

<b>HEALTH AND WELLBEING BOARD</b>		AGENDA ITEM No. 7
<b>10 DECEMBER 2015</b>		<b>PUBLIC REPORT</b>
Contact Officer(s):	Wendi Ogle-Welbourn, Corporate Director People and Communities	Tel. 01733 863749

## **SUBSTANCE MISUSE WHOLE TREATMENT SERVICE RETENDER**

R E C O M M E N D A T I O N S	
<b>FROM:</b> Wendi Ogle-Welbourn, Corporate Director People and Communities	<b>Deadline date:</b> 10 December 2015
That the Health and Wellbeing Board:	
<ol style="list-style-type: none"> <li>1. Note the contents of the report, understanding that it will receive regular reports and presentations if requested during the mobilisation period; and</li> <li>2. Ensure members support to relevant elements of mobilisation as required.</li> </ol>	

### **1. ORIGIN OF REPORT**

- 1.1 This report is submitted to Board following the retender and contract award of substance misuse treatment services for young people and adults in Peterborough.

### **2. PURPOSE AND REASON FOR REPORT**

- 2.1 This paper describes the result of the re-tender of substance misuse services and the timetable to mobilise the new contract to commence April 2016.
- 2.2 Describes the strategic intent for tackling substance misuse in the city using the opportunity provided by the retender of treatment services.

### **3. BACKGROUND**

- 3.1 Adult alcohol treatment services had never been tendered in Peterborough, while the adult drug treatment and young people substance misuse contracts were scheduled for re-tender in 2015. In order to achieve ambitions of rebalancing alcohol interventions in the treatment system and achieving efficiencies through working with a single provider, all were included in a single specification, to which CCG officers contributed. The new service will include access to in-patient detoxification, residential rehabilitation as well as all community-based substance misuse services for young people and adults.
- 3.2 Discussion with the CCG resulted in agreement to include within the specification the hospital alcohol liaison project (HALP) currently commissioned by the CCG. The formal mechanism for this is a Section 256 agreement which transfers funds to Peterborough City Council to commission this service on the CCG's behalf.
- 3.3 The whole substance misuse contract - value c£12.5m in total - is awarded for five years. The decision to award the contract was finalised in September 2015 with the mobilisation period commencing in late October. An initial mobilisation meeting has taken place between the Public Health commissioning team in PCC and CRI senior management. We have agreed to work closely and transparently through the mobilisation period, identifying and mitigating any problems as they emerge.

- 3.4 CRI is keen to engage with stakeholders at every appropriate opportunity and would like to attend a Board meeting in the near future to describe their vision and discuss any questions Board members might have. A subsequent presentation and communication to all GPs setting out pathways and referral arrangements from 1 April 2016 are also proposed.
- 3.5 The PCC commissioning team is in communication with CCG officers and expects to engage them appropriately throughout the period, recognising that of particular interest to the CCG will be the continued impact of HALP upon alcohol-related hospital admissions and pathways involving primary care. As with most changes in service delivery we anticipate risks relating to continuity which we will be working to minimise.
- 3.6 Further details and updates from the PCC Public Health commissioning team will be supplied to the Board as required. Any queries may be directed to Rod Grant, interim commissioning manager, [rod.grant@peterborough.gov.uk](mailto:rod.grant@peterborough.gov.uk).
- 3.7 Due to the new opportunities provided by a single provider in the city, the strategies for drugs and alcohol have been reviewed and updated alongside a new action plan.
- 3.8 The action plan works along the defined structure in the national strategies of:
- Disrupting supply
  - Reducing demand
  - Building recovery
- 3.9 Each section requires a multi-agency response which brings together different skills and knowledge to help tackle the overall objective of reducing substance misuse and contributing to a safer city in which to live, work and visit.
- 3.10 The action plan and strategic intent cannot be delivered in isolation and needs support from a variety of quarters to ensure its success. This paper requests the continued and increased awareness and participation from the board to deliver against the action plan and strategy objectives and ensure that substance misuse is aligned to the outcomes of the Health and Well Being board and the health needs of the city.

#### **4. CONSULTATION**

- 4.1 There was wide consultation with providers, partners and service users as part of the tender process.

#### **5. REASONS FOR RECOMMENDATIONS**

- 5.1 Regular updates on the delivery of the mobilisation plan for transition of existing services to the new provider CRI on request, with follow on reports once the contract goes live on the 1 of April 2016 to ensure all agencies and members are supporting the new service provider as required.

#### **6. ALTERNATIVE OPTIONS CONSIDERED**

- 6.1 No notification report – Health and Wellbeing Board are unsighted on the new service provider and the implementation success of the mobilisation plan

#### **7. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)

- 7.1 None.