Brighton & Hove City Council

OVERVIEW & SCRUTINY COMMISSION ADDENDUM

4.00PM, TUESDAY, 13 DECEMBER 2011

COUNCIL CHAMBER, HOVE TOWN HALL

ADDENDUM

Commissioning – an update

December 2011

Brighton & Hove City Council

Key issues

- Some background
- Pilots – where are we and what have we learned
- Commissioning – business as usual
- Next steps

Brighton & Hove City Council

A reminder

- A council the city deserves
- Then, as now …
- Changing context
  - Demand
  - Need
  - Role of local government
  - Govt's view
  - City's view

Pilots - where are we and lessons learned

- Three pilots
  - Domestic violence
  - Drugs related deaths
  - Alcohol
- Key lessons learned
  - Less time on analysis, more on delivering outcomes
  - Flexibility across budgets
  - Culture change
  - Variations on a theme work best – eg alcohol, advice
  - City Commissioning Plan – business as usual

An example – alcohol

- A recurring, important city issue
- A new approach to deliver embedded change

An example – advice & financial inclusion

- Sector change
- Council change
- Co-production
- Maximising the money

Commissioning day to day

- "People" – key issues and challenges
- CYP – Child poverty, Youth
- The journey for adult social care
- Twenty years on …

Delivering - Adult Social Care

- Since 1990 …
- Now in Brighton & Hove

Drawing things together

John Barradell

- Commissioning links to …
- Corporate plan
- Budget
- LSP
- People Strategy
- Appraisals

Next steps

- From Sustainable Community Strategy through Corporate Plan to City Commissioning Plan
- Fully embed IC in the way we work day-to-day

OSC

December 2011

Intelligent Commissioning - an update

Summary

This paper sets out progress towards using "intelligent commissioning" as a key tool for delivering excellent public services to Brighton & Hove's communities, residents and visitors at optimum cost.

Background

Commissioning:

Commissioning is the process by which commissioners – those responsible for planning the provision of public services – ensure that appropriate services are available at the right quality and cost to meet needs and deliver strategic outcomes now and into the future. Intelligent Commissioning is not just a process but a way of thinking.

It is about:

- Gathering and using evidence (facts and figures) to gain a better, more rounded understanding of the situation, costs and need of people.
- Ensuring innovation and joined up design through engaging partners, experts and citizens in novel ways.
- Providing best value and return on investment within constrained budgets by fully understanding and blending all involved public sector budgets.
- Joining up delivery across the City
- Joining up understanding of, and response to, the results of delivery.

It uses a process of:

- Establishing the needs in the city and the resources available to meet those needs
- Agreeing the outcomes that are being sought
- Designing innovative services to meet the need at the best possible quality and price
- Putting in place reliable mechanisms to deliver those outcomes

- Monitoring the success in meeting the outcomes and continually reviewing and redesigning services to improve the outcomes

Commissioning and procurement are not the same. A commissioning strategy may result in procurement, but could just as easily result in policy change, a revised plan of action or an information campaign. There are many ways to deliver outcomes.

Commissioning is not privatisation or outsourcing – who delivers the outcome remains the choice of the council or the partner organisation, based on the recommendations from the commissioning process.

The use of information and evidence is critical to our form of commissioning. The use of the term "intelligent" in Brighton & Hove is to convey the importance that key information about people, the place and communities provides in determining the best delivery strategy to meet those needs. By that we mean –

- Use the best knowledge, wherever it can be found
    - For information to support needs analysis – for example using the Joint Strategic Needs Assessment for the city, National and regional indicators, benchmarking, academic and professional research and studies where available
    - To understand what our residents, visitors and service users want through customer and other stakeholder feedback
    - For determining which interventions deliver best against the agreed outcomes and designing integrated city-wide solutions

This requires that

- Intelligent Commissioning is led from the highest level
- The council, partners and community work very closely together across the city
- Involvement of citizens and users at every stage

These principles are applied increasingly to what we do and intelligent commissioning is the working model the Council has adopted to enable

- stronger understanding of the needs of the city to ensure that we are working in the widest long-term interests of our residents

- more focused impact on the important outcomes the city needs
- more efficient ways in which we use a range of resources to deliver outcomes
- increase social capital by creating better support for citizens who help each other
- the council to become better at meeting the needs of customers / service users and in the way that we interact with them
- better engagement with our residents providing opportunities for people to take greater control over their lives and communities and become more actively involved in civic life
- stronger and more varied partnerships within and beyond the city.
- take active account of the social and economic 'big picture' and seeks to deliver broader societal benefits in meeting need and delivering services.

