



Aligning Probation and Dependency and Recovery Services with London Drug and Alcohol Treatment Systems: Pan London Delivery Framework 2026

1. Purpose and Context

Government funding for substance misuse treatment and recovery services is linked to achieving priority outcomes as measured by the National Drug Treatment and Monitoring Service (NDTMS). These include increasing the number of people in contact with treatment services, with particular focus on those who are also involved with the criminal justice system. One of the key measures is engaging people leaving prison with community substance misuse treatment within 21 days (Continuity of Care - CoC). This is because evidence shows that rapid engagement with treatment reduces reoffending, drug and alcohol related health harms and deaths. It is recognised that delivery of this outcome depends on close joint working between the Probation Service, its commissioned services, and local drug and alcohol treatment and commissioning systems.

The London Probation service used Dependency and Recovery (D&R) funding to commission the Forward Trust, with a sub-contract to Catch 22 for under-25s to support drug and alcohol users in contact with the service, with a focus on the CoC process. While the service does not provide structured drug and alcohol treatment as measured by NDTMS, one of the key aims of the service is to support individuals in contact with the Probation Service to effectively engage with specialist structured substance misuse treatment. Therefore, the D&R service can augment local authority drug and alcohol treatment delivery through the provision of motivational interviewing, pre-treatment preparation (noting the need for referral to structured treatment within 3 weeks to meet national CoC targets and speedy client engagement in structured treatment), wrap around support, meet at the gate support, and re-engagement when individuals drop out of treatment.

The Dependency and Recovery service is designed to 'bridge the gap' between probation and substance misuse services, not duplicating but improving access to treatment pathways. The provision exists to engage hard-to-reach people on probation who would not typically be motivated to address their substance use, reduce overall harmful drinking and recreational drug use on probation caseloads, enhance and expand services delivered to young people (18-25yrs) and deliver psychosocial interventions to people on probation who do not require treatment (e.g. low complexity, cannabis users)

London's complexity impacts on D&R's aims to support system wide outcomes, with 32 Local Authority-based drug and alcohol treatment systems, seven prisons and 18 Probation Delivery Units impacting on joint working and consistency.

Following feedback from London local authorities, a multi-organisational working group comprising local authority strategic leads, local authority provider services, prison provider services, the London Probation service and the Forward Trust and Catch 22 was convened to develop a London wide Framework to support local integrated conversations.

2. Objectives

The primary objective of this Framework is to improve access for individuals engaged with probation services to local drug and alcohol treatment and D&R interventions, ensuring that the appropriate service delivers the most suitable intervention.

The Framework supports closer partnership working by providing an outline for local conversations, improving role clarity, strengthening communication, and aligning referral and treatment pathways. It brings together strategic planning between local authorities and London Probation with strengthened operational collaboration between commissioned community treatment services, the D&R service and Probation Service staff.

Specifically, it seeks to:

1. Strengthen strategic and commissioning alignment by supporting regular review of partnership arrangements, so that services are configured and adjusted to maximise overall and respective outcomes
2. Clarify roles, responsibilities and accountability across the system by supporting all partners to understand their respective functions — strategic, clinical and operational — reducing duplication, closing gaps in provision and promoting confident, consistent joint working.
3. Embed effective joint working arrangements at local level by supporting the development of local agreements covering referral pathways, case management models, escalation processes and performance oversight.
4. Increase the engagement of those in touch with London Probation with structured community drug and alcohol treatment by improving coordinated pathway working to maximise entry into and retention in structured treatment, including increasing the proportion of people engaging within 21 days of release from prison (CoC).
5. Strengthen data sharing, performance monitoring and system planning by ensuring effective information sharing between organisations, accurate recording of D& R activity and treatment activity on NDTMS by commissioned providers, and shared review of data to inform commissioning and service improvement.
6. Ensure clear and robust clinical governance arrangements by confirming clinical leadership and risk management arrangements, prescribing continuity, and safeguarding and care planning responsibilities
7. Increase delivery of person-centred, coordinated pathways by facilitating collaborative case management approaches that support safe transitions between prison and community, reduce reoffending and health harms, and enable sustainable recovery journeys.

3. Framework concepts and local actions

It is recommended that local partners meet to discuss and agree on actions in the following areas, leading to the development of a local operating framework. Key attendees include the local authority Substance Misuse Commissioner/Public Health lead, drug and alcohol treatment service managers and their criminal justice lead, Probation Delivery Unit (PDU) representative and Health & Justice Partnership Coordinators (H&JPC) and leads for D&R. Input from people with Lived Experience should also be considered. The role of the H&JPCs is coordination of close joint working between PDUs and their local delivery partners, ensuring alignment between health inequalities and crime reduction priorities, and can provide additional capacity for the development of local partnership working.

