DRR, MHTR & ATR vs declined MHTR, DRR, ATR)
- Number of CSTRs sentenced on the day (within 24 hours)
- Number of sentencer feedback forms completed

- Additional data collected from the judiciary to highlight what the sentence may have been if the CSTR was not an available option (this data can help indicate instances where a short custodial sentence might otherwise have been ordered)

Post-Sentence

- Number of orders managed by probation
- Timing of multi-disciplinary review meeting post sentence
- Number of DRR court reviews conducted
- Number of cases breached by the court (compiled by Probation) and information about how many were subsequently re-sentenced to a CSTR and how many were sentenced to custody
- Unplanned discharge reasons
- Number of individuals registered with GP as a result of CSTR

Sentence completion

- Numbers completing CSTR requirements
- Current number of active requirements/numbers accessing and engaging with CSTRs
- Pre and post clinical outcomes (For MHTRs – CORE34, GAD7, PHQ9, SU/SH and for ATR/DRR relevant TOPS data as specified in the data template)
    - E.g. Change in levels of psychological distress, coping skills with work/social adjustment, changes to health and social outcomes

In addition, we ask sites to collect the following information. Most of this information can be completed by treatment providers, but probation will need to provide information on risk, breach reasoning and may also have key information needed to determine court adjournments. It would be expected that the CSTR providers capture the additional data below which will be shared at each steering group meeting and provides detail to the NMDS with a view to local service development and improvement.

- Reasons given for Clinical Lead and/or Substance Misuse Provider declining an individual CSTR and health/social support recommended
- Consent to be recorded by treatment providers, *as well as* by probation on n-delius
- Number of court adjournments and reasons (due to assessments not being available on the day or court led adjournment)
- If the court declines a CSTR, reasons to be recorded and detail of the health and social support recommended to be noted
- Whether an individual is registered with a GP (either before sentence or prior to treatment commencing)
- Reasons given for any instances of breach or individuals not completing the requirement
- Record if the breach directly related to the CSTR or another requirement within the court's order
- Levels of risk to self and others pre and post intervention
- Wider changes to health and social outcomes, changes in levels of psychological distress, coping skills with work/social adjustment
- Monitor and record health outcomes, including 3, 6, 12-month post sentence completion (MHTR)
- Numbers referred to other relevant services post completion of sentence
- Experience and care outcomes
- Number of awareness sessions to include mental health, substance misuse and associated vulnerabilities for: judges, magistrates, legal representatives and other representatives, probation etc.

And to document/detail:

- Any improvements in CJS partnership/interdisciplinary relationships

- Relevant information agreements and data sharing agreements

Nationally, we will also look to monitor reductions in re-offending outcomes for those who have completed a CSTR as part of the CSTR Programme.

Sentencing

Offenders can only be sentenced to a CSTR (as part of a community order) if a guilty plea has been entered or the individual has been found guilty after trial. The offence committed must have reached at least the threshold of a community order range as defined in the [10]Sentencing Council Guidelines (the Guidelines).
The offence and the sentencing range (as outlined in the Guidelines) will assist in determining the number and length of the requirements which may be attached to the order.
[11]Generally, the use of combined treatment requirements can only be considered if the offence has reached at least the medium sentencing level of the community order range and above.
Consideration must be given to ensure that up tariffing does not occur. For those cases where the threshold for a community order has not been reached or the level of mental health/substance issues identified do not meet the criteria for a requirement, identify appropriate pathways to local support in partnership with Liaison and Diversion services.

Delivery Partners and Stakeholder Group

CSTRs cannot be provided by a single provider. CSTRs can only be delivered through defined delivery partners who work closely together in partnership, have clarity of roles, responsibilities, share information and have clear lines of communication.

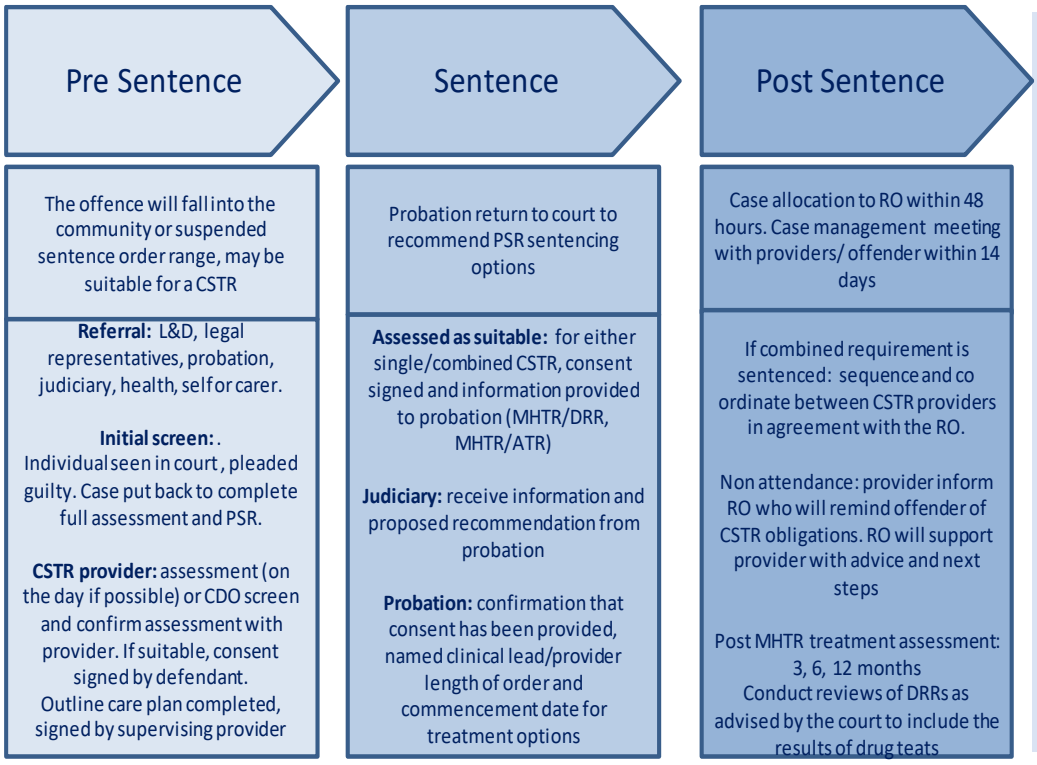
Additionally, there are stakeholders that require information and communication to enable awareness of the services and referral pathways. The delivery partners include:
- National Probation Service (NPS)
- Judiciary (Magistrates and Judges)
- HM Courts and Tribunal Service (HMCTS)
- Liaison and Diversion service (L&D) provider(s)
- CSTR providers for: MHTR, DRR and ATR
- Third sector organisations
- Voluntary and Lived Experience groups