History and context:

Commissioning is not new and has been successfully delivering services with our city partners for many years. It is being introduced in its current form to the City as part of a response to two key drivers:

- The need to work more closely with partners to develop integrated planning and delivery
- A recognition that people's perceptions within the City of the Council was one of underperformance, and a new way of thinking and doing was required to exploit the "place shaping" and "well being" role that any local authority has.

In the late 1980s and early 1990s , Compulsory Competitive Tendering resulted in a mandatory split between public service planners and purchasers on the one hand and providers on the other - this was known as the 'client – contractor ' split in local government and 'purchaser – provider' split in NHS

Whilst there were many issues with the implementation and impacts of CCT, a number of lessons were learned about joining up services and moving thinking towards commissioning for outputs and outcomes rather than just activities. It also increased awareness of the cost of service provision. There was also a clear realisation later that a focus only on cost, or on writing long lists of instructions, seldom delivered excellent, flexible, responsive services.

Best Value moved this work on further, and later other models emerged - Strategic Commissioning developed from the Government Policy in Children's and Young people's Services and the Health Sector, for example. With Third Sector involvement a cycle was developed of:

- Assessing Needs of people in an area,
- Designing and Securing appropriate services,
- Monitor and Review
- Recommission / decommission

Further initiatives have drawn on this approach:

- World Class Commissioning approach, NHS 2006 put an emphasis on Partnership Working, LSPs and the separation of commissioning and provision, using competition and alternative providers for innovation.
- Total Place Initiative in 2009 looked at how a 'whole area' approach to public services can lead to better services at less cost

Some forms of commissioning have been embedded in public sector culture, structure and processes for two decades – and it's worth noting that, for example, the Health service commissioning approach took around 6 years to become effective.

Local authorities across the country continue to explore variations on this theme. For example, Lambeth are currently working towards a commissioning model that will see the Council divest significant operational aspects to community and voluntary sector groups – "the Co-op Council". Other Councils are using commissioning as a way of outsourcing swathes of operation.

Locally, we have an established programme of commissioning in both children and adults, going back to 2006. This has fed into the value for money programme where both services have significantly exceeded the savings targets set for them. In particular, commissioning arrangements for children with disabilities is seen as a national best practice model.

A year on since the introduction of Intelligent Commissioning, OSC have asked a series of timely queries, including:

1) Update on the progress on the three Intelligent Commissioning Pilots
    a. What point in the commissioning cycle are they at? OSC last saw these in March 2011. What was decided as a result of the pilots?
    b. How are they informing the 2012/13 budget progress?
    c. Have any services been commissioned as a result?
    d. What outcomes have been delivered? What has happened as a result of IC that would not have otherwise occurred?
    e. Has partner involvement in the pilots worked? Have budgets across partners been realigned to respond to the pilots?
    f. Lessons learnt – they are pilots and therefore you would not expect everything to have gone smoothly. OSC would appreciate an honest and frank appraisal of what has worked, what hasn't and how it can be improved?

2) What are the future commissioning priorities?
    a. How are these being identified?

b. How far into the future are we looking?
c. Are these processes linked to the allocation of resources?

Current issues

Finance

One issue that affects all forms of service delivery – commissioning included - is the amount of financial resource available to use.

BHCC is operating within a financial context that is extremely challenging.

£17million budget gap in 12 / 13
£17million budget gap in 13 / 14

The government has announced that public spending will reduce at the same rate in 14/15 and 15/16 and so it is reasonable to assume that the budget gap for those subsequent years will be similar.

It is also worth noting that budgets across public sector partners – Police, health etc – are also falling, making joint working absolutely essential but offering no simple solutions.

Operating context

Changes being driven by central Government agendas for local government have the potential to radically shift how services are planned and delivered.

For example, the Localism Act contains provisions around "Community right to challenge" and "community assets" that represent a considerable variation on current ways of working.

