

## **CABINET MEMBER DECISION**

**Date of decision 13 SEPTEMBER 2019**

### **COMMISSIONING AN INTEGRATED DRUG AND ALCOHOL SERVICE FOR ADULTS AND YOUNG PEOPLE**

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#### **Relevant Cabinet Member**

Mr J. Smith

#### **Relevant Chief Officer**

Director of Public Health (Interim)

#### **Recommendation**

- 1. The Director of Public Health recommends to the Cabinet Member with Responsibility for Health and Well-being that:**
  - a) an integrated Drug and Alcohol Service for Adults and Young People be re-commissioned, using monies from the Public Health Ring-Fenced Grant and a grant from the Police and Crime Commissioner, and following Council procurement processes;**
  - b) a revised Payment by Results structure be adopted to incentivise good performance and penalise poor performance;**
  - c) the Director of Public Health produces a service specification which will deliver new focus on integration between all parts of the current system; improve areas of below average performance; and deliver robust pathways across the system, including adults, children and young people, primary and secondary health services, criminal justice and voluntary organisations;**
  - d) the Director of Public Health be authorised to undertake a procurement exercise for such a service; and**
  - e) a final decision be taken later in the year to award a contract to the successful provider, following due procurement process.**

#### **Background**

2. Drug and alcohol misuse have the potential to cause increased risk of harm to individuals, those closest to them and wider society. This includes impacts on physical or mental health and increased risks of homelessness, unemployment and criminality. The primary purpose of the drug and alcohol service is to prevent, reduce and delay harm by providing access to information, early intervention and treatment, supporting people to achieve recovery, optimum health, wellbeing and community participation.

3. The Council has a duty to ensure the availability of prevention and treatment for people with drug and alcohol dependency to ensure it meets requirements included in legislation: Health and Social Care Act 2012, Care Act 2014 and Section 17 of the Crime and Disorder Act 1998 as amended. Reducing harm from alcohol at all ages is one of 3 priorities in the strategic plan for the Health and Wellbeing Board 2016-21. Commissioning this provision in partnership is key to success, acknowledging that drugs and alcohol misuse adversely impacts individuals, safe communities, health and social care outcomes. West Mercia Police and Crime Commissioner (PCC) has confirmed continued funding contribution to this new service, commissioned by the Council. In addition, there is a requirement to use the Public Health Ring Fenced Grant (PHRFG) to provide a service to improve uptake and outcomes for adults, children and families affected by drug and alcohol dependency.

4. The integrated contract for Drug and Alcohol Services commenced April 2015 for 5 years until 31 March 2020, delivered by an external Provider. The annual contract value (with no inflationary uplift) is £3,798,000 and £106,000 grant contribution from PCC. Payment by Results (PBR) funding is applied across 5 indicators in years up to a value of £94,950 measured against performance targets from the Public Health Outcomes Framework.

5. The current service provides specialist treatments, support and interventions for young people, families and adults living in Worcestershire who need help for managing drug or alcohol dependency. The Provider sub-contracts elements of delivery, which include GP shared care and pharmacy services to deliver community prescribing, community detoxification, needle exchange and residential rehabilitation. The CQC rated the current services as good in their recent inspections earlier this year.

6. The service is delivered from GP practices, specialist hubs and partner agencies. The Provider employs doctors, nurses, substance misuse workers, peer mentors and volunteers. Partnerships with criminal justice services facilitate drug treatment and testing orders in the community and prison in-reach. Close working with housing and employment providers help sustain recovery alongside drug and alcohol treatment interventions. In addition, the Service works closely with the Council's Children's Services and Adult Social Care working together to ensure safeguarding for children and families affected by drug and alcohol dependency and Looked After Children.

7. There have been significant improvements in outcomes achieved by the current contract compared with local and national comparators, as reported to the Health and Wellbeing Board in 2018. There has been an increase in numbers of adults and young people entering and completing treatment for drug and alcohol dependency and becoming abstinent. Time in treatment is reducing, associated with more effective links to wrap around services including employment, housing and volunteer recovery champions. There is positive engagement with primary care and mental health services which also enables service users to receive treatment for associated physical and mental health problems, in addition to drug and alcohol dependency improving health outcomes. However, the situation is now changing due to short- and longer-term impacts on health, availability of drugs and associated violence. There is an increasing supply of illegal drugs causing adverse reactions, increase in misuse of prescription drugs and availability of drugs bought over the internet.

Worcestershire is being affected by increasing violence associated with drug supply and exploitation of vulnerable people among County Lines affecting safer communities. There has been a reduction in alcohol-specific mortality overall in Worcestershire compared to England, but this varies across the County. There is an increase in alcohol-related liver disease significantly above the England average and alcohol-related hospital admissions are increasing in certain parts of the County. Young people are increasingly in need of prevention, engagement with treatment and support to access housing and employment to maintain recovery. There are close associations between family safeguarding and drug and alcohol misuse impacting on outcomes for young people and parents, particularly associated with trauma requiring a specialised multi agency response. In addition, demographics indicate an ageing cohort of people with complexity associated with drug and alcohol is increasing which will impact in the future on health and social care.