The stakeholders include:
- Senior Presiding Judge
- Police and Crime Commissioners
- Judiciary and Court Staff
- Lived experience groups
- Local Health and Social Care partners (including Local Authority)
- Police
- Legal Representatives and other representatives
- Crown Prosecution Service (CPS)
- Clinical Commissioning Group (CCG)
- Health and Justice Commissioners (NHSE/I)
- Youth Offending Team (YOT) for those in transition to adult services.
- Women's centres or specialist support centres
- Sentencing Council

[10] https://www.sentencingcouncil.org.uk/the-magistrates-court-sentencing-guidelines/
[11] https://www.sentencingcouncil.org.uk/wp-content/uploads/Imposition-definitive-guideline-Web.pdf

CSTR Pathway and Process

Probation is responsible for managing all aspects of the sentence including the requirements attached to the order. The probation officer will therefore have regular communication with the CSTR providers.
During the initial engagement, pre-sentence, probation Court Duty Officer (CDO) is the point of contact. Post sentencing the individual would be allocated to an Offender Manager (OM) in probation for continued offender management. All parts of the pathway outlined below will be pre-agreed with the RO. *The diagram below provides an overview of the CSTR process.*



- ✓ CSTRS = Mental Health Treatment Requirement (MHTR), Drug Rehabilitation Requirement (DRR) Alcohol Treatment Requirement (ATR)
- ✓ Suitable for adult offender 18 years + whose offence crosses the community order threshold and have a mental health and /or substance misuse problem
- ✓ Suitable for offenders who have a range of multiple health and social issues including dual diagnosis and personality disorder
- ✓ Combined treatment Requirements may be given within one order (MHTR/DRR, MHTR/ATR)
- ✓ Referrals from: Probation, Legal Representatives, Court staff, Judiciary, Health

CSTR Operating Framework

A CSTR may be proposed if an individual meets the following:

- 18 years +
- Consent to the requirement (if someone does not consent then other sentencing options will be considered by CDO and judiciary)
- The offence is serious enough to warrant a community order
    - MHTR: those with mental health, personality disorder problems, (from depression/anxiety through to secondary care mental health issues) neurodevelopmental disorders (e.g. ASD and ADHD) will not be excluded;
    - ATR: the individual is dependent on alcohol, susceptible to treatment and arrangements can or have been made for treatment;
    - DRR: the individual is dependent on or has a propensity to misuse drugs, requires or would benefit from treatment, and arrangements can or have been made for treatment.

Identification

Referrals can be made by different parties including:

- Police custody officers
- Probation
- Legal representatives
- Liaison and Diversion staff
- Court staff
- 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 to all relevant services. The service will proactively work with agencies to ensure that practitioners understand who can be referred and the process for referral.

Treatment services for drug and alcohol are already locally determined and integrated (commissioned by local authorities). The CSTR sites will forge closer working arrangements with these services, in order to provide joined up coordinated sentences. This is addressed in more detail in the services description for ATRs and DRRs.

Processes, Clinical Guidance, Consent

The following documents may be helpful when considering issues around processes, clinical guidance and consent:

- MHTR Clinical Model, from screen to treatment *Appendix 1*
- MHTR Clinical Leads Guidance *Appendix 2*
- Combined Court Consent for MHTR/DRR/ATR *Appendix 3*
- Court Screening Tool for DRR/ATR *Appendix 4*
- Example CSTR court report for Pre-Sentence Report (PSR) *Appendix 5*
- Example CSTR Court Review Template *Appendix 6*

Points of Engagement: the initial identification and CSTR screen may occur via the Liaison and Diversion team in police custody, but mostly will take place in the court.

Wherever possible space will be made available for morning screen and assessment in the court building. The commissioned CSTR providers will determine where the treatments/interventions are provided.

A recommendation is that the location of the treatment facilities are within reasonable geographical proximity for the individuals, with the treatment rooms accessible to accommodate any disabilities.

Screen: This may take place in police custody or in court (to be determined locally).
During the screen/assessment processes for all three CSTRs the assessor must ensure that material is available in appropriate language/easy read formats. If interpretation is required, the assessment may need to be put back to allow time to book an interpreter. In addition, the assessor must ensure that the assessor is skilled to engage effectively with all adults ensuring an equality of service is available and provided.

Mental Health processes

The individual will be screened and assessed using the agreed assessment tools see *Appendix 1*, either in police custody (undertaken by Liaison and Diversion team) and/or in court (could be undertaken by Probation, L&D, or dedicated Link Worker). The individual is screened/assessed for: signs of mental health, substance misuse, social issues (housing, finance, relationship issues, work/education) and GP registration.
If screened and the score indicates a likelihood of psychological distress, the Court Duty Officer (CDO) will be informed, and the mental health providers notified once a plea has been taken. Consideration to be given to support the individual in court, depending on level of vulnerability, assessor to discuss with CDO. Depending on the local provision, a CSTR worker may be present each day, or will be contracted to attend court.
If screens do not indicate CSTR suitability but the individual requires support in other areas such as those outlined above, the individual can be further assessed by Liaison and Diversion and supported into appropriate local services.
MHTR practitioner assessment: The practitioner will use a semi-structured interview that focuses on engagement, motivation, fact-finding and captures a range of data including mental health and forensic history, current involvement in treatment, use of medication, and life problems. This practitioner will be agreed locally and may be either the commissioned MHTR provider or Liaison and Diversion practitioner.