The recent Government paper on "Open public services" sets out a number of key issues that they believe will impact significantly [note these words are taken from the Govt document]:

1. ***Increasing choice*** – by empowering people to decide which services they receive, either through direct payments, personal budgets, entitlements or other choice mechanisms, or by giving more power to elected representatives to choose on their behalf;

2. ***Devolving public services to the lowest appropriate level*** – often this may mean going beyond the local authority to a neighbourhood, parish or community body;
3. ***Opening public services to a range of providers*** – by allowing them to come in and challenge under-performance. This is an echo of the 'community right to challenge' that features in the Localism Bill;
4. ***Ensuring fair access to public services –*** by intervening to help those who have previously been left behind, such as through the 'pupil premium';
5. ***Ensuring accountability and responsiveness of public services –*** through "choice, transparency and voice" mechanisms. In this context, "choice" means allowing users to opt for a particular provider, "transparency" should ensure they are able to make an informed decision, and "voice" mechanisms allow them to complain to elected representatives or

How far have we progressed in the last year?

Three pilot programmes were established to help the Council and partners understand the implications and decisions required to "work as one team"

The pilots:

Alcohol *summary –*

Difference was in the information from partners – CVSF, Police, PCT/health colleagues

The needs assessment and consultation conducted during this pilot identified the heavy burden on city services and the lives of families and communities which results from alcohol misuse. The reduction of alcohol related harm in the city was confirmed as the overarching outcome to be achieved for the city.

The intelligent commissioning process pulled together for the first time all relevant partners - a significant departure from the 'old way' of commissioning. This allowed partners to look at the issues with fresh eyes resulting in a range of lessons learnt which are reflected in the work plan.

The Alcohol Programme Board is delivering the tasks that are set out in this year's action plan; one of these was the Big Alcohol debate .

The summary report on the Alcohol work prepared for the 8th December Strategic Partnership meeting 6 December 2011 is attached at Appendix 1.

Domestic Violence *Summary.*

Scope and Needs Analysis completed. Financial analysis was not applied prior to solution design and the commission is now completing a revised plan within cost constraints.

Following the completion of the process against the intelligent commissioning framework, commissioners continue to meet in partnership and have already prioritised delivery of key initiatives including

- Whole schools approach to encouraging young people to form healthy relationships
- the help-line and crisis support service provided by RISE
- community outreach and family service development and other early intervention initiatives.

A costed commissioning plan is being prepared for 2012 and beyond.

Drug related deaths -

This work went back out to partners to review the data available from performance, soft data from 3rd sector, national data translated down from JSNA. An Action plan developed as part of the pilot is now being managed

Based on the findings of the Needs Assessment and the Intelligent Commissioning process, the Health Protection Steering Group, chaired by the Director of Public Health, has confirmed prioritising three strategic priorities:

- **Improving intelligence sharing via interagency working and lessons learned.**
- **• Increasing the use of naloxone hydrochloride in overdose incidents**
- **• Reducing the inappropriate prescribing of benzodiazepines**

To achieve these outcomes, there will be a focus on the following activities:

Improved Intelligence Sharing:

• Analysis of the narratives of individual cases via Serious Untoward Incident and Informal Case Reviews of drug deaths, in order to identify potential service improvements, remedy system wide failures and develop shared learning.

• Auditing by the South East Coast Ambulance Service of the use of naloxone hydrochloride [an antidote drug that temporarily reverses the effects of heroin and other opiates];of whether overdose patients are transferred to A&E; and of whether this information is shared with substance misuse services and primary care.

• Collection and sharing of Police provisional drug related death and overdose data.

• Sharing of overdose information obtained at A&E with clinical staff in treatment services via the Drug and Alcohol Action Team.

• Confidential data enquiry audits of the Coroner's inquest reports in order to ensure data accuracy as well as to analyse emerging trends and modifiable risk factors.

Increased use of Naloxone Hydrochloride in overdose incidents:

• Identification of a naloxone hydrochloride champion in each service and hostel

• Expansion of training in the prevention of overdose via naloxone hydrochloride minijet administration provided by care co-ordinators and a nurse specialist, to targeted groups in Tier 2[open access] and Tier 3 [specialist structured day care]services, including hostel residents and released prisoners.

• Increasing the number of people willing to contact the Ambulance Service when present at an overdose.

Reducing the Inappropriate Prescribing of Benzodiazepines:

• Auditing via a specialist nurse of the level of prescribing in GP practices, with a two week maximum limit for new prescribing to avoid dependence.

• Provision of a prescribing plan in the discharge summaries of all patients leaving secondary care.

• Development of targeted support for primary care patients on long term prescriptions aimed at reducing dosage.

