

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Health and Public Health
Date:	24 February 2016
Title:	The commissioning of support services for substance misusing offenders as part of the Integrated Offender Management (IOM) programme.
Reference:	7219
Report From:	Director of Public Health (interim)

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1. Summary

- 1.1. The purpose of this paper is to request approval to make non-recurrent grant funding of up to £300,000 to the Office of the Police & Crime Commissioner (OPCC) to support its commissioning of enhanced support services for substance misusing offenders as part of the Integrated Offender Management (IOM) programme.
- 1.2 The proposal is consistent with the County Council's duty to take appropriate steps to improve the health of the people who live in their areas and to this end seeks to employ The County Council's grant making powers.
- 1.3 By securing the provision of enhanced support to substance misusing offenders, the proposal will support the delivery of a number of Public Health Outcome Framework (PHOF) performance targets. These are listed in full at appendix 3, but include:
 - PHOF indicator 1.13 - reduction in reoffending
 - PHOF indicator 2.15 - successful completions of drug misuse treatment
 - PHOF Indicator 2.16 - People entering prison with substance dependence issues who are previously not known to community treatment
 - PHOF Indicator 4.3 - Mortality from causes considered preventable
- 1.4 Integrated Offender Management (IOM) is a nationally recognised partnership approach to coordinating the management of offenders whose crime causes most damage locally to reduce re-offending.
- 1.5 The Offender Rehabilitation Act 2014 (ORA) introduced a range of structural changes within the criminal justice system including the establishment of the

National Probation Service (NPS) and Community Rehabilitation Companies (CRCs) and the reassignment of key statutory responsibilities in respect to the management of offenders. The system is currently in transition and full implementation of these changes is not anticipated until 2017/18.

- 1.6 The Hampshire Integrated Offender Management Service (HIOMS) is a specialist team that was commissioned by The County Council on behalf of the IOM partnership in 2011/12. The service provides enhanced support to IOM offenders and substance misusing offenders previously supported under the Drug Intervention Programme (DIP). The current contract term expires on 31 March 2016 and there is no provision for a further extension.
- 1.7 To take account of the above the OPCC is proposing awarding a 12 month contract to provide a re-modelled HIOMS service from 1 April 2016 to ensure continuity of provision for IOM and substance misusing offenders during the transitional period pending full implementation of NPS and CRC service models in Hampshire.
- 1.8 The HIOMS service would be commissioned by the OPCC using government funding plus the grant funding from The County Council and other IOM partners.

2. Contextual information

2.1 The Integrated Offender Management Approach

Integrated Offender Management (IOM) is a nationally recognised partnership approach for coordinating the management of those specific offender cohorts so as to reduce the risk of re-offending.

“IOM provides a local framework for agencies to work together to ensure that those offenders whose crime causes most damage locally are managed in a co-ordinated way, bringing greater coherence to the delivery of relevant local programmes and approaches to tackle crime and reduce re-offending.”
(Home Office, ‘Key findings from a survey of IOM implementation’: Executive Summary’ 2011)

IOM allows local partners to come together to ensure that the offenders whose crimes cause most damage and harm locally are managed in a co-ordinated way. The aim of IOM is to reduce offending behaviour and address drug and alcohol dependency. Research has shown that this is best achieved by adopting a holistic approach that targets support services around the 7 pathways of:

- education, training and employment
- accommodation and support
- health
- drugs and alcohol
- finance and benefits
- children and families
- attitudes, thinking and behaviour

In January 2015 the Hampshire and Isle of Wight Criminal Justice Board (LCJB) considered a report of a review of Integrated Offender Management (IOM). This recognised that, with the advent of the Offender Rehabilitation Act 2014 (from February 2015), bringing statutory oversight to all offenders sentenced to more than one day in custody, there was recognition that the IOM model needed to evolve. In support of a revised model, the LCJB asked the Police and Crime Commissioner to bring together IOM partners to review future IOM commissioning arrangements in light of changing priorities, funding constraints and the aim of continuing to achieve high quality outcomes for the community.

In February 2015 the Government refreshed the IOM Key Principles. These were endorsed by the Hampshire & Isle of Wight Local Criminal Justice Board (LCJB) and are:

- all partners manage offenders together
- to deliver a local response to local problems
- with all offenders potentially in scope
- facing up to their responsibility or facing the consequences
- with best use made of existing programmes and governance arrangements
- to achieve long-term desistance from crime

2.2 IOM in Hampshire

The provision of IOM within the Hampshire, Southampton, Portsmouth and Isle of Wight area is overseen by the IOM Steering Group, a sub-group of the Hampshire & Isle of Wight Local Criminal Justice Board (LCJB).