The psychometric assessments will screen for psychological distress, depression, anxiety, self-efficacy and social adjustment. The outcome of the assessment interview would determine the appropriate psychological intervention or signposting to other services.

MHTR treatment sites will utilise both Assistant Psychologists and suitably qualified mental health trained staff to provide psychological interventions for individuals referred through the court, for people who have been identified as suitable to benefit from a therapeutic intervention as part of their community sentence. If secondary care MHTR is required, please refer to secondary care CSTR guidance.

Clinical sessions are designed to provide guidance, support, tools and strategies using a broad range of cognitive-behavioural therapy techniques. These are provided through value-based interventions, problem solving and behavioural activation strategies alongside psychosocial education and skills to help individuals manage their emotions, reduce emotional distress and lead meaningful lives. The sessions also function as an initial introduction to mental health, support and therapy services where individuals may be referred onwards to formal psychological treatment should the need become apparent either during or at the termination of MHTR sessions.

During the clinical assessment, the clinician may also assess:
- Speech and communication needs;
- Identification of vulnerabilities including history of trauma and abuse;
- Drug and alcohol issues;
- Identification of cultural and gender needs;
- Social circumstances (including safeguarding, relationships, leisure requirements, daily living, educational and occupational needs, employment/vocational needs, housing, finance);
- Physical health needs – management of physical health conditions;
- Medication – medication history.

The practitioner will then explain the MHTR process and if suitable will gain consent for the order to be proposed. The practitioner will contact the MHTR Clinical Lead for primary care MHTR approval and sign off.

If any of these processes identify mental health and substance misuse issues the assessor will liaise with the substance misuse providers (if in court) or the CDO to discuss appropriateness of assessment for a combined CSTR (MHTR/DRR or MHTR/ATR).

Substance Misuse Processes

Police Custody or in court on the day screening may be undertaken by Liaison and Diversion Services, the substance misuse provider or CDO. If included in the Liaison and Diversion process, relevant staff would screen for substance misuse issues, mental health and other vulnerabilities, and then alert the substance misuse service CDO to the potential for a CSTR.

If a substance misuse service practitioner is present on the day an assessment of suitability could be undertaken by this service and the CDO informed of the outcome. If not and when identifying substance misuse issues from case records, a third party or the PSR preparation process, the CDO would then complete an agreed screening tool (example attached at Appendix 5). Once completed the CDO would contact a Single Point of Contact (SPOC) within the relevant substance misuse service to discuss any identified substance misuse issues and the appropriate intervention, including suitability for an ATR or DRR.

If any of these processes identify substance misuse and mental health issues the CDO would need to facilitate consideration of a combined CSTR (MHTR/DRR or MHTR/ATR) between mental health and substance misuse provider services.

Sentencing: The proposed treatment/intervention plan will be discussed with the CDO who will include relevant details in the PSR, along with any other community requirements. The CDO will present the PSR proposal to the court and if CSTR is included, the recommendation will inform the judiciary that consent has been gained together with a named clinical lead for an MHTR, and provider agreement for an ATR/DRR. If then sentenced to a CSTR, an appointment will be made with the CSTR provider(s).

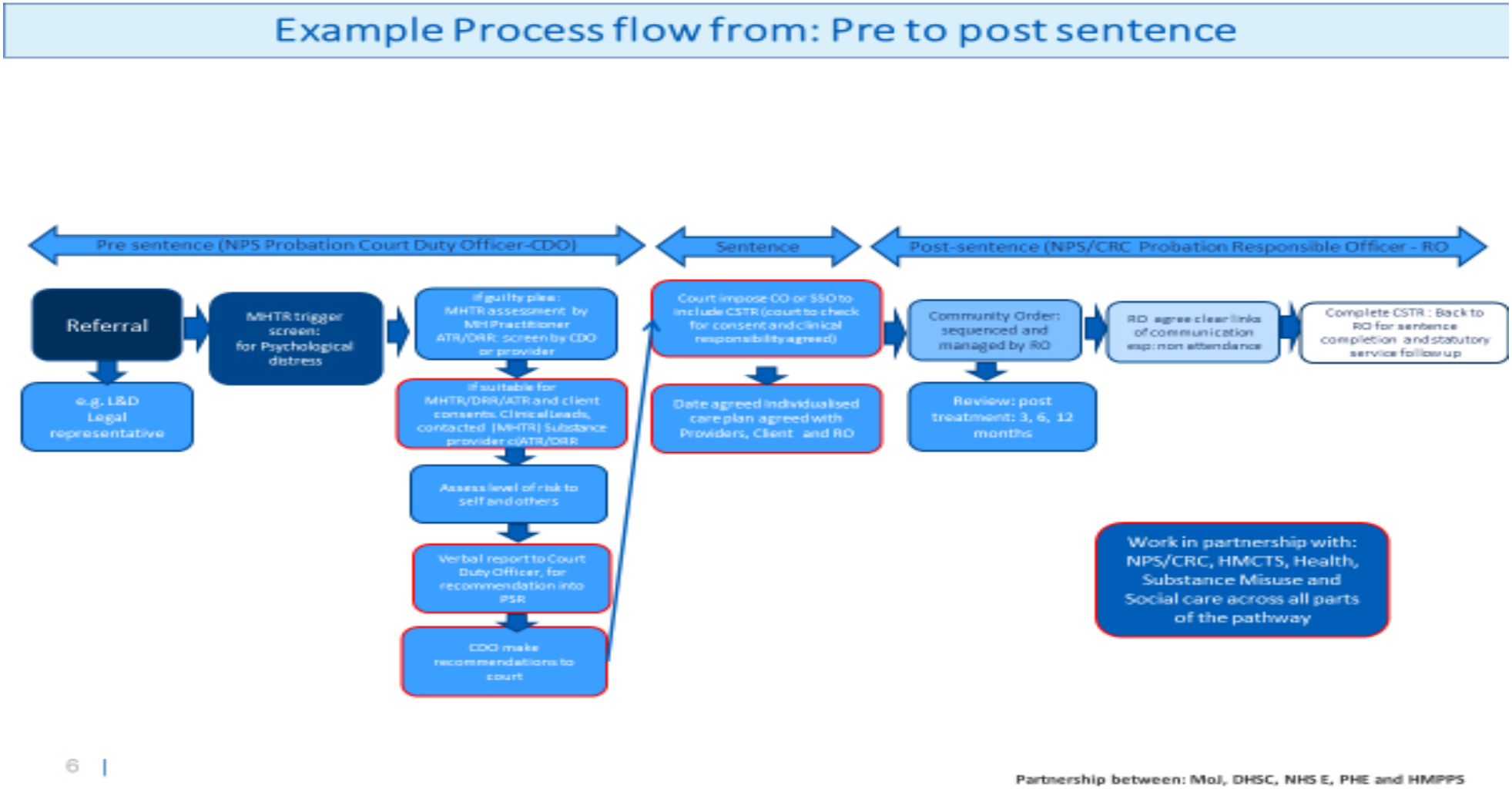
If the individual has additional criminogenic needs not met by the CSTR or a history of non-compliance with court orders, Rehabilitation Activity Requirement (RAR) days should be considered to address these issues. Ensure the individual clearly understands the sentence and is provided with a CSTR leaflet (language appropriate/easy read if necessary) along with date/time of next appointment.

