

# Hampshire Integrated Offender Management Service - HIOMS

*‘Reducing Crime  
Reducing Reoffending’*

## Service Specification (Integrated Offender Management Service (Hampshire))

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**Notes:**

# 1. Introduction

## 1.1 Overview

**The core aims of the Hampshire<sup>1</sup> Integrated Offender Management (IOM) Service are to reduce crime and reduce reoffending through providing the right interventions, to the right individuals, at the right time.**

The core purpose of the commissioned elements of the Hampshire IOM Service are to work with partner agencies in achieving those aims through provision of specialist interventions consisting of, but not restricted to:

- Criminal Justice Integrated Teams (CJIT) covering both drug and alcohol clients
- Provision of community based interventions to Prolific and Priority Offenders (PPO)
- Assertive outreach and engagement on these client groups
- Provision of Alcohol Brief Interventions (ABI) and harm reduction support

The Hampshire IOM Service is intended as an innovative approach to challenging offending behaviour and working towards reintegration, through collaborative working between statutory agencies and commissioned services. This new service will require a high level of partnership working, including joint working with other co-located criminal justice staff, including Probation, Police and Youth Offending Teams in providing enhanced levels of offender interventions. The new service will be responsible for the joint engagement, case and care management (where appropriate), referrals and reintegration of their designated criminal justice clients.

It is intended that this new service will be available from 1<sup>st</sup> April 2011.

## 1.2 Service Specification

This Service Specification forms part of the contractual documentation relating to the provision of an Integrated Offender Management service for designated adult (18yrs+) offenders.

This specification is intended to provide the framework for the service model, rather than be prescriptive about how the service will be delivered. The aim of the specification is to:

- describe the core requirements of the service to be delivered by the Service Provider and important attributes of the broader service (it will not necessarily detail all other partner services or requirements)
- describe the scope of the service with sufficient information on service provision, however, it is not a full reference document to describe every element of the service in every detail
- encourage the Service Provider to describe innovations and added value that will enhance the services described; it will provide for greater flexibility in service delivery whilst ensuring that it meets the requirements of the contractual arrangements
- set out the key requirements that the Service Provider must deliver without circumscribing how the Service Provider will organise and deliver services

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<sup>1</sup> Please note that reference to 'Hampshire' in this document shall relate to the Hampshire County Council area, coterminous with the Hampshire Probation Local Delivery Unit and the 11 local district Community Safety Partnership areas; it does not include the unitary areas of Portsmouth, Southampton or Isle of Wight unless specifically referred to.

- provide information on what interventions may be delivered in partnership with other prescribed agencies or partners.

## 2. National Context

### 2.1 IOM Overview

Integrated Offender Management is the strategic umbrella, or overarching framework, that brings together criminal justice agencies and specialist services to prioritise interventions with those offenders who may cause the most crime or harm in their area. The objective is to target those who are at high risk of reoffending, who are causing significant levels of harm within their community and are often not co-operating with criminal justice agencies or related services.

It is not a new centrally driven and tightly prescribed mandatory programme. It is about developing coherent and efficient local structural arrangements into which existing programmes fit to provide a proportionate and effective response to the challenges presented by the local offender population.

The concept is to provide a framework within which services, designed to reduce offending and divert offenders from custody, are approached in a strategic way. This will encourage partners to pool resources, make best use of funding, identify and promote best practice and, with local input, ensure service delivery is focussed. The service is to address individual need including health, education, employment opportunities, housing needs, drug and alcohol interventions, and behavioural programmes.

### 2.2 Government Policy

The following are key points of reference for delivery of an Integrated Offender Management approach within Hampshire.

#### 2.2.1 Integrated Offender Management

In June 2009, the Home Office published *Integrated Offender Management: the Government Policy Statement*, aimed at providing all agencies with direction and support in bringing together the management of repeat offenders into a more coherent structure. This has been followed with publication of the 'Key Principles of IOM'; together they are core to the Hampshire IOM approach.

#### 2.2.3 PPO guidance and refresh

The PPO schemes were introduced in 2004, consisting of three strands of delivery co-ordinated through Community Safety Partnerships. Refreshed guidance was published by the Home Office in June 2009, '*Prolific and Priority Offender Programme – Five years on: Maximising the impact*'. The guidance is reflected in the published IOM policy and principles. Interventions for PPO will be co-ordinated from within the Hampshire IOM service, rather than at district Community Safety Partnership level. Statutory supervision and community based interventions should be co-ordinated to provide continuity of case management and care.

#### 2.2.4 National Drug Strategy

The new ten year National Drug Strategy (NDS) 2008-2018, '*Drugs: protecting families and communities*', builds on the progress made under the previous ten year strategy and has four main themes:

- tackling supply and drug related crime
- preventing harm to children, young people and families affected by drug misuse
- delivering effective treatment services
- developing public information campaigns.

This strategy reflects the holistic approach towards social reintegration.

### 2.2.5 Drug Interventions Programme

The introduction of the new drug strategy also saw the launch of the National DIP review in order to assess the effectiveness and value for money of the delivery model. This has seen the development of a refreshed *DIP Operational Handbook* - December 2009, which sets out the requirements for the three core functions for DIP; namely:

- Identification of drug misusing offenders
- Assessment of their treatment and support needs
- Case management to help break the cycle of drug misuse and offending.

The attributes for Criminal Justice Integrated Teams are equally applicable for both drug and alcohol clients.

### 2.2.6 Alcohol Harm Reduction / Alcohol Arrest Referral

The *Alcohol Harm Reduction Strategy for England* was published in 2004 and next steps in that policy, '*Safe – Sensible - Social*', was published in 2007. Key components of the suggested response to alcohol problems are to:

- engage harmful and dependent drinkers with prevention and treatment services
- tackle alcohol-fuelled crime and disorder
- promote sensible drinking.

Practical guidance for local schemes and interventions is contained within the Home Office publication, *Alcohol Arrest Referral – Guide to setting up schemes*. It is envisaged that this should be developed within the Hampshire IOM service, principally utilising Criminal Justice Integrated Teams.

## 2.3 Key Principles for IOM

The Hampshire IOM Service has been developed to ensure service delivery against the following national key principles; as published March 2010:

### 2.3.1 Principle 1:- All partners tackling offenders together

Local partners agree the means to share all relevant information on an offender with each other and ensure that there is a process to clearly assign responsibility for managing an identified offender. At the same time they make sure that all agencies continue to participate and they provide the offender, as far as possible, with a single lead professional. Local partners encourage the development of the multi-agency problem-solving approach by focussing on offenders, not offences.

### 2.3.2 Principle 2:- Delivering a local response to local problems

All relevant local partners from the public, private and voluntary sectors are involved in planning, decision-making and funding choices. They jointly discuss and agree the offender groups that local agencies want to target and prioritise and ensure that existing local methods of engaging with communities are used.

### 2.3.3 Principle 3:- Offenders facing their responsibility or facing the consequences

Local partners provide offenders with a clear understanding of what is expected of them and balance efforts to motivate offenders to change with the appropriate intensity of punishment and intervention necessary to disrupt their criminal lifestyles.

### 2.3.4 Principle 4:- Making better use of existing (and proven) programmes and governance

This involves gaining further benefits from programmes such as PPO, DIP and Community Justice to increase the benefits for communities, as well as taking advantage of the developing roles of

bodies such as CSP in reducing re-offending.

**2.3.5 Principle 5:-** All offenders at high risk of causing serious harm and / or reoffending are 'in scope'

Intensity of case management / interventions relates directly to severity of risk, irrespective of their position within the criminal justice system or whether statutory or non-statutory clients. IOM is about bringing together existing arrangements.

## 3. Local Context

### 3.1 Community Safety Agreement

In December 2008 the newly formed Hampshire County Strategy Group for Community Safety instigated a series of reviews towards producing a joint Community Safety Agreement. The intentions were to identify common areas for joint working or commissioning, identify opportunities for introducing best practice and to seek best use of available resources.

The findings from a range of reviews, concerning drug and alcohol related offending and Prolific and Priority Offender schemes, recognised that there were opportunities for improvement to delivery of applicable crime reduction initiatives through:

- aligning outcome priorities
- identifying and addressing overlaps
- information sharing
- aligning agency and organisational practices
- improved transition between schemes or interventions
- simplifying and strengthening local governance.

The recommendations for implementing an IOM service, comprising commissioned and statutory services, were subsequently endorsed by the County Strategy Group for Community Safety.<sup>2</sup> The development of the Hampshire IOM model has been conducted by a multi-agency IOM Task and Implementation Group (to become the Hampshire IOM Steering Group). The findings of the local reviews are supported through the Government Policy Statement on IOM, although the Hampshire model will continue to be developed to meet local need.

The Hampshire IOM model will build and expand upon a range of offender focussed programmes, as identified through those county wide reviews into community safety, those most relevant to the commissioned Service Provider are the:

- Drug Interventions Programme (DIP)
- Alcohol Arrest Referral pilot initiatives (AAR)
- Prolific and Priority Offender schemes (PPO)

It is expected that the Hampshire IOM Service will fully link in with other key crime reduction and prevention strategies, including:

- Multi Agency Public Protection Arrangements (MAPPA)
- Domestic Abuse - Multi Agency Risk Assessment Conferences (MARAC)
- Safeguarding of adult and young persons
- Youth Offending Teams – The Scaled Approach

It will manage a selected and locally defined cohort of offenders who are in the community, whether under statutory supervision or not. The service will be expected to work closely with all strands of the criminal justice / community safety system to manage those individuals at any point where they are identified. IOM aims to manage offenders consistently across our area, using pooled local resources in order to best challenge their offending behaviour and provide suitable interventions to reduce crime and reduce reoffending. Where appropriate, this may entail referral to suitable treatment services, social care or support services, or for other criminal justice interventions.

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<sup>2</sup> Further detail relating to those reviews can be found at: [www.hampshiredaat.org.uk](http://www.hampshiredaat.org.uk)

## 4. Background information

### 4.1 Demographics

The Hampshire County Council<sup>3</sup> area comprises the 11 local authority districts of Basingstoke and Dean, East Hampshire, Eastleigh, Fareham, Gosport, Hart, Havant, New Forest, Rushmoor, Test Valley and Winchester. The pan-Hampshire borders include the unitary areas of Portsmouth, Southampton and the Isle of Wight.

Hampshire is the third largest shire county in England covering an area of 1,428m<sup>2</sup>, the Hampshire County Council area having a total population of approximately 1,296,200, which is forecast to increase by 3.4% by 2016. Although 90% of Hampshire is classified as rural, the majority of the population (87%) live in urban areas – the most urbanised districts being Gosport, Fareham and Rushmoor. The districts with the larger rural populations are Winchester and East Hampshire, although the New Forest has local issues around transport and access to services.

The county demonstrates significant variation in economic wealth and levels of deprivation with Hampshire encompassing both the least deprived local authority in England (Hart) and two of the most deprived (Gosport and Havant).

Small area population estimates for Hampshire indicate that 6% of the total adult Hampshire population are from Non-White ethnic groups – significantly less than the national average of 9.1% (2001 Census data). There is a degree of variation at local authority level and a number of significant localised concentrations including a sizeable Nepalese community in Rushmoor and an estimated 187 to 311 Gypsy and traveller households mainly located in Winchester, New Forest and Hart.

### 4.2 Drug Misuse

Despite relatively low rates of drug use, Hampshire's size means that actual numbers of drug users are high. Hampshire has an estimated 3,197 Problematic Drug Users (PDU) - the 3<sup>rd</sup> largest population in the South East – and 1,620 Injecting Drug Users (IDU).

Opiates remain the most common substance of primary use (80% of in-treatment population), however the profile of presentation varies considerably by area. Hart has the most diverse presentation of substance use with the highest identified prevalence of Cannabis, Cocaine and Ecstasy use as primary substance, but the lowest rate of Heroin use (49% in-treatment population) compared to a high of 77% in Gosport.

Cannabis is now the second most common primary substance noted at Tier 3 (9% of treatment population) with a 44% increase in prevalence in the 12 months from September 2008 – the largest percentage increases being seen in Hart and Gosport and the lowest in the New Forest. Basingstoke and Havant have the largest populations presenting with primary Cannabis use.

Engagement of PDU's at Tier 3 is generally good with two thirds of IDU's and PDU's and three quarters of opiate users known to treatment. This is not the case for crack cocaine users, however, with 55% remaining treatment naïve.

