Office for Health Improvement & Disparities

ADPH London

Drug and Alcohol Enhanced Treatment Offer London Checklist Review

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1. Context and introduction

The Enhanced Treatment Offer (ETO) checklist forms part of the Pan-London Continuity of Care Toolkit, launched in 2026 to improve transitions from prison into community drug and alcohol treatment. The toolkit was commissioned through the London criminal justice substance misuse partnership and co-produced with public health commissioners, treatment providers, criminal justice partners and people with lived experience.

The checklist was designed as both a local self-assessment and a London-wide improvement exercise. It asked local partnerships to test the pathway from prison in-reach and courts, through the critical early days following release, into an attractive and accessible treatment offer, including recovery capital and effective multi-agency working. Although prison leavers are a central focus, the questions also provide insight into the wider treatment and recovery system, and the checklist also aimed to support the focus on improving the breadth of the offer for drug and alcohol treatment.

London-wide work on continuity of care has significantly improved communication between prison and community treatment services. Successful engagement in drug and alcohol treatment following referral is now the key attrition point on the prison to community drug and alcohol treatment pathway. This paper collates and reviews the individual checklists undertaken by the 32 London boroughs with the aim of understanding how comprehensive, attractive and welcoming the treatment and recovery offers separately commissioned by London's 32 boroughs are, and how well they address the practical barriers to effective engagement in treatment.

2. Methodology

Completed ETO checklist returns were reviewed using a mixed quantitative and qualitative approach. Thirty submissions represented all 32 London local authorities and the City of London, including joint submissions for Richmond and Wandsworth and for Westminster and Kensington and Chelsea.

- Responses were mapped against the common checklist structure to identify the presence, absence or clarity of key features.
- Free-text responses were reviewed thematically to identify recurring strengths, gaps, variation, risks and potentially transferable practice.
- Findings were compared across submissions without ranking individual boroughs.
- Blank or unclear responses were not treated as evidence that provision was absent.
- Counts represent explicit references in returns and were interpreted alongside narrative evidence.
- Findings were considered from local, regional and national or cross-system perspectives. Boroughs were specifically asked to feedback key regional and national barriers within the 'High-Level Feedback' tab of the checklist workbook.

Limitations

- Returns varied in completeness and level of detail.
- A textual reference does not demonstrate consistency, capacity, quality or outcomes.
- Self-reported evidence was not independently validated.
- Some services operate across borough boundaries, and local responses may not capture the full pathway.

3. Executive summary

This review is based on self-reported checklist evidence from 30 submissions covering all 32 London local authorities and the City of London. This report aims to provide a system-wide assessment of strengths, variation and opportunities for improvement of treatment attractiveness, rather than an independent audit or ranking of individual boroughs.

Overall, London has substantial treatment, criminal justice and recovery infrastructure to build on, with many examples of strong practice and successful engagement, but inconsistency across pathways and treatment offers is a key weakness. This means that a person's experience can still vary depending on where in London they are seeking treatment, the prison they leave, the borough they return to, the notice available before release, local service configuration and the clarity of ownership between different parts of the system. Some variation reflects differences in funding and capacity, but it also reflects the organic development of services and pathways over time.

Prison in-reach and courts

- Prison in-reach and through-the-gate support are well established across London although many boroughs would like to extend this provision, particularly to HMP Bronzefield. London does not have a female prison in its boundaries and so the links to HMP Bronzefield in Surrey which acts as London's main remand prison for women are key. Dedicated workers, meet-at-the-gate arrangements and examples of effective information exchange provide a strong foundation for continuity of care. However, the frequency and consistency of prison access vary considerably, including arrangements for vetting, keyholding and routine in-reach.
- Court and police custody coverage is similarly variable, creating different levels of opportunity to identify and engage people before they return to the community.
- Use of the regional London Information Exchange Form (LIEF) for referral and information exchange and release tracking are established in many areas but full and timely completion of the LIEF by community partners is weak. The LIEF consists of four parts intended to be exchanged between prison and community substance use teams to support continuity of care across the treatment journey. The completion and return to the prison of part 2 of the form by community teams once they have received the first part of the form from the prison when the person commences prison drug and alcohol treatment is a key gap in supporting crucial information exchange.