The criteria for the IOM cohort, approved by the LCJB are:

- Prolific and other priority offenders (PPOs)
- Statutory IOM offenders:
 - Offenders with an Offender Group Reconviction Score (OGRS) of 75 or more
 - Serious acquisitive crime (SAC) offenders
 - Violence against the person (VAP) offenders
- Women with less than 12 month licences
- Emerging threat offenders (ETOs)

In addition to the IOM cohort listed above, the HIOMS service provides enhanced support to:

- offenders subject to a Drug Rehabilitation Requirement (DRR) community treatment order;
- released prisoners subject to a voluntary referral from prison-based treatment services to community treatment services;

- released prisoners subject to a Drug Treatment Condition (DTC) or Drug Appointment Condition (DAC) as part of their licence.

2.3 Impact of IOM and HIOMS

In January 2015 the Hampshire and Isle of Wight Criminal Justice Board (LCJB) considered a report of a review of Integrated Offender Management (IOM). The report noted that:

- since January 2011, co-ordinated action by criminal justice and other public agencies had achieved an average reduction in reoffending of 72%;
- This reduction in reoffending equated to a saving to the public purse (through reduction in direct costs to the criminal justice system and other services supporting offenders) of at least £1.8m.

For the year 2013/14 (latest validated figures available), IOM clients engaged with the HIOMS service showed enhanced levels of improvement compared to those in receipt of only Probation-led offender management interventions when assessed using the NOMS 'Seven Pathways for Reducing Re-offending' model (see appendix 4):

- Combined improvement rate across all 7 pathways of 37.8% compared to 33.4% for non-HIOMS cohort;
- 50% improvement rate in 'Attitudes, Thinking & Behaviour' compared to 25% for non-HIOMS cohort.

2.4 Current Commissioning Arrangements

The current HIOMS service is commissioned by The County Council using funding received from the Public Health Grant, the OPCC, Hampshire Constabulary (police) and Hampshire Crime Rehabilitation Company (CRC) – one of the successor organisations to Hampshire Partnership Trust.

The County Council contract's initial term was 48 months from 1 April 2011 with the option to extend by a further 12 months. That option has been exercised and there is no option to extend the County Council's commissioning beyond 31 March 2016.

2.5 Evidence of Need

The National Drug Strategy (HM Govt, 2010) recognises the provision of community-based sentencing options for substance misuse-related offending (such as DRRs) as necessary and effective and necessary:

"In relation to drug dependence and offending, the sentencing framework must support courts to identify options, other than prison, which will help an offender tackle their drug or alcohol dependence, whilst recognising that, for some offenders, custody is necessary. Drug Rehabilitation Requirements (DRR) offer the courts - through offender management, treatment and testing – a robust option in the community for tackling the drug misuse and offending of many of the most problematic adult offenders."

A review conducted by the OPCC in 2015 concluded that there remained a need for enhanced provision for substance misusing offenders such as is delivered by the HIOMS service, but noted that changes to the statutory duties of IOM partners allowed for the service to be re-modelled. However, the on-going transition to full implementation of the ORA, makes full recommissioning from 1 April 2016 strategically and logistically difficult.

Drug and alcohol misuse and, in particular drug and alcohol related offending, represent significant societal challenges in terms of social and financial cost at both an individual and community level:

- There are an estimated 4,043 adult opiate and/or crack cocaine users (OCUs) in Hampshire, of which 55.7% are not in treatment;
- An OCU not in treatment commits crime costing an average of £26,074 a year;
- 33% of opiate dependent prisoners in Hampshire had had no engagement with treatment services prior to commencing a custodial sentence;
- For UK prisoners, the risk of a drugs-related death is 7.5 times higher in the first fortnight after their release than at comparable other times at liberty. One in 200 released prisoners, with a history of heroin injection, dies from a drugs-related death within 4 weeks of leaving prison (N-ALIVE project, Kings College);
- The reoffending rate for short-sentence prisoners stands at 60%, considerably higher than the 50% re-offending rate for averaged across all custodial sentence lengths. Re-offending rates following community sentences are significantly lower at 35%. (RDA, 2012)

2.6 Proposed Way Forward

The OPCC has confirmed its intention to commission a remodelled transitional HIOMS service for a maximum period of 12-months from 1 April 2016 subject to confirmation of grant funding from The County Council. The County Council grant can only be used for this purpose. Working as an integral element of the coordinated IOM approach adopted across Southampton Hampshire, the Isle of Wight and Portsmouth (SHIP-area), the remodelled service will provide the following interventions to substance misusing offenders who are resident in Hampshire and who meet the eligibility criteria identified in 2.2:

- Custody-based Arrest Referral – working with the NHS Liaison & Diversion Service, HIOMS will provide specialist screening, assessment and appropriate onward referral for individuals held in police custody who are identified as presenting with suspected substance misuse. (This service will be available to all clients held in police custody regardless of place of residence).
- Advice & Brief Intervention (ABI) – HIOMS will provide a community-based ABI provision for individuals in contact with the Arrest Referral scheme who are not remanded to custody and who do not meet the criteria for specialist substance misuse treatment.

