

Enhanced Treatment Offer Checklist

Part of the Pan-London Continuity of Care Toolkit, developed by the Office for Health Improvement and Disparities (OHID) London in partnership with key stakeholders, this checklist aims to support Local Authorities to review and enhance the attractiveness of drug and alcohol treatment and recovery support for everybody who needs it.

There is a special focus on people leaving prison, as well as an ongoing commitment to the voices of those with Lived Experience in order to put the people who need services and support at the heart of the treatment offer

Contents:

Introduction & Instructions.....2-3

Questions:

- a. Prison In-Reach & Court.....3-4
- b. Early days & Essential Services.....4-5
- c. Drug & Alcohol Offer.....5-6
- d. Building Recovery Capital.....6-7
- e. Partnership Working..... 7-8

Introduction:

This checklist is part of the Pan London Continuity of Care toolkit launched in 2026 to improve continuity of care rates from prison to community drug and alcohol treatment services.

The toolkit was commissioned by the London Criminal Justice Substance Misuse Board sitting underneath the London Drugs Forum. It has been developed and co-produced via an intensive year-long multi-partnership collaboration via small working groups with 70 plus partnership representatives including NHS England, His Majesty's Prison and Probation Service, His Majesty's Courts and Tribunal Services, London criminal justice partners, drug and alcohol commissioners and treatment providers, people with Lived Experience, the Metropolitan Police and Department for Work and Pensions.

Other products in the toolkit include the London Continuity of Care Prescribing Framework between prison and community and the London Information Exchange Form [LIEF], a new two-way referral and information exchange document to assure continuity of treatment for each person moving between prison and community drug and alcohol treatment settings.

This work was taken up in London in response to the findings of the Independent Review of Drugs by Dame Carol Black which sets out the evidence of what works to engage people with drug and alcohol treatment. We have also listened to people with Lived Experience who said that treatment needs to be more attractive if we want them to engage with it.

Whilst the differing community needs, funding levels and treatment systems across London are recognised, the toolkit seeks to set uniform principles of delivery across London whilst acknowledging local arrangements. It is designed to support consistency and reduce variation, so that someone in need of treatment can expect the same standard of care and continuity of support. This is especially important given the complexity of the London landscape where 32 small Local Authority treatment systems need to build robust reciprocal pathways with eight London prisons, plus other prison estates outside the capital including HMP Bronzefield. London has no prison for women.

The areas of focus in the checklist have been developed in partnership with stakeholders and people with lived experiences. Developed with people leaving prison in mind, but equally applicable to all drug and alcohol users seeking treatment and support, **the checklist is intended to support local authority commissioners and their providers to enhance their community treatment and recovery offer** and thereby increase the numbers engaging with services and making progress in their recovery. It is vital that local authorities develop ways to regularly ask what works for their residents with lived experience [including people who have been in prison] and

have clear and robust mechanisms for feeding this into planning and commissioning systems.

Increasing the numbers engaging in treatment, including those also engaged in the criminal justice system, continues to be a government priority, because it improves lives and health as well as reducing drug related harm, death and crime. In London, referral information is exchanged between prison and community teams for over 80% of cases, but only around 50% of those referred attend treatment services within 21 days of being released from prison.

People with lived experience say a warm, welcoming space to breath and receive practical, non-judgemental and emotional support by someone familiar with their history, as well as an offer to speak with a peer mentor, is essential in the days following release. This checklist outlines several key areas, from basic level support to partnership working, which should be regularly reviewed so that the most attractive offer can be made to encourage people to attend local services.

Instructions:

A regional performance improvement programme is being developed for delivery in 2026/27, led by OHID London and the Association of Directors of Public Health London, to encourage peer learning and sharing of best practice across the region. As part of this process all local authorities will be asked in due course to collaborate with partners to work through the checklist and complete a review process, assessing the current position against each of the items and considering any actions to address gaps via workshops and peer learning.

Questions

a. Prison In-Reach & Court Coverage

a1. What level of prison in reach do you provide and how do you target this resource?

- Do you have prison in-reach to your feeder prison(s) including HMP Bronzefield?
- Have you considered joint funding in reach posts with other Local Authorities?
- Do you have effective systems and sufficient capacity to track people in and out of prison, proactively managing referrals and release planning information?
- Do you work with other in reach services? [Women's services and Probation Dependency and Recovery] How do you align your work with them?

a2. How do you market your services in prison?