Early days in treatment

- There is a strong base of activity to support people during the critical period following release or treatment entry. This includes naloxone, practical assistance, peer support and examples of rapid prioritisation. However, these elements are not yet consistently brought together as a defined minimum 'First Days' offer across London.
- Some services also provide food, drinks and travel support, with more substantial provision such as breakfast and lunch particularly associated with some on-site Lived Experience Recovery Organisations (LEROs).
- Immediate lived-experience support is not universal, although several boroughs identify this as an area for development
- Rapid prescribing pathways are not always explicit.
- Digital exclusion is also a significant barrier and can hinder access to services and wider support.

Drug and alcohol treatment offer

- The returns demonstrate a broad and well-developed treatment offer, including opioid substitution treatment (OST), long-acting buprenorphine, residential rehabilitation, women-specific provision, mental health support and complex case management. First-day prescribing is also widely but not universally described within the wider treatment offer.
- There is a notable gap in clearly defined crack and stimulant pathways in many London boroughs.
- The principal weakness identified is the reliability and speed with which treatment can be continued or accessed, particularly for people leaving custody.
- Clinical continuity can be undermined where prescribing or other clinical information cannot be rapidly confirmed, particularly for people with more complex needs. Limited interoperability between information systems further complicates continuity of clinical care.

Building recovery capital

- Peer and lived-experience activity is reported in all 30 returns with the key issues being consistency and maturity. Some boroughs demonstrate particularly developed approaches, while others identify LERO and wider recovery-capital provision as areas they intend to strengthen.
- Integration of family support and supported access to community activities, sustainability and measurement of recovery outcomes vary across London.
- Digital inclusion is reported as a particular cross-cutting concern because people experiencing exclusion may be least able to benefit from increasingly digital routes into services and wider support.

Partnership working and governance

- Boroughs consistently identify multi-agency working as a priority. The treatment sector demonstrates considerable commitment to maintaining relationships across criminal justice and community services. However, Combatting Drugs Partnerships (CDPs) and their subgroups are not always described as sufficiently engaged with driving improvements.
- The challenge is that the strength and nature of these partnerships vary, and the respective roles of prisons, Probation, commissioned through-the-gate services, community treatment, health and social care and mental health services are not always described as sufficiently established, agreed and monitored by a strong governance structure.
- Information sharing, referral timing, handover arrangements, data quality and accountability can consequently depend on local relationships and workarounds rather than consistently defined system arrangements.

Regional issues

Responders were asked to identify regional barriers to continuity of care that are best addressed collectively at a London level rather than by individual boroughs.

The review identifies a need for greater coordination around prison access, court and custody coverage, cross borough pathways, up-to-date service directories, shared data standards, and LIEF assurance.

There is also an opportunity to use the significant variation identified through the checklist exercise positively, by strengthening regional peer learning and spreading effective local practice rather than requiring each borough to develop solutions independently.

National issues

Responders were also asked to identify some of the most significant barriers to continuity of care that sit outside local authority and regional control.

These included short-notice release, recall and remand churn, housing constraints, workforce capacity and coordination especially at points of transition, as well as information-system interoperability. These issues can disrupt even well-designed local pathways and therefore require national or wider cross-system action.

Greater alignment of commissioning across the criminal justice and treatment systems was also raised as a key national solution in order to reduce duplication, clarify accountability and strengthen continuity between custody and community provision.

Areas for consideration

Taken together, the findings point towards the need to move from good but variable local practice towards a more consistently reliable London standard. The review therefore suggests a number of areas for consideration for future action at a local, regional and national level.

1. Each London borough to take forward actions highlighted through this self-assessment, consider best practice and support local treatment teams to complete the London Information Exchange Form (LIEF) to support two-way communication while individuals are in prison.
2. London boroughs to consider working at a pan borough and/or London level to develop pan borough court and/or prison in-reach teams.
3. A number of boroughs suggested the development of a minimum London in-reach and release standard, to support a consistent London approach.
4. All London boroughs to address deficits in the first day offer using the elements contained in the checklist for this self-assessment.
5. Treatment systems to strengthen rapid assessment and prescribing by sharing the strongest existing models and through increased use of the prescribing protocol developed as part of the pan London Continuity of Care Toolkit.
6. Most London boroughs do not have a crack and/or stimulant pathway, and every borough should consider development of this offer, as well as widening access to residential rehabilitation, including supporting access to residential placements immediately upon prison release.
7. OHID to raise the issue of digital exclusion and its impact on individuals accessing wider support with national partners.

