

Working in partnership

Effective local partnerships at strategic and operational level are critical to addressing variability in the range and accessibility of alcohol services across the country and ensuring that appropriate and effective services are delivered to those who need them, when they need them.

In some parts of the country, health partners are now much more persuaded of the benefits of working together to achieve joint strategic aims in improving health outcomes, targeting best use of finite resources and reducing re-offending, as well as harm to communities. Elsewhere there are still tensions between health and criminal justice around outcomes and expectations; concerns about offenders getting preferential treatment and court-mandated treatment cutting across the concept of freewill; and issues regarding confidentiality and information sharing.

The section of the guidance on *Commissioning alcohol interventions and treatment* provides advice on improving working relationships at the strategic level, particularly with Primary Care Trusts (PCTs)/Local Health Boards (LHBs), Crime and Disorder Reduction Partnerships (CDRPs)/Community Safety Partnerships (CSPs) and Local Authorities. This includes the benefits of contributing to Joint Strategic Needs Assessments (JSNAs) and their usefulness in informing LAA priorities and action plans in England. Also, the role of probation within local Alcohol Strategies, as a mechanism to connect cross-cutting agendas and priorities. Therefore, this section will focus on better partnership working at an operational level.

Multi-agency working has to ensure that the offender gets the best possible service by striving towards seamless working and that services are complementary to each other. This is particularly important as alcohol is also often linked to a number of other problems, which may be a result of drinking or have been a trigger for it, that may need to be treated by a relevant specialist service.

The essential elements of effective partnership working are:

- A sense of ownership from both organisations at a strategic and operational level
- Clarity around the model of delivery
- Co-location of services
- A close working alliance between the offender manager and treatment provider

More specifically, this means:-

- Shared goals but clear boundaries and monitoring of outcomes

Probation areas/trusts and treatment providers should seek to develop a shared understanding of outcomes but respective roles and responsibilities for

specific activities within the partnership arrangements should be clearly defined with lines of accountability.

There should be an agreed performance framework against which to measure progress and evaluation and monitoring of outcomes should be built into Service Level Agreements (SLAs) and contract reviews.

- Information sharing protocols

Where not already in place, protocols should be developed for information sharing setting out precisely what information needs to be shared and the arrangements needed for sharing and performance reporting. It is important that practical issues around data management and the compatibility of IT systems are overcome. This should include consideration being given to some alcohol treatment staff having direct access to probation case management systems (on a 'need to know' basis), which the Institute for Criminal Policy Research (ICPR) found was a regular feature of working arrangements between probation areas and providers in Wales.

- Agreed referral processes

Areas/trusts and providers should ensure that there are clear and agreed integrated care pathways and joint working protocols/arrangements in place based upon identified best practice. Meetings should be held with services on a quarterly basis where these protocols can be discussed and, if necessary, amended.

- Provider staff based in probation offices

Probation and treatment providers should establish arrangements for specialist alcohol staff from partner agencies to provide services on probation premises. Such arrangements are thought to increase the accessibility of services, reduce rates of attrition and enhance levels of inter-agency working and communication.

Together with the routine use of feedback forms, the co-location and integration of specialist alcohol workers within probation offices helps ensure that there is direct and regular communication between offender managers and partnership staff. It also allows specialist workers to advise probation staff and provide expert assessments and deliver extended brief interventions, where needed. Co-location also increases engagement with the offender, as the offender doesn't have to come back at another time or go elsewhere for a meeting. Specialist workers can also refer and broker access to other local treatment organisations for treatment.

The lessons and experiences from Drug Treatment and Testing Orders (DTTOs)/Drug Rehabilitation Requirements (DRRs) highlight the potential benefits of co-located, multi-agency teams.

- Clear lead agency on each case

There should be a clear delineation of operational roles and responsibilities for managing offenders who misuse alcohol. The agreed responsibilities for alcohol treatment requirements should be:-

<u>Activity:</u>	<u>Lead Responsibility:</u>
Offender supervision (overall management)	Probation
Offending behaviour programmes	Probation
Offender treatment delivery	Provider(s)
Treatment (health) commissioning Board/Substance Misuse Action Team (SMAT) in Wales	PCT or Area Planning
Treatment delivery and integrity	Provider
Performance management (Area Planning Board/SMAT in Wales)	DAAT or Primary Care Trust

In addition, each probation area/trust should have an alcohol policy lead responsible for establishing contact and maintaining links with local alcohol services and self-help groups. This person should visit local services to better understand the types of services available and also act as the main contact point for services. In England the probation area/trust alcohol policy lead should work closely with Regional Alcohol Managers, who are based in Regional Government Offices.

- Joint training/skills sharing

There should be more cross-fertilisation of knowledge and skills between probation and provider staff through the greater use of joint training, skills sharing, job shadowing etc. This should ensure that more probation staff are competent to accurately identify an alcohol problem and provide a swift and appropriate response e.g. deliver brief advice or extended interventions; know how to refer an offender for structured treatment; and that provider staff have a greater understanding of the criminal justice process, the role and responsibilities of probation and the requirements pertaining to it (e.g. National Standards reporting).

- Regular case conferences/inter-agency meetings

Where an offender is receiving structured alcohol treatment, there should be a minimum of 3 three-way meetings between the offender manager, alcohol treatment worker and offender at the start, middle and end of an order as a means of establishing the aims and objectives of the sentence and monitoring progress towards achieving goals. Joint meetings between the provider, offender manager and offender should be more regular (every month/six

weeks) for medium to high seriousness cases, those with complex needs, offenders who are non-compliant or when there has been any significant change, especially where risk of serious harm has increased.

- Feedback from providers and service users

Feedback from providers is essential to the effective management and enforcement of the order and to confirm that services are appropriate and relevant to individual need, of the required standard (as set out in the service specification and the SLA) and achieving desired outcomes.

Service users, carers and families (as appropriate) where they add protective elements to supporting the offender, should be consulted and actively involved at all stages of service development, from planning to service delivery and evaluation. Findings from the user survey conducted by Suffolk, Hertfordshire & Norfolk Probation Areas to provide direct offender feedback on the value and benefits of the alcohol interventions delivered there and support a best value review of alcohol interventions across the sub-region due later in 2009-10 may be informative.

- Arrangements for end of order

It is important to notify the agencies involved in the treatment of the offender of the termination of NOMS' involvement if drug, alcohol or mental health treatment is to continue beyond the period of the sentence so that responsibilities and duties remain clear and can be strengthened to support the re-integration of the offender post-sentence.

Please refer to the *Delivery of interventions* section of the guidance for more about the information that should be shared between Offender Managers and contracted treatment providers and the limits of sharing treatment information.