- This could include leaflets, posters, advertising your offer on cell TV, and ensuring all prison teams have your service contact details
- Do you market [MECC Link for London](#) as an online all in one place directory for treatment service listings (as well as stop smoking, mental health and may more borough resources)

a3. How does your meet at the gate service work?

- Can you develop one and target it, if there is a gap?
- Do you know that Probation Dependency and Recovery teams may be able to help provide meet at the gate services?
- How do prison teams arrange meet at the gate for people being released?
- Do peer mentors provide meet at the gate?

a4. Which prison substance misuse meetings do you attend?

- These are often held for community teams who receive the most referrals.

a5. How have you developed a relationship and contacts in the relevant prison substance misuse teams?

- Is your service Single Point Of Contact up to date and well marketed so that prisons know how to contact you?

a6. How well are you using the two-way referral form and monitoring an effective two-way referral process with prison teams?

- Are you using the agreed London Information Exchange Form from 1st April 2026?
- Do you return this to prison teams for all cases even those not known to you?
- How do you monitor this?

a7. How have you developed and maintained regular NDTMS data matching meetings with prison providers?

- Do you take part in the regular NDTMS data audits and correct your data as a result, including informing prison teams about people who were referred but not released to your LA?
- How do you monitor effective closure of community episodes when a person starts prison treatment?
- Do you review NDTMS continuity of care data regularly?

a8. Please review your coverage at Court by drug and alcohol workers who can conduct assessments and referrals for people including those leaving prison,

- Do you have reciprocal agreements with other LAs to assess each other's residents?
- Have you considered joint funding of Court posts with other LAs?
- Can you increase the days that you cover at Court especially through mutual and joint agreements?
- Do your drug and alcohol workers attend the early Court planning meeting in the overnight court room at 9.45?
- Is there an agreed way to align work with Probation colleagues at Court?

b. Early days & Essential Services

b1. How do/can you offer travel passes to facilitate attendance at different appointments, including in the week following release for people leaving prison?

- Are there funding limitations to these and can you work with local partners to resolve this?

b2. Describe how you offer access to peer mentors and talk about attending mutual aid groups at the first appointment?

- Are peer mentors available in your service to support people, including those leaving prison, and share their experiences?
- Do you discuss how to access AA, NA and SMART recovery?
- How do you involve local LEROs and signpost to free social activities?

b3. At the first appointment, how do you provide access to naloxone and information about reducing the threat of synthetic opioids?

- [This is an essential offer given the current evidence of synthetic opioid in the heroin supply in London]

b4. Do you /can you provide access/referral to food banks, basic toiletries and clothing, including for people released from prison?

- Some boroughs fund packs which include socks and basic toiletries

b5. Do you/can you offer food and drink at your service as part of a warm welcome?

- Aiming to provide a warm welcome can make a big difference – if you don't do this, ask why not?
- How can your welcome be enhanced for people coming from the prison environment, bearing in mind they have recently come from a stressful environment?

b6. Can you offer a basic mobile phone or support someone to make phone calls and use the internet/access their email?

- Access to the internet is often essential to make benefits claims, register with GPs, manage housing, utilities and can support contact with family members too.

c. Drug & Alcohol Offer:

c1. How can you try to offer a first meeting with a worker who the person attending especially after leaving prison might know?

- If it isn't possible, does the duty worker have easy and rapid access to information from the referral, from previous engagement or from the prison to avoid a 'cold' conversation?

c2. Review your offer of a bespoke treatment package including for people leaving prison, checking how you are offering appropriate levels of intensity and personalisation? Does this include (but shouldn't be limited to):

- Rapid access to Opioid Substitution Therapy from day one
- Long-Acting Buprenorphine alongside psychosocial interventions
- Offer of a pathway to residential treatment
- Complex case management
- Co-occurring mental health interventions
- Information about any bail or probation conditions relating to substance use
- Including family members in care planning
- How can people in prison arrange to go straight to residential treatment?

c3. What is your distinct offer for crack cocaine users?

