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| HEALTH AND WELLBEING BOARD | | AGENDA ITEM No. 10 |
| 11 DECEMBER 2014 | | PUBLIC REPORT |
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DRUG AND ALCOHOL RETENDER

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| RECOMMENDATIONS | |
| FROM : Charlene Elliott, Assistant Commissioner | Deadline date : 11th December 2014 |
| <p>The Board is requested to review and comment on the proposals for the retender of the drug and alcohol services in Peterborough.</p> | |

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a request from a previous meeting.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to obtain the Committee's views on a proposed development and retender of Peterborough's drug and alcohol services.

3. MAIN BODY OF REPORT

3.1 Peterborough City Council are commencing a retender of all drug and alcohol services in the city, in line with council and EU procurement rules. The procurement exercise will commence in the new year ready for services to go live on 1st April 2016.

3.2 The retender provides an opportunity to innovate and improve current services and increase value for money.

3.3 The services currently under review are;

- Adult drug treatment service.
- Adult alcohol treatment service.
- Young People's alcohol and drug service.
- Family work with children and young people affected by parental substance misuse.
- The needle exchange supply and clinical waste collection service.
- Pharmacy based supervised consumption and needle exchange schemes.
- Detoxification Bed.
- Residential Rehabilitation placements.
- Substance misuse service delivered in Claire Lodge (secure welfare unit for young women)
- Hospital Alcohol Liaison Project (this service is commissioned by CCG at present and we are in negotiations with the CCG to include HALP within the retender)

3.4 Current council expenditure for the services listed above is in the region of £2.7m per annum, excluding the HALP which is paid for by the CCG.

3.5 The retender project is in its pre-tender phase. Work undertaken to date includes:-

- Needs assessment and review of current services.
- Consultation with service users, current providers and key partners.

- Consultation with Public Health England as substance misuse experts (previously the National Treatment Agency).
- Soft marketing testing exercise to assess the level of market interest in the tender opportunity and understand what is being delivered elsewhere in the country.
- A provider information open day is scheduled for 4th December, allowing interested providers to learn more about the retender and Peterborough services.

3.6 A SWOT analysis identified the following areas in which we can improve our treatment system. We intend to address these via the retender:-

- Alcohol services appear to be under-resourced compared to drug services, despite the links with poor health and crime and disorder. This is echoed in the 2014 SPOT tool developed by Public Health England in which investment in alcohol services is considerably below all of our ONS comparators and investment in drug services significantly above (although this should be treated with caution as we have yet to verify the source data for the tool)
- Greater capacity is needed to treat the suspected levels of harmful drinking within Peterborough.
- Whilst the pathway from criminal justice services into drug treatment is strong, the pathway from CJS into alcohol services needs strengthening.
- There is inequality of mental health provision in alcohol and drug treatment services. The alcohol treatment service has two embedded Community Psychiatric Nurses and there is wide consensus on the effectiveness of this model. There is no such provision in drug treatment services and this may exacerbate difficulties in supporting those with dual diagnosis or other mental health issues.
- There is limited scope within drug service to undertake family and intergenerational work.
- The separation of drug and alcohol services is not ideal nor financially efficient. The main psychosocial interventions delivered are the very similar, irrespective of the substance being misused. The council also incurs additional cost from contracting with two providers at a time when budgets are reducing. Service users have commented that “...*It makes sense to have a therapist to treat underlying issues for the addiction...*” “... *it is good to have one worker so I don't have to keep explaining myself...*”

3.7 Vision

The following vision is proposed for the service. It is based upon consultation with Public Health England, discussions with commissioners and providers from elsewhere in the UK and internal discussions. We have also undertaken a range of consultation exercises with service users who are in the centre of this retender to ensure that the revised treatment system improves services for their needs and the needs of Peterborough. We will continue to test out our vision with key partners, wider stakeholders and potential providers in the coming weeks. Feedback to date has been supportive of our approach.

3.8 We are proposing an integrated treatment system which is focused on the overarching outcomes of harm reduction, crime reduction and health improvement at an individual, family and community level. A wide range of public health, mental health and criminal justice indicators will sit under these outcomes.

3.9 We propose the service is:-

- A single, integrated service to treat and support those affected by alcohol and drug use.
- Recovery focused in line with National Drugs Strategy (supporting people to become free from dependence).
- More focused on psychosocial interventions (behaviour, motivation to change) rather reliance on pharmacological interventions.
- Holistic in approach with a family and intergenerational focus, for example recovery workers trained in family and relationship therapies to maximise sustained recovery and limit hidden harm

- Multi skilled recovery workers able to support people with any combination of substance misuse.
- Embedded mental health provision to improve treatment outcomes for those with dual diagnosis or other mental health issues.
- Greater use of the shared care provision with GPs.
- Flexible provision to meet the wide needs of those in treatment.

3.10 The rationale for this is:-

- Base services around people and their loved ones, rather than which substances they misuse.
- An integrated service is better placed to address poly substance use, remove stigma and allow alcohol users to benefit from the investment made in drug services over the years.
- An integrated service is better placed to respond to changing patterns of drug/alcohol misuse for example club drugs, alcohol and new psychoactive substances amongst young adults.
- Provides better value for money for the council.
- Innovative and improved services for local people.

4. CONSULTATION

- 4.1 There have been 28 1:1 consultation sessions held with a wide range of service users (including young people, families and adults in both drug and alcohol treatment services). A questionnaire has also been made available to all service users.
- 4.2 A consultation event is scheduled with the Specialist Advisory Group meeting which acts as an expert advisory panel to the Substance Misuse Joint Commissioning Group (JCG). It uses knowledge of the group to inform the JCG on needs and gaps in treatment, changing patterns of demand and trends to ensure that there is proactive commissioning of services.
- 4.3 Key stakeholders will be consulted via a consultation event for current providers and key partners. There will also be a wider listening event for representatives from agencies who are impacted or can work with the drug and alcohol services.
- 4.4 We also plan to consult the Joint Commissioning Board and the Safer Peterborough Partnership Board on the proposals.

5. ANTICIPATED OUTCOMES

- 5.1 For the Board to review and comment on proposals

6. REASONS FOR RECOMMENDATIONS

- 6.1 Reasons for recommendations are;
- To improve the current treatment system and address inequality within provision.
 - To improve outcomes for those affected by drug/alcohol misuse
 - To innovate and improve existing services
 - To increase efficiency, effectiveness and value for money.

7. ALTERNATIVE OPTIONS CONSIDERED

- (i) Do not retender and keep services as they are. This option was excluded as it would contravene council and EU procurement rules.
- (ii) Commission separate services. This option has been excluded based on consultation and research. Treatment systems with multiple providers tends to lead to silo working, 'clunky' pathways, people getting stuck in one service and difficulties with information sharing and communication. It also means higher cost to the council in paying for multiple organisations and servicing a higher number of contractors. This option is not in the best interests of service users or the council.

8. IMPLICATIONS

Drug and alcohol services link to the wide range of other indicators across the Public Health and Criminal Justice spectrum.

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)
None