3.1 Strategic alignment, partnership and governance

- Partners are advised to enhance strategic support and oversight by situating this integration work into local governance structures such as the Combatting Drugs Partnership and agree the indicators and information to be reported to this meeting to support joint system planning.
- Operational partners should regularly review this partnership arrangement and agree information sharing processes to support the ongoing development of effective joint working to maximise outcomes. Reviewing how the D&R service can enhance the local treatment offer by identifying and addressing any gaps in the local system/capacity will also be important.

3.2 Joint working principles and operating framework

- Local discussions should result in agreements on how to collaboratively promote drug and alcohol interventions and regularly carry out harm reduction activities for as many clients in contact with London Probation as possible, including those leaving prison, especially given the current acute threat from synthetic opioids.
- Local areas should develop a monthly joint pathway meeting which includes probation leads, D&R and community treatment staff to cross check clients known to respective services *Best practice case studies and a framework flow chart will be shared to support this activity.
- The meeting should consider how D&R can support community treatment engagement by motivating disengaged clients, supporting first appointment attendance at drug and alcohol treatment appointments and by re-engaging individuals who drop out of services
- Local areas should develop a joint working process (that takes account of service eligibility – see below), that includes referral and information sharing processes between D&R and local drug and alcohol treatment services and joint working processes if clients are being supported by both services, which includes lead service responsibility. This should include consideration of how points of disagreement are resolved/escalated.
- It is key to develop a “warm handover” process between D&R and drug and alcohol treatment which might include 3-way meetings and follow up by the referring service to assess client satisfaction and in cases of client disengagement.

- Local areas should establish shared clinical governance arrangements with input from relevant clinical leads in prison and the community, so that all workers in contact with clients are working safely and in alignment with any clinical care plans. This could include sharing of risk, substitute prescribing continuity, overdose risk. It is important to ensure these arrangements are in line with the London Prescribing protocol in the London Continuity of Care Toolkit.

3.3 Referral Pathways and Eligibility Criteria

- Local areas should develop a locally based agreement on criteria for referring drug and alcohol using individuals in contact with the Probation service (including those in prison) to either D&R and local authority drug and alcohol treatment services. Areas for consideration will include the person's knowledge and interest in/motivation to engage with treatment, complexity of need and risk, local delivery options including wrap-around support and access to peer led Recovery services.
- Given the role of London Probation in the community in referring prisoners to custody-based D&R services, consideration might be given in these meetings to agree local priority criteria for prison referral.
- Referrals should be regularly monitored for appropriateness and effectiveness by all parties, with the aim of identifying individuals who could be further motivated into treatment.

3.4 Promoting the integrated service delivery model

- Local areas should agree processes for increasing understanding of drug and alcohol treatment service delivery: development of an area based working plan to support a clear understanding by Probation and D&R staff of the role and importance of structured drug and alcohol treatment and recovery, and increase awareness of current provision including specific service offers, and how to refer to structured treatment.
- Local areas should agree processes for increasing the understanding of local authority treatment services and commissioners of D&R and probation delivery and understanding of treatment delivery by D&R and probation staff.
- Local areas should agree processes for supporting in depth understanding of service provision through practical joint activities such as service visits, presentations, team meetings, away days, and co-location where possible.
- Local areas should consider how to work together to increase awareness of, and referral to D&R and drug and alcohol treatment services by Probation staff. This might include the development of joint awareness sessions to introduce the drug and alcohol treatment and D&R offer to Probation Service staff and those in contact with the service (clarifying the distinct service offer). Local areas may also wish to consider developing joint marketing and written communication. Regularity should be agreed taking regular staff turnover into account.
- Local areas should consider developing a standard induction programme for Probation Service, D&R, and community treatment staff.

4. Developing and implementing the Framework in the Prison Environment

This Framework applies to D&R services working in London prisons. The Forward Trust is commissioned to only take referrals from community-based Probation Offender Managers for people on their caseload who are in prison. The work is focused on preparing clients for upcoming release and supporting a seamless transition into the community/continuity of care on release.

Referrals can be made up to 12 weeks pre-release for sentenced prisoners only, where the client is not engaging with the custody treatment provider, or requires additional support in connecting to community treatment options. The support provided can include relapse prevention, motivational engagement, appointment coordination, and practical advocacy, with provision to meet individuals at the prison gate on release where appropriate. When timely referrals are made the service can support those on short sentences or recall and continue support through brief periods back in custody to assist seamless transition from prison into the community. The service is not commissioned to work with remand prisoners.

The service is measured on its ability to offer timely assessments following referral as well as on quality and engagement outcomes, ensuring individuals are supported to engage quickly and effectively with interventions.