Hampshire Drug and Alcohol Team (DAAT) are the responsible body for commissioning adult substance misuse treatment services and are in process of commissioning a revised adult

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<sup>3</sup> More detailed topical and factual information regarding the Hampshire County Council area may be found at: [www.hants.gov.uk](http://www.hants.gov.uk)

substance misuse treatment system – HOMER: Hampshire Model for Effective Recovery.<sup>4</sup> (see Appendix 1 for HOMER schematic)

### 4.3 Drug Interventions Programme

The Hampshire Drug and Alcohol Action Team currently commission a Drug Interventions Programme service to include Criminal Justice Integrated Teams providing interventions, as outlined in the DIP Operational Handbook and in line with the National Treatment Agency (NTA) Models of Care for Treatment of Adult Drug Misusers (updated 2006). This includes an enhanced Tier 2 service, offering ongoing support through a case management approach. The service provides initial contact, assessment and referral at key points within the criminal justice and community safety systems. The following chart indicates the levels of initial engagement during the period 1<sup>st</sup> April 2009 – 31<sup>st</sup> March 2010 (*provisional*). The latter figure indicates the case-load at any one time, although does not give the level of intervention required.

Figure: 1

Number of initial contacts made through:	
• Cells	170
• Courts	397
• Prison	506
• <b>Total</b>	<b>1073</b>
Number of new clients engaging in drug treatment:	
• Cells	87
• Courts	353
• Prison	368
• <b>Total</b>	<b>808</b>
Total number of clients engaging in effective drug treatment:	<b>374</b>
Number of DRR commencements managed:	<b>240</b>
Number of PPO case-loaded via DIP:	<b>150</b>
Average total CJIT case-load (ongoing):	<b>504</b>

### 4.4 Alcohol Misuse

The Hampshire Alcohol Strategy, known as the ‘Ten Point Plan’, is the local response to the National Alcohol Strategy. It contains an overview of the scale of alcohol misuse within Hampshire and an action plan for work being carried out, which has recently been refreshed. The work is currently guided by the Hampshire Alcohol Partnership Board, a multi agency group that is working to reduce alcohol related harm.

The South East has the second lowest level of hazardous and harmful drinking but the fourth highest level of dependency (out of the nine government office regions). When the South East region figures are extrapolated to Hampshire, the following picture emerges. (see Appendix 2 for definitions of alcohol client risk groups)

<sup>4</sup> Further information regarding Hampshire DAAT and HOMER can be found at [www.hampshiredaat.org.uk](http://www.hampshiredaat.org.uk)

Figure: 2

<b>Drinking Type</b>	Estimate Adult Population drinking at this level	Percentage range in Hampshire	Estimate total numbers of interventions to be carried out each year	Data source
<b>Hazardous</b>	222,501	18.4% – 21.6%	22,000	NWPHO
<b>Harmful drinkers</b>	43,687	3.2% - 5.2%	4,300	NWPHO
<b>Dependent drinkers</b>	24,168	3.6%	3618	DoH

## 4.5 Alcohol Related Offending

It is estimated that approximately 3000 hazardous, harmful and dependant drinkers (see Appendix 2 for definitions of alcohol client risk groups) could be identified through the criminal justice system, on an annual basis, who may require some form of intervention relating to their alcohol misuse. It is expected that the Arrest Referral element of the Hampshire IOM Service, which will be in operation county wide, will come into contact with many of those offenders categorised as drinking at a harmful and hazardous level. Although it is expected that the numbers will be fairly high, an individual drinking at this level may only require a short intervention, based upon their presenting need. The key is to ensure that the individuals are brought to a point where they are looking to change their drinking behaviour, thereby challenging their offending behaviour.

Those accessing the service via Probation, the Courts, on Prison release or subject to an Alcohol Treatment Requirement (ATR) may require additional support, which could include referral into the new HOMER substance misuse service.

The following chart indicates the annual estimated number of clients presenting with need for an alcohol brief intervention, via these specified routes, although some will appear in more than one category as well as through other referral routes for offenders. Interventions are expected to be provided for those clients identified as priority offender groups within the IOM cohorts.

Figure: 3

<b>Arrest referral</b>	Estimate between 20 - 30 referrals from each custody suite per month. This could be around 2400 - 3600 potential referrals annually.
<b>Probation / Courts, inc: Alcohol Treatment Requirements - ATR</b>	360
<b>Prison release</b>	300

It is estimated that the number of alcohol brief interventions to be delivered will be in the region of 3000 annually, although this will be subject to ongoing review with the Service Provider. Not all offenders presenting with alcohol misuse problems will be suitable for brief interventions, referral into treatment may be also considered. (see Appendix 3 for alcohol AUDIT assessment scoring matrix)

## 4.6 Adult Substance Misuse Treatment Services

In Hampshire, we want to be ambitious for people who misuse drugs and alcohol and enable them to make life choices which do not involve the misuse of drugs and alcohol. We aim to do this by developing the Hampshire adult treatment service to provide tailored and integrated support, to address the range of complex and interrelated issues faced by the service user and those affected by their substance misuse. This new model will be called the Hampshire Operational Model for Effective Recovery (HOMER).<sup>5</sup> (see Appendix 1 for HOMER schematic)

The aim of HOMER is to provide a fully integrated adult Tier 2 and 3 substance misuse treatment service for both drug and alcohol clients within the community and those referred for treatment via the criminal justice system. The service will focus on recovery and social reintegration whilst working with clients, their carers and family to reduce the harm caused by substance misuse.

The expectation is that the Hampshire IOM Service will provide continuing harm reduction advice (including Alcohol Brief Interventions), guidance and support for their specified clients, as part of the individual's case management. The provision of structured drug and alcohol treatment will be by referral to the adult substance misuse treatment services (HOMER) and not delivered by the Hampshire IOM Service. The Service Provider will be responsible for this process to its priority groups but will work with the wider IOM service to ensure all clients' needs are met in this area.

## 4.7 Prolific and Priority Offenders (PPO)

The PPO programme started in its' present form in 2004, with the aim of tackling offending by the relatively small number of offenders who together commit a disproportionately large number of crimes. The scheme consists of three strands:

- prevent and deter (led by Youth Offending Teams)
- catch and convict (led by Police)
- resettle and rehabilitate (led by Probation)

The latter strand provides a basic model and guidance with reference to the National Reducing Reoffending Action Plan<sup>6</sup>. It is expected that assessment of all offenders identified as PPO will be by use of the Probation offender assessment system – OASys and that this will form an integral part of the care plan within any joint case management process.

Community Safety Partnerships (CSP) have responsibility for co-ordination of local schemes and effective delivery of PPO interventions in their respective areas. They are also responsible for agreeing the selection / de-selection process of offenders. It is intended that the selection / de-selection of offenders and delivery of interventions will be co-ordinated from within the Hampshire IOM Service, in order to meet the local needs across the eleven district CSP areas. In this respect it will provide a county wide consistent approach to PPO case management. The process for agreeing selection /de-selection criteria is to be agreed through the IOM Steering Group; the practice will involve members of the wider IOM team, as required. It is expected that the Service Provider will be responsible for interventions relating to PPO who are not currently subject to statutory supervision and will participate in that selection /deselection process.

A joint inspection of the national PPO<sup>7</sup> programme in 2008 made recommendations, to include:

- renewed focus on desired outcome of 'reduced offending'
- effective information exchange between partners
- individual needs should be effectively assessed, prioritised and addressed

<sup>5</sup> Further information may be found at [www.hampshiredaat.org.uk](http://www.hampshiredaat.org.uk)

<sup>6</sup> Additional information may be found at:

<http://www.noms.homeoffice.gov.uk/news-publications-events/publications/strategy/reducing-reoffending-action-plan>

<sup>7</sup> Prolific and other Priority Offenders: a joint inspection of the PPO programme by HMI Probation, HMCPSI, HMICA, HMI Prisons and HMIC; July 2009. ISBN: 978-1-84099-295-3

- clarify roles of schemes with regards offenders serving less than 12 month imprisonment
- review structure of schemes, to include selection (and de-selection)

In the period April 2008 – March 2009, a cohort of 174 PPO offenders were monitored through the PPO programme, across the Hampshire area.

Figure: 4

Total PPO cohort (HCC area)	174
Proportion of male PPO	93%
In custody – sentenced to 12 months or more	20%
In custody – sentenced to less than 12 months	6%
In custody – from arrest to sentence	7%
Under active supervision in the community	31%
Not under active supervision in the community	36%
Number of PPO in the community without suitable accommodation	26%
Number of PPO with a DRR (attached to a CO)	9 %

It is estimated that there will be in the region of 200 PPO identified across the Hampshire area. Offenders normally remain on the scheme for not less that 6 months and up to two years. It may not be appropriate to retain individuals on schemes for longer than two years although there is no barrier to that period being extended or that individual being re-selected, according to assessed need.

## 4.8 Custody

### 4.8.1 Police

In the Hampshire (HCC) area Hampshire Constabulary operates nine full time custody suites located within operational police stations, plus it has access to three other police stations for 'overspill'. There is therefore a potential to provide an arrest referral service for up to 12 custody suites.

Offenders may also be taken to custody suites within Portsmouth and Southampton, although there is no requirement that the Hampshire IOM teams provides services at those locations. It is envisaged that reciprocal arrangements for identification and referral will be agreed pan-Hampshire.

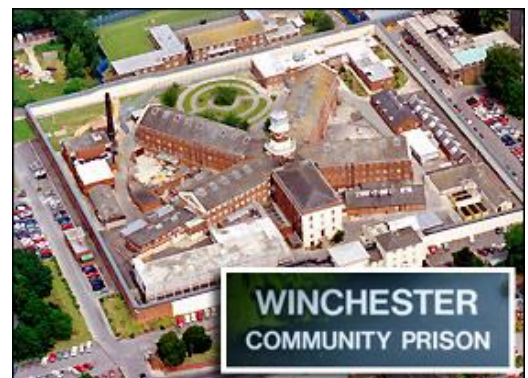
The busiest custody suites are Aldershot, Basingstoke, Lyndhurst and Waterlooville at approximately 12,000+ detainees per annum; Alton, Andover and Gosport have approximately 5-6,000 detainees per annum; Eastleigh, Fareham and Gosport have approximately 8-10,000 detainees per annum. Farnborough, Hythe and Lymington normally experience less than 1000 detainees per annum.

### 4.8.2 Prisons

The Hampshire area contains HMP Winchester which is a male only facility for up to Category B offenders, aged 22 years and over.

Winchester has a dedicated in patient detoxification facility that offers a wide range of prescribing options for prisoners that require it.

There is a multidisciplinary CARAT (Counselling, Assessment, Referral, Aftercare and Throughcare) team that provides links to other prisons and community agencies including the Drug Interventions Programme (DIP) and Community Drug Teams.



It is expected that an Integrated Drug Treatment Service (IDTS) will commence in 2011. Links between IDTS – CARAT – DIP (CJIT) will be expected to follow current NTA guidance around continuity of care.<sup>8</sup>

## 4.9 Assessments of offender needs

### 4.9.1 OASys

In the period January – December 2008, Hampshire Probation recorded the following assessment of need<sup>9</sup> (relating to 1748 offenders) for offenders resident within the Hampshire area.

Figure: 5

Based on OASys Probation assessment	Total number = 1748
Accommodation	41 %
Education, Training and Employment - ETE	57 %
Financial	29 %
Relationships	51 %
Lifestyle	44 %
Drug Misuse	29 %
Alcohol Misuse	57 %
Emotional	50 %
Thinking Skills	68 %
Attitudes	38 %

### 4.9.2 Key findings include:

- Young adults, 21 years and under, have more needs in relation to ETE, financial and lifestyle
- Female offenders have higher needs for with regards to relationships and emotional wellbeing
- 79% of DRR clients are male; 85% of ATR clients are male
- 20.5% of DRR clients disclosed a disability; 30.5% of ATR clients disclosed a disability (two largest categories of disability are mental health and dyslexia)
- Completion rate for DRR is 50%; completion rate for ATR 79%
- Drug and alcohol misuse is broadly similar across all age groups, although less so for female offenders
- Approximately 40% of all offenders have some general healthcare needs

OASys data for the South East region 2008-09 highlights the following characteristics of the offender population.