- Recovery Support for Offenders subject to a Community Treatment Order –HIOMS will provide a programme of psychosocial and practical life-skills interventions that will support offenders to improve their recovery capital (e.g. preparation for training & employment, family-focussed therapies), reduce the risk of their re-offending and support reintegration.
- Drug Testing for DRR Clients - The service will undertake drug testing for clients subject to a Drug Rehabilitation Requirement order (DRR) in line with the nationally directed service model. This requires to DRR offenders to submit to ‘regular’ testing for illicit substances as part of their treatment regime. Responsibility for commissioning testing services for this client group remains with Local Authority Public Health departments (‘Supporting Community Order Treatment Requirements’ NOMS, 2014).
- Recovery Support for IOM Offenders – HIOMS will provide a programme of psychosocial and practical life-skills interventions that will support offenders to improve their recovery capital (e.g. preparation for training & employment, family-focussed therapies), reduce the risk of their re-offending and support reintegration.
- Support for Released Prisoners subject to Licence – working with the Through the Gate service, HIOMS will coordinate the transition into treatment for released prisoners with a history of substance misuse and will provide a programme of psychosocial and practical life-skills interventions that will support offenders to improve their recovery capital (e.g. preparation for training & employment, family-focussed therapies), reduce the risk of their re-offending and support reintegration.

In delivering the interventions outlined above, the service will directly contribute to improving the health of Hampshire residents on its caseload and, through securing a reduction in reoffending, will indirectly contribute to improvements in the health of the wider Hampshire population. (These improvements will be measured through reference to specific Public Health Outcomes Framework indicators and other Public Health England defined performance targets. See section 4 for further detail).

The HOMS service will be complimented by the CRC’s commissioning of a separate supported accommodation provision for IOM offenders.

It is, therefore, proposed that The County Council employ its grant making powers under section 2B of the NHS Act 2006 to facilitate the OPCC’s commissioning plans which will support The County Council’s delivery of its duty “to take appropriate steps to improve the health of the people who live in their areas”

The provision of enhanced support to substance misusing offenders as envisaged within the new HIOMS service is considered consistent with the discharge of this duty as:

- it will directly contribute to improving the health of Hampshire residents on its caseload;
- through securing a reduction in reoffending, will indirectly contribute to improvements in the health of the wider Hampshire population.

3. Finance

3.1 The service will be commissioned by the OPCC at a total value of between £524,000 and £574,000. The cost to The County Council will be up to £300k.

3.2 The re-commissioning of the service will deliver a minimum partnership-level saving of £226k (28.3%) in 2016/17 compared to the current service value of £800k per annum. This will include a minimum £206k (40.7%) reduction in funding required from The County Council.

3.3 Planned Partnership Funding Streams

The table below shows the planned contribution from IOM partners in 2016-17 to proposed HIOMS service compared to existing funding levels under the current commissioning arrangements.

<u>Organisation</u>	<u>£'000s</u>		
	<u>2015-16</u>	<u>2016-17</u>	<u>Change</u>
OPCC	277.4	257.4	-20.0
THE COUNTY COUNCIL	506.0	300.0*	-206.0**
Hampshire CRC	13.3	13.3	
Hampshire Constabulary	3.3	3.3	
Total	800.0	574.0	-226.0

*Maximum proposed THE COUNTY COUNCIL contribution. Range will be from £250k up to £300k

**Minimum proposed THE COUNTY COUNCIL saving. Range will be from £206k to £256k

3.4 The County Council grant funding will come from the Public Health Allocation. The use of funding for this purpose has been identified in the Public Health budget and agreed by the Strategic DAAT Partnership Board.

3.5 Implications of DRR Drug Testing Costs for The County Council

As detailed in 2.5 above, Local Authority Public Health departments are responsible for commissioning drug testing services for offenders subject to a DRR order. The current HIOMS service provides an intensive twice-weekly testing regime at an annual cost of cost of £70,000.

It is proposed that the new service adopt a randomised testing regime which is more consistent with the therapeutic nature of the order whilst still providing an effective test of the offender's compliance with the order. This approach would ensure that all DRR clients would continue to be tested regularly as per the national specification, but at varying frequencies in order to reduce the risk of clients manipulating test results.

Adoption of the new testing regime will deliver a further saving of £50,000 reducing the grant contribution required from The County Council from £300,000 to £250,000.

The proposal has been agreed in principle by all IOM partners. However, the management of DRRs is subject to a national specification directed by the National Offender Management Service (NOMS). Further guidance has, therefore, been sought from NOMS prior to implementation of the change.

3.6 There are no HR consequences for The County Council.

4. Legal

4.1 Under section 2B of the NHS Act 2006 (as amended by section 12 of the Health and Social Care Act 2012), The County Council has a duty to take appropriate steps to improve the health of the people who live within its area.

Section 2B Subsection 4 of the NHS Act provides that the steps which local authorities may take include providing grants or loans

4.2 It is for the Executive Member as decision maker to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5. Performance

5.1 Performance Assessment Framework

Service performance will be overseen by a steering group comprised of representative from the four funding agencies (OPCC, The County Council, CRC and police) and managed against a combined performance assessment framework. The County Council will be represented on the steering group by the Senior Commissioning Manager for Adult Substance Misuse and regular service and performance updates will be routinely reported back to the Strategic Substance Misuse Partnership Board.

