



# Commissioning case study

Hammersmith and Fulham, Kensington and Chelsea,  
and Westminster: evidence-based commissioning  
to reduce reoffending

# The headlines

- Following detailed analysis, including customer journey mapping, a 'what works' review, provider and practitioner engagement, and financial modelling, the tri-borough partners designed and procured a new service to reduce reoffending amongst short-sentenced prisoners.
- Early results look promising with a reduction in re-arrests across the cohort.
- Initial difficulties with the contract and supply chain models point to the need to give these matters detailed attention before contract implementation, but the difficulties have been effectively resolved.
- The tri-borough councils were a pilot in Department for Communities and Local Government Whole Place Community Budgets programme.

“ **Tackling reoffending is a major issue. There’s a revolving door problem where people are ending up back in prison time and again. Until now they’ve not had enough help to prevent them getting sucked back into crime. That’s why Turning Point is delighted to work in this unique partnership.** ”

Selina Douglas, Managing Director for Turning Point’s Substance Misuse and Offending

Despite the prolific and costly nature of this cohort, short-sentenced prisoners received little statutory support or intervention. As this initiative was introduced before the government’s Transforming Rehabilitation programme, the probation service did not have statutory responsibility for working with the large number of short-sentenced prisoners over the age of 21, meaning that when these people walked through the prison gate at point of release they were offered little or no support.

Four key opportunities were identified that could help to bring about a shift in focus towards this group of prisoners. The first was the geographic scale offered by the tri-borough partnership which would allow greater resources to be brought together as well as a larger cohort, allowing for a more robust evaluation of outcomes. The second was the opportunity offered by the transfer of public health responsibilities and funding to local councils. The introduction of the Mayor’s Office for Policing and Crime and changes in the flow of grant funding to community safety partnerships, including funding previously ring fenced to the drug intervention programme, gave greater flexibility in prioritising resources. And, finally, there was a favourable policy shift from processes and inputs towards improving outcomes.

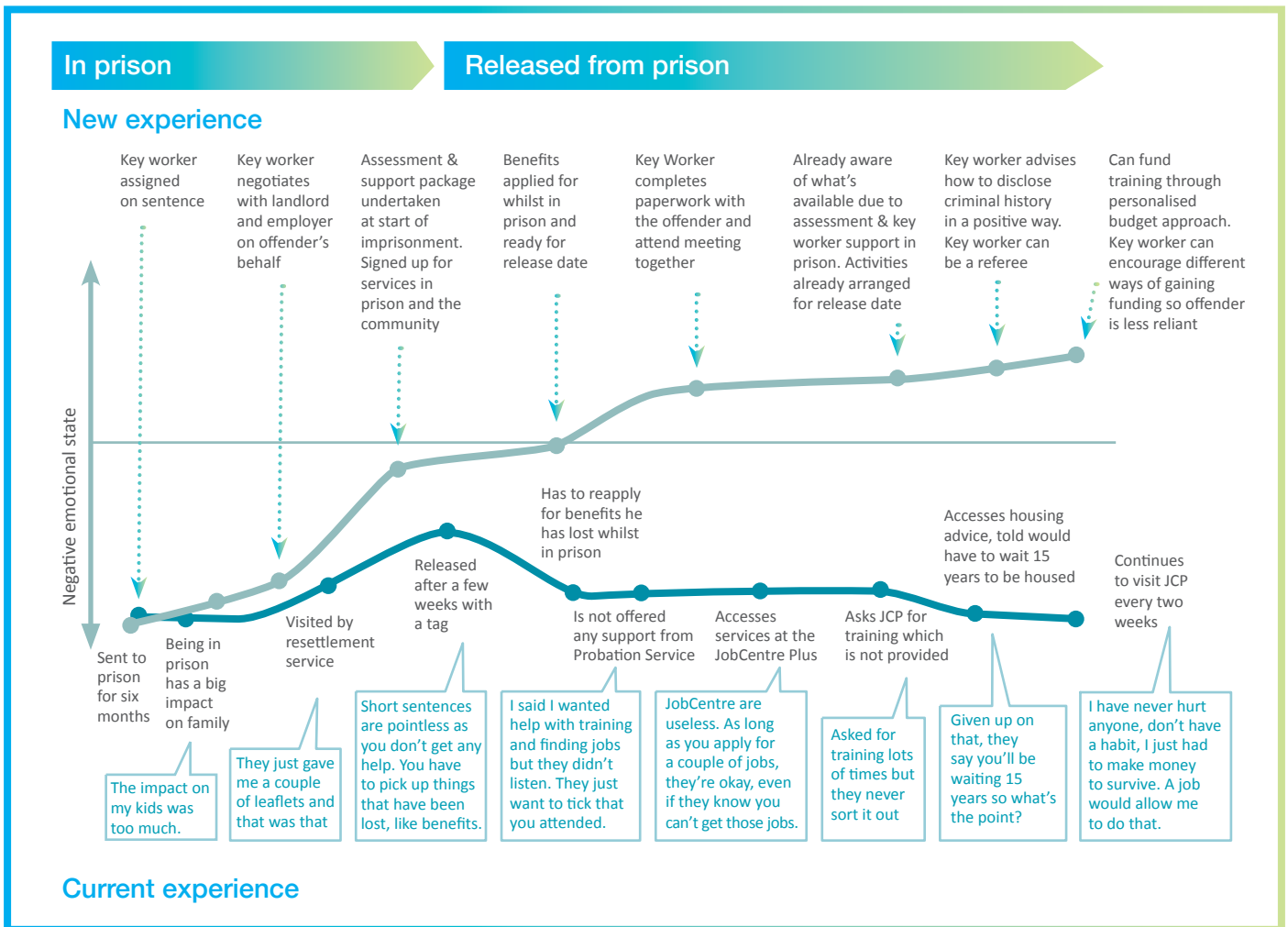
It was therefore decided to develop a business case for a joint adult reoffending service that would replace all locally-funded and delivered offender services and shift spending from those receiving sentences over 12 months to short-sentenced prisoners, with the aim of reducing the number of re-conviction incidents by adults sentenced to custodial sentences of less than 12 months across the tri-borough area.