- 19% recorded as of no fixed abode
- 55.8% recorded as unemployed
- 33.7% had no qualifications
- 14% assessed as having learning difficulties
- 58.9% assessed as having financial problems
- 18.1% were recorded as receiving medication for their mental health problems

<sup>8</sup> Drug Misusing Offenders: Ensuring the continuity of care between prison and community: NTA June 2009

<sup>9</sup> Further information regarding offender assessment systems may be found at:

<http://www.justice.gov.uk/publications/offender-assessment-system.htm>

Further information regarding reducing re-offending pathways may be found at:

[http://www.noms.justice.gov.uk/managing-offenders/reducing\\_re-offending/reducing\\_re-offending\\_pathways/](http://www.noms.justice.gov.uk/managing-offenders/reducing_re-offending/reducing_re-offending_pathways/)

### **4.9.3 Treatment Outcome Profiles**

The Treatment Outcomes Profile (TOP) has been developed by the National Treatment Agency for use by drug treatment services with their clients, with three key aims in mind:

- To provide a tool that is clinically useful, adding value to the important work that is done between the client and the key-worker
- To enable monitoring and assessment of the effectiveness of the drug treatment systems
- To identify and support improvements, where necessary, in local treatment systems.

The TOP focuses on four important areas, relating to the individual, which can make real difference to their lives and that of the communities:

- Substance use
- Injecting risk behaviour
- Crime
- Health & social functioning

It is intended that the TOP principles and processes be developed to work with a wider client group within the Hampshire IOM Service.

## 5. Service Description

### 5.1 Aims of the service

The principle outcomes for the service are to reduce crime and reduce reoffending, by challenging offending behaviour, through providing the right interventions to the right individuals at the right time.

The Hampshire Integrated Offender Management (IOM) service seeks to deliver effective and sustained reduction in crime and reoffending rates for a specified cohort of our most problematic offenders - those who cause the most crime or harm to our communities.

We want to be ambitious in providing a new model for service delivery encompassing statutory services working alongside commissioned services. This will be achieved through the provision of an integrated, managed approach to identifying and addressing the holistic, whole care needs of the individual either directly or through partnership working within the Hampshire IOM service.

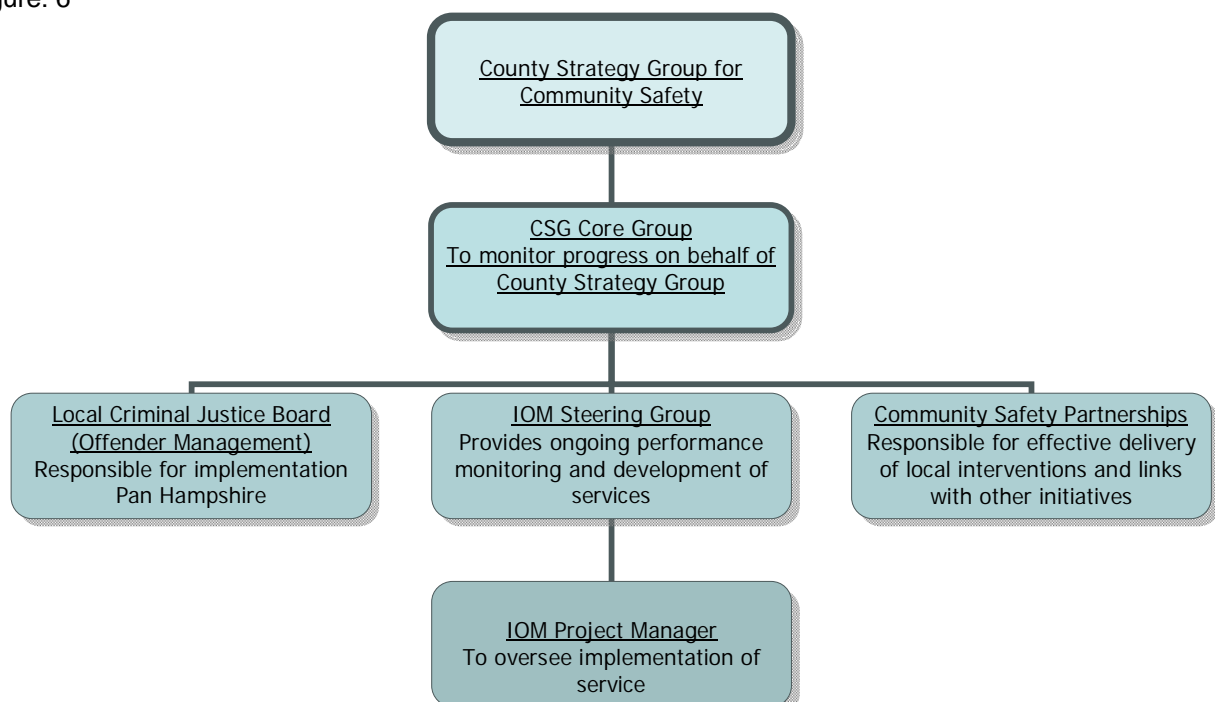
The service aims to enable all individuals who present to the service with drug, alcohol or offending problems, to overcome them and live healthy, crime free lives and to realise their potential as individuals and as citizens of the community by making positive and constructive changes in their lives.

### 5.2 Governance structure

The Service Provider will be fully accountable to Hampshire County Council (the Service Purchaser) with regards to its contractual arrangements. Monitoring of effectiveness of services, will be exercised via the Hampshire IOM Steering Group on behalf of the Hampshire County Strategy Group for Community Safety. The IOM Steering Group will also provide this function on behalf of the Local Criminal Justice Board (Offender Management Sub Group) and district Community Safety Partnerships.

#### IOM Governance structure

Figure: 6



The lead body for overseeing the pan-Hampshire (Hampshire, Portsmouth, Southampton & Isle of Wight) implementation of Integrated Offender Management is the Local Criminal Justice Board; the lead agency on IOM is Probation. The lead body for agreeing the development of commissioned services within the Hampshire County Council area is the County Strategy Group for Community Safety. The Community Safety Partnerships retain responsibility for ensuring effective delivery of community safety interventions within their area.

The Service Purchaser is Hampshire County Council, the process will be managed by the 'Wellbeing and Partnerships Team' (incorporating Hampshire DAAT) within Adult Services, as a result of agreements from the County Strategy Group for Community Safety. This Integrated Offender Management approach has been developed as a partnership initiative.

The Service Purchaser is seeking to commission provision of services across the Hampshire County Council area only (not the unitary areas of Southampton, Portsmouth and Isle of Wight).

The Service Purchaser expects the Service Provider to be flexible in approach whilst developing innovative practice in providing services. The Service Provider will be fully accountable to the Service Purchaser but will also be expected to work closely with other key partners in developing an effective and efficient service.

The Service Purchaser will provide a single point of contact for overall contract management and performance monitoring. It is expected that the Service Provider will designate a single point of contact for service development.

An IOM Steering Group will provide co-ordination around monitoring of effective service delivery and provision within the Hampshire County Council area.

A dedicated IOM Project Implementation Manager will be appointed to oversee the implementation of the wider scheme across the HCC area, and to engage with agencies / organisations pan-Hampshire, to ensure that there is a consistent approach to engagement with offenders. The project / implementation manager will be an operational representative to the IOM Steering Group. This post will be time limited according to agreement with the IOM Steering Group and does not form part of the contractual arrangements. The post holder will not replace any other management / supervisory functions nor will they directly 'line manage' the IOM Team. They will have authority to act on behalf of the relevant partners for practical problem resolution and to identify areas for development. In the event of any unresolved conflict, the Service Provider will defer to the Purchaser.

The Service Provider will have in place appropriate structures with which to continuously improve the quality of the service, safeguard high standards of care, and create an environment which delivers excellence and continuous improvement.

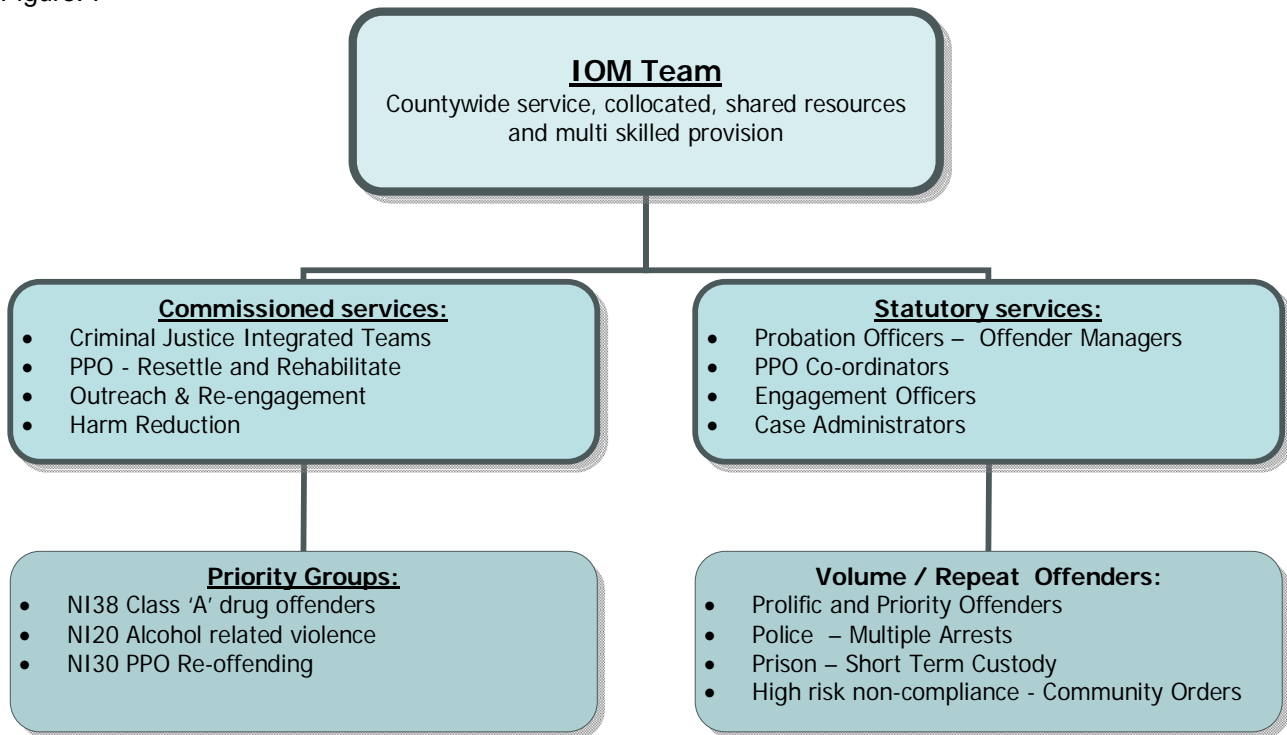
### **5.3 Team structure**

The Hampshire IOM Service will comprise of both statutory agencies and commissioned services so as to jointly case manage specified offenders, regardless of where they are identified within the criminal justice / community safety system.

The Service Provider will have in place suitable management and supervisory capacity, according to needs of effective service delivery. The respective agencies / services will retain responsibility for their own personnel and line management but will share responsibility for case management of offenders. Administration and performance management will be undertaken by both services, according to requirements of service, but will share responsibility where it is appropriate to do so for the benefit of the service; e.g. in producing joint reports with regards 'successful outcomes'. Many resources and facilities will be available to all team members.

## Team structure

Figure: 7



### The Service Provider will focus around:

- Criminal Justice Integrated Teams providing initial contact / identification, assessment and referral for specified drug and alcohol clients
- Provision of 'Resettle and Rehabilitate' interventions for Prolific and Priority Offenders in the community
- Assertive outreach and re-engagement of specified client groups
- Harm reduction advice, guidance and support – including Alcohol Brief Interventions

### The Statutory services will focus on:

- Prolific and Priority Offenders
- Multiple arrests in police custody
- Short term custody, prison release – under 21yrs
- Short term custody, prison release – over 21yrs
- High risk of non-compliance with Community Orders

Offenders may fall into one or more of the above criteria at differing stages and therefore the combined IOM Service will manage the individual through focussing on continuity of case management of offender, rather than focussing on offences.

The service delivery methods and interventions that are provided will form part of the overall care plan. The combined team, through the key workers, will work closely within a community based partnership with substance treatment services, health services, social services, criminal justice services, and social re-integration services (including housing and employment), in addition to other relevant organisations and service user groups, to reduce the harms caused by those offenders.

**It is essential that the Hampshire IOM Service works, and is seen to work, as a single team with shared responsibilities, shared skills and shared goals. This approach forms the ethos of the Hampshire IOM service and will be subject to continuing review to ensure it is effective, efficient and delivering successful outcomes.**

## 5.4 Delivery Drivers

The Service will be underpinned by the following key delivery drivers. This list is not exhaustive and may be subject to changes in national and local policy and direction, over the life of the contract.