The combined performance assessment framework is still in development. However, it will include both output and outcome targets that support the delivery of individual agency priorities. For The County Council these will link to specific outcome targets in the Public Health Outcome Framework:

- 1.13 Re-offending
The proportion of offenders who re-offend from a rolling 12 month cohort and the average number of re-offences committed per offender from a rolling 12 month cohort.
- 2.15 Successful completion of drug treatment
Number of drug users that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within six months as a proportion of the total number in treatment;

- 2.16 People entering prison with substance dependence issues who are previously not known to community treatment

Number of individuals entering prison who are provided with a substance misuse triage assessment to determine dependence on drugs or alcohol, who then require structured treatment and who have not already received it in the community.

The service will also make a contribution to the following performance measures, all of which are routinely monitored by Public Health England:

- Adults working ten or more days in the month before successfully completing treatment;
- Adults successfully completing treatment no longer reporting a housing need;
- Adults no longer injecting at six month review;
- Abstinence rates at six month review (Class A and B substances);
- Successful referral rate – community CJS to community treatment service;
- Successful referral rate – prison service to community treatment service.

(See Appendix 1: HIOMS Service – Proposed Public Health Indicator Set)

6 Other key issues

6.1 The proposed interim HIOMS service will ensure continuity of provision of custody-based arrest referral services from substance misuse clients pending the national review of NHS England-commissioned Liaison & Diversion services.

7 Consultation and Equalities

7.1 Consultation

Strategic IOM partners were consulted on the proposed recommissioning arrangements for the HIOMS service as part of a joint review of IOM provision across the Southampton, Hampshire, Isle of Wight and Portsmouth area via the IOM Steering Group in November 2015. The proposals were agreed by the Police & Crime Commissioner in December 2015.

Strategic IOM partners consulted:

Hampshire Constabulary
Hampshire Community Rehabilitation Company
National Probation Service
Portsmouth City Council

Southampton City Council
Isle of Wight Council

The County Council's strategic Substance Misuse partners were consulted on the on the proposed recommissioning arrangements for the HIOMS service via Hampshire Strategic Drug & Alcohol Action Team Board in October 2015. The identification of funding for this purpose was agreed at the October meeting. (Membership of the Hampshire Strategic DAAT Board is shown at appendix 4)

Consultation with the current provider of specialist substance misuse treatment services within Hampshire (Inclusion Recovery Hampshire) and the current provider of the HIOMS service (Society of St James) has been progressed through usual commissioning interactions.

7.2 Equality Impact Assessment Statement

The proposal is assessed as having no or low impact on all categories of individual and community with a protected characteristic.

The proposal seeks to secure the continued provision of existing specialist support to substance misusing offenders as part of the SHIP-wide IOM programme for 12 months pending the full implementation by other partners of changes to the provision of criminal justice services in compliance with national legislative change.

By ensuring continuity of the current HIOMS provision the proposal seeks to mitigate any impacts on individuals and communities during the transition to full implementation of new criminal Justice and offender management practices as directed under the Offender Rehabilitation Act.

The reduction in levels of funding from The County Council has been delivered through the securing of efficiencies in operational and overhead costs and the external reprovision of some non-core activities in line with partners' statutory duties with an associated reduction in the call upon HIOMS resources. There is no material change or reduction in the nature and level of the core HIOMS service and, consequently, the change in funding levels is considered to have no or low impact on all clients including those with a protected characteristic.

Access to the service is limited to Hampshire residents who specifically meet the eligibility criteria outlined in 2.2 above and may be subject to direction from Her Majesty's Courts & Tribunals Service, the Ministry of Justice, the National Offender Management Service and the National Probation Service. However, within these limits there will be no differentiation in the provision of services on the basis of protected characteristic or any other factor except where necessary to facilitate equitable and effective access (e.g. provision of translation services).

Integral Appendix B 1.2 provides further detail including consideration of the impact on specific groups with protected characteristics.

8 Future Direction

- 8.1 The grant will be for 12-months only.
- 8.2 During the 12-months period, the OPCC and partners will review the role of the HIOMS service within the context of the evolving changes to the Criminal Justice System resulting from the implementation of ORA and other relevant legislation. A decision on the future commissioning of a dedicated specialist provision will be taken forward during this period.
- 8.3 The proposed Public Health grant funding would be non-recurrent and be available only in support of the 12 month interim service outlined in this paper.
- 8.4 With the exception drug testing services required under drug rehabilitation requirement (DRR) community orders, The County Council would have no on-going commissioning or funding responsibility in respect to this service beyond March 2017.