Post Sentence Case Management Meeting: a meeting will be arranged within 14 days of sentencing between the individual, requirement providers and RO who will be overseeing the order. The meeting will define appropriate delivery of the order, including communication, attendance and sequencing of treatment provision between mental health and substance misuse providers. Approximately 12 face-to-face MHTR sessions may be recommended by the mental health provider. If during the CSTR delivery the individual withdraws consent, the court would need to review the order.

Joint case management: The treatments will be provided by the CSTR providers and either clinically supervised by the CSTR Clinical Lead (MHTR) or the substance misuse provider. If RAR days have been sentenced to address additional criminogenic behaviour, a close partnership must be formed with those providing the RAR days and the CSTR provision.

In many cases the individual will have a dual diagnosis and require engagement with substance misuse providers as well as mental health treatment providers. It is important therefore that all service providers hold regular joint case management meetings.

Example CSTR Process flow and map: CSTR screening and court process is described below



Partnership between: MoJ, DHSC, NHS E, PHE and HMPPS

Example CSTR Process Map

Police Custody		
Where and When	**Process**	**Responsibility**
Custody screen	Standard Liaison and Diversion screen for all vulnerabilities including treatment requirements. Liaison and Diversion practitioner will profile the individual on: Offence type, MH/SM/ASD and any other associated vulnerability, disability, substance misuse issues, if already known and presenting behaviours.	**Those identified who may be suitable for a CSTR:** Liaison and Diversion practitioner will pass information to Court Liaison and Diversion team, CDO. **Consider intermediary support for court appearance.**
Court		
Day before/on the day	CDO screen the list the day before for: Offence type and for those whose offence may fall into the Community Order (CO) range likely plea, already known to probation and screen for CSTR suitability. Liaison and Diversion screen daily court listing for CSTR suitability and those identified via police custody.	Liaison and Diversion**/CDO**: compile and compare the list of Defendants who may be suitable to be screened for CSTRs. List defined for CSTR screens in agreement with CDOs. *depending on court process the morning meeting may include legal advisors, defence prosecution and Liaison and Diversion *consider if intermediaries may be required for people who may require support during court process
On the day	**CDO discuss potential suitability with Defence** who may wish to discuss with their Client. Also inform potential suitability with Court legal representative.	**CDO**: inform Treatment providers of the number of potential assessments.
On the day (CSTR eligibility screen)	Liaison and Diversion **or dedicated Link worker** complete initial screen for MHTR suitability (K10/Core 10/Core 34) and locally agreed screen for substance misuse (for example checking Probation case records and or information received from substance misuse providers).	Liaison and Diversion**/Link worker inform CDO of suitability before plea is taken:** if criteria for Treatment Requirement assessment is passed CDO request the possibility of bringing forward in the morning court list. Liaison and Diversion**/or Link Worker** inform MHTR provider of outcome who will await outcome of plea. Check case records communicate with Liaison and Diversion and Treatment providers.