### Public Service Agreements

PSA 16	Increase the proportion of socially excluded adults in settled accommodation and employment, education or training
PSA 23	Make communities safer
PSA 24	Deliver a more effective, transparent and responsive Criminal Justice System for victims and the public
PSA 25	Reduce the harm caused by substance misuse (drugs and alcohol) to individuals, families and communities

### Core Hampshire Local Area Agreement priorities

- NI 20 assault with less serious injury
  - Alcohol related violence is an agreed focus for Hampshire
- NI 21 dealing with Anti Social Behaviour
  - Improving public confidence
- NI 30 reduce re-offending rate of Prolific and Priority Offenders

### Other relevant National Indicators

- NI 15 most serious violence
- NI 16 serious acquisitive crime
- NI 18 adult re-offending rate – probation supervision
- NI 32 repeat incidences of domestic violence
- NI 38 rate of drug related offending
- NI 39 alcohol harm related hospital admissions
- NI 40 problematic drug users in effective treatment
- NI 141 vulnerable adults achieving independent living
- NI 143 offenders in settled accommodation
- NI 144 offenders in employment

## 5.5 Service Attributes

The Service will be expected to demonstrate the following attributes, some of which will be in conjunction with other co-located statutory services:

- Provision of a single county wide service, whilst operating from multiple sites
- To assist in managing the transition of young offenders into adult (IOM) services
- To provide an Arrest Referral service for specified client group
- To provide continuity of care pre and post prison release, where appropriate
- To provide appropriate support for Probation and Court referrals
- To provide an assertive outreach and engagement service for specified clients
- To challenge offending behaviour, including appropriate interventions and referrals
- To provide Alcohol Brief Interventions for specified risk groups
- To provide harm reduction advice, guidance and support for client group
- To provide appropriate support and signposting for general healthcare issues
- To provide appropriate support, guidance or referrals for issues identified in care plans
- To risk manage all offenders in client group
- Developing and improving upon “Successful Outcomes” for Hampshire IOM Service

## 5.6 Essential elements of commissioned service

The following are essential to achieving successful outcomes but do not identify every part of the process.

- The IOM Service is not responsible for providing case management or interventions for young offenders under 18yrs. It will, however, assist with assessment of need prior to engagement with IOM services. Case management will commence upon the offender reaching 18 years of age
- Identified case manager designated for each individual
  - Case manager may be from commissioned or statutory provider
  - Other key workers may be identified for specific interventions
- Engagement throughout the criminal justice /community safety systems, including simplified joint processes for:
  - Identification
  - Assessment
  - Referrals
- Engagement through Arrest Referral, Prison Release, Probation Referrals, Court Referrals or sentences, Community Safety Partnerships (where relevant)
- Initial contact and identification of clients to be agreed through joint processes
- Consistent case management and care planning based on assessment of need, using the 7 x Pathways from Offending, namely:
  - Accommodation
  - Education Training Employment
  - Health
  - Drugs and alcohol
  - Finance, benefit and debt
  - Children and families
  - Attitudes, thinking and behaviour
- IOM Service to use shared case management system to improve care planning, risk management and information exchange
- 'Continuity of care' with local prison primarily relates to drug and alcohol clients and those PPO not under statutory supervision
- Provide Resettle & Rehabilitate strand of PPO strategy for specified clients
  - Requires close working with PPO co-ordinators
- Provision of harm reduction advice, guidance and support around drugs and alcohol
  - Including provision of Alcohol Brief Interventions
  - Requires close working with Health Trainers
- Assertive outreach for specified client groups
  - To seek (re-)engagement and (re-)integration of offenders
  - Requires close working with 'Engagement Officers'
- Develop relationships with other schemes and services; e.g. ETE
- Drug testing for designated client groups only (primarily DRR)
- Performance monitoring for drug, alcohol and community based PPO clients
- Provide single point of contact (SPOC) for clients and professionals
  - May be shared facility within wider IOM Service

All individuals engaging with the service will have a care plan, comprising a range of holistic goals which are recovery and reintegration oriented. Continued engagement will be time-limited and goal oriented, recognising for some this may stretch over a number of years. Structured and care planned interventions should be provided with an eventual planned exit in mind. It is envisaged that care plans will be based upon the Offender Management – 'NOMS 7 Pathways from Offending', as previously indicated.

There will be an agreed level of service availability seven days per week, including outside of normal office hours. It will be anticipated that the service will provide extended hours services to meet the needs of the individual as well as partner services.

The service will be provided to all offenders, who meet the eligibility and entry criteria, on the basis of their needs (irrespective of referral route) and will proactively take into consideration factors including their age, gender, religious beliefs, ethnicity, sexual orientation or disability.

For some service users, entry criteria will be governed by an order of the court or other requirement of the criminal justice system. The Service Provider will assist in producing reports for the courts on sentencing, progress on interventions, testing or other requirements, as necessary.

The designated referral route into drug and alcohol treatment is via the adult substance misuse treatment system – HOMER , or via appropriate general healthcare services.

## 5.7 Eligibility and entry criteria

The Hampshire IOM Service will work with the Wessex Youth Offending Team (YOT) in assessing need and interventions for Young People, aged 17 years+, who would normally be transferred into adult offender intervention services so as to ensure a safe and timely transition to adult offender management services. This will normally be managed through Probation but supported by commissioned services where specialist skills are required relevant to their priority groups. This will routinely apply to those young offenders identified as Deter Young Offenders (DYO).

The Service Provider may also be expected to engage with young people (aged 18 years and over) who remain care managed by the Wessex Youth Offending Teams (YOT), and who may otherwise be considered as either vulnerable or at risk. As above, the transition would normally be co-ordinated through Probation offender managers, supported by the commissioned services, where appropriate.

The Hampshire IOM Service will be available throughout the county to specified offending adults aged 18 years and over. The commissioned service will focus on providing appropriate interventions for:

- Class 'A' drug misusing offenders (identification, assessment, referral, harm reduction advice, guidance and support)
- Alcohol related offending (identification, assessment, referral, harm reduction advice, guidance and support)
- PPO to challenge offending behaviour, provide guidance and signposting
- Outreach and re-engagement for offenders identified in the above priority groups.

The focus for IOM statutory services, and joint working with commissioned services, will be:

- Prolific and Priority Offenders – as core group for case management
- Multiple arrests – offenders who are resident in Hampshire County Council area, identified as having been arrested for six or more arrests in a rolling twelve month period
- Short term custodial prisoners – offenders resident within HCC area, serving a short term (under 12months) custodial sentence
- Community Orders – offenders who are assessed as at high risk of non-compliance

A case coordinator will be designated from within the team according to the identified prime need of the offender. The case coordinator will be responsible for agreeing the care plan with the offender concerned and for entering that care plan onto the shared case management system; however, further interventions may be provided by other members of the IOM team according to need. The case coordinator will also be responsible for agreeing action plans and reviews of the individual offenders.

Offenders resident outside of the Hampshire County Council area will not be included within this scheme but appropriate and timely notifications should be made to their area of residency.

Where the needs of an individual lie outside of the scope of this specification, the individual will be informed and directed to generic or other specialist services, as appropriate.

Should the numbers of offenders, included in above criteria, affect the ability of staff to provide interventions or prevent eligible offenders being selected, it may result in further screening processes being introduced. Offenders would normally be selected and remain on the schemes for a minimum of six months, after which their status within the schemes should be reviewed every three months and the lead agency / case coordinator responsible for managing that offender will monitor their removal.

Responsibility for the management of clients presenting a Dual Diagnosis of severe and enduring mental illness and concurrent substance misuse will remain with Adult Mental Health (AMH) Services.

The Service will be available equitably to all eligible service users, based on their assessed need for the service and risk to themselves or others.

Any amendments to the eligibility criteria will be agreed with all relevant partners through the IOM Steering Group.

**Please note:** - the above eligibility criteria will remain flexible and open to change according to local need, policy change or capacity of the service.

## 5.8 Service operating times

The service core operating and administration times will be subject to final agreement with the designated Service Provider.

It is expected that the majority of the referrals and services will be provided during core operating times but that the service will have some availability and access outside of core operating times and may include evening and weekend working. It is preferable that operating hours should meet the needs for engagement with target groups.

It is expected that the Hampshire IOM Service will also operate a single point of contact (SPOC) to enable clients and other professionals to make ready contact with staff. This should also include provision for 24/7 emergency contact.

## 5.9 Financial Management

The Service Provider will have in place robust financial and information management systems and ensure that sound accounting and other financial procedures are adopted to ensure effective and efficient running of the business and its continued financial viability.

The Service Provider will operate open book accounting for the service so that specific accounting and other data kept and held for this service by the organisation, is made accessible and given to the Service Purchaser at agreed frequency and format. (see Appendix 7 for budget template)

More detailed information can be found within the Terms and Conditions of Agreement.

## 5.10 Information Technology & Information Governance

### 5.10.1 Monitoring Systems

The Service Provider will require an appropriate software system capable of providing data and reports as required by the Service Purchaser, National Treatment Agency, Home Office, or other governmental body, to the required standard. This will include provision of returns relating to drug, alcohol and offending behaviour; for example, NDTMS, ATMS, TOPS and DIR (Drug Interventions Records web based management system - DirWeb for Home Office).

The information management system must be capable of supporting and developing the service, helping to inform local strategic developments and generating data and reports to governmental bodies or partners, as required.

The Service Provider will be expected to ensure appropriate and robust data back-up processes and procedures are in place.

The Service Provider must have systems that are compliant with the Data Protection Act 1998, Freedom of Information Act 2000, Access to Health Records Act 1990, and Clinical Governance requirements and will need procedures detailing how it will comply with these requirements.

The Service Provider is required to have an identified Information Governance Lead and have annual registration under the Data Protection Act.

### 5.10.2 Case Management System

The IOM Steering Group is supporting the development of a shared case management system, currently being developed for use within the Hampshire IOM Service and other community safety initiatives. It is expected that this will be used by all members of the team to maintain a database of all clients, a record of key worker assessments, reviews and care plans. Further information will be provided as the system is developed; it is planned that this will be available prior to service start. A code of conduct will be provided by the Purchaser, as agreed through the IOM Steering Group for use of this system with regards levels of access, confidentiality, information exchange and use. This does not replace the requirement for the above systems.

Information Sharing protocols are currently being developed for agreement by the county strategy group for community safety. It is expected that this will fully apply to the Hampshire IOM Service, which will also be expected to maintain robust Information Sharing processes wherever appropriate. This has arisen from the need to manage Information Sharing and Information Exchange as part of a wider 'risk management' approach relative to the harms posed by individual offenders. Recent 'serious case reviews' have each identified the need for a more robust approach to managing personal risk. The Service Provider will be expected to ensure that suitable local information sharing protocols are in place where required.

## **6. Additional Criminal Justice requirements**

### **6.1 Criminal Justice Clients – DRR and ATR**

The main provision of drug and alcohol treatment is primarily undertaken on a voluntary basis, regardless of the route into treatment. The main exceptions to this are where an offender is sentenced at court to a Community Order with a specific requirement to participate in a:

- Drug Rehabilitation Requirement – DRR, or
- Alcohol Treatment Requirement – ATR
- Specified Alcohol Activity Order

However, this still requires some level of agreement on the part of the offender. The chief purpose of such an order is to provide treatment. The case management of such offenders remains with probation offender managers, but only during the specified period of the court order; the care management of the offender is shared with the agreed treatment provider. In the event of the offender no longer being subject to statutory Probation supervision, it is expected that the Service Provider will become involved in encouraging the individual to continue such treatment or interventions, as appropriate, regardless of whether such an order continues in force. It is likely that, in most cases, this individual will fall within the priority groups for the commissioned service.

Guidance on provision for DRR and ATR clients is contained within Probation Circular 57/2005 and Hampshire Probation Area DRR protocol. (see Appendix 4 for overview of ‘requirements’ under a Community Order for DRR and ATR)

Interventions for DRR and ATR which are delivered as structured treatment will be conducted by referral into the Adult Substance Misuse Treatment Services – HOMER (Hampshire Model for Effective Recovery).

### **6.2 Other Criminal Justice arrangements**

It is expected that the Hampshire IOM Service will develop or enhance arrangements for working with other criminal justice structures; for example, with regards reviewing arrangements for:

- Prescribing protocols for Criminal Justice clients
- Protocol for administration of drug and alcohol related Conditional Cautions
- Specified Activity Orders, managed through Probation

These areas have a particular focus for the commissioned element of the IOM service and it is expected that the Service Provider will fully participate in developing these arrangements.