9 Recommendation(s)

That the Executive Member for Health and Public Health:

- Gives approval that a one-off grant payment not exceeding £300,000 be made to the Office of the Police and Crime Commissioner for the specific purpose of commissioning an interim Hampshire Integrated Offender Management Service for 12 months from 1 April 2016.
- Gives delegated authority to the Director of Public Health, in consultation with the Executive Member for Health and Public Health, to determine the exact value of the grant subject to the limit stated above.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	yes
Corporate Improvement plan link number (if appropriate):	

Other Significant Links

Links to previous Member decisions:		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
Direct links to specific legislation or Government Directives		
<u>Title</u>		<u>Date</u>
'Health & Social Care Act' (HM Govt)		2012
'Offender Rehabilitation Act' (HM Govt)		2014
'Drug Strategy 2010 Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life' (HM Govt)		2010
'The Government's Alcohol Strategy' (HM Govt)		2012
'Balancing Act: Addressing health inequalities among people in contact with the criminal justice system. A briefing for Directors of Public Health' (PHE)		2013
'Support Delivery of the Drug Rehabilitation Requirement: Service Specification Document' (NOMS)		2013
'Support Delivery of Rehabilitation Activity Requirements: Service Specification Document' (NOMS)		2013
'Manage the Sentence for a Community Order or Suspended Sentence Order Service: Service Specification Document' (NOMS)		2014

'Assessment & Reports Pre-Sentence: Service Specification Document' (NOMS)]	2013
'Public Health Outcome Framework: Improving Outcomes and Supporting Transparency' (Department of Health)	2013

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
'Hampshire Substance Misuse Strategy 2014-17' (THE COUNTY COUNCIL)	<i>To be advised</i>
'Hampshire Joint Strategic Needs Assessment 2015' (THE COUNTY COUNCIL)	http://www3.hants.gov.uk/factsandfigures/jsna.htm
'Update to the Police & Crime Plan 2013-17' (Hampshire OPCC)	http://www.hampshire-pcc.gov.uk/Document-Library/Publications/Interactive-PCC-plan-2015-Final-web-interactive.pdf
'Integrated Offender Management: Effective Alternatives to Short Term Sentences' (Revolving Doors Agency, 2012)	http://www.revolving-doors.org.uk/documents/iom/
'Key findings from a survey of IOM implementation': Executive Summary' (Home Office, 2011)	
'Proven Reoffending Statistics Quarterly Bulletin' (Ministry of Justice)	https://www.gov.uk/government/collections/proven-reoffending-statistics
'Integrated Offender Management Framework Report – March 2014' (HIOW IOM Steering Group, 2014)	HIOMS - performance framework March 2014

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. Equalities Impact Assessment:

The proposal is assessed as having no or low impact on all categories of individual and community with a protected characteristic.

The proposal seeks to secure the continued provision of existing specialist support to substance misusing offenders as part of the SHIP-wide IOM programme for 12 months pending the full implementation by other partners of changes to the provision of criminal justice services in compliance with national legislative change.

By ensuring continuity of the current HIOMS provision the proposal seeks to mitigate any impacts on individuals and communities during the transition to full implementation of new criminal Justice and offender management practices as directed under the Offender Rehabilitation Act.

The reduction in levels of funding from The County Council has been delivered through the securing of efficiencies in operational and overhead costs and the external reprovision of some non-core activities (e.g. CRC's commissioning of the accommodation function and compliance testing for non-DRR clients) in line with partners' statutory duties with an associated

reduction in the call upon HIOMS resources. There is no significant material change or reduction in the nature and level of the core HIOMS service and, consequently, the change in funding levels is considered to have no or low impact on all clients including those with a protected characteristic.

Access to the service is limited to Hampshire residents who specifically meet the eligibility criteria outlined in 2.2 above and may be subject to direction from Her Majesty's Courts & Tribunals Service, the Ministry of Justice, the National Offender Management Service and the National Probation Service. However, within these limits there will be no differentiation in the provision of services on the basis of protected characteristic or any other factor except where necessary to facilitate equitable and effective access (e.g. provision of translation services).

Gender

It is noted that offending rates and substance misuse differs between genders. However, the resources within the service are fully integrated across allowing the service to be flexible in its response to presenting demand.

Some interventions are delivered on a group basis, there is provision to run single sex groups or deliver interventions on an individual one-to-one basis where this is deemed necessary.

The allocation of key-workers takes account of gender and clients may request same-sex key-workers.

Disability

Commissioned services have a legal duty to comply with the provisions of the Disability Discrimination Act 2005 including in respect to engagement, physical access and communication.

All sites will need to make provision for physical and sensory impairment access needs and services will be required to employ a range of accessible communication tools.

The use of satellite sites, home visits, accessible media and internet-based tools and mobile treatment units will be used to facilitate access for clients with mobility impairments.

The service will engage with The County Council and other agencies to ensure provision is remains appropriate and accessible for clients who present with learning difficulties or mental health issues.

Ethnicity

The service will continue to work closely with local borough and district colleagues and community leaders to develop constructive relationships with local BME communities and to ensure that service delivery techniques, information and promotion are culturally appropriate.

The delivery of interventions in gender-specific groups at satellite sites away from main hubs, a differential approach to the involvement of carers, translation of treatment materials, the use of complimentary therapies and the engagement with culturally-specific mutual aid groups are all ways in which

services have adapted to facilitate the needs of BME communities in Hampshire.

