

**REPORT OF THE DEPUTY LEADER, AND CHAIR OF THE
NOTTINGHAMSHIRE HEALTH AND WELLBEING BOARD**

SUBSTANCE MISUSE SERVICES IN HMP WHATTON & HMP RANBY

Purpose of the Report

1. Advise the Policy Committee of plans for Nottinghamshire County Council to secure Substance Misuse Services for HMP Whatton and HMP Ranby from April 2013 and to agree to ring fence the resources to support this.

Information and Advice

2. In the context of this report, the term 'Substance Misuse' is used to refer to alcohol and/or drug misuse. The term 'drugs' extends beyond illegal drugs such as heroin, cocaine, amphetamines, to the misuse of other drugs, prescription only medicines such as anabolic steroids and benzodiazepines, over the counter medicines such as preparations containing codeine.
3. Many of the prisoners within the Nottinghamshire prison setting suffer from substance misuse. In order to improve the health and wellbeing of prisoners and reduce the risk of reoffending it is important that this group is able to access cost effective recovery orientated substance misuse services.
4. Currently the responsibility for commissioning these prison services resides with the Public Health team. As a result of the Health and Social Care Act from April 2013 Nottinghamshire County Council will become the responsible commissioner for community-based substance misuse services. The NHS Commissioning Board will have responsibility for all offender-related health activity, including substance misuse. However, recommendation 3 from the Patel Report¹ (see **Appendix 1** for further detail) placed a strong emphasis on commissioning integrated prison and community services and so it is considered good practice for Public Health to take this responsibility with them into the Local Authority. This approach is supported locally by the Nottinghamshire prisons, the two NHS Commissioning Board Local Areas Teams and the local substance misuse partnership.
5. Nottinghamshire has three Prisons; HMP Whatton, HMP Ranby and HMP Lowdham Grange. In 2011 a needs assessment for each prison was completed. These resulted in the development of commissioning intentions (further detail in **Appendix 2**).

¹ http://www.dh.gov.uk/en/Publicationsandstatistics/DH_119851

6. HMP Lowdham is a private prison. This results in some particular contractual complexities, so it is not possible to proceed with new procurement at this time. Instead a procurement exercise has begun for the other two prisons, HMP Ranby and HMP Whatton, with the intention of new services being in place for April 2013, and the current service providers have had their notice served. With regard to HMP Lowdham the proposal is that the NHS Commissioning Board takes on commissioning of substance misuse services until such time as the current contractual arrangements can be unravelled. At this point, it is the intention of Public Health to bring the service delivery for HMP Lowdham in line with HMP Ranby and HMP Whatton. This would also provide an opportunity to harmonise service delivery across community and prison-based substance misuse services. This will achieve Local Authority/Public Health objectives as well as providing a value for money service model.

Other Options Considered

7. Two other options have been considered.
 - a. Both PCTs (i.e. County and Bassetlaw) procure the services and these contracts then transfer to the two separate NHS Commissioning Body Local Area Teams in April 2013. This would fail to achieve integration with community substance misuse services as Public Health in Local Authority setting.
 - b. Both PCTs (i.e. County and Bassetlaw) procure the services and these contracts then transfer to Nottinghamshire County Council in April 2013. Nottinghamshire County Council would then inherit newly commissioned services having had no involvement in the procurement process.

Reason for Recommendations

8. The proposed solution has been agreed by the NHS Commissioning Board and the Public Health Substance Misuse teams as the most effective model of delivery for Substance Misuse services which will enable and support prisoners to achieve a full recovery. Public Health in the Local Authority setting have full responsibility for delivering the Substance Misuse Services in the Community Setting, hence this proposed model can only enhance and improve on current arrangements and successful outcomes of full recovery.

Statutory and Policy Implications

9. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications for Service Users

10. Improved access to Substance Misuse treatment and recovery services by prisoners transferred from other prisons or entering the environment from the community as well as a continuity of service treatment and recovery in the community setting upon release.