On the day (Plea)	**Enter Plea:** Guilty or Not guilty. If guilty plea Sentencers request Pre-Sentence Report (PSR) and case put back till until later in the day.	**CDO inform Treatment providers of Plea:** if Guilty plea, request on the day (morning) assessment.
On the day (Plea outcome)	**Guilty**: and offence falling into CO or SSO range, CSTR provider/s are informed of plea outcome by CDO/ Liaison and Diversion. **Not Guilty:** note trial date and inform provider/s.	**Guilty: MHTR/Substance misuse provider/s** are informed of plea. **Not Guilty**: CDO/L&D Treatment provider discusses support requirements pre-trial.
On the day (CSTR assessment/suitability and consent)	**Suitable for CSTR***:* provider assess, gain consent and contact clinical lead (if MHTR) for review and sign off, for Substance Misuse (SM) service assess and agree to hold the order, if not in court, CDO screens and contacts SM for agreement to DRR/ATR. **Not suitable***:* following provider assessment or clinical lead, give reasons and inform CDO. Provider discuss with Liaison and Diversion for follow up and support to suitable services.	**CSTR assessor:** MHTR: assess as directed by Clinical Lead, if criteria met gain consent, assessor contact clinical lead for approval and sign off. If not suitable inform CDO with reasons. Liaison and Diversion for post sentence support. **CDO**: If SM are not in court CDO to use agreed Screening Tool and contact SM team for ATR/DRR approval. Consent gained.
On the day (CDO; PSR preparation)	**CSTR assessment outcomes passed to CDO** along with confirmation of consent and date of 1st meeting with provider, plus outline plan for treatment.	**CSTR providers:** inform CDO of assessment outcomes **CDO:** include CSTR recommendations into PSR
On the day (Sentencing, within 14 days if not possible on the day)	**CDO** outlines PSR recommendations to the sentencer and answer any questions. Sentence given. **CSTR sentenced:** Providers informed, and case allocated to Probation within 48 hours. **CSTR not sentenced:** Liaison and Diversion informed for follow up and support into suitable services.	**Sentencer**: *if sentenced* to CSTR, ensure consent has been secured (signed), length of requirements and date of 1st meeting. **CDO** ask the court to consider CSTR reviews if this would support engagement and compliance. CDO meet with individual post sentence to ensure understanding of order and provide initial appointment date. CDO to inform treatment provider of outcome Liaison and Diversion. *If not sentenced,* Liaison and Diversion informed in order to support into appropriate support services.

Probation/CSTR delivery		
Within 48 hours: (Allocation to RO)	**Probation will allocate the case** a RO up to 48 hours post sentence. When allocated and RO assigned, a meeting will be held with the individual within 5 days	**RO**: to meet individual within 5 days post sentence to explain the sentence. Gain date for multidisciplinary meeting.
10 days post sentence Multidisciplinary meeting to agree sentence planning	**Meet with: Probation MHTR /SM provider** to agree and maximise the benefit of the treatment requirement. Appointments agreed at the meeting Consideration and support to be given to provide appropriate accessibility, to treatment ensuring equality of access is available to all adults sentenced to a CSTR	**RO:** coordinates a sentence planning meeting, which includes all partners and individual. Sequencing of treatments and any other requirements is agreed, recorded in the sentence plan.
CSTR Delivery	**Review** MHTR clinical progress throughout the order. DRR/ATR as agreed with provider and RO **Non-attendance:** process around nonattendance and enforcement will be discussed and agreed at the multidisciplinary meeting.	**RO/CSTR provider:** review throughout via electronic /telephone/email communication**. DRR reviews** as directed by the court. **Non-attendance, RO/CSTR provider**: Provider communication with RO who will make the decision around enforcement. RO will communicate with the individual and providers.
CSTR completion	**CSTR provider**: refer to longer term support and treatment if necessary. Clinical final assessment to establish clinical outcomes following treatment.	**RO/ CSTR provider:** arrange a meeting with the individual and Treatment provider at the end of the treatment, any future support or treatment will be agreed together with the decision regarding whose responsibility it will be to contact services. **CSTR provider** offers a certificate of completion along with feedback questionnaire.

Times of operation: Services will operate between the hours of 9am to 5pm Monday to Friday. It may however be necessary to consider evening sessions to accommodate people who are working or to facilitate childcare arrangements**.**

Cases that appear on Saturday morning will be identified by the Court Liaison and Diversion service, and if appropriate a recommendation to adjourn for assessment and sentencing the following week.

Interdependence with other Services/Providers

Services must work in partnership to ensure safe, planned and joined-up care. There must be smooth transitions between services to avoid individuals slipping through the net. Information must be shared with the relevant professionals when consent has been agreed and risk considered in line with local policy.

The key interdependencies are:

- Police
- General Practice
- Primary and community care
- Liaison and Diversion
- Specialist Mental Health Crisis Resolution and Home Treatment services
- Specialist Mental Health accommodation and support providers
- Third sector information, advice, support and advocacy providers including those for carers
- Housing services
- Substance misuse services
- Learning disability services
- Employment services
- Health and social care locality teams
- Tertiary health providers – forensic and independent
- Out of Hours Urgent Care services.

Reasonable adjustments:

Reasonable adjustments will be made to accommodate individual needs and protected characteristics 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)
- Supported engagement to ensure equality of service is provided irrespective of the presenting protected characteristic

Safeguarding

CSTR providers may identify safeguarding concerns. These concerns may relate directly to the individual or the welfare and safety of other adults or children. These adults or children may reside at the person's place of residence or may have regular contact with them.

The staff group must follow the Adult & Child Safeguarding policies involving Multi-Agency Safeguarding Hubs (MASH) or Multi-Agency Public Protection Arrangement (MAPPA) as necessary and ensure they are appropriately trained and updated in line with these policies.
Sharing of information and confidentiality policies must be in place with the appropriate statutory authorities before the CSTR service goes live.
All staff employed and engaged in working with individuals subject to a CSTR must have the appropriate level of disclosure and barring service check which is regularly updated.
The service must, on request, provide evidence to demonstrate compliance with all statutory requirements.

Particularly relevant to the service include:

- NHS Constitution
- Mental Health Act 1983 and Care Act 2014
- NHS Community Care Act 1990 and associated guidance
- NHS Act 2006
- Health and safety requirements
- Healthy Children Safer Communities (DoH, 2009)
- Children Act 1989
- Children Act 2004
- Human Rights Act 1998
- Care Programme Approach
- Care Quality Commission Standards
- NHS complaints procedure
- Data protection legislation

Engagement with mainstream services

CSTR Providers will make referrals into mainstream services both during and post treatment to ensure continued support, where required. It is expected that secondary care services will continue to provide care when the MHTR has completed in order to support ongoing engagement. The CSTR providers will demonstrate how they will ensure engagement with services and how they will arrange for appropriate communication of operational data.

