

Executive Board Commissioning Sub Committee - 11 June 2014

Subject	Crime & Drugs Partnership Commissioning Intentions 2014/15		
Corporate Director(s)/ Director(s):	Alison Michalska - Corporate Director, Children and Adults Candida Brudenell - Strategic Director, Early Intervention Peter Moyes – Director, Crime & Drugs Partnership		
Portfolio Holder	David Liversidge		
Report author(s) and contact details:	Lucy Putland, Strategy & Commissioning Manager, 0115 8765732, lucy.putland@nottinghamcity.gov.uk		
Key Decision <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Subject to call-in <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Reasons: <input type="checkbox"/> Expenditure <input type="checkbox"/> Income <input type="checkbox"/> Savings of £1,000,000 or more taking account of the overall impact of the decision		<input type="checkbox"/> Revenue <input type="checkbox"/> Capital	
Significant impact on communities living or working in two or more wards in the City		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total value of the decision: Not applicable			
Wards affected: All		Date of consultation with Portfolio Holder(s): Councillor David Liversidge – 19/05/2014	
Other colleagues who have provided input:			
Date of consultation with Portfolio Holder(s) (if relevant)		None.	
Relevant Council Plan Strategic Priority:			
Cutting unemployment by a quarter			<input type="checkbox"/>
Cut crime and anti-social behaviour			<input checked="" type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City			<input type="checkbox"/>
Your neighbourhood as clean as the City Centre			<input type="checkbox"/>
Help keep your energy bills down			<input type="checkbox"/>
Good access to public transport			<input type="checkbox"/>
Nottingham has a good mix of housing			<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs			<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events			<input type="checkbox"/>
Support early intervention activities			<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens			<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users): To set out the Crime & Drugs Partnership (CDP) and Public Health strategic commissioning intentions for substance misuse treatment services and community safety interventions for 2014/15.			
Recommendation(s):			
1	To note the commissioning intentions for 2014/15		

1. REASONS FOR RECOMMENDATIONS

- 1.1 To ensure the Executive Board Commissioning Sub Committee is aware of forthcoming Crime & Drugs Partnership (CDP) and Public Health commissioning activities, which will deliver against a wide range of strategic outcomes in Nottingham City.

2. BACKGROUND (INCLUDING OUTCOME OF CONSULTATIONS)

- 2.1 The Crime & Drugs Partnership (CDP) retains responsibility for the development of strategies to tackle substance misuse (drugs and alcohol) and, in conjunction with Public Health, for the commissioning of substance misuse treatment services within Nottingham City, as agreed by the Executive Board Commissioning Sub Committee (Sept 2012).
- 2.2 The CDP is also responsible for commissioning a range of community safety interventions and projects, encompassing domestic and sexual violence services and Ending Gang and Youth Violence projects.
- 2.3 The commissioning activities of Public Health and the CDP cut across six themes with the primary funding streams being Public Health and Police and Crime Commissioner as set out in table 1 below:

Theme	Primary Funding stream	Note
Adult community drug treatment (including criminal justice treatment)	Public Health with additional Police & Crime Commissioner funding for a proportion of criminal justice treatment.	Excludes Dual Diagnosis which is commissioned by the Clinical Commissioning Group
Adult community alcohol treatment	Public Health	
Prison drug treatment	NHS England	Cross partnership resource
Young people's substance misuse treatment	Public Health	Young People's Dual Diagnosis service commissioned by Nottingham City Council and Clinical Commissioning Group
Domestic and sexual violence services	Police & Crime Commissioner, Clinical Commissioning Group, Nottingham City Council, Public Health	
Ending gang and youth violence	Police & Crime Commissioner	

Table 1: CDP commissioning responsibilities and funding sources

Strategic Outcomes

- 2.4 The effective commissioning of services within the six themes identified above contributes to the delivery of strategic aims and outcomes across a range of key partnership plans and strategies as set out in table 2 below:

Plan / Strategy	Outcomes contributed to
CDP Partnership Plan 2014/15	<ul style="list-style-type: none"> • Reduce All Crime • Reduce Anti-Social Behaviour • Reduce Substance Misuse • Reduce Reoffending <p>Measured through following key performance measures:</p> <ul style="list-style-type: none"> • Reduce 'all crime' by 6% (over a 2013/14