Financial Implications

11. It is proposed that the funding for the prison-based substance misuse services will come directly through the NHS Commissioning Board to Nottinghamshire County Council on an annual basis. The NHS Commissioning Board have committed to this transfer to Public Health and the money will be 'ring fenced' and easily identifiable for this purpose. This funding will be in addition to the Public Health grant that the LA will receive from April 2013 onwards. The 2012/13 allocation for this purpose is shown in the table below. It is expected that the allocation for prison substance misuse services for 2013/14 will be announced at the same time as the Public Health grant, and is expected to be at least at the current level of funding. Options (including the use of a Section 7A agreement) are currently being explored regarding the most appropriate way to secure the transfer of money from the NHS Commissioning Board to the Local Authority.

Prison	Substance misuse allocation in 2012/13
HMP Whatton	£246,757
HMP Ranby	£1,154,948
Total	£1,401,705

12. The Procurement process has begun, with professional procurement advice coming from officers within the Council. In the first instance the focus is on securing new clinical treatment and recovery services and these are currently being advertised. The preferred provider will be identified early in December 2012 to enable service delivery to commence in April 2013.

Crime and Disorder Implications

13. Effective substance misuse services will support a reduction in reoffending

RECOMMENDATION/S

- 1) The Policy committee is asked to ENDORSE the plans for HMP Whatton and HMP Ranby outlined above.
- 2) The Policy committee is asked to AGREE the ring fencing of the substance misuse budget for HMP Whatton and HMP Lowdham.

COUNCILLOR M SUTHERS

Deputy Leader

and

Chair of The Nottinghamshire Health And Wellbeing Board

For any enquiries about this report please contact:

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Public Health

Constitutional Comments (NAB 02/11/2012)

14. Policy Committee has authority to approve the recommendations sets out in this report.

Financial Comments (NR 02/11/2012)

15. The financial implications are set out in paragraphs 11 and 12 of the report

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All.

PC9

Appendix 1

Extract from The Petal Report, Prison Drug Treatment Strategy Review Group.

RECOMMENDATION 3: STREAMLINED COMMISSIONING SYSTEMS

Shift focus and resources to develop a streamlined, autonomous and accountable commissioning system that is coherent, cost-effective and enables more effective decision-making by local commissioners and partnerships

We recommend moving away from the current complex commissioning systems, characterised by a multitude of funding streams and process targets, which have resulted in a fragmented system with the risk of a 'one-size-fits-all' approach, with limited choices in the type of treatment and broader social support available.

We recommend moving to a streamlined effective and efficient commissioning system that is reflective of consensus on evidence and good practice and clearly aligned with outcomes. It is proposed that for the first time in England, the majority of drug funds be jointly commissioned at a local level - this includes NOMS CARATs funding. This would mean that local health commissioners, potentially within new consortia of GP practices, and local drug partnerships including local authorities, local Directors of Public Health, prison governors, etc. would share the responsibility for commissioning drug treatment both in prisons and on release and would have a collective responsibility to ensure effective joint commissioning and to align/pool budgets to obtain the best outcomes, efficiencies and value for money. Some commissioning at a national level may still be needed, for example, to ensure the needs of the women estate and under 21-year-old offenders are addressed and, under this proposed system, services can be commissioned based on needs, at whichever level (national, regional or local) is appropriate for the intervention.

We are aware that even as our work programme and recommendations were being completed major changes to commissioning systems within the NHS were being announced. Our proposed model, however, is aligned with the Coalition's programme approach for a more autonomous and accountable system and with the NHS White Paper, *Equity and excellence: Liberating the NHS*, around GP commissioning consortia, which focuses on the patient's needs – i.e. ensuring that patients get the right treatment, at the right place, at the right time.

There is no detail yet about what will happen to local drugs partnerships and where the commissioning of drug treatment will fit. However, these changes to local commissioning systems reinforce the need for collaboration and joint commission to ensure that the needs of drug user in prison and on release are met against a clear strategy that is reflective of consensus on evidence and good practice, and clearly aligned with outcomes.

Therefore, we recommend that the Government consider putting in place this revised commissioning system by 2011/12.

Appendix 2 Commissioning intentions for Prison based Substance Misuse Services, paper from the Joint Commissioning Group - Adult Substance Misuse Treatment



Commissioning intentions for Prison based Substance Misuse Services

1. Introduction

This document sets out a partnership commissioner perspective for Prison based Substance Misuse Services for 2012/13 onwards, for Bassetlaw and Nottinghamshire County Primary Care Trusts (PCT's) and specifically in relation to services that are commissioned from a variety of providers.