8. ADPH London to consider working with the London Recovery Network to develop a short checklist supporting best practice in recovery provision, taking into account the National Guidance also in development.
9. London boroughs to work with local Combatting Drugs Partnerships and strategic partnerships to support strategic alignment that delivers improved pathways and increased joint working.
10. All boroughs to consider taking forward the Pan London Dependency and Recovery Framework to further enhance joint work with London probation and clarify respective roles and accountabilities.
12. London boroughs to consider refreshing the Pan London Continuity of Care toolkit, further London-wide work to improve the visibility of community drug and alcohol services to prison partners and to consider how best to share best practice in continuity of care through the developing ADPH London led structures to horizon scan and drive the effectiveness of drug and alcohol treatment.
13. OHID to share the system-level barriers with relevant national and cross-system boards, including short-notice release and remand churn, information-sharing gaps, housing constraints at release, and prison vetting and access arrangements.
14. OHID to flag opportunities to further align criminal justice and drug and alcohol outcomes and commissioning at a national level, in a way that supports understanding of points of attrition and pathway failures.

4. Prison in-reach and court coverage

London has considerable prison in-reach and through-the-gate activity, but it does not yet operate as a consistently reliable London pathway. Court and Custody Suite coverage is particularly inconsistent.

Strengths and good practice	Gaps and risks
1. Prison in-reach is referenced in 26 of 30 submissions, with examples of dedicated prison-link and criminal justice roles.	1. In-reach varies by prison and borough in frequency, feeder-prison coverage, access, vetting and keyholding.
2. Meet-at-the-gate or through-the-gate support is referenced in 28 of 30 submissions, including practical help and in a few cases, transport.	2. Court and custody drug-worker coverage is inconsistent and often depends on local arrangements.
3. Probation partnership is referenced in every submission as a priority partnership for release planning and re-engagement with effort given to alignment and cooperative working arrangements.	3. Late or incomplete referrals, short-notice release and recall disrupt planned handovers.
4. LIEF or information exchange and release tracking are established in many areas through dedicated inboxes, trackers and meetings.	4. Overlapping through-the-gate functions can create unclear ownership, duplication or gaps.
5. Good practice emerging includes three-way appointments with Probation and treatment, risk-based targeting and cross-borough working arrangements to cover Courts and prison in-reach.	5. Three-way appointments with probation are not yet routine, nor are cross-borough arrangements where local connections are not established, referrals have been made to the 'wrong' borough, or reciprocal assessment and treatment provision is required.

Areas for consideration

1. Each London borough to take forward actions highlighted through this self-assessment, consider best practice and prioritise completion of the London Information Exchange Form (LIEF) to support two-way communication while individuals are in prison.
2. London boroughs to consider working at a pan-borough and/or London level to develop pan-borough court and/or prison in-reach teams.
3. A number of boroughs suggested the development of a minimum London in-reach and release standard, to support a consistent London approach.

5. Early days in treatment and essential services

London has many components of a strong early-days response, but they are not consistently brought together into a minimum first-days offer and do not always utilise the power of immediate peer mentoring and visible recovery.

Strengths and good practice	Gaps and risks
1. Naloxone is referenced in 27 of 30 submissions and is one of the strongest recurrent harm-reduction features of early engagement.	1. There is no consistently defined immediate 'Early Days' offer across London.
2. There are examples of rapid assessment and prioritisation for people leaving prison.	2. Rapid OST or prescribing pathways protocols are explicitly referenced in only 11 of 30 submissions.
3. Practical support includes good examples where phones, or data, food, clothing, travel and personalised release packs are provided.	3. Narrow attendance windows can disrupt clinical continuity especially following release from prison.
4. Peer and lived-experience infrastructure supports a warm, non-judgemental welcome in some services.	4. Practical and digital support is valuable but inconsistently available.
5. Some boroughs describe stronger clinical continuity, including long-acting buprenorphine and rapid access arrangements.	5. Referral does not guarantee engagement, and services do not state that they consistently track what happens between handover and attendance.