8. In 2017, Public Health England published an updated national Drug Strategy. This places renewed focus on delivering co-ordinated interventions to help people maintain their recovery from drugs and alcohol by ensuring that there are close links to physical and mental health care, housing and employment. The guidance recommends close co-operation between drug and alcohol services and the police in addressing the increasing harm posed by Novel Psychoactive Substances and County Lines drug dealing. The strategy details evidence associated with harm for children affected by parental substance misuse, links with domestic violence and the need for close co-operation between local authority safeguarding, drug and alcohol services. There is also a recommendation to expand drug dependency treatment to include over the counter medication and prescription drugs. In 2019 a revised national Alcohol Strategy is expected to be published which will help inform the future strategic direction of the new service.

9. The current service model and performance need further improvement and alignment with new commissioned services for children, young people and families and to implement new national guidance. It is therefore, necessary to rework the service specification and proceed with a full procurement exercise. This will be based on evidence from a full needs assessment and from engagement with service users and stakeholders. The service will re-focus on priorities including alcohol (a priority for the Health and Wellbeing Board) and work with children and young people, one of the 4 corporate priorities for the Council in addition to closer working with Worcester Children First. Recommendations will be made to inform prevention, reduce harm and improve recovery for young people and adults affected by drug and alcohol problems. Findings will influence the design of the new service specification to inform future procurement arrangements.

10. Recent consultation with partner agencies, service users and carers has proposed some specific areas for change including closer working with the new Prevention and Early Intervention Service to include upskilling of the wider workforce, continued availability of GP and pharmacy services; specialist prescribing services; close working with children and adults safeguarding including Worcester Children First using trauma informed approaches; more work on prevention and reduction of alcohol related harm including close liaison with acute hospitals, mental health, midwifery and primary care; closer working with police and criminal justice services; a dedicated children and young people's service; targeted outreach to "at risk" populations using multi-agency approaches including links with homeless

services; upskilling of peer mentors to support retention in treatment and pathways to recovery including employment and sustainable accommodation.

11. The new integrated service will expand its approach and be responsive to changing needs of people experiencing problems with addiction and dependency. There will be a dedicated young person's prevention, early intervention and treatment service. There will be continued provision of specialist prescribing and links to availability of treatment across the County using GP shared care and pharmacy services delivered in an integrated contract. There will also be opportunities for engagement and treatment using different approaches including social media, in addition to face to face and group interventions. The service will be focussed on prevention of harm including diversion from the criminal justice system. It will enable individuals to be supported to achieve recovery, particularly people with complex needs using targeted outreach and multi-agency approaches linked to employment and housing. The new service will focus on upskilling professionals and close alignment with other commissioned services to support families and communities and improve outcomes for individuals and families affected by drugs and alcohol.

12. The new contract will continue to be monitored on a quarterly basis and the new Provider incentivised to improve performance through a range of measures including Payment by Results across key performance indicators. In addition, there will continue to be reports to the Health and Wellbeing Board and Council as required.

### **Budget and Costs**

13. The drug and alcohol contract is funded by the Public Health Ring Fenced Grant and currently totals £4m annually to include an additional contribution on an annual basis from the PCC in a grant award. This is confirmed while current negotiations continue to take place about future commissioning arrangements for this contract in the future. The new Provider will be aware that the Council is operating in a time of financial restraint and the Provider will be required to implement a service model that is innovative and includes efficiencies during the lifetime of the contract.

### **Financial and HR Implications**

14. Any due notice will be service on the existing Provider and the Council's procurement processes will be followed. This includes a GDPR data impact assessment to ensure Providers are compliant with the Data Protection Act.

15. HR implications are the responsibility of the Provider, not the Council. TUPE may apply in the event of another Provider being awarded the contract in which case this will be a Provider to Provider issue for them to resolve.

### **Risk Implications**

16. The contract is funded almost entirely from the Public Health Ring-Fenced Grant. The Council has recently received assurance that there will be a small uplift in 2020-21 but the future is still uncertain until it is replaced by full Business Rates Retention. There will be a termination clause in the contract to ensure that due notice can be served in the event of termination of funding. The contract will also include the option of variation in case of funding reductions and the expectation that the Provider

demonstrates increasing efficiencies during its lifetime. Guidance on the use of the current funding indicates that a local authority must, in using the Grant, have regard to the need to improve the take-up of and outcomes from its drug and alcohol misuse treatment services which will be subject to scrutiny, quality and performance monitoring of outcomes during the lifetime of the contract. Poor performance will be addressed through contract mechanisms including early termination if required.

### **Privacy and Public Health Impact Assessments**

17. There are no Privacy impacts assessed. The potential Public Health and Equality Impacts of current proposals are being assessed prior to commencement of procurement and this new service will contribute to improvements in the health of the population of Worcestershire. This will continue to be monitored within the new arrangements.

### **Equality and Diversity Implications**

18. An Equality Relevance Screening is being completed in respect of this recommendation prior to commencement of procurement. The screening has not yet identified any potential Equality considerations requiring further consideration during implementation.

### **Contact Points**

#### County Council Contact Points

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#### Specific Contact Points for this report

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### **Background Papers**

In the opinion of the proper officer (in this case the Interim Director of Public Health) the following are the background papers relating to the subject matter of this report:

- Drug Strategy 2017
- Health & Wellbeing Board Papers 22 May 2018
- Alcohol Plan 2016 - 2021