	<p>baseline) by March 2015</p> <ul style="list-style-type: none"> • Increase the number of people successfully completing treatment to be at least 5% above the Core Cities average by March 2015 • To develop a measure based on the Integrated Offender Management cohort • Reduce ASB calls to the Police by 50% by March 2015 • Benchmark the impact of mental health on crime
Nottingham Plan 2020	Directly responds to priority to “reduce crime, the fear of crime, substance misuse and anti-social behaviour”
National Public Health Outcomes Framework (PHOF)	<p>Directly delivers against following measures:</p> <ul style="list-style-type: none"> • Successful completion of drug treatment (2.15) • People entering prison with substance dependence issues who are previously not known to community treatment (2.16) • Alcohol related admissions to hospital (2.18) • Domestic abuse (1.11) • Violent crime (including sexual violence) (1.12) • Reoffending levels (1.13)
Nottingham City Joint Health and Wellbeing Strategy 2013-2014	Prevent alcohol misuse to reduce the number of citizens who develop alcohol-related diseases.
Safe, Responsible, Healthy: Nottingham’s Approach to Alcohol 2012	<ul style="list-style-type: none"> • Reduce levels of alcohol related health harms through effective identification and treatment of alcohol misuse and support greater numbers to recovery from alcohol dependency. • Promote healthy attitudes towards drinking, supporting individuals to drink less and less often • Fewer children and young people misusing alcohol • Impact of alcohol misuse on children and young people will be reduced • Fewer adults drinking at harmful levels • Lower levels of alcohol related health harms • Greater numbers recovering from alcohol dependency • Levels of alcohol related disorder and violence reduced
Partnership Drug Strategy 2011	<ul style="list-style-type: none"> • Reduce drug use through preventing new incidences of drug use, increasing the number recovering from dependence and restricting the supply of drugs

	<ul style="list-style-type: none"> • Reduce the number of new drug users, including preventing today's young people from becoming tomorrow's drug users • Increase the number who recover from dependant drug use • Reduce the harm caused to children by adults drug use • Reduce crime and the progression to criminal activity, including preventing today's young people from becoming tomorrow's offenders • Reduce drug fuelled offending • Reduce the wider public health risks resulting from drug use
Police & Crime Commissioner Plan	<ul style="list-style-type: none"> • Reduce antisocial behaviour by 50% • Reduce the impact of drugs and alcohol on levels of crime and antisocial behaviour • Give extra priority and resources to domestic violence and crimes against girls and women
Ending Gang and Youth Violence Strategy	<ul style="list-style-type: none"> • To keep people safe and reduce the harm of the impact of gun, knife and gang related behaviour by developing a proactive enforcement/intervention model designed to tackle these specific behaviours and risks • To reduce the prevalence, use and availability of guns and knives in Nottingham by implementing reactive partnership responses to gun, gang and knife related incidents • To deliver a cohesive and challenging partnership approach across all sectors (including voluntary and community) to identify early and prevent children and young people from becoming involved in gun, gang and knife related crime and where appropriate to promote the use of and facilitate restorative justice and mediation processes. • Early identification of the children and young people who become involved in guns, gangs and knife crime or experiencing the impact of this nature of offending
Children and Young People Plan	<p>Identifies three "core features" of the Councils approach to delivering this vision:</p> <ul style="list-style-type: none"> • Intervening earlier (to prevent avoidable problems) and break the cycle of disadvantage • Empowering families to take responsibility

	<ul style="list-style-type: none"> • The integration of services around families to deliver a seamless response to those in need (safeguarding and early intervention, strong families, healthy and positive children and young people, achievement and economic well being) <p>Reducing substance misuse is one of its priorities</p>
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Table 2: Plans/strategies contributed to through commissioning of substance misuse and community safety interventions

Local Need

- 2.5 Nottingham CDP conduct comprehensive needs assessments on behalf of the wider partnership as an integral element of commissioning activities. Needs assessments enable the commissioning team and partners to estimate the nature and extent of the needs of a population so that services can be planned accordingly and focus effort and resources where they are needed most. This work includes conducting an annual strategic assessment of crime and substance misuse in Nottingham. Current needs assessments can be accessed from the Nottingham CDP website: <http://www.nottinghamcdp.com/> and include; Adult drug treatment needs assessment, Alcohol needs assessment, Criminal justice substance misuse pathway needs assessment, Domestic and sexual violence needs assessment and Young people's substance misuse review
- 2.6 The CDP work with Public Health to complete several chapters for the Joint Strategic Needs Assessment (JSNA). The JSNA is also used to inform commissioning and the setting of commissioning priorities. The JSNA can be accessed from <http://www.nottinghaminsight.org.uk/insight/jsna/jsna-home.aspx>

Commissioning Framework

- 2.7 The CDP and Public Health work to best practice commissioning frameworks. The CDP applies the Nottingham City Council commissioning framework to partnership commissioning activities.

Commissioning Intentions 2014/15

- 2.9 The commissioning intentions for 2014/15 (set out in appendix 1) will contribute to delivery of partnership wide strategic aims and outcomes identified in section 2.4, work within current financial constraints and consider opportunity for further value for money/efficiencies as set out in section 4, respond to local need identified through robust needs assessments, continue to improve care pathways and outcomes for citizens, and ensure alignment to local and national strategies.

3. OTHER OPTIONS CONSIDERED IN MAKING THE RECOMMENDATIONS

- 3.1 A full range of local need, local strategic objectives, national guidelines and strategies, and local financial constraints were considered in determining the comprehensive commissioning intentions set out within appendix 1.
- 3.2 The commissioning intentions plan is a working document and will be considered as need determines throughout the year.