### **6.3 Alcohol Identification and Brief Advice - IBA**

#### **6.3.1 Brief advice**

Brief advice is not just a sympathetic ‘chat’ about alcohol, but structured conversations which motivate and support a client in thinking about and/or planning behaviour change. Emphasis is placed on building confidence, taking responsibility, providing information/ advice and setting goals for reducing alcohol intake.

Structured advice for managing risk and for higher risk drinkers (hazardous and harmful drinkers) can last from 5 – 10 minutes, many probably conducted within Police Custody. These should include:

- potential harm caused by the identified level of drinking
- reasons for changing behaviour
- barriers to change
- practical strategies to help reduce alcohol consumption
- agreed goals

Brief advice is not appropriate for dependent drinkers who should be offered a referral to a specialist service (such as HOMER), or encouraged to see their GP.

Brief advice may be based on the NHS Hampshire 'alcohol brief advice tool'. The form can be completed with client and retained for personal reference.

The National Institute for Clinical Excellence (NICE) guidance recommends that brief advice should be based on the FRAMES principles:

- **Feedback:** provide feedback on the patient's risk for alcohol problems
- **Responsibility:** highlight that the individual is responsible for change
- **Advice:** advise reduction or give explicit direction to change
- **Menu:** provide a variety of options for change
- **Empathy:** emphasise a warm, reflective and understanding approach
- **Self-efficacy:** encourage optimism about changing behaviour

It is envisaged that joint training on minimum standards for delivery of IBA, will be co-ordinated by NHS Hampshire; who will also assist with suitable resources for provision to criminal justice clients. The designated referral route into alcohol treatment is via the adult substance misuse treatment system – HOMER (see Appendix 1) or via appropriate general healthcare services.

### 6.3.2 Identification

The use of a validated alcohol questionnaire to assess someone's risk of alcohol-related harm should be by the full AUDIT or, if time is limited, one of the abbreviated versions should be used, for example the AUDIT-C questionnaire, (see Appendix 3 for examples)

Using Audit C, Brief Advice should be offered if the client scores 5 or above. If the full Audit is used, and a score of 20 or more is reached and if there is suspected dependence or client is in need of more in-depth treatment, encourage referral to a specialist treatment service or advise them to consult their GP.

It is recommended that an initial Audit score is collected, alongside the number of units consumed that week. In order to measure the behaviour change that has taken place, at the final session the number of units consumed that week should again be noted. As parts of the Audit score reflect events that took place in the last year, this does not give an accurate reflection of behaviour change.

## 6.4 Prolific and Priority Offenders

The PPO strategy is split into three complimentary strands applicable to differing parts of the criminal justice system.

- Prevent and Deter – lead agency is the Youth Offending Team
- Catch and Convict – lead agency is the Police
- Resettle and Rehabilitate – lead agency is Probation

It is this latter strand which will provide a focus for the IOM Service Provider. The purpose of the Resettle and Rehabilitate strand is to work intensively with PPO to stop their offending behaviour by offering a range of support interventions. Offenders are offered and encouraged to take these opportunities or face a return to the courts. Although Probation are the national lead, implementation of local schemes rests with Community Safety Partnerships. Selection and deselection of client groups is through a partnership agreement by use of OASys and/or Ogrs<sup>10</sup> scoring methods.

It is expected that the designated key worker will agree an action plan with the individual PPO client, to include needs assessment, programme of support and rehabilitation work required. The commissioned service will normally provide the continuing key worker role for those PPO in the community, not under statutory supervision.

- Involvement with individual PPO may be on a mandatory or voluntary basis, but will all be managed within the IOM team
- Key worker will be agreed through relevant case coordinator, whether commissioned or statutory service, in order to agree continuity of care
- Assessment of need and risk assessment will be completed in all cases and inputted onto agreed case management systems
- Action Plan will be prepared and agreed with individual concerned
- Referrals and signposting will be included in case management
- Key workers will assist in preparation of any case conferencing reports, pre-sentence reports, etc
- PPO should remain on scheme for at least 6 months but will thereafter be assessed every three months
- IOM team will provide such collaborative working, as necessary, with regards police, prisons, courts or other partners

## 6.5 Outreach and Re-engagement

The Hampshire IOM service is an active programme to challenge offending behaviour and requires all staff to seek the continuing engagement of offenders. The intensity of intervention relates directly to the severity of risk, irrespective of their position within the criminal justice system, or whether statutory or non-statutory.

The Service Provider is expected to operate assertive outreach for those who are known to be offending class 'A' drug users, specified alcohol clients, PPO and other as agreed within eligibility criteria.

Outreach means to provide that intensive activity which includes home visits, telephone calls, texts, letters, etc, as resources allow and as necessary within assessment of need; i.e. their care plan.

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<sup>10</sup> Scoring systems used by probation to assess the likelihood of re-offending and to identify the needs for recovery and reintegration: OASys = Offender Assessment system ; Ogrs = Offender group reconviction score. Further information may be found at: <http://www.justice.gov.uk/publications/offender-assessment-system.htm>

## 6.6 MAPPA and MARAC

The key principles for IOM include making better use of proven programmes, including MAPPA<sup>11</sup> and MARAC<sup>12</sup>. The county community safety reviews acknowledged that both of these schemes offer a robust and developing service which does not need to be incorporated fully into the Hampshire IOM service. It does, however, recognise that there is a need to improve links and exchange of information between the different schemes.

### 6.6.1 Multi-Agency Public Protection Arrangements - MAPPA

MAPPA supports the assessment and management of the most serious sexual and violent offenders. The aim of MAPPA is to ensure that a risk management plan drawn up for the most serious offenders benefits from the information, skills and resources provided by the individual agencies being co-ordinated through MAPPA.

MAPPA were introduced in 2001 and bring together the Police, Probation and Prison Services into what is known as the **MAPPA Responsible Authority**. Other agencies are under a duty to co-operate with the Responsible Authority, including social care, health, housing and education services.

The Hampshire IOM Service will not be responsible for case management or interventions for MAPPA offenders but will be expected to fully co-operate with the Responsible Authority, especially with regards Information Exchange.

### 6.6.2 Multi Agency Risk Assessment Conferences - MARAC

The Domestic Abuse Multi Agency Risk Assessment Conference (MARAC) is the mechanism used to manage the risks and safety of high risk victims of domestic abuse.

#### What is MARAC for?

A domestic abuse MARAC combines up-to-date risk information with a comprehensive assessment of a victim's needs and links those directly to the provision of appropriate services for all those involved in a domestic abuse case: victim, children and perpetrator.

#### What are the aims of the MARAC?

- To *reduce the risk* of serious harm or homicide for a victim and to increase the safety, health and wellbeing of victims – adults and any children.
- To *share information* to increase the safety, health and well being of victims – adults and their children;
- To determine whether the perpetrator poses a *significant risk* to any particular individual or to the general community;
- To construct jointly and implement a *risk management plan* that provides professional support to all those at risk and that reduces the risk of harm;
- To *reduce repeat victimisation*;
- To improve agency *accountability*; and
- *Improve support* for staff involved in high-risk Domestic Abuse cases.

The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the MARAC. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety.

The MARAC will help you ensure that those high risk victims you support are better protected from further abuse by a coordinated effort from all agencies and organisations. The MARAC helps high

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<sup>11</sup> MAPPA = Multi Agency Public Protection Arrangements for violent offenders and registered sex offenders

<sup>12</sup> MARAC = Multi Agency Risk Assessment Conferences for those at high risk of repeat incidences of domestic violence

risk victims access more resources locally, helps you build relationships with local agencies and impacts on the core of your work – safety planning with the victim.

### **What cases are discussed?**

The highest risk cases of domestic abuse are discussed at MARAC. These will have been identified by a practitioner from any agency using an evaluated risk assessment tool (in this case the DASH<sup>13</sup> risk indicator checklist). It is recommended that the MARAC should initially see the top 10% of cases in your area in terms of risk profile. This may include cases of extended family violence including so-called 'honour' based violence.

### **How does this fit with IOM?**

Information sharing is crucial in order to manage the risk of domestic abuse victims and therefore, any information held by services about the perpetrator should be considered for inclusion in the MARAC meeting.

## **6.7 Domestic Abuse**

The Service Provider must have a written policy and procedure addressing service responses and appropriate referral with clients experiencing domestic abuse, to be based on the Home Office's Coordinated Community Response Model. Key areas to include are:

- Adoption of the DASH<sup>14</sup> risk assessment (see below)
- Engagement with and attendance at MARAC (Multi-Agency Risk Assessment Conference)
- Appropriate collection and monitoring of domestic abuse data within the Service
- Appropriate engagement with Probation regarding perpetrators subject to the IDAP or IDAM programmes
- Referral to and engagement with the ADAPT community based perpetrator programme for men not subject to IDAP or IDAM
- Engagement with the Police regarding identified serial perpetrators of domestic abuse

Staff should receive training on the nature and indicators of domestic abuse and must be supported in the efficient reporting and recording of domestic abuse. The Service are advised to adopt and implement a domestic abuse workplace policy<sup>15</sup> in order to protect and support staff who may themselves be experiencing or perpetrating abuse.

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<sup>13</sup> DASH = Domestic Abuse, Stalking and Honour based violence. Further information may be found at: [http://www.caada.org.uk/practitioner\\_resources/riskresources.htm](http://www.caada.org.uk/practitioner_resources/riskresources.htm)

<sup>14</sup> DASH\* - Domestic Abuse, Stalking and Honour Based Violence - Risk Assessment Tool. Available with guidance via the following web address:

[http://www.caada.org.uk/practitioner\\_resources/riskresources.htm](http://www.caada.org.uk/practitioner_resources/riskresources.htm)

<sup>15</sup> Implementation toolkit available from the Hampshire Domestic Abuse Forum

## 7. Health and Wellbeing

### 7.1 Protection of Vulnerable Adults

The Service Provider must have a written policy and procedure that conforms to the Hampshire *Multi-agency Safeguarding Adults /Adult Protection Policy and Procedures for the Protection of Vulnerable Adults*. In addition, the Service Provider will also adhere to the joint protocol for *Safeguarding Children Whose Parents /Carers Use Drugs /Alcohol or have Mental Health Needs*.

Care planning will, as standard, include planning around Safeguarding issues for all clients and will seek to involve specialist advice from Adult Safeguarding Co-ordinators, based in Hampshire County Council Adult Services, where further support is required.

A risk assessment will be carried out in all cases and consideration given to notifying Adult Services and the service will utilise the knowledge and expertise of Adult Safeguarding Co-ordinators in informing this process.

The Service Provider will ensure that all staff receive regular training on adult indicators of abuse, links to adults services, Multi-agency Safeguarding Adults/ Adults Protection Policy and tools, domestic violence and the importance of information sharing. It is recommended that all staff in treatment services should also receive regular training on how to assess the wider needs of the family, including how equality, diversity and cultural factors might affect their access to services or outcomes.

The Service Provider and their staff must participate in Safeguarding Investigation processes in line with these Policies.

### 7.2 Safeguarding Children

Protecting a child from harm has to be the paramount concern of all agencies, including those working with adults. Section 11 of the Children Act 2004 places a statutory duty on a range of organisations, including both children's and adult services which come into contact with children, their parents and family members, to make arrangements to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children.<sup>16</sup>

#### 7.2.1 Key Requirements

The Service Provider will operate in accordance with the provisions of the '*Hampshire Joint Working Protocol (JWP) for Safeguarding Children whose parents/carers use drugs/alcohol or have mental health needs*' HCC et al (2009); the Children Act 2004; Hidden Harm: Safeguarding the Children of Drug Misusing Parents and Think Family.

The Service Provider will identify a nominated Principal Safeguarding Lead (PSL) to act as single point of contact with Local Safeguarding Children's Board (LSCB), Child Death Overview Panel (CDOP) and partner agencies for the purposes of strategic planning and investigations; to lead on the development of JWP implementation plan; to oversee delivery of Safeguarding training and to manage compliance with statutory legislation and local policy.

Care planning will, as standard, include planning around Safeguarding for all clients who have dependent children or who live in the same home environment as children, whether their own or others.

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<sup>16</sup> "Think Family: Joint Guidance on Development of Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services", DoH, NTA, & DCSF (2009)

Completion of Parental Status and Safeguarding data fields within NDTMS, ATMS, DIR and PPO client record or returns are mandatory and the Service Provider will ensure the active engagement of Specialist Parenting Advisors, Family Intervention Project Workers or lead professional from Children's Services in all circumstances suggesting possible safeguarding issues or where the family situation may suggest the need for early intervention activity or preventative support.

The Service Provider will regularly audit their caseloads to establish the numbers of clients who are parents (or have responsibility for children), including those who do not live with their children all or any of the time and ensure 100% completeness of Parental Status and Safeguarding data fields within clients records and NDTMS returns.