As well as these three strategic priorities, a number of other recommendations in the Needs Assessment will be progressed via the Health Protection Steering Group.

All of these pilots could have been delivered in different ways. However, there are a number of clear advantages common to them all that have arisen directly because of the shared, commissioning approach both within the Council and with partners.

It is these differences that offer the opportunity to the Council to see through the enormously challenging financial reductions it is facing and still deliver services of the highest quality to communities.

It is also worth noting that beyond the pilots, the Council has used commissioning to deliver a number of key pieces of work.

These include:

- Services for Young People Joint Commissioning Strategy
- Services for children and young people with a disability and/or special educational needs
- Home Energy Efficiency Investment Options
- Student Housing Strategy outcomes

- Community Development strategy
- Local Transport Plan strategy
- Economic Development commission

Lessons learned

Part of the reason for selecting the pilots was a clear acknowledgement that they were complex, challenging and had been serious issues for the city for many years.

As such, it was fully anticipated that lessons would be learned about doing things differently, and this is indeed the case.

The learning is now being built into commissioning framework and process guidance and there is a clear ongoing commitment of continuous improvement as staff, partners and providers become ever more proficient at commissioning efficiently and effectively.

- **Managing and using information**

Integrating information across city-wide service providers and organisations is not easy. Collectively, across the City, there is a mass of data – but too often people do not know what others have so work is reinvented, recollected and time and resource wasted.

So what is being done?

- *Established the City-Wide intelligence network.*
- *Training undertaken in population modelling to better predict*
- *BHLIS system – update plan in place*
- *Put in place a plan of expected information requirements to support the work-plan for resource planning with the City-wide data analysts.*
- *Looking at options for a City-wide intelligence platform*

- **Decision-making pathways –**

So much commissioning is done in partnership with a range of other organisations. This has challenged the Council in terms of effective decision making – who decides what, when and with whom …

It is clear that certain decisions in the pilots were delayed as officers worked hard to understand how to link delegated decisions with various organisations' governance arrangements including appropriate scrutiny and Member issues.

It is also clear that cross-city commissioning is "complex and messy", not "simple and neat". But the shared outcomes justify the initial much harder inputs required.

So what is being done?

- *Guidance updated to ensure decision-making pathways are planned and agreed at the start of the commission*
- *Clarity with Members on points of engagement being developed*
- *Synchronising decisions across partner agencies is also underway, though will always be complex*
- *New Central Government governance, such as the Health & Wellbeing Board, being aliened with Intelligent Commissioning*

- **Shared budgets and understanding the money**

Commissioning often has significant sums of money attached to it. The work does not always have to be about pooling budgets, but a clear process of aligning budgets and spending money on shared and clearly understood endeavour is essential. It is vital that the cost of current service provision – from all sources – is understood to determine the effectiveness of current delivery and whether revised commissioning strategies will be value for money. This is difficult for many service providers.

What is being done?

- *A much clearer emphasis on the financial envelope at the start of the commissioning process is being made, across the Council and with partners*
- *Council budgets are being re-aligned to make it more explicit upon what outcomes funding is focused and thus made more flexible*
- *A Strategic Director is always responsible for more complex pieces of work to support commissioners in unlocking resources where necessary to deliver flexibility of spend*

- **Independence in commissioning**

A degree of independence is needed to ensure that the needs analysis is impartial and it is this that drives the commissioning strategy, not assumptions about what the answer should be.

Subject matter experts and those passionate about deliver need to support information analysis and solution design work. It is not essential that they actually lead the commission.

So what is being done?

- *Lead Commissioners are working as a commissioning group and assigning the lead from outside their previous experience area*
- *Much work is being done on understanding very clearly roles and responsibilities within commissioning, to ensure the optimum balance between time spent and delivering outcomes*
- *A review of our method to support innovation is being undertaken*
- *Quality assurance of needs assessment is provided by the City-wide group*

- **The service providers**

Those delivering services have a wealth of information about needs and delivery success. Sharing information and genuine co-production are helping deal with this complex area, supported by CVSF.

So what is being done?

- *Co-production and market development work is assisting in building a clearer understanding of both what is expected from commissioners and what can be delivered by providers.*
- *Lessons learned from elsewhere are proving useful in terms of opportunities for new ways to work – the Isle of Wight have recently introduced a specific set of grant guidelines, for example, that are providing a refresh for thinking here*
- *Excellent work with CVSF on helping the third sector across the City embrace the opportunities*

- **Timeframes**

The pilots – as both commissions for real work and as learning opportunities – revealed clearly that the timelines involved in delivering them were too long.

