COMMUNITY SENTENCE TREATMENT REQUIREMENT PROTOCOL

We are pleased to inform you of a new programme of work which supports the increased use of community treatment requirements, as part of a Community or Suspended Sentence Order. These are comprised of Mental Health Treatment Requirements (MHTRs), Drug Rehabilitation Requirement (DRRs) and Alcohol Treatment Requirement (ATRs). The programme focuses on reducing reoffending by addressing the health and social care needs of offenders which may be contributing to their offending behaviour. Providing effective community sentence options where appropriate diverts vulnerable people away from custody and thereby also reduces short term custodial sentences.

As you may be aware, people with mental health and substance misuse problems make up a significant proportion of those who come into contact with the criminal justice system. Ministry of Justice figures show that approximately 29% of people serving community orders self-reported as having a mental health condition. Of those who were formally assessed, 32% were identified as having a drug misuse need and 38% an alcohol misuse need. Despite this, in

---

1 According to an MoJ study of adult offenders starting Community Orders in 2009/10, 29% of them self-reported mental health conditions. The survey did not include Tier 1 offenders.
2 All Tiers
2017 only 5% of commenced requirements as part of a community order or suspended sentence order were Drug Rehabilitation Requirements (DRRs), 3% were Alcohol Treatment Requirements (ATRs) and less than 1% were Mental Health Treatment Requirements (MHTRs). Whilst courts are already able to include mental health and substance misuse treatment as part of a community sentence, they often do not because of the barriers that offenders can face to access the services they require.

In order to address this, the Ministry of Justice (MOJ) and the Department of Health and Social Care (DHSC), have worked with NHS England (NHS E) and Public Health England (PHE) to develop a draft Community Sentence Treatment Requirement (CSTR) ‘Protocol’. This aims to increase the use of community sentences with mental health, drug and alcohol treatment requirements. It sets out what is expected from all relevant agencies to improve access to treatment for offenders who need it.

Key elements of the protocol include:
1. Introducing a new national minimum standard of service with common access and suitability criteria for all treatment requirements (including a maximum waiting time for treatment from the date of sentence).
2. Making sure that information from Liaison and Diversion (L&D) assessments forms part of the pre-sentence advice provided to courts.
3. Sentencing on the day wherever possible but to adjourn if necessary where time is needed for further assessment and to arrange initial appointments with the treatment providers. If adjourned, a sentence must be given within 14 days.
4. Where necessary two treatments to be sentenced together, along with Rehabilitation Activity Days, in order to provide a holistic order that addresses both health and social care issues.

Test bed sites
MoJ and DHSC together with the Senior Presiding Judge have identified five test bed areas across England (as health is devolved in Wales) in which to test the protocol ahead of any national rollout. These are Milton Keynes, Northampton, Birmingham, Plymouth and Sefton. The individual courts involved are outlined below:
- Milton Keynes Magistrates Court
- Aylesbury Crown Court
- Northamptonshire Magistrates Court
- Northamptonshire Crown Court
- Birmingham Magistrates Court
- Birmingham Crown Court

---

3 L&D services place clinical staff at police stations and courts to provide assessments and referrals to treatment and support. Health information can then be shared (where consent is given) so that charging and sentencing decisions can be tailored to meet needs.
• Plymouth Magistrates Court
• Plymouth Crown Court
• Sefton Magistrates Complex Case Courts

The first of these sites (Milton Keynes) went live in October 2017, and the final site (Sefton) went live in January 2018.

Each test bed site is supported by a local multidisciplinary steering group. This includes membership from the National Probation Service, Community Rehabilitation Companies, HM Courts and Tribunal Service, Liaison and Diversion, Police and Crime Commission, local health and substance misuse providers and third sector organisations. The partnerships have enabled strong community and communication links along with the provision of services required to provide appropriate clinical interventions and support to this vulnerable group.

Evaluation
DHSC, MoJ, NHSE, PHE are conducting a process evaluation of the implementation of the services across the 5 test bed sites to investigate the health, justice and system implications of the protocol:

• To understand the mental health and substance misuse needs of offenders, and whether existing health arrangements accommodate for these needs.
• To identify and understand any current barriers to an individual being given a CSTR.
• To find out whether the draft protocol works and whether changes are needed ahead of any further roll out.

I am sure you would agree the work outlined above is a vital step in understanding how vulnerable individuals can be given the right access to appropriate treatments and so reduce reoffending and the uptake of short term custodial sentences. I would welcome your support with this. If you have any questions or would like further information, please contact Dorothy Connellan (dorothy.connellan@Justice.gov.uk) or Angela Hawley (angela.hawley@dh.gsi.gov.uk).

EDWARD ARGAR

JACKIE DOYLE-PRICE