The Service Provider will attend any child protection conferences where a child of a parental drug or alcohol user is the subject. The Service Provider will collaborate fully with any Common Assessment Framework (CAF) action plan.

## 8. Service User and Carer Involvement

The Service Provider will have in place a range of opportunities for engaging Service Users, carers and other stakeholders in order that they can contribute to the development of the service, towards achieving successful outcomes.

The Service Provider will actively seek the views of Service Users to inform any development plans towards improving access and engagement; this will include seeking the views of Service Users who aren't engaging with the service to inform any development plans to improve access and engagement.

Service user and carer involvement will be apparent at all levels of the organisation . The Service Provider will ensure that all Service Users are aware of their rights and responsibilities and will provide a Service User charter that clearly describes Service Users' rights and responsibilities of the Service Provider.

The Service Provider will engage with the Hampshire DAAT Service User and Carer Empowerment Officer in order to seek advice on Service User involvement and activity.

## 9. Performance Management

### 9.1 Minimum standards

The following section will detail the minimum requirements for performance monitoring and reporting by the Service Provider. It is expected that the Service Provider will assist in compiling and submission of performance reporting for the Hampshire IOM Service and be responsible for submission of reports applicable to its' service delivery and contractual arrangements. The Purchaser reserves the right to review and amend these requirements as necessary.

The detail for the Performance Monitoring framework is currently being developed to account for changes to local and national arrangements; only general outlines can be given at this time but will meet the requirements as follows.

Contract monitoring meetings will be held quarterly at a minimum, to review the performance of the service and agree any variation in service provision.

The Service Provider shall, if required by the Purchaser, attend such other meetings in connection with the provision of the Service as may be reasonably requested.

### 9.2 National data-sets

The Service Provider will be required to submit core data set information relating to offenders case managed through HIOMS, through submission of the appropriate data, including:

- National Drug Treatment Monitoring System information to enable returns (by treatment Service Providers) - relevant to initial assessment and referral to drug and alcohol services
- Alcohol Treatment Monitoring Systems information to enable returns – relevant to initial assessment and referral into appropriate services
- Drug Interventions Records – through completion of DIR forms and/or via DirWeb management systems (as approved)
- Treatment Outcome Profiles – the Service Provider will maintain TOPS reports for all drug and alcohol clients; there will also be an expectation to develop these profiles for other client groups

### 9.3 Local monitoring

A Local Performance Monitoring Framework will be agreed between the Service Purchaser and Service Provider which will include:

- A quarterly written service report detailing staffing levels, service development, policies and procedural updates, internal training, service user involvement (see Appendix 5)
- Quarterly data activity reporting for those local areas of service, not reported centrally; this will cover a number of service related activities to include (but not exclusively) number of initial contacts, referrals or engagement with other interventions or services, Alcohol Brief Interventions conducted, external training and events (see Appendix 5)
- A quarterly report containing key performance data from NDTMS returns, ATMS returns, DIR-DIP Dashboard, summary of TOPS data, exception reporting (see Appendix 6)
- A quarterly budget report (see Appendix 7)

Local Performance Targets will be reviewed annually. On service commencement the initial review will take place after 6 months and will include local priorities.

## 9.4 Key Performance Indicators

Key Performance Indicators applicable to the commissioned Service Provider will be reviewed annually in the first contract review meeting after April in any new financial year. The Service Provider will be expected to provide exception reports outside these timescales if unforeseen circumstances or a crisis arises. The following National Indicators, applicable to the Hampshire IOM service are subject to review at national and local level.

The following core indicators are Local Area Agreement priorities for all partners:

- NI 20: assault with (less serious) injury crime rate (LAA priority relates to alcohol related assaults)
- NI 21: Dealing with local concerns about anti-social behaviour and crime issues by the local authority and police
- NI 30: re-offending rate of Prolific and Priority Offenders
- NI 32: repeat incidents of domestic violence

There is a potential significant impact upon other National Indicators, including:

- NI 18: Adult re-offending rates for those under probation supervision
- NI 28: Serious knife crime rate
- National Indicator 38 - rate of drug related (Class 'A') offending
- NI 40: Number of drug users recorded as being in effective treatment

There is also the intention to impact upon other supporting indicators, for example:

- NI 143: Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence
- NI 144: Offenders under probation supervision in employment at the end of their order or licence

## 9.5 Outcome Monitoring

The Hampshire IOM Service will be subject to continuing evaluation and review, with a focus on achieving successful outcomes. In addition to individual performance monitoring, it is important that we can identify the success of the overall scheme. The following are core criteria applicable to the service as a whole for measuring success. The Service Provider will be expected to clearly show their contribution towards achieving successful outcomes.

The overarching success criteria for evaluation will continue to be developed by the IOM Steering Group and will be applicable to all relevant parts of the Hampshire IOM Service.

Figure: 8

<b>Outcomes – success criteria</b>	
<b><i>What we want to achieve.</i></b>	<b><i>How will this be measured in the Hampshire IOM Service?</i></b>
A reduction in crime	<ul style="list-style-type: none"> <li>• Reference to Police data</li> </ul>
A reduction in re-offending	<ul style="list-style-type: none"> <li>• Reference to Probation data</li> </ul>
Contribute towards achieving the Local Area Agreement targets	<ul style="list-style-type: none"> <li>• Reference to NI 20</li> <li>• Reference to NI 30</li> <li>• Reference to NI 38</li> </ul>

Assist in improving compliance of targeted offenders on statutory supervision	<ul style="list-style-type: none"> <li>• Reference to Probation data</li> </ul>
Improved access to Housing, Education, Training & Employment opportunities	<ul style="list-style-type: none"> <li>• Reference to TOPS data</li> <li>• Reference to CSP data</li> </ul>
Assist Criminal Justice agencies to execute the sentences of the courts more effectively	<ul style="list-style-type: none"> <li>• Reference to LCJB</li> </ul>
Strengthen ability of Criminal Justice system to communicate outcomes to victims and the public	<ul style="list-style-type: none"> <li>• Reference to LCJB</li> <li>• Reference to Probation</li> <li>• Reference to CPS</li> </ul>
Improve levels of information exchange between agencies about offenders, their needs and the risks they pose	<ul style="list-style-type: none"> <li>• Reference to CSP</li> <li>• Reference to specified partners; i.e. MAPPA, MARAC, Children's Services, Adult Services</li> </ul>
Reduce the harms caused by drug and alcohol misuse	<ul style="list-style-type: none"> <li>• Reference to DAAT data</li> <li>• Reference to NDTMS</li> <li>• Reference to ATMS</li> <li>• Reference to TOPS</li> </ul>
<p>It is also expected that the HIOMS will provide successful outcomes to partners through:</p> <ul style="list-style-type: none"> <li>• Improved efficiency</li> <li>• Improved value for money</li> <li>• Improved partnership working</li> <li>• Address overlaps, gaps and approaches in delivery of offender based interventions <ul style="list-style-type: none"> <li>• Simplify and strengthen roles and responsibilities</li> </ul> </li> </ul>	<p>This section will be by reports to the core CSG, LCJB and CSP groups compiled from performance and activity reports, as submitted above.</p>

### 9.5.1 Evaluation

The Service Purchaser, in conjunction with its partners, will seek to monitor the effectiveness and efficiency of this combined service from its implementation. It is intended that an independent evaluator / researcher will be appointed to manage this on behalf of the IOM Steering Group; there will be an agreed code of conduct and confidentiality established between the purchaser and the evaluator. It is expected that the Service Provider will fully co-operate with this evaluation process. This process does not replace any requirement to maintain and manage any other information or reporting.

### 9.5.2 Review

Where conditions of funding available to the Service Purchaser require resources to be used for particular groups of Service Users, this will be clarified with the Service Provider on an annual basis and kept under review.

If required, the Service Purchaser and Service Provider will agree temporary or longer-term changes to the specification, performance or to the priority setting process, in light of constraints, or the level of presenting need or available funding.

The Service Purchaser reserves the right to review the content and detail of this service specification on a regular basis to take account of changes in national policy, funding and local trends.

## 9.6 Regional Baseline for Accommodation and Housing

### 9.6.1 National Indicators

A regional baseline has been established for employment and housing, applicable to clients under supervision by Probation. The Service Provider is expected to contribute to a regional increase in the numbers of service users improving their employment and accommodation outcomes:

- NI 143 Accommodation:  
Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence
- NI 144 Employment:  
Offenders under probation supervision in employment at the end of their order or licence

It is expected that the Hampshire IOM Service will develop best practice around improving these outcomes and will develop both practice and monitoring processes, at which the Service Provider is expected to fully participate.

## 10. Staffing and Workforce Development

It is expected that the workforce will contain generic substance misuse workers, more specialised drug and alcohol workers, staff with particular training in managing housing needs and offender intervention workers to deal with the range and complexity of interventions required. All staff will be competent in their area of work and undertake further development relevant to their area of work. It is anticipated that many staff will undertake personal development relevant to a range of skills required throughout the service.

All staff must be trained to a basic level of understanding in relation to substance misuse and be knowledgeable of the range of services, interventions and referral processes; for example; working to standards recognised within Drug and Alcohol National Occupational Standards (DANOS) due to the specialism of their role; including testing of drug misusing clients.

The workforce will be competent in dealing with issues and risks concerning children and families of service users.

The workforces must be competent in risk management of a range of issues relating to management of offenders and be able to recognise when it is appropriate to share information.

The workforce should have access to a competent training capability.

All work force to have a personal development plan, skills based, and reviewed as a minimum every 12 months. Wherever appropriate, particular skill sets should be evidenced by reference to an accredited system. The Service Provider shall seek accreditation of staff and services, where practical and relevant to do so, to ensure continuing development of the service.

The Service Provider will evidence workforce development in an annual work force analysis report.

The Service Provider will work in partnership with other key agencies and organisations to support relevant training or partner events, within the county, as required by the Purchaser.

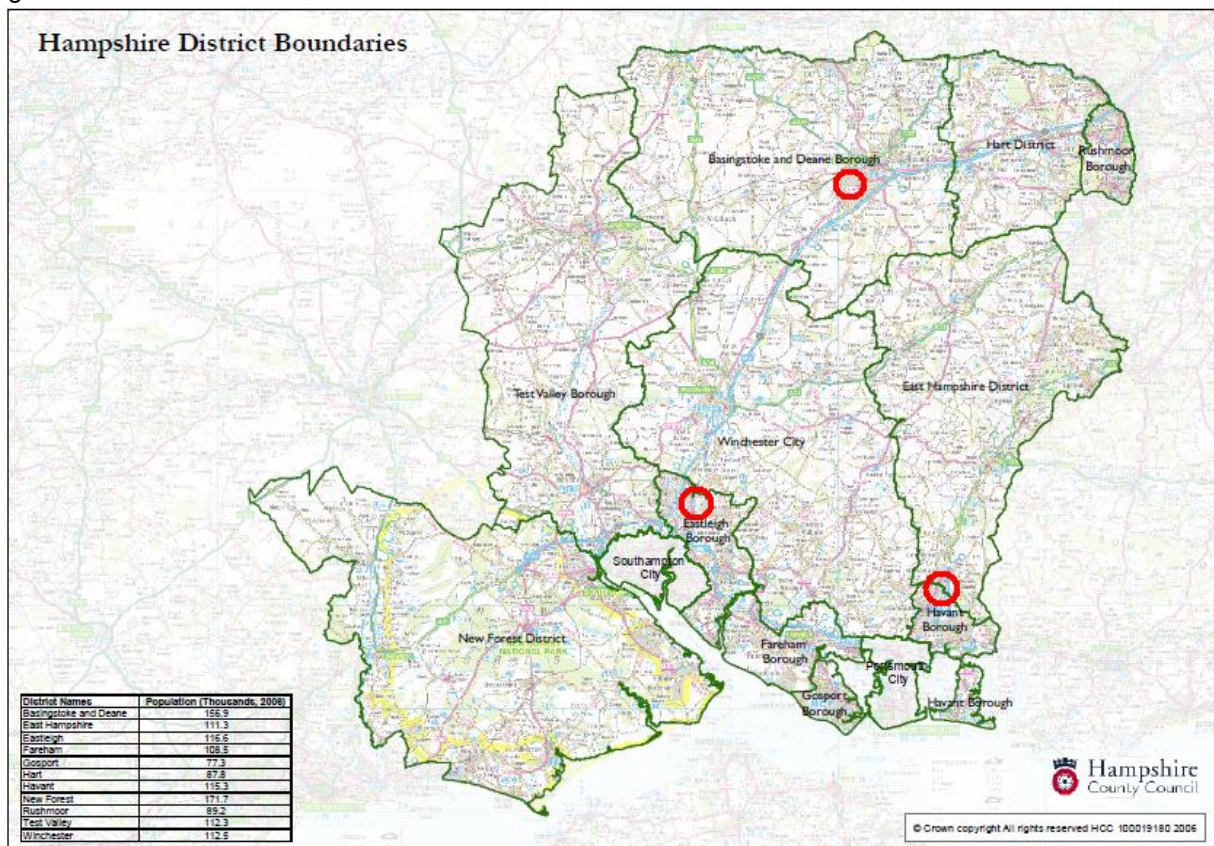
The Service Provider should provide evidence of internal audit and monitoring processes. It is expected that the Service Provider may be subject to audit and monitoring through a range of formal and informal processes due to the range of services and agencies involved.