Need clarity at the start of a commissioning review as to the expected timeframe -- each stage – scope, assessment can expand … will 70% perfection do in less time rather than 100% for as long as it takes? Role of Commission board to determine.

So what is being done?

- *There is a clear understanding that, proportionately, more time should be spent on agreeing outcomes and actions than on needs assessment.*
- *Specifying timeliness the commission begins is essential*
- *Greater clarity on roles and responsibilities is being developed to be clearer who needs to drive work to deliver within both quality standards and timelines available*

- *Shared and increasing data banks will enable less data collection and more "data into intelligence"*
- *The process is developed to be scalable so that only the essential parts are used.*

How well is the new approach to commissioning working?

After the new ways of working were implemented it is fair to say that a period of adjustment has been necessary to help all staff fulfil their new roles and work out clear relationships both within and outside the Council.

In some ways, this has been easier for the Strategic Directors who arrived with a fresh approach and no "history" but significant expertise of commissioning, managing and delivering a wide range of services.

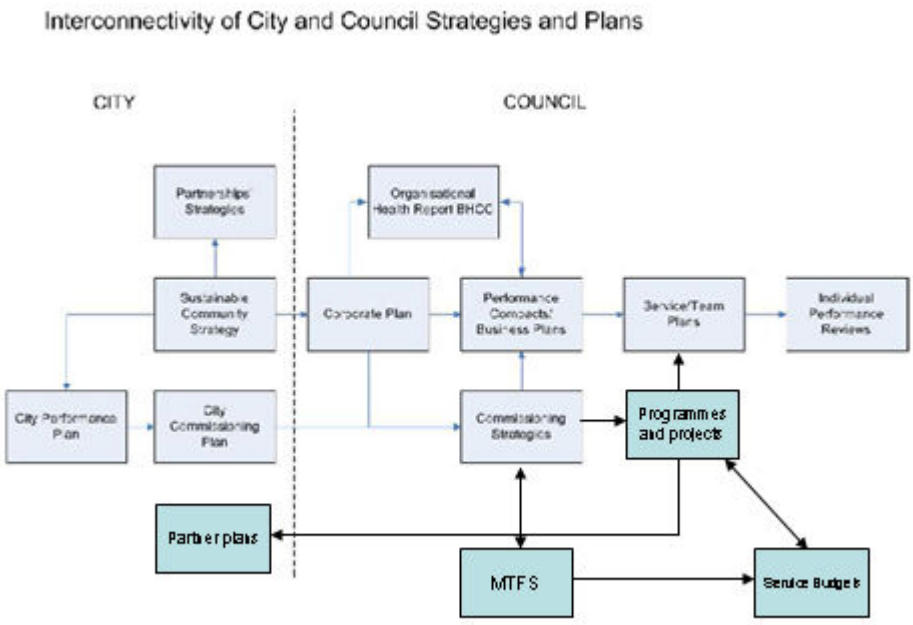
For others, clarifying working relationships, where support sits, how to do things with people with no previous working relationship has been, as it would be in any organisation, a challenge. More remains to be done to talk to the the whole organisation about what needs to be done, what is working, and what needs to change, all set within one of the most challenging financial contexts local government and its partners have ever experienced.

There has been clear progress in understanding how to continue to link the whole City with the commissioning work, borne out through an increased sense of "shared endeavour" at meetings such as the PSB and LSP. The CVSF particularly is fully committed to Intelligent Commissioning being the way forward.

A commissioning plan is being developed to provide the information on the work we are doing to support the city wide agenda. This example shows what this might look like for three of the commissions mentioned in this report.

