

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 9
21 JULY 2016		PUBLIC REPORT
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UPDATE ON THE IMPLEMENTATION OF THE NEW INTEGRATED SUBSTANCE MISUSE SERVICE

RECOMMENDATIONS	
FROM : Wendi Ogle-Welbourn, Corporate Director People and Communities	Deadline date : N/A
<p>The Health and Wellbeing Board is asked to note this report on the implementation of the integrated substance misuse service.</p>	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a referral from Director's Group on 4 May 2016.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to update the board on the successful mobilisation of the integrated substance misuse service contract from April 1 2016.

3. AN INTEGRATED SUBSTANCE MISUSE SERVICE

3.1 Board members will recall that a procurement exercise during 2015 has brought into one contract adult and young people drug and alcohol services, with a view to improving efficiencies and outcomes through a truly integrated treatment system. CRi (Crime Reduction Initiatives), providers of the Aspire adult drug treatment service in Peterborough from 2010, was the successful bidder. This national organisation changed its name to CGL (Change, Grow, Live) on 1 April.

3.2 The Board is advised that mobilisation of the new, integrated substance misuse service is complete and the service launched as planned on 1 April. In the immediate term, the Aspire brand remains for the adult service. The new young people service is called "#POW" (Possibilities, Opportunities, Without taking risks).

3.3 The Board is also advised that such mobilisations are often characterised by a dip in some elements of performance, and this will be monitored carefully by the commissioning team. We anticipate minimal impact in the adult drug treatment element of the service where in essence there is continuity of service, but will pay particular attention to the impact upon young people, adult alcohol-only clients and hospital patients. Over time it is expected that the integrated service will see a re-balance between drugs and alcohol work, where the latter has historically – and nationally – not enjoyed the level of resource applied to drug misuse. Alcohol is now better understood as a considerable public health concern as well as being a contributor to violent crime and antisocial behaviour.

3.4 As oversight of the substance misuse agenda sits with the Safer Peterborough Partnership Board, via the multi-agency Substance Misuse Strategic Board, regular reports will be provided to these Boards on the new service's progress.

- 3.5 Since award of the contract, the commissioning team has been holding regular mobilisation meetings with CGL's Regional Director and local service manager. These meetings have monitored a range of issues, focussing particularly on themes of client information and data transfer, staffing, and premises.
- 3.6 With commissioners, the unsuccessful local provider agreed a timetable for winding up client work and transferring appropriate case files to CGL in the final fortnight of March 2016. The provider sought consent from all its clients for the transfer of cases. The number of cases transferred was less than expected and as a result we anticipate there could be an increase in new referrals classed as "re-presentations" in the first months of the new service.
- 3.7 CGL finalised the staffing structure and TUPE transfer. There were minor alterations to the originally proposed structure, most notably the replacement of two proposed nurse roles with appropriately experienced/qualified workers, where there were strong candidates for the latter. All frontline posts were filled before launch. A new service manager has been appointed and has had a thorough handover with the outgoing manager. Unfilled managerial roles were covered by interim CGL staff from other areas, but all posts are now recruited to.
- 3.8 CGL's "hub" will remain in Bridge Street. "Spokes" in Orton and Bretton form part of the new service plan. The former, at Herlington, opened in the week of 4 April; the latter at Bretton (the former police station) will not be operational until July but as Aspire has been previously operating from community settings in Bretton, the contingency has been to maintain current arrangements in the interim. The new young people service, while adopting an outreach model to meet young people in places appropriate to them, also operates from the NACRO base on Lincoln Road.
- 3.9 CGL now takes over responsibility for pharmacy contracts (needle exchange and supervised consumption of medication), and the commissioning team met with sub-contractor Lloyds Pharmacy's regional managers to ensure the smooth handover of these contracts. CGL has also entered into a subsidiary contract with Barnardo's in respect of family work.
- 3.10 The Police and Crime Commissioner "Innovation Fund" of £150k in 2016/17 is made available only to the substance misuse specialist provider, and is intended to specifically target P&CC priorities. The priority for the year 2016/17 is to reduce the impact of individuals identified as frequently engaging with the police, especially those coming into custody, who have substance misuse issues. CGL, police and commissioners have worked closely to develop a model of intensive engagement which has commenced in May 2016. An initial cohort of 18 individuals is agreed, many of whom are also known to Council and other services. With a small cohort we can not only measure the change in frequency of engagement with the police following commencement of engagement with IROP, we can then explore each individual 'story', demonstrating the improvements made as a result of contact with the service. Ideally we will also calculate cost benefits where unit costs exist (eg cost of a night in the cells; cost of police officer time processing individuals).

4. CONSULTATION

- 4.1 CGL has been active in discussing the new service with partners, in particular where services are new to their Peterborough operation. Engagement is reported with Adult Social Care, Children's Services, YOS and the City Hospital. An open day for professionals on 3 March was one of a number of engagement events. Others have included pharmacists and GPs. There have been further discussions with individual GP practices as well as with the Borderline and Peterborough Executive Partnership Board, where a second presentation was welcomed on 18 March. The LCGs are particularly important partners, as responsibility for commissioning the hospital alcohol liaison service transfers from them to the PCC commissioning team with the start of the new contract.

5. ANTICIPATED OUTCOMES

5.1 The headline KPIs for the service are to:

- Increase the number of people free from dependence (and substitute medication) and in sustained recovery;
- Improve the health and wellbeing of people with drug and alcohol misuse issues;
- Reduce harm experienced by individuals, families and the community arising from problematic drug and alcohol use;
- Reduce crime experienced by individuals, families and the community associated with problematic drug and alcohol use; and
- Reduce future demand on health, criminal justice and treatment services.

5.2 The commissioning team has developed an extensive “work-book” for contract monitoring with CGL, continuing to use National Drug Treatment Monitoring System (NDTMS) data to enable continuity of data for comparison, supplemented by CGL’s own data. We will also keep consistent reporting lines for the Hospital Alcohol Liaison service in order to ensure that we are able to report no reduction in activity to the CCG, on whose behalf we are commissioning the service. While CGL is going to adapt the model, recruitment of one of the former HALP workers to lead this programme ensures continuity not only of the service but of the good relationship with hospital staff.

5.3 The new service has drawn our attention to varying impact in the “health and young people advice” (HYPA) clinics in secondary schools and PRUs. A review of the model is now planned in conjunction with the Director of Public Health’s wider approach to developing a new and holistic Healthy Schools programme to commence in September 2016.

6. REASONS FOR RECOMMENDATIONS

6.1 This report is for information only. Governance for this contract is overseen by the Safer Peterborough Partnership.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 None as this is an update report.

8. IMPLICATIONS

8.1 Legal implications are contained within the body of the report.

9. BACKGROUND DOCUMENTS

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

9.1 None.

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