# 11. Premises and Facilities

One of the key elements of the Hampshire IOM service is that it will provide a combined delivery service comprising both statutory and commissioned services, co-located within key office locations. It has been agreed that the Purchaser, in collaboration with key partners, is responsible for identifying and establishing core office bases for that combined team.

The Hampshire *Workstyle* programme is therefore seeking three suitable core locations to house all of the Hampshire IOM service staff. Premises have been provisionally identified within the Havant, Eastleigh and Basingstoke areas. The funding for those premises will not form part of the contracted funding for the Service Provider but will be managed separately by the Service Purchaser.

Figure: 9



The final level of provision for premises and resources may be subject to adjustment, according to the final premises finally agreed for joint use by the commissioned and statutory services. It is anticipated that the following will apply, subject to that agreement.

The Service Purchaser will be responsible for:

- Provision of three core office bases, for collocating both commissioned and statutory services (does not include provision of satellite sites for service delivery)
- Payment of rent/ lease and utilities (water / heat / lighting) relating to the core office bases only for the duration of the contract (although this will be reviewed annually if excessive use of some facilities)
- Building maintenance for the core office bases only (but not for repairs or alterations beyond normal maintenance)
- Access to IT lines for computers or phone lines for core office bases only (and for use for Service Provider)

The Service Provider will be responsible for:

- Provision and associated costs for satellite sites (subject to agreement with other participants)
- Provision of all IT hardware for commissioned staff (please note: that IT equipment installed within HCC premises must be procured from HCC IT services to maintain integrity of systems)
- Provision of laptops, mobile phones or similar mobile equipment
- IT support from HCC (where relevant for own equipment)
- Provision of stationery and other office resources for own staff
- Travel and parking costs for own staff
- Drug testing of designated DRR clients (or other clients, subject to agreement)
- Ensuring that there are adequate security and safety measures in place for premises under control of the commissioned Service Provider and that staff are aware of such measures (HCC policy on safety and security may apply, it is expected that the Service Provider will adhere to these policies)
- Ensure that suitable Health and Safety measures are in place for all commissioned services and that staff are aware of those measures (HCC policy on Health and Safety may apply, it is expected that the Service Provider will adhere to these policies)

There is no expectation that the Service Provider will be responsible for funding equipment or resources for other agencies within the IOM Service. The Service Provider will be expected to make some contribution towards shared costs for small consumables within the buildings identified.

The core office bases are designed to 'house' all operational staff but will not provide sufficient capacity for meetings with clients. The Service Provider will be expected to provide an accessible service across the whole of the Hampshire area, recognising that it includes a large rural population. The service will be expected to find and make use of a wide range of satellite sites to facilitate client interventions; the responsibility for locating such suitable sites, for use by the Service Provider, will be the responsibility of the Service Provider. The suitability of such satellite sites will be by local agreements but subject to approval from the Purchaser. The Purchaser will be informed of core premises to be used and of any changes to those premises being used.

The Service will therefore be delivered in range of environments appropriate to client need, geographical location, operational considerations and clinical effectiveness. These will include:

- Fixed-site
- Hosted by partner agencies
- Satellite sites

They will be fully compliant with all requirements of the Disability Discrimination Act in respect to accessibility.

It is the responsibility of the Service Provider to ensure that premises (including vehicles) being used for the service are fit for the purpose of providing the service. The Service Provider will conduct regular risk assessments on all premises utilised.

The unavailability of appropriate accommodation shall not be a reason for service non-provision.

# 12. Communication and Marketing

## 12.1 Communications

The Service Provider will embed targeted communications and an overarching and effective communications process into the heart of service design and delivery. The Service Provider is expected to use technology as a means to provide innovative communication solutions as a way of underpinning effective service delivery.

- The Service Provider will design and implement a communications strategy detailing how they will respond to the full range of communication requirements including a response to general enquiries, on-going case management issues and the handling of crisis/emergency situations
- Communications channels for professionals to access the Service Provider, for example to impart or request urgent information, should be immediately available and be capable of dealing with such situations speedily and effectively. All serious/unwanted incidents and near misses should be communicated without delay to the Purchaser, and within 72 hours
- The Service Provider will be proactive and innovative in their approach to communication and ensure that good communication is embedded in the working practice of all staff
- A wide range of information on alcohol, drugs, harm reduction and offender related issues will be provided to service users and concerned others
- All service leaflets will be available in 'easy to read' formats and available in other languages, as appropriate for the service population
- The Service Provider will implement innovative communications systems to effectively engage with Service Users. Examples could include web based communications, mobile phone reminders for appointments, blue tooth messaging facilities, etc.
- Out of hours communications must be easy to access and provide quality information, advice, sign posting and contact details.
- The Service Provider will ensure regular effective communication with partner agencies regarding ongoing provision
- The Service Provider will work with the commissioners /partners (where practical) to support related public health or criminal justice initiatives in the locality

## 12.2 Marketing

The Service Provider will be proactive and innovative in their approach to marketing and promoting their services under the contract. Opportunities should be available for joint promotion with participating partners. Such marketing should feature high quality and accessible information, to the following audiences:

- the immediate client group
- the families, carers and concerned others of the client group
- the wider population of substance users and offenders

- other services linked into the IOM Service
- information for the general public or communities affected

Such promotion will ensure full contact details, operating times and descriptions of services available are presented clearly and appropriately. It is expected that this information will be available in both print and electronic media, where appropriate.

## 13. Policies, Procedures and Protocols

The Service Provider must demonstrate that it is compliant with appropriate legal requirements and must demonstrate that it has an adequate range of policies, protocols and strategies in line with current requirements and that these have dedicated leads/champions within the Service. The service should particularly have written policies and protocols in place to support all the specialist interventions required of this service. Where these are absent, the Service Provider must demonstrate that steps are being taken towards their development, with a timetable for delivery. Such policies will be shared with the Purchaser, including updates, as part of the contract review process.

As a minimum, the Service Provider will be expected to evidence policies and processes relating to the following areas:

- Complaints and compliments
- Confidentiality
- Domestic Abuse in the workplace
- Drugs and alcohol in the workplace
- Equal opportunities
- Health and safety (staff and service users).
- Information sharing
- Records management
- Risk assessment and risk management
- Safeguarding of vulnerable children and adults
- Service user and carer involvement
- Transmittable diseases
- Whistle blowing

The Service Provider must ensure that service users are aware of the range of policies which may impact upon their care and be given access to them should they wish to review them; all documents should ideally be available in a range of print and electronic formats.

# 14. References

## Key Policy and Guidance

*Alcohol Arrest Referral – a guide to setting up schemes:* Home Office, Dec 2009

*Alcohol Needs Assessment Research Project (ANARP): The 2004 national alcohol needs assessment for England:* Department of Health, Nov 2005

*Guidance for developing Alcohol Treatment Pathways:* Department of Health, Dec 2009

*DIP Operational Handbook:* Home Office, March 2010

*Every Child Matters – change for children:* Department for Education and Skills, Nov 2004

*Good Practice in Harm Reduction:* National Treatment Agency, Oct 2008

*Government policy statement on IOM:* Home Office, June 2009

*Improving Health - Supporting Justice: The National Delivery Plan of the Health and Criminal Justice Programme Board:* Department of Health, Nov 2009

*Integrated Offender Management – Key Principles:* Home Office, March 2010

*Joint Guidance on Development of Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services:* DCSF, DoH and NTA: 2009

*Models of Care for Adult Drug Misusers (Updated):* Department of Health, July 2006

*Models of Care for Alcohol Misusers:* Department of Health, June 2006

*National Drug Strategy 2008-18; Drugs - protecting families and communities:* Home Office, Feb 2008

*National Reducing Reoffending Delivery Plan 2008-11:* National Offender Management Service

*Safeguarding adults - report on the consultation on the review of 'No Secrets':* Department of Health, July 2009

*Prolific and Other Priority Offenders, Five Years On – Maximising the Impact:* Home Office, June 2009

*Reducing Drug Related Harm - An Action Plan:* Department of Health, May 2007

*Safe Sensible Social: Next steps in the national alcohol strategy:* Department of Health, June 2007

*Think Family: Improving the life chances of families at risk:* Social Exclusion Task Force, Cabinet Office, Jan 2008

This list is not exhaustive and the Service Provider must continuously demonstrate an understanding of national policy and guidance and how service provision links to these and future publications, with particular reference to protecting vulnerable adults and children through managing

risk. Those references underlined are considered key documents in the formation and development of the Hampshire IOM model.