CITY WIDE COMMISSIONS							
Commissions Starting in Fiscal Year 2011 – 12							
Quarter	Commission	Owned By	Lead Commissioner	A description of the Commission - its aims	Commissioning Stage	Progress - a short explanation of the current work being done within the current commissioning stage	Commissioning Strategy Completion Q/Yr
Tackling Inequality:							
Q3	Families in multiple disadvantage commission	Terry Parkin	Denise D'Souza	To look at the current arrangement to support families with multiple complex needs to identify more appropriate effective way of meeting the needs of children and adults	Scoping	First meeting held. Needs will be identified as part of commissioning new team/working arrangement with agencies across the city. Dependency: Children's services VFM review of early intervention grant and vulnerable parents in care proceedings	Q1/2012-13
Q1	Improving pathways between primary, community, secondary and acute health services for children and families	Terry Parkin	Steve Barton/Anita Finlay, Geraldine Hoban/Jo Mathews (CCG)	Our S75 Agreement with the Clinical Commissioning Group makes us the lead commissioner for children's community health services. This commission puts those services in the wider context of local and regional health services for children and families. It is the opportunity to ensure the 'pathways' (including referrals between different services) work most effectively and efficiently for service users/patients and make best use of NHS and council resources.	Scoping	Scoping and initial development work has commenced with initial report in December. Project group established to re-commission Health Visiting Service, a critical component of the pathway (linked to national programme in which we are an early implementer site). Review of urgent care and long term conditions already underway led by commissioning managers in Clinical Commissioning group Public Health continues to monitor the delivery of the Healthy Child Programme which underpins the pathways.	Q3/2012-13
Q2	Financial Inclusion Strategy	David Murray	David Murray	Development of a cross cutting plan to help and support those in greatest financial need	Needs Analysis	Steering group established with third sector partners June 2011, pilot programmes under consideration to inform commissioning of citywide rationalised services from April 2012	Q1/2012-13

It is important to remember that Intelligent Commissioning does not 'live on its own', but is integrated into all that we do. Its links to strategy development, planning, budgets and performance management (as indicated in the diagram below, as specifically important.



To continue to ensure progress, a significant programme of work is underway, set within wider corporate objectives, to make sure commissioning remains a vibrant tool for delivering excellent services. Work includes:

- transition of the pilots to business as usual management
- a continuing review of organisational clarity to ensure everyone is clear about roles and responsibilities, and has the support to deliver most effectively
- commissioning led budget planning from April 2012
- Development of a communication and engagement plan including education across the whole organisation
- Completing the deployment of the standard approach and templates to support the commissioning cycle.
- Lessons learned from the pilots inform the process and considerations for risk management
- Evaluation of ICT requirements having now developed the approach.

How do we provide evidence that this is the right approach?

The absolute proof of the effectiveness of our approach will not be available until after outcomes start to change; sometimes this may take years. Feedback from the pilots evidences a better understanding of the situation across the city and closer partnership agreement on need and the way forward.

There will always be options around how services are delivered, and no one tool will ever provide the perfect solution for all services.

However, recent work done in CYP - in a context of serious financial challenge – illustrates a number of advantages of the current approach, again in the context of the processes having had time to mature. All of these activities are currently underway and form part of the everyday business of children's services:

Corporate Parenting: commissioning services for looked after children (LAC) at the optimum quality and price:

- children's commissioning team and delivery unit working collaboratively to achieve VFM objectives: prevention and strengthening processes for LAC needing high cost and/or long-term interventions.

VfM Work streams: re-commissioning and service redesign to:

- commission and deliver evidence based preventative services to reduce referrals to social work and other high cost services
- improve processes so that individual care plans are achieved more efficiently by lower cost interventions and placements, and/or by reducing the time children require statutory children in need or child protection plans or remain in care

Budget Strategy: 2012/13 and 2013/14 targets have been significantly increased as part of a commissioning-led shift away from 'traditional' service cuts to a more sustainable activity and cost reduction approach based on the success of the programme during 2010/11 and 2011/12.

Activity: Prevention

- Publication of Supporting Families in Brighton and Hove thresholds and pathway for referral to social care services - agreed with all partners to ensure appropriate referrals to social work and other level 3 services.
- Review of Early Intervention Grant (EIG) achieving VfM through a costed menu of effective interventions so all staff understand the evidence base, cost and impact of available services
- Launch of a multi-professional team within the social work duty as part of a phased reorganisation of social work services to ensure better integration between social work and other children's services
- Start of the Working Together Better ICT Project to improve connection between professionals and families using new web technology.
- Introduction of distance travelled tools to monitor impact of interventions on outcomes for individual children, young people and families

Activity: Process

- The Commissioning Strategy for Children in Care Assessments, Services and Placements, agreed by CMM underpins the process Workstream and 'spend to save' initiatives including:
  - Strengthening the Clermont Child Protection Unit and reducing use of costly external expert assessments in care proceedings - investing £89,560 to recruit in house staff will generate £120k savings.
  - Increasing resources for the council's Fostering Team to increase their competitive edge when recruiting local foster carers - investing £162k will enable the team to recruit additional foster carers to provide an extra 18 placements estimated to generate £46k savings.
  - Creating an Early Permanence Assessment Team to improve the quality and timely completion of pre-birth assessments - reducing by 3 the number of external specialist parent/baby placements the local authority has to provide or procure.
  - Review of the joint B&H/West Sussex framework contract with independent providers of children's residential and foster care services – to sustain competitive unit costs and VFM of external placements.
  - Re-commissioning accommodation and housing provision for young people over 16 including care leavers.