## What commissioning and delivery model has been adopted?

As the first step in developing the business case and as an aid to informing the service design model, an in-depth customer journey mapping exercise was conducted with offenders from the three authorities who had a history of receiving short custodial sentences. The mapping identified a number of key themes, such as inadequate support both in custody and on release, as well as process problems within the existing system, such as a focus on substance misuse referrals rather than on getting and keeping people in treatment.

## What is the context?

Despite around £6 million per annum being spent on nine separate reoffending programmes across the three London boroughs of Hammersmith and Fulham, Kensington and Chelsea and Westminster, adult reoffending continued to increase. The focus of spend was on longer-sentenced prisoners (over 12 months), with poorer outcomes for short-sentenced prisoners who were more likely to reoffend – 52 per cent compared with 39 per cent for those sentenced to more than 12 months.



At the same time, a literature review was undertaken and consultation carried out with stakeholders and practitioners to understand what works in terms of reducing reoffending and delivering effective services for short-sentenced prisoners. This research identified a number of best practice approaches which also fed into a set of key design principles for a new delivery model.

The new model comprised three elements:

- a shared custody referral team to engage with all offenders in police custody moving beyond the existing drug intervention programme model and looking at all needs;
- a shared reducing reoffending team to work with short-sentenced prisoners in custody and in the community, providing a personalised assessment and action plan which would continue on release; and
- targeted interventions tailored to the needs of the offender

As part of the business case, detailed work was done to model and justify the cost of the new service. The cost was projected to be £2.1 million per annum and it was estimated that the new service had the potential to

reduce spending by between £1.2 million and £6.2 million over five years. Funding for the new service was secured through a bid to the Mayor's Office for Policing and Crime which provided approximately £1 million per annum for four years, matched by public health.

As it was felt that the expertise to deliver the new service lay within the market, rather than within the councils, the services were externally procured. One contract was let for the custody element and for the service for male short-sentenced prisoners, and one for female short-sentenced prisoners. There were discussions with providers throughout the process of designing the service and marketing events in advance of the procurement. The service for female short-sentenced prisoners was awarded to a local organisation, Advance Minerva; while the other contract was awarded to a consortium, Starting Over, which is led by Turning Point acting as the prime contractor and subcontracting to a number of other organisations. The contracts were let and are held by Westminster City Council on behalf of all three councils. This type of arrangement was reviewed as part of an independent critical friends report into tri-borough arrangements, commissioned by Hammersmith and Fulham in 2014 and led by Lord Adonis, with various

recommendations made for future shared services. The service is jointly commissioned by community safety and public health.

The decision-making and approval process was complex and lengthy given the involvement of three boroughs, two service areas, and a number of external partners and funders. Internally, six cabinet members had to sign off both the funding and commissioning intentions in summer 2013 and later award the contracts.

Services commenced between October 2013 and January 2014.

## Who are the key partners?

The project was initially governed by a steering group comprising representatives from the key partner agencies, which included Wandsworth and Wormwood Scrubs prisons, London Probation Trust, and the police. A reducing reoffending board now has oversight of the scheme and also acts as the management board for the youth offending team and, until recently, the Troubled Families programme, both of which are shared services across the three councils.

Working with partners could sometimes be challenging. For example, the police operate on a London-wide basis and the probation service is a national service. This can lead to issues in fostering innovation at the local level. While the local prisons have been engaged and active partners, not all their prisoners are from the three boroughs and not all residents of the three boroughs who are sentenced are sent to local prisons. This caused some problems in identifying short-sentenced prisoners for the service to work with, as no single source has all the information needed to determine availability. Data sharing has also proved difficult on occasions and the service still does not have the level of detailed information it would like about each short-sentenced prisoner.