CSTR workforce

The CSTR workforce will reflect the local population and have a good understanding of the diverse needs of the local community. They will demonstrate a proactive approach to delivering services to all adults assessed as suitable for CSTRs, ensuring that engagement and accessibility is suitable and relevant.

ATR and DRR services are generally established and commissioned through the Local Authorities, but it is important that joined up engagement is apparent across the criminal justice pathway and especially pre and post sentence. *See ATR/DRR Service Description.*

MHTR: to provide primary care psychologically led individualised interventions, conducted by Mental Health Practitioners.

Experience from the five testbed sites indicates that additional resource is required to provide primary care MHTRs (secondary care MHTRs will be provided through existing commissioning arrangements). As an example, based on a population of 300,000 this resource may include:

- A minimum of 1 whole time equivalent (WTE) band 4/5/6 MH practitioner: Monday-Friday. Each carrying an approximate case load of 15-20 cases at any one time.

- A Clinical Lead (Psychologist) is required to provide clinical oversight and supervision of the MH practitioners. The lead may also carry a small case load of more complex cases.

CSTRs: Additional consideration should be given to social support post sentencing. If courts have been recommended to include RAR days into the sentence, some of the testbed sites have been able to direct these to support the social issues via dedicated Link Workers. This would require pre-agreement with the RO who would indicate who their commissioned providers are for RAR days.

Information Schedule for the CSTR service to include:

- Information sharing protocols to enable sharing of clinical information with other agencies when appropriate, which is underpinned by Caldicott principles and up to date NHS information governance structures and is compliant with the requirements of data protection legislation.
- Operational and joint working protocols in place – jointly agreed with relevant agencies e.g. sharing confidential information/risk assessment and management/obtaining assessments under the Mental Health Act 1983 etc.
- Written complaints procedure.
- Risk Register.
- Quarterly Incident Report (including safeguarding incidents) and compliance with NHS E/I's serious incidents policy and procedures.
- Quarterly Workforce Report.
- Review of referrals.

Final considerations when developing local service

1. Assessing locally whether there is a gap in sentencing options for individuals who may require treatment requirements and use of short custodial sentences.
2. Engagement with probation, Liaison and Diversion, HMCTS, Health (NHSE/I and CCG commissioner), local authority, police and crime commissioners.
3. Appointment of a local steering group, with a chair who has the ability and capacity to lead and coordinate across local services.
4. Assess what provision is already available, such as:
    a. Liaison and Diversion service or other health provision
    b. Engagement/willingness of local MH /SM services
    c. Court social provision, either statutory or 3rd sector support, what are they providing?
    d. Is there a health provider who could provide this service?
5. Who is the probation provider? What sentencing options are being offered? Who are they commissioning to provide the RAR days?
6. Consider if the court and Probation have adequate on-site accommodation for on the day assessments?
7. Funding requirements and availability.
8. Clinical Lead (Psychologist) who can agree/supervise the primary care MHTR order. Consult with the Liaison and Diversion commissioner to see if funding may be made available to commission additional capacity to undertake assessment/treatment and supervision of these staff.

A CSTR implementation support pack is available and includes:

- Project plan template;
- Memorandum of Understanding;
- Court information leaflets;

- Standardised presentation which can be locally adapted;
- Myth and facts document;
- Sentencer feedback forms.

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 and Tribunals Service
MoJ	Ministry of Justice
PHE	Public Health England
NHSE/I	NHS England and NHS Improvement

Appendix 1: MHTR Primary Care Clinical Model

Initial screen
Recommended screening tools which may act as a trigger for further assessment: [12]CORE-34, [13]Kessler 10, [14]CORE 10
MHTR assessment
Recommended interview assessments could include: CORE -34 Psychological distress PHQ9 Depression GAD7 Anxiety Appropriate assessment of Risk **Additional questions and information gathering through semi structured interview**: 1. Other agencies/services currently helping you and your family with your problems? 2. Check current medication use 3. What is the impact of any drug and alcohol use on the ability to engage with psychological work? 4. What are your MHTR goals? 5. Physical Health issues 6. What is the main problem/difficulty affecting you? 7. Briefly enquire about: Childhood, Education, Family system, Employment, Relationships and Support networks 8. Have there been times when things have felt better? Enquire about helpful coping techniques 9. What previous help/therapy have you had for your mental health and wellbeing? What helped? 10. Is there anything you feel might be important or relevant that we haven't discussed? 11. Is there an existing diagnosis including co morbidity? 12. Are there any barriers to attendance? 13. Primary Formulation
Consent process
Consent explained and completed following assessment by MHTR assessor (consent template, Appendix 1). **Assessor will fully explain the MHTR treatment including:** What will be expected, and it is their choice to engage. However, if they do not engage once MHTR is ordered then their case will be discussed with CDO who will contact the individual and explain next steps, which could include Breach and return to court.
Clinical Lead sign off
The Clinical Lead is contacted by the primary care practitioner to discuss the assessment, CL will then decide if a recommendation for MHTR is appropriate and agree a decision to treat or decline, giving reasons. **MHTR assessor:** Conveys information to CDO for inclusion in the Pre-Sentence Report (PSR).
Case management
Post sentence: Hold a multi-disciplinary meeting with the allocated RO MHTR, Substance misuse provider and other relevant agencies with the individual to discuss goals and expectations.
Clinical engagement
This will be agreed at the case management meeting but may be weekly or fortnightly and depending on other community order commitments.