Areas for consideration

4. All London boroughs to address deficits in the first day offer using the elements contained in the checklist for this self-assessment.
5. Treatment systems to strengthen rapid assessment and prescribing by sharing the strongest existing models and through increased use of the prescribing protocol developed as part of the pan London Continuity of Care Toolkit.

6. Drug and alcohol treatment offer

The treatment system shows broad capability and specialist provision, but consistency and pathway clarity are weaker for rapid clinical access and some specific needs for example crack cocaine use.

Strengths and good practice	Gaps and risks
1. Naloxone supply, training and overdose-risk advice are widely embedded.	1. Rapid prescribing expectations are not consistently articulated.
2. OST continuity and long-acting buprenorphine are available in all services, although some practical factors can inhibit delivery	2. Clinical information may not reliably follow the person at release from prison, undermined by lack of systems interoperability and information sharing agreements.
3. Residential rehabilitation routes are commonly referenced.	3. Direct access to residential rehabilitation from prison or for people sleeping rough is inconsistent between boroughs.
4. Women-specific provision is referenced across all submissions, often through specialist partners.	4. Crack and stimulant-specific pathways are very variable and often not described as a distinct offer.
5. Complex case management and mental health or dual-diagnosis links are widely described.	5. Availability of specialist pathways does not always demonstrate timely or equitable access.

Areas for consideration

6. Most London boroughs do not have a crack and/or stimulant pathway and every borough should consider development of this offer, as well as widening access to residential rehabilitation, including supporting access immediately upon prison release.

7. Building recovery capital

Recovery capital is a major asset across London, particularly peer involvement, but its maturity and accessibility are uneven and outcomes are rarely measured.

Strengths and good practice	Gaps and risks
1. Peer, volunteer or lived-experience activity is referenced in every submission.	1. Peer roles, supervision and sustainability are not always well developed or clearly defined.
2. Employment, education and volunteering routes are widely available through direct or referral pathways.	2. Practical and digital support is not consistently available across boroughs and digital exclusion is seen as a major barrier to recovery.
3. Mutual aid, recovery groups and recovery communities provide a broad base for sustained support.	3. Recovery capital outcomes are rarely quantified in the returns.
4. Digital inclusion and access to phones or data are recognised as important enablers.	4. Family support is available but not always systematically integrated into care planning.
5. Family support and personalised practical help are widely referenced.	5. Access may depend on local capacity, eligibility or knowledge of referral routes.

Areas for consideration

7. A number of boroughs requested that the issues of digital exclusion and its impact on individuals accessing wider support is raised nationally.
8. It was suggested that ADPH London work with the London Recovery Network to develop a short checklist supporting best practice in recovery provision, taking into account the national guidance on recovery support which is also in development.

8. Partnership working

Partnership relationships are a clear priority, but formal accountability, information sharing and management of service interfaces need to become more systematic. Use of Combatting Drugs Partnerships and their sub-groups to drive improvements by strengthening strategic and operational partnership effectiveness is not always evident.

Strengths and good practice	Gaps and risks
1. Probation is referenced in every submission and is central to release planning and re-engagement.	1. Roles and accountabilities are not always explicit across the pathway.
2. Multi-agency continuity-of-care, resettlement and case-management meetings are established in many areas.	2. Duplication or gaps can arise between prison, Probation, community and commissioned through-the-gate services.
3. Named leads, inboxes and contact routes support operational coordination.	3. Information-sharing arrangements are less consistently defined than partnership activity.
4. Partnerships extend to prisons, housing, mental health, police, IOM, women's services and voluntary organisations.	4. Interoperability across case management, health and prison/community systems remains a weak point.
5. There are examples of cross-borough commissioning and shared delivery.	5. Some governance depends too heavily on individual relationships and local workarounds.