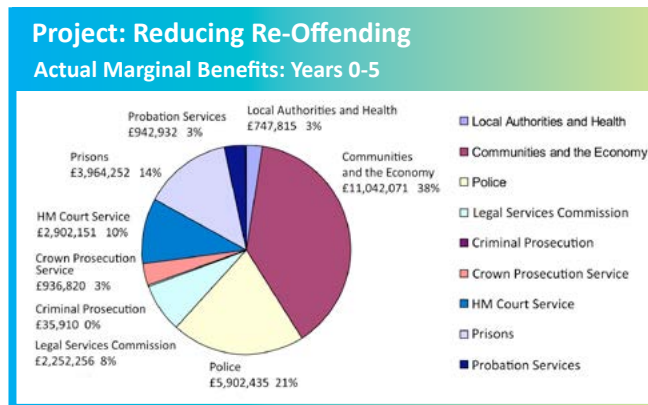
Internally, the key partnerships were between the three borough community safety teams and public health, with the Mayor's Office for Policing and Crime a critical enabler.

## What has been the impact?

The two key outcomes for the service are to reduce reoffending by short-sentenced prisoners and to engage more offenders in successful drug treatment. While the project is only one year into a two-year pilot, interim measures are looking favourable.

The new service costs less than the services it replaced, while supporting a wider group of offenders. The original business case noted that only a limited amount of the estimated fiscal and economic benefits would be cashable to the services, i.e. the councils and public health investing in the new approach. A refresh of the original cost-benefit business case has not yet been carried out but this is an area being actively pursued.

### Estimated five-year benefits from original business case



An internal review of service implementation carried out by Revolving Doors in July 2014 looked at the views of stakeholders and at whether the pilot was delivering what partners had expected. User Voice interviewed service users to gather their perspectives on what had changed for them as a result of the new service. They made a number of recommendations for improving the operation of the service.

Equally importantly, the first year of the scheme has generated significant learning about the short-sentenced prisoner client group, their needs and offending history, which commissioners believe will be invaluable in commissioning services in the future.

## What have been the key elements of success?

These have included:

- designing the service model and business case on a strong evidence base that included customer journey mapping, a 'what works' review, provider and practitioner engagement, and financial modelling;
- the ability to be more flexible in the deployment of resources, brought about by changes to the flow of funding for community safety and the transfer of public health funding to councils; and
- the partnership between community safety and public health, which brought together complementary skill sets as well as enabling a focus on drug treatment as a means to reduce reoffending rather than simply as a process of assessment and referral

## What has been learnt?

While a considerable amount of work was put into the analysis stage, commissioners feel that more attention could have been paid to designing the procurement and contracting strategy. They describe this as 'a classic spec it, procure it, close it' exercise and, on reflection, feel that the contract has not given them as much flexibility to respond to the changing landscape of criminal justice as they would have liked. While reflecting that a contract model based on a long-term partnership with a provider, such as alliance contracting, might have allowed for more flexibility and innovation, they recognise however that short-term funding and the uncertainties of local government finance would have made this difficult to achieve.

A further lesson has been to ensure that sufficient time is taken to plan and support contract implementation, including the transfer of staff under the Transfer of Undertakings (Protection of Employment) regulations. In particular, commissioners point to the need to understand the detail of the contract supply chain, how risks will be shared, and how the payment-by-results model will play out for each supplier. In this contract, some problems arose initially because the payment-by-results mechanism did not specify how payment and risk were to be shared among all the providers. The model

has now been changed so that risk and reward are proportionate and explicit, and the commissioners now have stronger relationships with all suppliers not just the prime contractor.

Changing a service model also requires professionals to change their ways of working and this can take rather longer than anticipated. One of the key changes here was the move towards the key worker or lead professional model, which required those professionals to see themselves as having the responsibility for keeping their clients in treatment, for example, whereas previously they would have seen this as the role of the substance misuse provider.

**Catch22 welcomes this opportunity to collaborate with Turning Point and other established partners in the delivery of innovative services to reduce adult reoffending in the London tri-borough area. We are confident that the combined experience and expertise of all the partners will ensure a significant long-term impact on levels of reoffending, as well as improving the individual outcomes for those offenders who need this support.**

Colin Murphy, Director of Justice, Catch22

## Who can I contact?

Adam Taylor, Head of Commissioning, Community Safety, Westminster City Council, email [ataylor3@westminster.gov.uk](mailto:ataylor3@westminster.gov.uk), telephone **020 7641 6000**

## Other useful information

[http://communitybudgets.org.uk/wp-content/uploads/2013/02/Tri-borough-Reducing-Reoffending-Business-Case\\_FINAL-004.pdf](http://communitybudgets.org.uk/wp-content/uploads/2013/02/Tri-borough-Reducing-Reoffending-Business-Case_FINAL-004.pdf)