It is recognised, specifically, that certain ethnic groups may be disproportionately represented amongst offenders subject to a custodial rather than a community order. In assessing suitability for treatment in support of a pre-sentence assessment, the HIOMS Arrest Referral function will not differentiate or discriminate in any way upon the basis of ethnicity or any other factor.

Faith and Religion

Although mainstream structured treatment interventions do not adopt a faith-bias, some complimentary therapies and the 12-step approach practiced by the Fellowship movement (e.g. Narcotics Anonymous) do have a strong spiritual focus. Whilst extremely helpful to some faith groups, this may not be universally the case.

The service model recognises that a range of interventions must be provided that allow clients to engage in a manner that is consistent with their personal beliefs. An example would be the facilitation of the secular SMART programme along side the promotion of access to Fellowship groups.

10 Practitioners will additionally be expected to maintain an empathetic understanding of clients' belief systems and to facilitate access to local faith groups where this may be beneficial. Impact on Crime and Disorder:

10.1 The aim of the service is to reduce levels of substance misuse related re-offending by:

- providing assertive early intervention and engagement for clients held in police custody;
- providing targeted specialist interventions for IOM clients to improve their recovery capital, promote their engagement with treatment services and directly address their offending behaviours.

11 Climate Change:

How does what is being proposed impact on our carbon footprint / energy consumption?

Co-location of operational IOM partners (HIOMS, police, CRC and NPS) reduces the use of office-based resources, electricity and other consumables compared to the use of multiple separate bases.

The co-ordination of interventions across the operational partners will reduce duplication of agency visits thereby reducing car usage.

How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

It is not anticipated that the impacts of climate change will be represent a significant factor during the limited 12 month duration of the planned service.

Appendix 1: HIOMS Service – Proposed Public Health Indicator Set

The proposed Public Health HIOMS outcome set identifies eight outcome measures that are consistent with the scope of the HIOMS service and which will contribute to delivery of those high level indicators identified in the Public Health Outcome Framework ('Improving Outcomes and Supporting Transparency', DH, 2012) that are relevant to a commissioned Integrated Offender Management Service.

There are three primary PHOF indicators directly relevant to the aims of the IOM service - PHOF 1.13, 2.15 and 2.16.

1.13 Re-Offending

Actual measure (i): The proportion of offenders who re-offend from a rolling 12 month cohort

Actual measure (ii): The average number of re-offences committed per offender from a rolling 12 month cohort.

Outcome Domain	Outcome Measure	Data Source & Comparator	Rationale
Re-offending	The proportion of caseload who re-offend from a rolling 12 month cohort	Local reporting by IOM Steering Group.	Engagement with HIOMS service will reduce propensity to re-offend.
	The average number of re-offences committed per offender on caseload from a rolling 12 month cohort.	Benchmarked against PHE reported county-level re-offending data.	

2.16 People entering prison with substance dependence issues who are previously not known to community treatment

Actual measure: Number of individuals entering prison who are provided with a substance misuse triage assessment to determine dependence on drugs or alcohol, who then require structured treatment and who have not already received it in the community.

Outcome Domain	Outcome Measure	Data Source & Comparator	Rationale
Improved Access to Treatment	Proportion of requests for custody-based arrest referral screening assessments that are facilitated within agreed timescales.	Local reporting by provider Target to be agreed with Hampshire Constabulary custody lead.	Arrest referral provision will result in increased uptake of substance misuse treatment through improved engagement.
	The proportion of referrals from the community criminal	Local reporting by provider	Improved access into community treatment will reduce risk of re-

	justice system to structured community treatment that are picked up within 42 days	Benchmark against DOMES* reported performance (indicator 3.4)	offending and need for subsequent custodial sentence
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*Diagnostic Outcomes Monitoring Executive Summary (DOMES) is a standardised partnership-level performance management tool published quarterly by Public Health England.

2.15 Successful completion of drug treatment

Actual measure: Number of drug users that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within six months as a proportion of the total number in treatment

Outcome Domain	Detail	Data Source & Comparator	Rationale
Improved Access to Treatment	The proportion of referrals from the prison treatment system to structured community treatment that are picked up within 21 days	Local reporting by provider by provider Benchmark against DOMES reported performance (indicator 3.4)	Through the Gate pathway requires engagement with IOM. This will improve access to treatment
Effective Engagement with Treatment	Proportion of IOM clients in treatment who were in effective treatment. (where effective treatment is defined as being retained in treatment for at least 12 weeks or having a successful completion before 12 weeks.)	Local reporting by provider Benchmark against DOMES reported performance (indicator 2.1)	Engagement with IOM will improve engagement with and retention in treatment
	Proportion of IOM clients referred to treatment services as a new presentation who had an unplanned exit or transferred and not continuing a journey before being retained for 12 weeks	Local reporting by provider Benchmark against DOMES reported performance (indicator 2.4)	
	IOM clients who successfully complete treatment as a proportion of Criminal Justice clients in treatment	Local reporting by provider Benchmark against DOMES reported performance (indicator 1.1 & 3.2)	
Improved Recovery Capital	Proportion of IOM clients successfully completing a treatment order with no reported housing need at point of exit.	Local reporting by provider using TOPS methodology. Benchmark against DOMES reported performance (indicators 1.6)	Engagement with IOM housing and ETE workstreams will enhance opportunities for successful outcomes in these areas.
	Proportion of IOM clients successfully completing a treatment order who at point of exit report working at least 10 days in the last 28.		

Appendix 2: Membership of the Hampshire Strategic DAAT Board

The County Council's strategic Substance Misuse partners represented on the Strategic DAAT:

- Hampshire Constabulary
- Hampshire Community Rehabilitation Company
- Office of the Police & Crime Commissioner
- Department of Work & Pensions
- National Probation Service
- HMP Winchester
- NHS England (Wessex)
- Public Health England
- Wessex YOT
- Hampshire Lower Tier Local Authorities (via representation from Rushmoor Borough Council)
- Hampshire Active Recovery Community (ARC is a peer-led organisation representing substance misuse service users in Hampshire.)

Appendix 3 – Contribution to Public Health Performance

Delivery of the HIOMS service will contribute either directly or indirectly to improvements in performance across a range of Public Health Outcome Framework (PHOF) performance indicators.

Indicator	Rationale
1.11 Domestic Abuse	Work with offenders with domestic violence history will specifically address behaviours and triggers reducing risk of re-offending.
1.11 Domestic Abuse - incidents recorded by the police per 1,000 population	
1.12 Violent Crime	Work with VAP offenders will specifically address behaviours and triggers reducing risk of re-offending.
1.12i - Age-standardised rate of emergency hospital admissions for violence per 100,000 population	
1.12ii - Crude rate of violence against the person offences per 1,000 population	
1.12iii - Crude rate of sexual offences per 1,000 population	
1.13 Re-offending	Work with all caseload will specifically address behaviours and triggers reducing risk of re-offending.
1.13i The proportion of offenders who re-offend from a rolling 12 month cohort	
1.13ii The average number of re-offences committed per offender from a rolling 12 month cohort.	
1.15 Statutory Homelessness	Service will link with IOM Housing provision and will support caseload to engage with local housing services.
1.15i Homelessness acceptances (per thousand households).	
1.15ii Households in temporary accommodation (per thousand households).	
1.19 Older people's perception of community safety	Publication of reduced re-offending rates particularly for VAP and SAC offences will promote realistic perception of improved community safety.
1.19i - % of adults aged 65+ who felt very safe or fairly safe walking alone in their local area during the day	
1.19ii - % of adults aged 65+ who felt very safe or fairly safe walking alone in their local area after dark	

1.19iii - % of adults aged 65+ who felt very safe or fairly safe alone in their own home at night	
2.15 Successful completion of drug treatment	Service will support clients with history to access and to maintain engagement with treatment services. Service will support management of clients subject to treatment orders.
2.15i Number of opiate users that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within six months as a proportion of the total number in treatment	
2.15ii Number of non-opiate users that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within six months as a proportion of the total number in treatment	
2.16 People entering prison with substance dependence issues who are previously not known to community treatment	Arrest referral service will engage treatment naive offenders and support them to engage with treatment services. Support for DRR programme will promote use of community alternatives to custodial sentences.
2.23 Self-reported wellbeing	Recovery capital programmes run within the service will promote improvement in clients' physical and emotional wellbeing and improve emotional literacy to allow articulation of this.
2.23i - % of respondents scoring 0-4 to the question "Overall, how satisfied are you with your life nowadays?"	
2.23ii - % of respondents scoring 0-4 to the question "Overall, to what extent do you feel the things you do in your life are worthwhile?"	
2.23iii - % of respondents scoring 0-4 to the question "Overall, how happy did you feel yesterday?"	
2.23iv - % of respondents scoring 6-10 to the question "Overall, how anxious did you feel yesterday?"	
4.3 Mortality from causes considered preventable	Where cause of death is as a result of substance misuse (ICD10 code F10-16, 18, 19)
4.03i Age-standardised rate of mortality from causes considered preventable per	

100,000 population	Management of through-the-gate pathway in partnership with prison-based and community treatment services will promote ensure continuity of access to treatment and reduce risk of death due to overdose following release.
4.03ii Age-standardised rate of mortality from causes considered preventable per 100,000 population (male)	
4.03iii Age-standardised rate of mortality from causes considered preventable per 100,000 population (female)	

Appendix 4 - The Seven Pathways to Reducing Re-offending

(Taken from:

[http://www.emcett.com/Offender Learning/list/the seven pathways to reducing re offending](http://www.emcett.com/Offender_Learning/list/the_seven_pathways_to_reducing_re_offending))

The 'end-to-end' management of offenders being implemented by NOMS, which has the same offender manager working with an offender for the entirety of his or her sentence, brings coherence to the process. This new way of operating means that the prison and probation services are working more closely together than ever before. It is based on research that demonstrates re-offending can be reduced by helping offenders to deal with factors such as homelessness, drug addiction and unemployment. In practical terms NOMS has built what it calls the seven reducing pathways to reduce re-offending into the provision of services to offenders. The challenge is to transform the offender into the citizen. It means ensuring appropriate monitoring and supervision, working together to tackle drug and alcohol abuse, improving offenders' basic skills, tackling their offending behaviour and improving their chances of them getting a job. It also means helping them get decent accommodation and working with the children and families of offenders to try and break the cycle of offending. The seven NOMS pathways to reduce re-offending are:

1. Accommodation and support

A third of prisoners do not have settled accommodation prior to custody and it is estimated that stable accommodation can reduce the likelihood of re-offending by more than a fifth. It also provides the vital building blocks for a range of other support services and gaining employment.

2. Education, training and employment

Having a job can reduce the risk of re-offending by between a third and a half. There is a strong correlation between offending, poor literacy, language and numeracy skills and low achievement. Many offenders have a poor experience of education and no experience of stable employment.

3. Health

Offenders are disproportionately more likely to suffer from mental and physical health problems than the general population and also have high rates of alcohol misuse. Not surprisingly, 31% of adult prisoners were found to have emotional well being issues linked to their offending behaviour.

4. Drugs and alcohol

Around two thirds of prisoners use illegal drugs in the year before imprisonment and intoxication by alcohol is linked to 30% of sexual offences, 33% of burglaries, 50% of street crime and about half of all violent crimes.

5. Finance, benefits and debt

Ensuring that ex-offenders have sufficient lawfully obtained money to live on is vital to their rehabilitation. Around 48% of prisoners report a history of debt, which gets worse for about a third of them during custody and about 81% of offenders claim benefit on release.

6. Children and families

Maintaining strong relationships with families and children can play a major role in helping prisoners to make and sustain changes that help them to avoid re-offending. This is difficult because custody places added strains on family relationships.

7. Attitudes, thinking & behaviour

Prisoners are more likely to have negative social attitudes and poor self-control. Successfully addressing their attitudes, thinking and behaviour during custody may reduce re-offending by up to 14%.

Appendix 5 – IOM Client Progress

All information is taken from 'Integrated Offender Management Framework' report for 2013-14

Fig 1. Spider diagram showing average progression for HIOMS cohort using the '7 Pathways' model

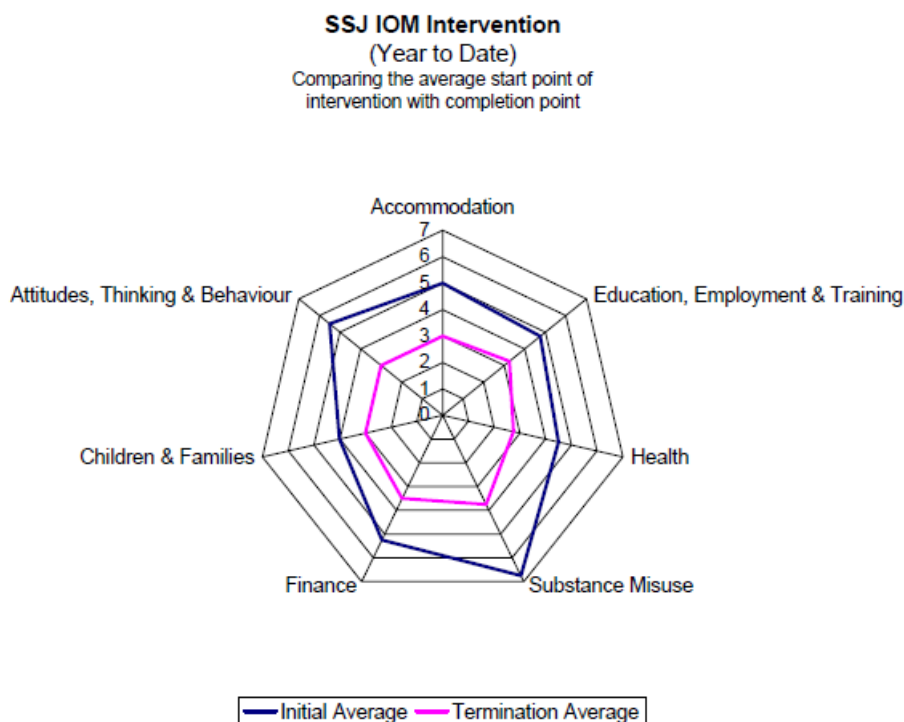


Fig 2. Comparison of Progress for HIOMS and Non-HIOMS Cohorts

YEAR TO DATE	Probation		Society of St. James	
	Initial Average	Termination Average	Initial Average	Termination Average
Seven Pathways				
Accommodation	4	2	5	3
Education, Employment & Training	6	4	5	3
Health	3	2	5	3
Substance Misuse	3	1	7	4
Finance	4	3	5	4
Children & Families	3	2	4	3
Attitudes, Thinking & Behaviour	4	3	6	3
<i>Overall Improvement</i>	-33.4%		-37.8%	

Note. 'Society of St James' reflects HIOMS cohort