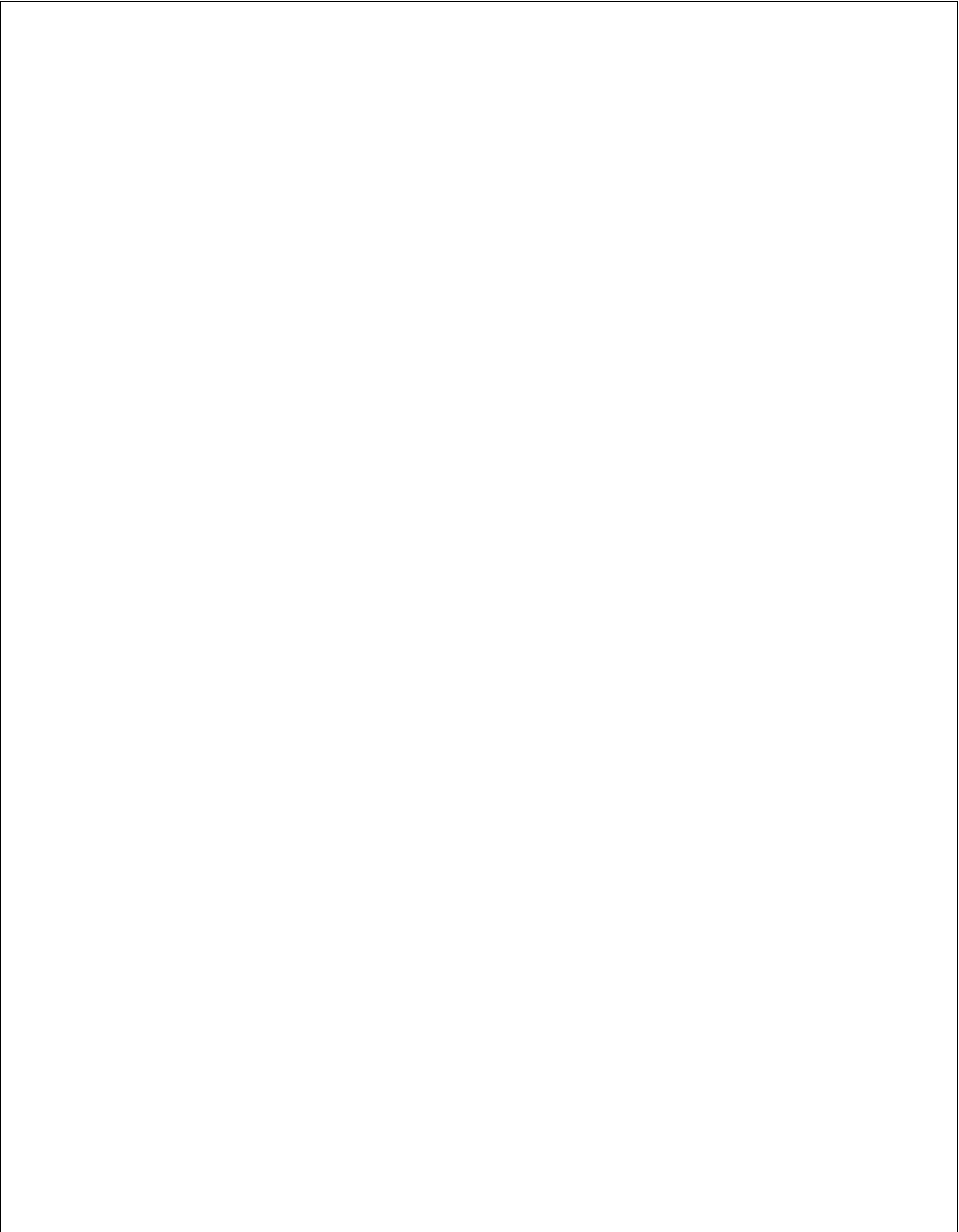
## 15. Glossary of Terms

AAR	Alcohol Arrest Referral
ABI / IBA	Alcohol Brief Interventions / Identification & Brief Interventions
ADAPT	A Domestic Abuse Prevention Training
AHR	Alcohol Harm Reduction
AMH	Adult Mental Health
ASB	Anti Social Behaviour
ATMS	Alcohol Treatment Monitoring Service
ATR	Alcohol Treatment Requirement
AUDIT	Alcohol Users Disorders Identification Test
CAF	Common Assessment Framework
CJIT	Criminal Justice Integrated Teams
CJS	Criminal Justice System
CO	Community Order
CPS	Crown Prosecution Service
CSG	County Strategy Group - for Community Safety
CSP	Community Safety Partnership
DA	Domestic Abuse
DAAT	Drug and Alcohol Action Team
DANOS	Drug and Alcohol National Occupational Standards
DASH	Domestic Abuse, Stalking and Honour based violence
DIP	Drug Interventions Programme
DIR	Drug Interventions Record
DirWeb	DIR Web based management information system
DRR	Drug Rehabilitation Requirement
DYO	Deter Young Offender
ETE	Education Training Employment
HCC	Hampshire County Council
HIOW	Hampshire and Isle of Wight
HOMER	Hampshire Operational Model for Effective Recovery
ICE	Increasing Client Engagement
IDAM	Integrated Domestic Abuse Module
IDAP	Integrated Domestic Abuse Programme
IDU	Injecting Drug User
IOM	Integrated Offender Management
JWP	Joint Working Protocol – for safeguarding children
LAA	Local Area Agreement
LCJB	Local Criminal Justice Board
LSCB	Local safeguarding Children Board
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conferences
NDS	National Drug Strategy
NDTMS	National Drug Treatment Monitoring System
NDTMU	National Drug Treatment Monitoring Unit
NHS	National Health Service
NI	National Indicator
NOMS	National Offender Management Service
NTA	National Treatment Agency
NWPHO	North West Public Health Observatory
OASys	Offender Assessment System
Ogrs	Offender Group Reconviction Scale
OMSG	Offender Management Sub Group – of LCJB
PCT	Primary Care Trust
PDU	Problematic Drug User
PPO	Prolific and Priority Offender
PPOC	PPO Coordinator - Probation
PSA	Public Service Agreement
R&R	Resettle and Rehabilitate – strand of national PPO strategy
SHA	Strategic Health Authority

SPOC  
TOPs  
YOT

Single Point of Contact  
Treatment Outcome Profiles  
Youth Offending Team

## Notes:

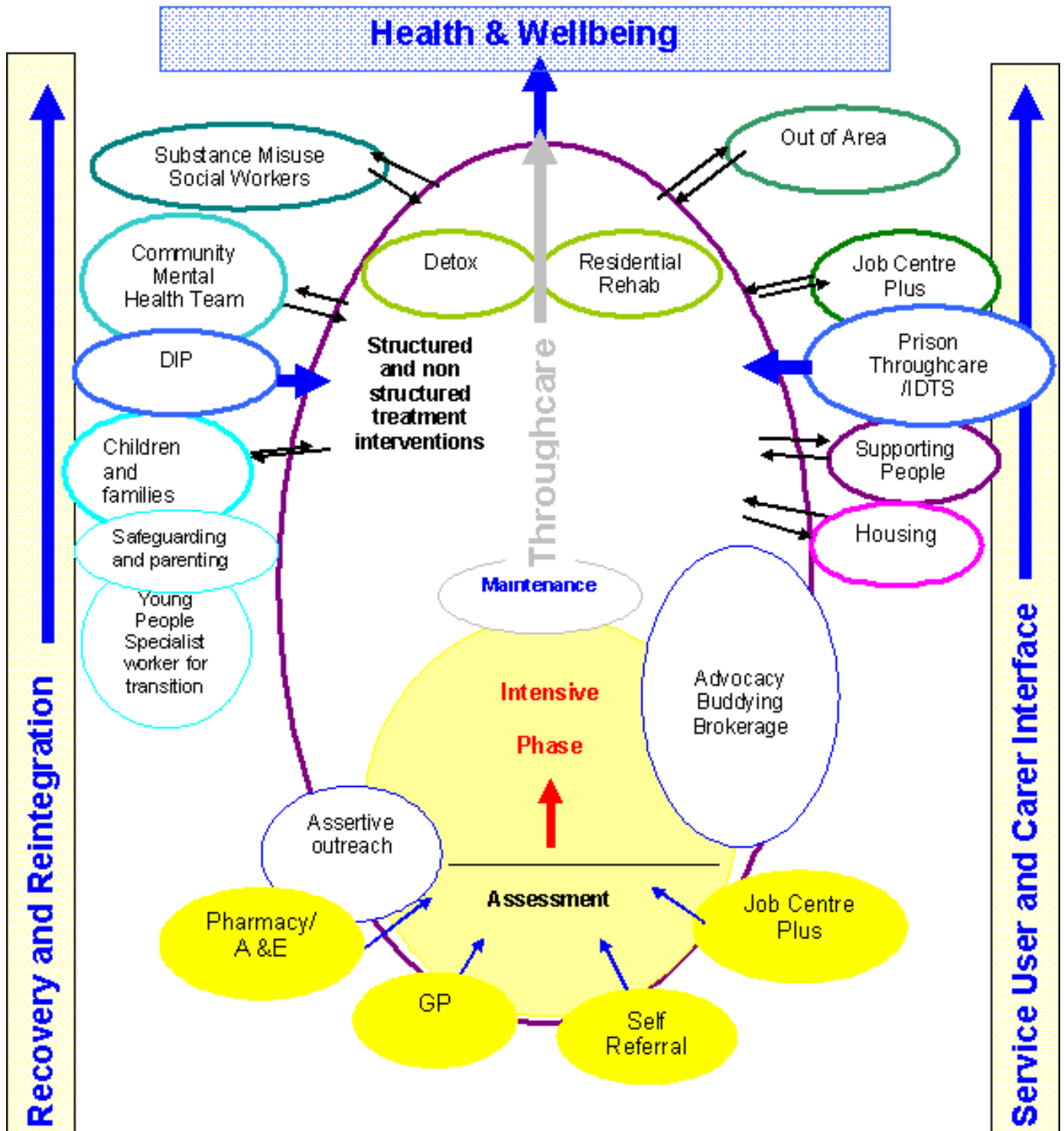


## 16. Appendices

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Appendix 3 : Alcohol AUDIT scoring matrix	page 51
Appendix 4 : DRR and ATR activity overview	page 52
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Adult Substance Misuse Treatment System - Schematic

'HOMER' - Hampshire Operational Model for Effective Recovery



### Definitions of alcohol client risk groups

<p><b>Hazardous Drinkers (Increasing Risk)</b></p> <p>Hazardous drinkers are drinking at levels over the sensible drinking limits, either in terms of regular excessive consumption or less frequent sessions of heavy drinking. They have so far avoided significant alcohol-related problems.</p> <p>A hazardous drinker will regularly drink above the recommended daily limit of 3-4 units for a man and 2-3 units for a woman.</p> <p>This group are likely to score 8-15 on the Audit screening tool.</p>
<p><b>Harmful Drinkers (Higher Risk)</b></p> <p>Harmful drinkers show clear evidence of some alcohol-related harm but may not have understood the link between their drinking and the problems they may be experiencing.</p> <p>Harmful drinkers are usually drinking at levels above those recommended for sensible drinking, typically at higher levels than most hazardous drinkers.</p> <p>This group are likely to score 16-19 on the Audit screening tool.</p>
<p><b>Moderately Dependent Drinkers</b></p> <p>Moderately dependent drinkers may recognise that they have a problem with drinking, even if this recognition has only come about reluctantly through pressure, for example from family members or employers.</p> <p>This is a very broad category and includes a wide range of severities and types of problem.</p> <p>This group are likely to score 20+ on the Audit screening tool.</p>
<p><b>Dependent Drinkers and drinkers with complex problems</b></p> <p>Dependence is essentially characterised by behaviours previously described as 'psychological dependence', with an increased drive to use alcohol and difficulty controlling its use, despite negative consequences.</p> <p>This group are likely to score 20+ on the Audit screening tool.</p>
<p><b>Severely dependent drinkers</b></p> <p>People in this category may have serious and long-standing problems. This category includes individuals described in older terminology as 'chronic alcoholics'. Typically, they have experienced significant alcohol withdrawal and may have formed the habit of drinking to stop withdrawal symptoms.</p> <p>Severely dependent drinkers may have progressed to habitual significant daily alcohol use or heavy use over prolonged periods or bouts of drinking.</p> <p>This group are likely to score 20+ on the Audit screening tool.</p>

## Alcohol AUDIT scoring matrix

Questions	Scoring system				
	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Scoring A total of 5 or more indicates increasing or higher risk drinking.					

Score	Action
0 – 4	Client drinking at lower-risk levels and encouraged to keep to this level of alcohol consumption.
5 or above	Offer simple brief advice; for example, using the NHS Hampshire brief advice tool
If there is suspected dependence or client is in need of more in-depth treatment, encourage referral to a specialist treatment service (for example HOMER) or advise them to consult their GP	

### DRR and ATR activity overview

#### DRR Treatment Activity

Treatment delivered under a DRR should be structured treatment as outlined under NTA Models of Care. Orders can be made as Low – Medium or High, in effect from 6 – 36 months. They should include one or more of the following:-

- Structured day care
- Care planning
- Substitute prescribing and detoxification (residential or community based)
- Residential rehabilitation

#### ATR Treatment Activity / Specified Alcohol Activity Order

The Order would consist of a minimum of six sessions, in most cases this would be considerably more as the order could be from six – 36 months.

In both cases it is anticipated that the Service Provider would assist with:

- Assessment of need and submission of care plans
- Preparation of reports for offender managers (as agreed)
- Preparation of progress reports for courts / sentence plans
- Involvement with 'specified activity orders'
- Completion of final reports / outcomes
- Contribution to partnership / multi-agency meetings, where necessary, in managing offenders

**Contract monitoring reports**

**To be determined**

**Performance monitoring reports**

**To be determined**

## IOM budget template

Service Provider Organisation : Hampshire IOM Service

Period: Monthly / Quarterly / Biannual / Annual (as required)

Dates: .....

Income:	Contract value	
Hampshire County Council: a) b)		
Own funds:		
Partner contributions:		
<b>Income Total</b>		
Expenditure:	Actual costs	
<b>Total staff costs incl: salary, NI, Pension and other direct costs</b>		
Management staff – Service Manager & Supervisors <i>specify number of staff</i>		
Operational staff – <i>specify number of staff</i>		
Administrative staff – <i>specify number of staff</i>		
<b>Management Overhead – if applicable</b>		
<b>Other staff costs</b>		
Recruitment – <i>specify number of staff</i>		
Training		
Travel – Including essential car user allowance @ £X per worker		
<b>Premises costs</b>		
Rent and rates – Including service charges/ water rates/ council tax		
Refurbishment / Dilapidations / Maintenance		
General (1) – Office Bills		
<b>Administration costs (non –staff)</b>		
Telephone/ Mobiles/ IT		
General (2) - Stationery/ office equipment/ other office costs		
<b>Direct service provision costs</b>		
Interventions – <i>specify</i>		
Drug Testing		
General (3) – <i>specify areas of provision</i>		
<b>Insurances</b>		
<b>Promotion and Publicity</b>		
<b>Other – please specify</b>		
Staff Welfare		
<b>Expenditure total</b>		

Notes for completion of funding and expenditure figures		
(1)	Premises costs - general	For example water, repairs, cleaning costs, Heat, Light & Power
(2)	Administration costs – general	For example equipment, post, stationery, accreditation fees
(3)	Direct service provision costs - general	For example literature costs, additional room or facilities hire, use of outside agencies for aftercare, other services for users

**Additional comments or observations :**

- Please add further information covering variations, exceptional costs or under-spends.

Submitting on behalf of organisation:

Date:



