



THE POLICE & CRIME COMMISSIONER FOR CLEVELAND

DECISION RECORD FORM

REQUEST:

Arrest Referral Contract within Custody

Title:

Arrest Referral

Executive Summary:

The Cleveland Police Arrest Referral Scheme engages those people, at the point of arrest, whose offending is linked to drug or alcohol misuse. By seeing the offender as soon as possible after they are arrested, Arrest Referral workers can offer a pathway into harm reduction, treatment and rehabilitation services.

Decision:

The Police and Crime commissioner is asked to make a decision recommending a change in the current Arrest Referral Scheme structure to voluntary community based referrals plus mandatory drug testing identified as option 4B within the option paper attached.

Implications:

Has consideration been taken of the following:	Yes	No
Financial	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equality & Diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Human Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Risk	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(If yes please provide further details below)

Decision Required – Supporting Information

Financial Implications: (Must include comments of the PCC's CFO where the decision has financial implications)

The current provision of this service has been provided via a 5 year contract with Addaction which ends of the 31st March 2014. This is the contracted end date of this contract which has been known for 5 years and EU Procurement rules prevent the PCC from extending the length of this contract. Therefore it has been appropriate to review the options that are open to the PCC and these are detailed within the attached paper. The option proposed within the paper is estimated to save around £450k per annum versus the cost of the current service and it is affordable within the PCC's expected budget for 2014-15.

Legal Implications: (Must include comments of the Monitoring Officer where the decision has legal implication)

Non Statutory Service

Equality and Diversity Implications

Human Rights Implications

Sustainability Implications

Risk Management Implications

OFFICER APPROVAL**Chief Executive**

I have been consulted about the decision and confirm that financial, legal, and equalities advice has been taken into account. I am satisfied that this is an appropriate request to be submitted to the Police and Crime Commissioner.

Signed:



Date:

17/1/2014



Options Proposal Arrest Referral Scheme

Introduction.

The purpose of this paper is to provide details of a review of the current arrangements for the Arrest Referral and Drug Intervention Scheme (DIP) contract within custody, which comes to an end in April 2014, and to present future options for delivery of interventions including timescales and likely costs.

All options propose to continue the referral process to key agencies whilst expanding the current service base. They are all compliant with the Police and Crime Commissioner's objective of "Diverting people from offending, with a focus on rehabilitation and prevention of reoffending".

Review of existing contract.

The terms of reference for the review include:

- The arrest referral process within custody only.

and excludes:

- Community based Drug Intervention Programmes.
- Alcohol treatment.

What are Arrest Referral and DIP?

Arrest referral is a pathway into services from a criminal justice setting. It assists the transition from chaotic lifestyles to treatment by providing such pathways, with a view to reducing their offending behaviour.

Arrest referral workers based in custody offer an opportunity for early intervention as workers are able to engage at the point of arrest when motivation to change can be heightened.

What does the scheme offer? - The scheme offers detainees an opportunity to discuss any concerns they may have regarding their drug or alcohol misuse with an arrest referral worker. Upon assessment issues such as drug and alcohol misuse, health and social needs, mental health problems, harm minimisation advice, GP needs, housing, hidden harm issues, domestic abuse may be covered/identified and supported and referred appropriately.

How does the scheme work? - Detainees are given the opportunity to engage with treatment services; thus reducing the risk of them reoffending due to substance misuse.

Who are the schemes aimed at? –

Arrest Referral is aimed at persons in custody whose offending and / or antisocial behaviour is linked to alcohol misuse and in some cases their drug abuse.

The Drug Intervention Programme (DIP) scheme is aimed at detainees, over 18 years of age, who have been arrested for a trigger offence (generally acquisitive and drug related crime) and whose substance misuse is linked to their offending behaviour. The service can also be offered to persons arrested for other offenses by means of an inspector's authority, if the inspector believes that drug use was a catalyst for the offence. In Cleveland, domestic violence, night time economy and prostitution related offending are targeted for DIP testing.

The Drug Intervention Programme is limited to:

- Testing for specified class A drugs, which are Heroin, cocaine powder and crack cocaine.

How is the scheme accessed? – Arrest Referral Workers monitor the custody IT system and once the detainee has been booked into custody at the police station the worker will check the individual's case records for treatment status and against other criteria and, where it is appropriate; make a recommendation for mandatory drug testing (cocaine and heroin only). A detainee who shows a negative drug testing result would be offered voluntary engagement with drug intervention programmes should drug use be an issue. Detainees showing a positive result will be assessed and a legally binding follow up appointment is made for them to attend in the community.

Detainees identified with alcohol related issues are offered voluntary interventions, followed up by referrals to community based alcohol services.

Background

The DIP and Arrest Referral Scheme, commissioned by the former Cleveland Police Authority, has the aim to increase the number of detainees taking up the opportunity for referral to drug and alcohol services and the provision of ongoing support to detainees through a network of services.

Support is provided in custody by Arrest Referral workers at a cost of £645,000. Prior to this the scheme was instigated and funded by the Home Office as an integral part of the Government's strategy against drug use.

The Home Office states that effective drug and alcohol interventions can lower reoffending by 12% to 20% in some areas (*home office DIP guidance 2010*). However, it was also noted that reliable quantitative information was difficult to identify. Discussion with the current service providers further illustrates the difficulty in identifying data which would outline the impact of the service in Cleveland.

During the financial year 2012/13, the Arrest Referral Scheme in Cleveland engaged with 3106 detainees who had identified issues related to alcohol. All 3106 individuals were seen on a voluntary basis. Of those engagements, 729 were referred into alcohol support programmes. It is worthy of note that each detainee received up to one hour educational and informative intervention with the scheme, recorded as a first appointment and consistent with community based services. In addition the scheme referred 1880 detainees into drug intervention programmes where each detainee received as a minimum harm minimisation advice and full assessment of need. Of this number 1626 detainees tested positive for class A drugs (cocaine or heroin) and received statutory appointments, the remainder by voluntary referral.

Review and Consultation Findings

Stage One of the review was to undertake a consultation exercise which would inform the options. This paper summarises the findings from that exercise which took place between July and August 2013 to determine the viability and options of 'Arrest Referral'. The exercise was a time limited exercise of 4 weeks in order to consult with key stake holders to determine the impact of the current arrest referral process.

Some of the key themes emerging from the consultation are:

- It was noted Drug and Alcohol misuse prevention are a part of public health responsibilities therefore every opportunity for closer working /joint commissioning should be explored.
- Conditional cautioning provides an opportunity to achieve an early positive response to low level offending behaviour for those persons willing to admit their offending and to

comply with certain conditions, in this instance drug treatment. This should be mainstreamed into all treatment processes to ensure compliance.

- Original remit of Arrest Referral which is limited to drug testing of heroin and cocaine only is no longer relevant to the current landscape and requires greater flexibility in order to meet changing requirements.
- Information sharing across agencies has been problematic with services operating in silos and not approaching the detainee's full spectrum of issues.
- Offenders with low threshold mental health problems and drug addictions outside those of the testing requirements of heroin and cocaine were frequently under the radar in police custody.
- Respondent's continually highlighted current assessment needs to include debt, housing, education and relationship questions in order to inform support agencies whilst identifying the root causes of offending outside those of drug and alcohol misuse.
- Respondents noted that Alcohol and Mental health were now primary drivers of crime echoing policy statement from central government (*Drug Dependency 2013 department of Health and Home Office*)

The consultation found a distinct opportunity for services to work collaboratively and expand the service base in line with community needs.

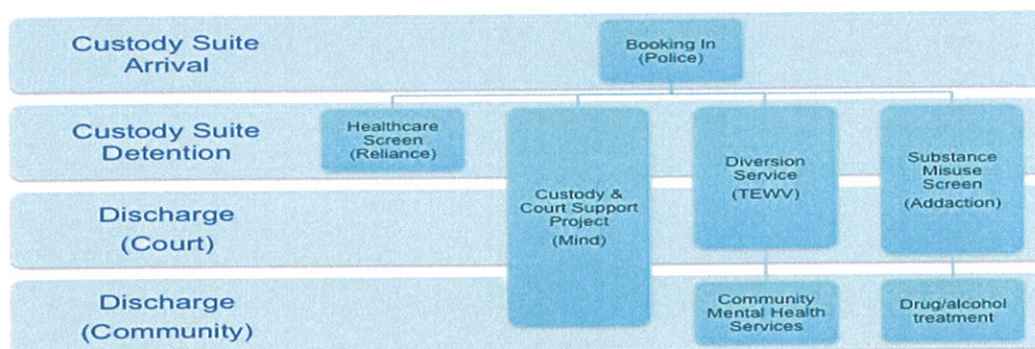
Findings

The current structure of the Arrest Referral Scheme within a custody setting ensures the first point of contact has a 100% attendance. However referral into community interventions, as a secondary appointment, sees attendance fall to 70% of appointments.

It is worth noting other forces which refer direct from custody on a voluntary basis into community based intervention programmes also find a take up of 70% with attendance at appointments (*Metropolitan Police Hackney*). This is comparable to the secondary appointment take up in Cleveland

This report highlights the process used at Middlesbrough Police District HQ as the main custody unit in the force area.

Table 1a –overview of potential intervention agency contacts on arrest.



Key	
TEWV	Tees Esk Wear Valley Mental Health Trust
Mind	Mental Health Charity (The Custody and Support Team are they there for a contact for the police should someone require an appropriate adult)

NB: Reliance is now known as Tascor

1b The process undertaken by the Arrest Referral Worker within the custody setting (established 2005).

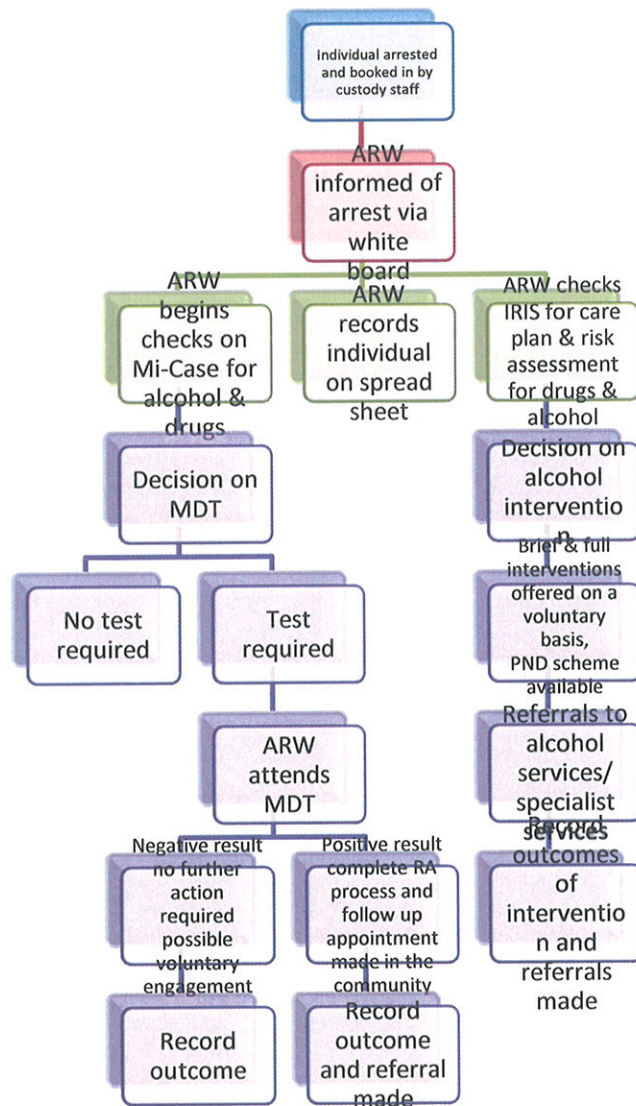


Table 1b

Acronym Key	
ARW	Arrest Referral Worker
IRIS	Integrated Risk Information system
MDT	Mandatory Drug Testing
PND	Penalty Notices for Disorder
RA	Required Assessment

Option 1 – Retention of current process / Service improvement

This option would involve a service improvement process rather than a remodelling. This could be achieved in relatively short timescales at minimal disruption. If this option is preferred it is suggested that there may be a greater cost contractually inline with the increased demands placed on the service supplier.

Key features of this option would include

- Continuation of current service provision
- Expansion of service provision from testing of Heroin and Cocaine (opiades) to include Amphetamines and Benzodiazepine dependant on changes within legislation.
- Formalised referral intervention and referral into Alcohol, Mental Health services and Local Authority Troubled Families initiatives
- Screening processes to include Debt, Education, Housing and family relationships.

The additional cost involved would be minimal and would reflect increased training needs and an element of project management. It is envisaged this would be around £25k.

Service Description	Service Provider (current)	Cost
Arrest Referral Contract Middlehaven		£645,000
Additional Training		£25,000 (estimated)
Total Cost to OPCC		£670,000

Option 2 – Removal of service

Arrest referral is no longer a statutory requirement with many forces dispensing of the service. The impact of having no referral service within custody reduces the number of individuals seeking support within community settings, resulting in increases in reoffending.

Service Description	Service Provider (current)	Cost
Total Cost to OPCC		0

Option 3 – Community Based Referrals Voluntary

Voluntary community based referrals would involve service remodelling. As a result of adopting this option the service currently provided would be removed from the structure in its entirety.

Key features of this option would include

- Investment in IT assessment software (currently trialled by the Met and Northumbria Forces)
- Appointing a Single Point of Contact within custody to refer detainees to community based services.
- Screening processes to include Debt, Education, Housing and family relationships.

The cost of this option is substantially less and will achieve savings as the service provision currently in place at a cost of £645,000 will in part be removed. It would be the responsibility of a Single Point of Contact (SPOC) to refer detainees in to community support settings only.

Service Description	Service Provider	Cost
Single Point of Contact 24/7 Service	5.0 fte	£153,750
I.T/ Training		£15,000 (estimated)
I.T based assessment tool		£47,300 (estimated)
Total cost to OPCC		£216,050

NB salary costings are based on current salary allocation plus 25% on costs

From discussions it has been noted that the SPOC posts could be absorbed into existing force managerial structures therefore no hierarchal costs would be involved.

It is worth noting the removal of mandatory drug testing would remove the evidence trail that illustrates none compliance with drug & alcohol treatment services and would negatively impact on restorative justice and conditional cautioning.

Option 3B – Community Based Referrals plus Mandatory Drug Testing

Voluntary community based referrals plus mandatory drug testing would involve service remodelling. As a result of adopting this option the service currently provided would be partially removed from the structure. It is worth noting at this point any changes made within custody would still incorporate the voluntary aspect of referral into community settings with the additional option to assert mandatory drug testing into an identifiable cohort of those who refuse to engage.

Key features of this option would include

- Investment in IT assessment software (currently trialled by the Met)
- Appointing a Single Point of Contact within custody to refer detainees to community based services.
- Investment in drug testing equipment
- Screening processes to include Debt, Education, Housing and family relationships.

The cost of this option is substantially less and will achieve savings as the service provision currently in place at a cost of £645,000 will be removed. It would be the responsibility of the SPOC to refer detainees in to community support settings only.

Service Description	Service Provider	Cost
Single Point of Contact 24/7 Service	5.5fte	£169,125
I.T/ Training		£15,000 (estimated)
I.T based assessment tool		£47,300 (estimated)
Drug testing equipment		£14,000
Total cost to OPCC		£245,425

NB salary costings are based on current salary allocation plus 25% on costs

From discussions it has been noted that the SPOC posts could be absorbed into existing force managerial structures therefore no hierarchal costs would be involved.

Option 4A– Multi Disciplinary Team Referrals - Voluntary

This option would, mean developing a single service specification for a single integrated service in the police custody suite that encompasses the full spectrum of health and social care needs.

The service provider would screen and refer all detainees, on a voluntary basis, to the relevant team member within the multi disciplinary team for further screening and assessment.

A clear commitment from commissioners of the existing services in Middlehaven is needed to make this happen.

In operational terms this means the removal of the intervention process currently based in custody, to be replaced by a single member of staff who would refer detainees directly into the multi disciplinary team. It is at this point practitioners within the multi disciplinary team would carry out an assessment and develop care pathways into community / criminal justice support services.

Service Description	Service Provider	Cost
Custody & court support inc Appropriate Adult	Mind (NHS funded)	£112,000
Single Point of Contact 24/7 Service	5.0fte	£153,750
I.T/ Training		£15,000 (estimated)
I.T based assessment tool		£47,300 (estimated)
I.T secure Information Line	NHS	
Mental Health	Tees Esk Wear Valley (nhs)	£115,000
Street Triage	Tees Esk Wear Valley (nhs)	£175,000
Total		£618,050
Total Cost to the OPCC		£216,050

NB salary costings are based on current salary allocation plus 25% on costs

Option 4B– Multi Disciplinary Team Referrals plus Mandatory Drug Testing

Voluntary community based referrals plus mandatory drug testing would involve service remodelling as identified in 4a. As a result of adopting this option the service currently provided would be partially removed from the structure. It is worth noting at this point any changes made within custody would still incorporate the voluntary aspect of referral into community settings with the additional option to assert DIP into an identifiable cohort of those who refuse to engage. The continuation of a targeted DIP would support both conditional cautioning and restorative justice approaches by providing an evidence data base illustrating treatment compliance and engagement.

Service Description	Service Provider	Cost
Custody & court support inc Appropriate Adult	Mind (NHS funded)	£112,000
Single Point of Contact 24/7 Service	5.5fte	£169,125
I.T/ Training		£15,000 (estimated)
I.T based assessment tool		£47,300 (estimated)
I.T secure Information Line	NHS	
Drug testing equipment		£14,000
Mental Health	Tees Esk Wear Valley (nhs)	£115,000
Street Triage	Tees Esk Wear Valley (nhs)	£175,000

Total		£647,425
Total Cost to the OPCC		£245,425