Areas for consideration

9. London boroughs to work with local Combatting Drugs Partnerships and strategic partnerships to support strategic alignment that delivers improved pathways and increased joint working.
10. All boroughs to consider taking forward the Pan London Dependency and Recovery Framework to further enhance joint work with London Probation, underpinned by clarity around respective organisational roles and accountabilities.

9. Regional barriers

Responders were asked to identify key regional barriers where individual borough action is insufficient and a coordinated London or subregional response could improve consistency, while preserving flexibility for local delivery.

The complexity of London's geographical commissioning and provider landscape, with 32 separately funded systems along Local Authority boundaries, whilst prison-to-community pathways operate across borough boundaries and cannot be efficiently addressed through stand-alone borough arrangements. This also affects Courts, Police Custody Suites and Probation Delivery Units.

1. Prison access remains variable, with differences in vetting, keyholding, visit capacity and feeder-prison arrangements affecting the consistency of in-reach.
2. Through-the-gate responsibilities across commissioners and providers are not always sufficiently clear.
3. Court and custody drug and alcohol worker coverage is also fragmented and inconsistent.
4. There is a need for greater consistency in the infrastructure connecting prison and community services including levels of LIEF completion, referral quality, data matching, follow-up and exception processes for people with higher risks and needs.
5. Prison-facing information about community services, eligibility, contacts and referral routes needs greater consistency.
6. Responders were also keen to highlight their willingness to learn from their peers and to share good practice across the broader treatment offers

Areas for consideration

11. Review and take forward areas for consideration 1-3 in this report
12. London boroughs to consider refreshing the Pan London Continuity of Care toolkit, further London-wide work to improve the visibility of community drug and alcohol services to prison partners and to consider how best to share best practice in continuity of care through the developing ADPH London led structures to horizon scan and drive the effectiveness of drug and alcohol treatment.

10. National and cross-system feedback

Feedback from the completed checklists identifies a number of structural barriers to continuity of care that sit outside local authority control and require national or cross-government action. These fell into six broad themes:

1. Short-notice release, recall and remand churn can leave insufficient time to arrange referrals, medication continuity, housing support and effective handover into community treatment.
2. Fragmented clinical and information systems can also prevent medication, risk and referral information from following people reliably between prison and community services. These issues would benefit from clearer national expectations for notification and rapid handover, alongside improved interoperability and timely transfer of essential information.
3. Housing pressures and constraints can overwhelm treatment engagement. This could be not meeting the threshold for a local connection, release to no fixed abode or to insecure or temporary accommodation. National Government could therefore be asked to consider Aligning continuity-of-care policy and measures with housing, homelessness and resettlement arrangements
4. Prison vetting and access arrangements, as well as differing policies towards key holding were also noted as national barriers within the secure estate system.
5. The lack of alignment between criminal justice and treatment commissioning was noted as creating further constraints which individual local authorities cannot resolve.

6. There were also comments that national outcome measures could better distinguish genuine pathway failure from individual choice, short-notice release and other circumstances beyond local control, so that local systems are assessed fairly and the causes of unsuccessful transitions can be identified.

Areas for consideration

13. OHID to share the system-level barriers with relevant national and cross-system boards, including short-notice release and remand churn, information-sharing gaps, housing constraints at release, and prison vetting and access arrangements.
14. OHID to flag opportunities to further align criminal justice and drug and alcohol outcomes and commissioning at a national level, in a way that supports understanding of points of attrition and pathways failures.

10. Conclusion

OHID London and ADPH London would like to thank all London boroughs and their partners for the time and commitment they gave to completing the ETO checklist and for sharing their experience, challenges and examples of good practice. Their contributions have provided a valuable London-wide picture and a strong foundation for the next phase of improvement.

The review demonstrates that London has a strong foundation of drug and alcohol treatment, recovery and criminal justice provision, with considerable good practice across boroughs. However, variation in pathways, access and partnership arrangements means that continuity of care is not yet consistently reliable across the capital.

The priority now is to build on existing strengths while reducing avoidable variation, particularly around prison in-reach and release, the early-days treatment offer, rapid clinical access, recovery support, information sharing and cross-system accountability. This will require coordinated action at local, regional and national levels, combining borough-led improvement with stronger pan-London arrangements and escalation of barriers that cannot be resolved locally.

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