Intelligent Commissioning Pilots:
Notes of OSC Workshop

Tuesday 7 December 2010 Jubilee Library Committee Room 1

Councillors Present: Gill Mitchell, Brian Pidgeon, Jayne Bennett, Denise Cobb, Vicky Wakefield-Jarrett and Anne Meadows

INTRODUCTION

1. The Commissioner, Community Safety (OSC) introduced the Workshop which had been arranged as agreed at 19 October Overview and Scrutiny Commission (OSC) (Item 39).

2. The workshop was an opportunity for Scrutiny Members to comment on the needs assessment and service mapping work to date on the three Intelligent Commissioning Pilots Drug-Related Deaths, Domestic Violence and Alcohol-related Harm. Three full reports had been circulated to the Workshop delegates.

3. The pilot needs analysis and service mapping had now been further developed; both as the basis for commissioning services in the three areas 'for real' from April 2011 and also to inform the framework as a whole for Intelligent Commissioning. Learning from the Pilots will be used by other services across the local authority.

4. The next stages would be to develop outcomes form the analysis work and to make recommendations for commissioning linked with the local authority budget cycle. Scrutiny would have an opportunity to make recommendations on these stages; a report would be brought to 1 February OSC.

5. Powerpoint presentations were made for each of the three areas by Graham Stevens, Co-ordinator, Drugs and Alcohol Advisory Team (DAAT), Eleri Butler (Project Manager, Commissioning Pilots) and Linda Beanlands (Commissioner, Community Safety)

6. Asked about the information already been available on existing services, the Commissioner Community Safety told the workshop that data was collected and the effectiveness of individual services was routinely monitored, although not in as coordinated and consistent a way. As it progressed the Intelligent Commissioning cycle would allow for a more holistic view.

1. DRUG-RELATED DEATHS

The DAAT Coordinator gave a detailed Powerpoint presentation (circulated to OSC Members) and made additional points in answering questions:

a) National data was from two sources which adopted different definitions. The Office of National Statistics Needs assessment information was currently based on 2007 figures and would be updated as soon as possible.

b) The apparent rise between 2008 and 2009 in the number of drug-related deaths in the City, from 44 to 50, was not out of line with the national trend

c) One reason for the 'populations at risk' (eg those leaving prison, leaving treatment) could be a lower tolerance to drugs or lower judgement in measuring doses.

d) The City has a relatively high number of people injecting drugs. Taking into account the large number of injection incidents per day the risks to drug users in the City are large.

e) Key evidence had been heard by the Dual Diagnosis scrutiny review and is being used in the development of the citywide dual diagnosis strategy.

f) Treatment services provide good interventions; there is a question on how to retain individuals in appropriate services, reduce the number of relapses and how to track the success of an intervention after exit.

g) Training for staff in overdose aid is important in helping save lives.

h) The Harm Reduction group is producing a treatment action plan.

i) The risks of misuse of drugs needs to be well communicated; management of media is key.

j) Information from Police, Ambulance Service and Coroners Office are rich source of data to inform preventive measures. Useful websites are listed in the presentation

k) The needs assessment process has taken 3 months, and has been reported to the Public Service Board. It has been subject to public consultation and challenge with Community and Voluntary Sector involvement.

l) Nationally there appears to be a rise in the number of drug-related deaths among the 40 – 49 and over-65s age groups but the reasons for this are unclear.

m) Homelessness was formerly a significant factor in drug-related deaths but is less so now.

n) Users entering treatment services are assessed and this information is also used to help identify risk factors and inform outreach. Information at Year 9 in schools is important.

The Commissioner, Community Safety noted that Domestic Violence is also known to trigger drug and alcohol misuse. So the Pilots have allowed an interlinking of the 3 pilot areas. This research can be translated to the commissioning recommendations.

2. DOMESTIC VIOLENCE

The Project Manager gave a detailed Powerpoint presentation (circulated to OSC Members) and answered questions on the needs assessment and service mapping regarding domestic violence (DV).

a) DV is a cause and consequence of inequalities.

b) Data sets had been provided by all statutory services; there had been consultation with CVSF, professionals and individuals, and Local Action Teams.

c) Analysis of national and local data on DV was a challenge because the available information is not aligned with definitions. The British Crime Survey information had limitations and included only incidents reported to Police.

d) There are significant gaps in data and under-reporting by victims. Individuals at risk of becoming victims are less likely to be known by agencies.

e) Victims of DV are more likely to use alcohol and 50% of women contacting health services have experienced DV.

f) Attitudes (especially children's) can be reinforced in the media that can give the impression that DV is 'OK '

g) Children in Need funding for awareness and prevention programmes in schools had ended, though this was still a priority.

h) Few agencies know the disaggregated costs of providing DV services. Members remarked on the high estimated costs of DV crimes and incidents; which do not include preventive measures.

i) There are significant potential links between child abuse and DV. Leaving an abusive relationship can increase, not reduce, the level of violence.

j) Early intervention is key and workplaces could be used more, for raising awareness of DV.

k) DV victims and perpetrators have complex needs; services need to look more at areas of links and gaps in provision.

The Commissioner of Community Safety told the workshop that historically services had not recorded the relationship between DV and alcohol.

This was a pilot 'for real' in its own area as well as a pilot for the framework for Intelligent Commissioning as a whole. Commissioning recommendations were being developed; it was a challenge to fit the process into the budget-setting cycle.

3. ALCOHOL-RELATED HARM

a) The detailed presentation from the Commissioner, Community Safety gave the changing patterns in the availability of alcohol, estimates of the levels of consumption of alcohol , health consequences, crime and disorder and service interventions (see presentation circulated to Members of OSC).

b) The Commissioner said that data from Primary Care Trust and Public Health sources was rather robust but otherwise there were areas where data is uncertain, incomplete, inconsistent or unavailable, eg trends in licensed premises and flagging of alcohol/ drugs in cases of crime and disorder.

c) Alcohol in pregnancy, plus links between misuse of alcohol and child protection cases, children calling Childline, nature of parenting and DV are some of the major issues for children and families.

d) There is a national trend in alcohol-related deaths at an earlier age. Chronic liver disease is worse in the City than the national average.

e) Interventions were already doing excellent work but there were challenges in early identification, remodelling services and developing skills. Different types of intervention were still being investigated to inform commissioning

f) The Alcohol Programme Board is chaired by the PCT Chief Executive and work was in progress on four strategy domain groups; prevention, availability, nighttime economy, and early identification/effective treatnmebt and aftercare. Commissioning recommendations would then be brought forward.

g) There were discussions on how to prevent offending and reduce alcohol abuse, and how drinking habits are developed. The workshop heard that introduction of alcohol to children at a young age did not necessarily reduce harml. Rather it did seem, that the later the onset of drinking alcohol; the less likelihood of serious harm.

h) Members made suggestions on how a cultural shift could be achieved and discussed minimum pricing, working with retail outlets, licensing powers, and providing healthier activities such as accessible sports and entertainments.

The evidence base on alcohol-related harm needed to be as high-quality as possible and this would take time.

Work was being done to try to gather more information on the resources currently being deployed across the city, to inform the next stage of decision-making. This included cross-referencing for example with the Childrens' Service review. Continuity of investment was also being considered.