2. Background

A number of policy documents have been published over the last year about the changes in the way prison based substance misuse services are funded and delivered, driving forward change in services. Key documents are:

- Building Recovery in Communities (BRiC) (National Treatment Agency (NTA) 2010) where dependence on all drugs including severe alcohol dependence is considered, whilst supporting the development of a range of recovery focussed pathways inclusive of abstinence and medically assisted recovery.
- The Patel Report (Prison Drug Treatment Strategy Review Group) (2010)
- Ministry of Justice (MOJ), NTA and Department of Health (DoH) dictate (31 March 2011; Gateway no: 15827) confirming funding for prison based substance misuse services is to transfer responsibility from MoJ to the DoH, requiring local commissioning partnerships to assume responsibility.

3. Local context

Over recent years there have been innovative changes in the delivery of treatment for substance misusers, with significant developments in local service provision for adults with current/previous addictions entering the Prison system, including:

- Counselling Assessment Referral Advice Throughcare (CARAT) workers
- Alcohol treatment workers
- Integrated Drug Treatment
- More effective use of medication to support recovery
- GP based clinics to support treatment delivery
- Delivery of accredited/drug intervention programmes

There are plans now to remove the silo commissioning of the above services to allow for greater flexibility for treatment delivery, allowing for innovation and removal of aspects of service delivery that have not proved to be beneficial, in order to meet the specific and individual needs of each establishment.

Partnership monitoring and governance will be developed to ensure that new models of delivery are delivering the anticipated level of outcomes.

Currently substance misuse services are commissioned from a mixture of local NHS, independent and private providers.

4. Commissioning Priorities

The commissioning intent focuses on four main areas:-

4.1 Strengthen services at reception into the prison system locally

Over recent years commissioners have not been instrumental in the reception processes within local establishments but now feel that the drive to get the early parts of the pathway right will set the right culture and ethos for the entire recovery oriented pathway within and external to the prison system.

A broad service model and pathway has been suggested by the partnership commissioning group based on the needs assessments recently undertaken within the three prisons (HMP's Whatton, Lowdham Grange and Ranby).

It is likely that this will be specific to removing barriers to treatment, and a move to a more recovery orientated pathway. This work will identify a refocusing/ reengineering of existing resources. It is likely that any service change will be implemented within the next calendar year.

4.2 Improve access and reduce waiting times

Commissioners are keen to ensure that people presenting with a substance misuse issue or wishing to seek recovery support prior to release for historical issues, receive prompt access to the most appropriate interventions.

Commissioners are committed to ensure that all people referred to the service (at every step) are offered treatment in a timely manner within current recommended guidelines.

Commissioners recognise that this requires providers to have in place robust information and tracking systems and service flexibility to respond to service pressures across teams as and when they arise.

4.3 Recovery Care Pathways

Commissioners would like to see the development of clear care pathways for substance misuse and care pathways for associated dual diagnosis and blood borne viruses. Recovery and care pathways need to reflect best practice and where applicable, adhere to NICE guidelines.

Commissioners are as keen to ensure robust care pathways are in place to support continuity of care both into and across the prison estate as well as upon prisoners release back into the community.

Equally, treatment and recovery options, including family involvement, which are available in a custodial environment should work in parallel and mirror those available within a community setting, as appropriate.

Historically commissioning has been driven by activity and target measures. Commissioners would like to see the development of outcome measures linked to individual episodes of care. Initially commissioners would be prepared to explore existing outcome measures recommended nationally.

4.4 Reducing Re-offending

The robust links between substance misuse and reducing re-offending interventions and programmes are an integral priority.

5. Resources

Commissioners are committed to ensure services provided are of high quality, cost effective and joined up. Commissioners will use the finance mapping data to confirm and challenge areas of over and under investment. It is likely new models of delivery will need to realise cost efficiencies of between 10-20%.

6. Summary

This paper offers a number of commissioning priorities across the full range of services for substance misuse within the prison setting. The detail and outcomes expected against these priorities will form the content of future service level agreements/contracts.

Susan March – Senior Public Health Manager – NHS Bassetlaw

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