- Does this include individual sessions for people who do not want to join group sessions?

c4. What is your distinct offer for alcohol misusers?

- Does this include individual sessions for people who do not want to join group sessions.
- Do you offer naltrexone?
- Do you have access to fibroscanning and a pathway to liver services?

c5. How do you handle ongoing prescribing requests from prisons?

- Do you follow the London prescribing framework supporting effective bridging script provision?
- Do you work with your pharmacy network to manage FP10s (bridging scripts) as part of your local treatment system to motivate treatment engagement and reduce risk?

c6. Have you developed a flexible drop-in clinic for people leaving prison or people sleeping rough, or people who may have missed appointments?

- Can you keep cases open even if people don't attend the first few appointments?
- Can you offer flexible slots including prescribing for people who may not turn up to their original appointment?
- How do you advertise your drop-in slots?
- How resilient is your service to respond to people who may not have had a referral but attend straight from court, especially those with a prescribing need?
- Have you arranged to receive clinical medical charts from prison healthcare teams for all releases to your borough? If not, this is encouraged via the pan London prescribing framework

c7. What is your bespoke offer for women?

- Is this linked to other resources for women?

c8. What is your follow up process for people who do not attend, especially those released from prison or as a required assessment from police custody?

- Do you work with Probation or Police/ADDER to follow up on people who may be known to other agencies?
- Do you contact family members if allowed?
- Do you check with the prison if there was a change of release address?

d. Building Recovery Capital:

d1. Do you talk to people about their personal progress in prison and how you can help them to maintain and build on it as part of a care plan?

d2. Do you work with local Lived Experience and Recovery Organisations (LEROs) to enhance the support offer for people leaving prison?

[Recovery support services and lived experience initiatives - GOV.UK](#)

d3. Do you offer access to free local social activities? If so, which ones?

- Do you provide a leaflet or poster about these and how do you market them to service users?

d5. Do you provide free gym access?

- Where, when and how is this advertised to service users?

d6. What is your offer for people who need benefits and housing advice?

- How are benefits and housing covered at first appointments and which organisations do you work with to provide these?
- How flexible are appointments with them?

d7. What bespoke employment training and education support is offered to people including tailoring for those leaving prison?

For information - [What is IPS? - Individual Placement Support - IPS Grow](#)

d8. How does your service offer facilitated access to mutual aid groups as part of care planning?

d9. How do you maintain active links to domestic abuse support services and the women's refuge network?

e. Partnership Working:

e1. How and how often do you ask people with lived experience what works best to encourage them to engage and stick with treatment and to engage on leaving prison?

e2. Do you / how can you offer joint appointments and/or set appointments with Probation (especially after release from prison) for the convenience of service users and how do you build aligned working with Probation colleagues?

- Do you offer a satellite service in your local Probation office?
- Do you offer training on the local drug and alcohol treatment offer to Probation staff?
- Do your criminal justice workers attend the regional CGL network meetings?
- Do you work with Probation Health and Justice coordinators to align the treatment offer with Probation and with their commissioned Dependency and Recovery service?
- How do Probation inform you when people are recalled to prison and how do you respond?

e3. How do you coordinate with rough sleeper teams to help people at risk of rough sleeping to engage with treatment?

- How do you handle referrals for people who do not have fixed housing but are referred to you on release from prison?
- What local connections are required and is there a local protocol to guide you?
- How do you engage with local RSI teams to align and enhance pathways to treatment with housing options

e4. How do you link people with sexual health clinics?

For information - [Sexual Health London • SHL.UK](https://www.shl.uk)

e5. How do you work with local DWP services as a local partner to enhance care planning, provide mutual training and access to IPS and employment support?

e6. How do you support GP registration especially for people leaving prison?

e7. How do you work with local mental health services including IAPT to support people with co-occurring conditions?

- Do you link with emergency provision for mental health crises?

e8. How do you link with local police ADDER teams and local custody suites?

e9. Are there opportunities to develop joint working and joint pathways with partner agencies through local structures such as the Combatting Drugs Partnership?

With thanks to all members of the working group who contributed to the develop of this checklist led by Jo Roebuck Alcohol, Drugs and Tobacco team, Office for Health and Improvement and Disparities London, Department of Health and Social Care © 2026.