Given the overlap between the commissioned activity of the Forward Trust and that of NHSE commissioned drug and alcohol treatment providers in prisons, it is crucial that an agreement is made between the two outlining the respective roles and responsibilities of each team to remove the risk of duplication and to cover identified gaps in resources or release planning, on a generic and a case by case basis.

All the elements listed in previous sections also apply to the prison context and should be considered collaboratively. Additional considerations are detailed below.

4.1 Strategic alignment, partnership and governance

- To establish agreed and integrated delivery in prisons, meetings should be organised that involve a prison Probation lead, H&JPCs (to link to community probation), prison substance misuse services and ideally the key NHSE and London Probation lead.
- All actions planned in prison should especially take account of the London Continuity of Care Toolkit, which includes partnership agreed frameworks for communicating from prison to community and ensuring that prescribing and medical information is transferred between prison and community services.

4.2 Joint working principles and operating framework

- Regular prison-based meetings should be established to plan, agree and review operating agreements between prison Psychosocial Intervention teams, prison medical team, D&R workers operating in prison, and community probation staff.
- Consideration should be given to the establishment of monthly review of detainees known to prison based services (including D&R) to support role definition, increased collaboration and enhanced support, including how D&R staff can support client motivation in prison,

through the gate work and actions to engage clients who do not present at community drug treatment on discharge.

- It is envisaged that D&R workers will arrange to give specific support to clients who would benefit from a 'meet at the gate' and 'escort to treatment service' offer on release; D&R should liaise with treatment staff in the prison to agree which clients do not have such an offer from a community treatment worker and agree provision of any additional support for a successful transition to community engagement with treatment services. Priority may well be given to supporting post release appointments for those with an ongoing opioid substitution prescription. Other key actions for discussion include how D&R services will contribute to robust follow up of people who do not attend treatment appointments upon release (with reference to the PNAP system) and contribute to reengagement work where people have not sustained their engagement
- Prison based discussions should result in agreements on how to collaboratively promote drug and alcohol interventions and regularly carry out harm reduction activities for as many clients in contact with D&R services, especially those leaving prison, especially given the current acute threat from synthetic opioids.
- Prison based meeting should consider and agree how client information is shared between Probation, D&R and treatment staff following initial referral from community Probation, including how and when information about release dates and release planning is shared, details of referrals to community services and dates of post release appointments with Probation and community services
- There should be agreement about how individual client information will be accurately recorded and kept up to date on all the relevant prison systems (this may require D&R access to Probation systems in prison like PNOMIS).
- Prison-based joint working agreements should be developed, in line with the principles above, particularly those associated with a warm handover.
- Action should be taken to build mutual knowledge of community offers for the prison's key referral boroughs and be able to communicate these to the client. Information on local borough services can be found at <https://www.mecclink.co.uk/london/alcohol-drugs/>
- Local areas should establish shared clinical governance arrangements with input from relevant clinical leads in prison and the community, so that all workers in contact with clients are working safely and in alignment with any clinical care plans. This could include sharing of risk, substitute prescribing continuity, overdose risk. It is important to ensure these arrangements are in line with the London Prescribing protocol in the London Continuity of Care Toolkit, with its emphasis on information sharing.

4.3 Referral Pathways and Eligibility Criteria

- Action should be taken to ensure that prison D&R and treatment staff have a clear understanding of community Probation's referral criteria
- D&R staff may to establish processes to highlight clients for referral to community Probation following discussion at prison based joint meetings.
- It is important that all staff are aware of and use the new London Information Exchange Form (LIEF) which is used by substance misuse teams to exchange information and refer

to community treatment on release. These forms are completed by the PSI team but information within will need to be shared with D&R workers.

4.4 Promoting the integrated service delivery model

- Local areas should consider how to work together to increase awareness of, and referral to D&R and drug and alcohol treatment services by Probation staff in the community and in prison. This might include the development of joint awareness sessions to introduce the drug and alcohol treatment and D&R offer to Probation Service staff and those in contact with the service (clarifying the distinct service offer).
- Local areas may also wish to consider developing joint marketing and written communication. Regularity should be agreed taking regular staff turnover into account.
- Services may wish to consider the development of regular joint prisoner and prisoner officer focused sessions and marketing materials to promote the joint offer.

5. Recommended next steps

- Substance Misuse Commissioner/Public Health Lead to hold meetings which include drug and alcohol treatment service managers and their criminal justice lead, Probation Delivery Unit (PDU) representative and Health & Justice Partnership Coordinators (H&JPC) and leads for D&R to develop local arrangements.
- Prison Psychosocial leads to convene meetings which include medical teams, Probation leads in prison, HMPPS drug strategy leads and D&R teams to develop prison-based arrangements.