[12] http://www.coreims.co.uk/About_Core_System_Outcome_Measure.html
[13] https://www.tac.vic.gov.au/files-to-move/media/upload/k10_english.pdf
[14] http://www.coreims.co.uk/About_Measurement_CORE_Tools.html

MHTR treatment interventions
This is not a homogenised group and interventions will vary depending on clinical needs and individualised formulation. The following has been developed though practice based evidence. **A formulation of delivery interventions, drawn from best practice, for example:** • Psycho education, breathing, mindfulness • Compassion focused therapy • DBT, CBT, behavioural activation • Acceptance and commitment therapy (ACT) • Mindful practices • Value based solution focused therapy Please refer to the Clinical Guidance Manual for more detailed information on the psychosocial interventions. On average, each MHTR consists of approximately 10-12, 50-minute sessions over the duration of the order as specified by the court.
Clinical supervision of MHTR provider
Weekly or fortnightly clinical supervision sessions with MHTR provider, depending on local arrangements.
Review
Individuals are reviewed as part of the supervision sessions outlined above, but always at 6 months. For those cases sentenced in the Community Justice Courts the individuals may be subject to 4 weekly court reviews where the case and progress is reviewed.
End of treatment review
Outcome measures are scored: (CORE, GAD, SAPAS, dealing with feelings, TOSCA and WSAS). **End of treatment:** where appropriate referral letter is prepared to ensure engagements with local service provision to continue treatment. **End of MHTR review with RO and MHTR provider**: along with a questionnaire which aids with follow up 3,6,12 months following treatment. Consideration of treatment completion/goodbye letter.

The Clinical Leads have collectively written the text below to provide a summary of an MHTR site: *"MHTR sites utilise both Assistant Psychologists and suitably qualified mental health trained staff to provide psychological interventions for individuals referred through the court, for people who have been identified as suitable to benefit from a therapeutic intervention as part of their community sentence. Sessions are designed to provide guidance, support, tools and strategies using a broad range of cognitive-behavioural therapy techniques.*
These are provided through value-based interventions, problem solving and behavioural activation strategies alongside psychosocial education and skills to help people manage their emotions, reduce emotional distress and lead meaningful lives. The sessions also function as an initial introduction to mental health, support and therapy services where individuals may be referred onwards to formal psychological treatment should the need become apparent either during or at the termination of MHTR sessions."

Appendix 2: MHTR Clinical Leads Guidance

Clinical Lead (CL) Guidance for Primary Care MHTRs
(CLs will be registered with a professional statutory body e.g. HCPC)

Pre-sentence:

1. **The CL will define** the locally agreed pre-sentence screening and assessment measures which will define guidance for the MHTR threshold. The CL **will agree the consent process** with the court (NPS)
2. The **CL will agree the information required within the assessment** that CDO will require for the PSR
3. The **CL will agree the clinical care plan** including the desired outcomes from the interventions to be provided
4. NPS and the CL will **agree a sign off process if the CL isn't personally gaining consent**
5. The **CL will be the named clinician** for the purpose of sentencing

Post sentence treatment delivery:

1. If the **CL is personally** providing the psychological therapy or interventions, the treatment will be recommended and provided within appropriate timescales in accordance with the community order
2. If the **CL isn't providing** the psychological therapy or interventions but is acting as supervisor and overseeing the requirement the CL will define the evidence-based interventions, which will be provided within appropriate timescales
3. If the **CL is acting as a supervisor,** the frequency of supervision will follow recommendations from the relevant professional body (e.g. British Psychological Society/HCPC)
4. Where appropriate the **CL will advise/support the effective sequencing of the requirements** (if other treatment requirements have been ordered) to ensure maximum engagement and effectiveness

The **CL will be informed of any non-compliance** with the requirement and advice would be gained from the RO

Sentence completion:

1. On completion, the **CL will sign the order off and advise further treatment** with statutory services if appropriate
2. The **CL (and treatment provider) will review clinical outcome**, as specified pre-sentence to ensure assessments and treatments are effective and monitored as locally agreed
3. The **CL will feed back to the CSTR steering group** with the clinical progression of the requirements

Appendix 1 and 2 are both developed by the five CSTR testbed Clinical Leads:

- Sunil Lad: Principal Counselling Psychologist (Northamptonshire)
- Paul Jackson: Consultant Clinical Psychologist (Sefton)
- Louise Pearson: Chartered Clinical psychologist (Birmingham)
- Neil Smith: Consultant Clinical Psychologist & Clinical Lead (Milton Keynes)
- Hazel Roberts: Clinical Team Manager Livewell services in Harbour, Queens nurse (Plymouth)
- Sara Finlayson: Clinical Psychologist (Sefton)

Appendix 3: ATR /DRR Clinical model plus Guidance

See DRR/ATR Service Description

Appendix 4: Example CSTR combined consent

Confidentiality Statement and Consent to Treatment and Assessment.

Any information passed to any representative of the CSTR service may be shared with other representatives ONLY on a 'need to know' basis (provided in appropriate language or easy read format)

Delivery Partners: TBC

Personal information /data

Your personal information may be shared to gain:

- An improved assessment of your treatment needs
- An assessment of health needs
- Information regarding safeguarding and child protection (where applicable)
- Information around assessing risk
- Statistical analysis for service delivery and future funding
- Information from partner agencies
- Collate anonymised data to monitor the quality of service delivery
- Contractual obligations

What is meant by data sharing?

Sharing of personal information is strictly controlled by law and anyone receiving information is under legal duty to keep all information confidential.

There may be occasions where staff are duty bound to disclose personal information without your consent. This will only happen if there are any concerns around threats being made to self or others, safeguarding issues around adults or children or any serious criminal offence you inform us you are going to commit.

Collecting data: We collect and store your data in a specific way:

- Consent: we always seek your consent to store and share your information and ask that you sign our consent form.
- Contractual obligations: as part of the funding we receive we are required to share information with our funders.
- Legal compliance: in some circumstances, we are required to collect and process your information
- Legitimate interest: in some situations, we require your information to send you and or your GP specific details about your treatment

Retention of information

We retain your information on our active case management system from assessment to last treatment closure. Your information will then be encrypted and stored electronically and securely indefinitely.