- Introduction of the Children's Integrated Services Planning (CISP) group - to integrate social care, health and education funding for external and/or high cost placements
- Delivery of a new Social Work Practice/Skill Transformational Programme to enable staff to deliver effective assessments and interventions to families in need.

Results: achieving optimum price:

Yearly target	One-off	Permanent	Permanent	Permanent
	2010/11	2011/12	2012/13	2013/14
Prevention				
Preventing children and young people from being looked after	£220,628	£941,423	£0	£454,046
Changes in commissioning arrangements/service redesign	£150,000	£50,000	£45,607	£0
Total Prevention	**£370,628**	**£991,423**	**£45,607**	**£454,046**
Process				
Reducing high cost/long term placements	£463,549	£877,467	£0	£454,046
Changes in commissioning arrangements/service redesign	£150,000	£150,000	£0	£0
Total Process	**£613,549**	**£1,027,467**	**£0**	**£454,046**
Total CYPT VFM Project	**£984,177**	**£2,018,890**	**£45,607**	**£908,092**

Performance against 2010/11 savings target:

Performance against the savings targets is measured monthly as part of Council's budget management process (TBM). All savings are cashable and can be audited via General Ledger. The final outturn figures for 2010/11 confirmed that the project significantly exceeded the savings target by 254% (Prevention workstream 199%, Process workstream 287%).

2011/12 savings target:

In terms of placement numbers,

- the Process workstream targets are to:
  - move 5 FTE (Full Time Equivalent) from residential to intensive placements
  - move 5 FTE from intensive to standard placements
  - move 5 FTE from standard to in-house placements
  - reduce 2 FTE parent/baby placements
- the Prevention workstream target is to prevent 24.80 FTE from entering into care

Performance against 2011/12 savings target:

- Based on TBM7, the VfM project is projected to achieve 116% of their target (104% prevention and 129% process).

Appendix 1
Summary report for the Brighton & Hove Strategic Partnership meeting 6/12/11

Title **Alcohol – Intelligent Commissioning Pilot Report**

Author **Denise D'Souza, Lead Commissioner People, Brighton & Hove City Council**

Tom Scanlon, Director of Public Health NHS Sussex (Brighton and Hove) / Brighton & Hove City Council

Purpose **To present key findings from the Alcohol Pilot and to provide the Action Plan**

1. Summary & Background

1.1 Reducing alcohol related harm in the city was the broad and challenging scope of one of the three intelligent commissioning pilots which commenced in July 2010. The needs assessment and consultation left no doubt as to the heavy burden on city services and the lives of families and communities which results from alcohol misuse on.

1.2 The scope, to reduce alcohol related harm in the city, was therefore confirmed as the overarching outcome to be achieved for the city. An Alcohol Strategy Programme Board, a partnership of key agencies, chaired by BHCC and NHS, has taken responsibility for the leadership, governance and establishment of an infrastructure which, through target setting and performance monitoring, drives an action plan to achieve that overarching outcome. The delivery plan is structured into seeking outcomes from four key objectives, summarised as follows:

2. Key Findings

2.1 This process considered commissioning through the collective competencies of all relevant partners which was a significant departure from the 'old way' of commissioning. This allowed partners to look at the issues with fresh eyes resulting in a range of lessons learnt which are reflected in the work plan. The IC board considered every aspect of the effects of alcohol, from licensing to community safety, health and the economy.

2.2 There was a need to recognise and balance the positive impacts on the city, so it sought to take into account aspects

such as safe drinking and sought to promote a culture where it is fine to drink as long as there are no negative effects on oneself, others or the City.

2.3 Having a clear vision and scope and through using NHS resources an evidence base was developed with a commitment to try and reduce the 150+ separate targets that there were in the city around reducing the impact of alcohol.