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

- 4.1 Total income to the partnership for 2014/15 is anticipated at £14,214,515 constituted by grants of £12,903,326 partner contributions forecast at £931,480 and capital grant carried forward in the sum of £379,709. The funding is allocated to the following programmes. (Table 3 below)
- 4.2 The anticipated 2014/15 budget shows a reduction in income from 2013/14 totalling £1,230,174. Significant reduction from the Public Health Grant of £1,140,000 is to be managed through efficiencies to budget lines, 5% efficiency savings to all Public Health funded services, recommissioning of services and specific cuts. The balance of the reductions are from reduced partner contributions.

CDP Budget Summary 2014/15							
	NCC Public Health Drug Treatment	Other Grants	Police and Crime Commissioner	NHS Commissioning Board Prisons	Partner Contributions	Capital	Total
	Grant	Grant	Grant	Grant	Contribution	Capital	Income
	£	£	£	£	£	£	
Income	(9,268,578)	(405,010)	(1,700,000)	(1,529,738)	(931,480)	(379,709)	(14,214,515)
Programmes							0
Adult Treatment	3,571,394				198,180		3,769,574
Alcohol Projects	1,745,507						1,745,507
Young Peoples Services	299,976						299,976
Drug Intervention Programme	1,272,611	128,246	574,747				1,975,604
LES & GP Services	513,809						513,809
High Value Specialist Services	1,429,140						1,429,140
CDP Resources	436,141		227,253	90,405	427,600		1,181,399
Domestic Violence			276,000		240,500		516,500
Ending Gang & Youth Violence			422,000				422,000
Community Protection			200,000				200,000
Substance Misuse In Prisons				1,439,333			1,439,333
Capital Projects						99709	99,709
Framework						280000	280,000
Other Projects		276,764			65,200		341,964
Total	9,268,578	405,010	1,700,000	1,529,738	931,480	379,709	14,214,515

Table 3: CDP Budget Summary 2014/15

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

- 5.1 The cut to the Public Health budget (see 4.1) requires significant savings to be delivered in relation to drug and alcohol treatment. The commissioning intentions provide opportunities to make sizeable savings in these areas through retendering activities and review of substance misuse pathways. Efficiencies in services will be managed without impacting on quality and outcomes.
- 5.2 Stretching targets are currently being set for Nottingham to deliver against the key outcome for successful completion drug and alcohol treatment up until 2020. Services will need to be contract and performance managed effectively in order to achieve this outcome.
- 5.3 The local profile of substance misuse continues to evolve. Services and pathways will need to be responsive to changing local need and a review of all substance misuse pathways will allow a more holistic response than it has previously been possible to deliver.
- 5.4 The configuration of services for survivors of Domestic and Sexual Violence consists of a large number of small low value (£) contracts delivering services to specific client groups. While services have been assessed as high quality, the segmentation of the market, the low value of contracts and the current contract arrangements leaves the sector in a fragile position. A gap analysis and review of the pathways through services may present opportunities to address these issues.
- 5.5 The impact of 'Transforming Rehabilitation' on demand for substance misuse treatment will need to be monitored. Demand for substance misuse services will increase as a result of more offenders being managed in the community and short term prison detainees receiving 12 months license in the community. This increase in demand will be in the criminal justice and wider treatment pathways and will need to be balanced alongside making financial savings and continuing to improve outcomes.

6. SOCIAL VALUE CONSIDERATIONS

- 6.1 Recommendations have been considered in line with the Public Services (Social Value) Act 2012. All services within this report aim to improve the social wellbeing of the client groups they target.

7. REGARD TO NHS CONSTITUTION

- 7.1 Local authorities have a statutory duty to have regard to the NHS Constitution when exercising their public health functions under the NHS Act 2006. In making decisions relating to public health functions we consider the NHS Constitution where appropriate and take into account how it can be applied in order to commission services to improve health and wellbeing.
- 7.2 Clinical governance developments provide commissioners with the mechanisms to ensure applicable elements of the constitution are adhered to in order to improve standards of care and patient safety.

8. EQUALITY IMPACT ASSESSMENT (EIA)

- 8.1 An EIA is not needed, as the report does not contain proposals for new or changing policies, services or functions, financial decisions or decisions about implementation of policies development outside the Council
- 8.2 EIA's are currently being completed for those activities where services are to be tendered as detailed within the CDP Spending Plan.

9. LIST OF BACKGROUND PAPERS RELIED UPON IN WRITING THIS REPORT (NOT INCLUDING PUBLISHED DOCUMENTS OR CONFIDENTIAL OR EXEMPT INFORMATION)

- 9.1 None.

10. PUBLISHED DOCUMENTS REFERRED TO IN THIS REPORT

- 10.1 None.

11. OTHER COLLEAGUES WHO HAVE PROVIDED INPUT

- 11.1 Peter Moyes, Director, Nottingham Crime & Drugs Partnership
- 11.2 Dr Barbara Brady, Public Health, has provided feedback in relation to the commissioning intentions.
- 11.3 Christine Oliver, Head of Service, Nottingham Crime & Drugs Partnership
- 11.4 Tim Clark, Finance, Nottingham Crime & Drugs Partnership