Your rights to withdraw consent

You have the right to withdraw your consent at any time. You will be asked to renew your consent on the above principles every year if still in treatment.

Changes to your information

We want to make sure that your personal information is accurate and up to date. You may ask us to correct or remove information you think is inaccurate.

Assessing the information, we hold about you

You have the right to request a copy of the information that we hold about you. If you would like a copy of some or all of the information, please use the contact details below.

Consent

Reasonable care is taken to ensure that discussions, conversations, and telephone calls relating to confidential matters cannot be overheard. Wherever possible identifying details are not shared.

Issues relating to harming themselves or others or to the safety and well-being of children must be reported to external agencies.

I have been provided with information regarding the assessment process and treatment requirements, and understand and consent to the assessment and specific requirements for treatment should one or more of the following be granted (highlight requirement assessed and granted):

- Mental Health Treatment Requirement (MHTR)
- Drug Rehabilitation Requirement (DRR)
- Alcohol Treatment Requirements (ATR)

This will include assessment for suitability (delete as required) for MHTR, DRR, ATR. If the:

1. Mental Health Treatment Requirement is granted
    - Attendance of the 12-week programme, consisting of one-hour sessions weekly
    - Engagement in therapeutic activities required for successful completion of programme

2. Drug Rehabilitation Requirement is granted

    - Engagement in therapeutic activities required for successful completion of programme

3. Alcohol Treatment Requirement is granted

    - Engagement in therapeutic activities required for successful completion of programme

Confidentiality Agreement

I have read or had read to me the confidentiality statement and consent to assessment and treatment. I understand that information about me may be shared as outlined above. I further understand that confidentiality may be breached if there is a risk of harm to myself or others.

Name……. Date of Birth……..
Signature…… Date……..
GP surgery……

Appendix 5: ATR/DRR Example Court Screen

Name of reports author:	
Offence:	Court:

Offender Details	
Forename:	Surname:
DOB:	Gender:
Address	
	Post Code:
Tel No:	
GP name and address:	

Is the individual motivated to engage with substance misuse services? If yes, please give details of current usage (prompts substances used, including Psychoactive substances, type of usage, frequency and financial costs)
(Yes/No) If no, please give reason if full below.

Is the individual prepared and in agreement to sign the ATR/DRR treatment contract and confidentiality waiver?
(Yes/No) If no, please give reason in full below.

ATR only. Please give outcomes from Full Alcohol Audit score in box below and attach Alcohol Audit.

Is the individual currently engaged with, or has the individual previously engaged with, service providers in relation to their alcohol/drug misuse?
(Yes/No) If yes, please give any details below.

Is the individual currently receiving, or have they ever received, care from mental health services for reasons other than substance misuse or arising from a screening appointment? Are there any concerns that the individual may suffer from any enduring or severe mental health issues?

This may require a more in-depth suitability screen and therefore may also require an adjournment at court.
(Yes/No) If yes, please give detail below including dates on which care was received.

Do you consider that the individual is suitable for an ATR/DRR?
(Yes/No) If no, please give reasons in full below.

If the individual is suitable for a ATR/DRR please contact treatment provider to arrange a first appointment within 2 days of sentence for a full assessment to be undertaken.
Please document appointment date and time and with whom below

Date completed: Signed

Appendix 6*: CSTR Programme Sentencer Feedback Form*

We would be grateful for your feedback on the impact of the CSTR proposal on your sentencing decision. Please take a few minutes to complete this form and return to the probation service court duty officer.

Name of Defendant	
DOB	
Offence	
Sentencing Date	
Sentence	
If CSTR was ordered, please state length of order	
If CSTR was ordered, please state all requirements given	

If you **did not** include an CSTR what were your reasons for this?	
If sentenced to custody, please state the sentence length in number of weeks.	
If you **did** include an CSTR **what would your** sentence have been if this was not available?	
Additional Comments	

[15]Thank you for your time and contribution

Signed .....

Template developed from Milton Keyes MHTR Pilot 2014

This CSTR Operating Framework has been written on behalf of the CSTR Project Board by Mignon French CSTR Programme Manager.
In Consultation with the CSTR sites:

- Mark Mc Paul: Senior Probation Officer, Sefton Testbed
- Fiona Bottrill: Programme Manager, West Midlands Combined Authority, Birmingham and Solihull Testbed
- Sean Russell: West Midlands Combined Authority, Birmingham and Solihull Testbed Chair
- Mark Knight: Strategic Lead for Substance Misuse, Manchester Testbed Chair
- Paul Bullen: PCC office and Chair of the Northamptonshire CSTR site
- Kate North: Sodexo CRC, Deputy Chair Northampton CSTR site
- Felicity Sparshott: Senior Probation Officer, Milton Keynes Testbed
- Claire Weston: Head of Health and Justice (East of England), Chair of the Bedfordshire CSTR site
- Zoe Hickman: Programme Manager, MOPAC CSTR Testbed
- Tom Burnham: Senior Programme Manager, Chair of the MOPAC CSTR Testbed
- Damian Bleakley: CSTR Practitioner, Plymouth Testbed

Clinical Leads:

- Dr Paul Jackson
- Dr Sunil Ladd
- Dr Louise Pearson
- Hazel Roberts
- Dr Neil Smith
- Dr Sara Finlayson

CSTR Project Board:

- Angela Hawley: Department of Health and Social Care
- Andy Hunt: NHS England and NHS Improvement
- Nino Magdalena: Public Health England
- Rita Parmar: Ministry of Justice
- Lizzie Renard: Ministry of Justice
- Vince Treece: NHS England and NHS Improvement
- Sue Whitaker: Her Majesty's Prison and Probation Service

With thanks to the Revolving Doors Lived Experience Panel for their combined feedback.

Version 2: May 2020
This is a live document and will be reviewed at regular intervals