2.4 During this process, one of the major comments around the table was the number of plans in place and actions associated with them that weren't being proactively managed or joined up. The delivery plan goes some way to addressing this, and acts as a multi agency plan.

2.5 Some key lessons were learned in relation to having realistic timescales for getting additional valuable evidence from third sector organisations. The original dates for the pilots initially did not allow enough time for a detailed piece of work, though a session was held to feedback and check assumptions

2.6 Whilst the session gave us lots of details other pilot work could have been done to spend more time with key stakeholders to check out assumptions and formulate plans

2.7 The process was found to be very labour intensive although the positive aspect of this is how robust the pilot has been right through from compiling evidence, ensuring a comprehensive needs analysis had taken place and looking at best practice including a visit from Manchester through to coding and pathways at A&E. Every aspect from licensing, enforcement, police impact to effects on health and social care was covered.

2.8 The four identified objectives allowed the process to develop a coherent delivery plan. Although these objectives cover more than simply commissioning activity, in particular strategy and policy, it is clear within commissions that there are often impacts on policy that need to be looked at.

2.9 Finally, again through effective partnership working, the NHS Innovation work provided valuable data on cost / impact that was incorporated into the work of the APB.

Key Objective 1. Prevention: Address the drinking culture: seeking a city wide cultural shift which challenges and changes tolerance to

problematic drinking through community engagement, mobilisation, increased social awareness and education both universally and targeted at different groups within the population

Expected outcomes 2011-12:

- Social marketing techniques and insights are used to develop an effective city-wide communication strategy, leading to testing of possible interventions that address problematic drinking in high risk groups within the population.
- The impact of the media and communication strategy is assessed/measured.
- Parents are better able to support their teenagers in managing issues related to alcohol.
- Hazardous alcohol consumption is reduced in the workforce.
- Alcohol-related problems are identified early in high risk families.

Key Objective 2. Availability of alcohol: to reduce the consumption of alcohol across the city by using a range of measures to reduce its availability, especially to young people and heavy drinkers

Expected outcomes 2011-12:

- Reduce the density of licensed premises which is quantified against a baseline
- A greater diversity in licenses awarded to premises to reduce the numbers of individuals who are binge drinking ……..
- Alcohol pricing is addressed to reduce the affordability of alcohol, especially to young people, leading to a reduction in binge drinking
- Illegal selling of alcohol is reduced through enforcement of purchasing restrictions, particularly in high risk groups

Key Objective 3. Night Time economy: To significantly reduce the impact of alcohol harm arising out of the night time economy

- To review the impact and effectiveness of existing measures in place to manage the night time economy, and ensure the continuation of those which already have a positive impact.
- Make recommendations for the joint commissioning of services when there is credible business case for a likely reduction in alcohol related harm.

This will be achieved through:

- **Creating** a positive and sustainable Night Time Economy which reduces the focus on alcohol and encourages alternative less harmful alternatives
- **Promoting** in partnership with the licensing trade a culture of business responsibility and support to local communities

- **Influencing** customers of all ages to question social norms, drinking habits and to seriously consider less harmful alternatives
- **Recognising** co-dependencies arising from other SDG initiatives

Expected outcomes 2011-12:

- There will be an increase in the number and type of alcohol-free alternatives available, particular for high risk groups such as young people and those most likely to binge drink.
- The environmental risks will be identified and managed through appropriate use of data and intelligence to better inform use of resources and improve the effectiveness of existing service and initiatives.
- An environment will be created that prevents harm through people calming measures and initiatives that actively target problematic behaviours.
- The impact of existing measures/initiatives will be assessed to ensure good practice measures are continued/supported.

Key Objective 4. Early Identification, Treatment and Aftercare:
Effective early identification/screening, treatment and aftercare – ensuring good practice/high quality services, effective screening and referral systems so that the right people are treated appropriately (at the right tier) according to their presenting level of need.

Expected outcomes 2011-12:

- Treatment services are available to those targeted groups/high risk groups/with the greatest need which are effective in reducing consumption of alcohol and which reduce the health and social harms suffered by users and the wider community.
- All services adhere to good practise, are of high quality and apply effective screening and referral systems so that the right people are treated early on in their cycle of need.
- Users are well prepared for and well supported after treatment to ensure maximum effectiveness.
- Staff are adequately skilled and competent within each part of the referral and treatment pathway.

Progress in delivery of the four action plans is good with lead officers reporting progress to each meeting. (Appendix 1 sets out the detailed action plan)