

**8 October 2018****Agenda Item: 7**

## **REPORT OF DIRECTOR OF PUBLIC HEALTH**

### **SUBSTANCE MISUSE SERVICE**

#### **Purpose of the Report**

1. Describe the rationale, scope, model and funding of an all age substance misuse service to support residents to recover from substance misuse (drugs and/or alcohol).
2. Seek approval for the service model, funding allocation, procurement approach and recommended contract duration, and permission to proceed with its procurement with a launch date of the 1<sup>st</sup> April 2020.

#### **Information**

##### **Background and context**

3. Substance misuse (drugs and/or alcohol) is associated with a wide range of physical and mental health issues as well as broader social issues including homelessness, unemployment, criminal activity and anti social behaviour, which adversely affect individuals, families and communities (Public Health England, 2014a). The financial costs of alcohol related harm to society nationally is £21.5 billion and the cost of illicit drug misuse is £10.7 billion. For Nottinghamshire, the costs are estimated to be £31.8 million each year for alcohol related harm and £15.8 million for illicit drug misuse.
4. Addressing substance misuse is therefore a key national priority. [The National Drug Strategy 2016](#) continues to promote sustained recovery from drug misuse and acknowledges the importance of a whole life approach with a focus on education and prevention. [The National Alcohol Strategy 2012](#) focusses on reducing the number of people drinking excessively and making 'less risky' drinking the norm. A new national alcohol strategy is due early 2019.
5. Estimates published in the Nottinghamshire Joint Strategic Needs Assessment indicate that there could be at least 172,725 Nottinghamshire residents who could benefit from a substance misuse intervention because they misuse substances frequently and an estimated 26,068 dependent on substances which have health harming effects. Alcohol represents the greatest need. It is estimated that there are approximately 4436 dependent opiate and/or crack users and approximately 21,632 dependent on alcohol. For young people specifically, it is estimated that 665, 10-17 year olds are misusing drugs and 5114 young people are drinking at increasing

and higher risk levels. These figures are likely to be under-estimates due to the hidden nature of some substance misuse.

6. There are emerging needs for some vulnerable adults in each Nottinghamshire district (approx. 15 to 30 people depending on the district) who are using New Psychoactive Substances (NPS). These groups of people have attracted some public and media attention which has prompted a focus on the support available for them. Nottinghamshire County Council (NCC) is engaged with partners including local NHS and Police through the Safer Notts Board and Community Safety Partnerships to develop arrangements for supporting these adults to access appropriate services through an assertive outreach approach. It is worth noting that the individuals who are using NPS tend to be long standing misusers of other substances, e.g. opiates and alcohol.

### **Current substance misuse services in Nottinghamshire**

7. In Nottinghamshire there are currently 3 separate services which support residents and families with substance misuse. These services are:
  - a. A community adult SM service
  - b. A community young people (YP) SM service
  - a. What about Me (WAM) which supports children and young people whose parents misuse substances
8. The current adult SM contract is co-commissioned by Nottinghamshire County Council and the Police and Crime Commissioner (PCC). The PCC contribute £316,260.00 (3.6% of the total contract value). Change Grow Live (CGL) are the current provider and they consistently exceed contractual targets.
9. The PCC is undertaking a review of the Criminal Justice SM pathway in order to inform a decision by the PCC about their future investment and possible co-commissioning of criminal justice SM services with Nottinghamshire County Council. The PCC is due to publish the recommendations arising from its review in October 2018.
10. The current young person SM service is commissioned by Public Health and provided by Nottinghamshire Healthcare NHS Trust until October 2018 when it transfers to CGL.
11. The WAM service is commissioned by Public Health and is provided by Nottinghamshire Healthcare NHS Trust. WAM is currently under review and a decision is yet to be made about the future delivery model.
12. Nottinghamshire SM services are open to anyone who wishes to access substance misuse support. In 2016/17 the adult SM service supported 11,500 adults. The young people SM related services supported 300 young people in the same year.
13. All of the above mentioned contracts expire on the 31<sup>st</sup> March 2020.
14. At the February 2018 meeting, the Adult Social Care and Public Health Committee considered the recommissioning of a range of services including those relating to substance misuse. Approval was given to develop and consult on these commissioning intentions including the option of adopting an all age approach to substance misuse.

## **Proposed model for substance misuse service**

15. It is recommended that the all age SM service is commissioned as a service which is separate and distinct from the proposed Integrated Wellbeing Service. This is because it serves a distinct group of residents many of whom present with multiple and complex vulnerabilities (including homelessness, offending and mental health needs) and represent a high clinical risk. The interventions require intensive clinical support from specialists. In soft market testing, potential providers confirmed that the SM service should remain a separate service to that of the Integrated Wellbeing Service. If the service were to be commissioned as a part of the Integrated Wellbeing Service it is also likely to involve some increased procurement risks (e.g. lack of providers able to deliver the full range of functions required).
16. The proposed all age SM service will be responsible for the whole pathway and incorporate a family based model (see Appendix A for the proposed service model) to support all individuals recover from their substance misuse. This all age approach will combine all three current substance misuse services (community adult SM service, community YP SM service and WAM). However, it is worth noting that even though it will be one service commissioned there will be different age appropriate interventions for both adults and young people. The rationale for taking an all age approach are:
- Consistent emphasis on recovery across all ages of those accessing the SM services.
  - Improve transition arrangements from young person into adult SM services which are more person-centred and integrated. Transition will take place when the young person is ready to transition into an adult provision rather than when they reach their 18<sup>th</sup> birthday.
  - Ability to track and keep in touch with young people who have previously accessed YP SM service as they become adults.
  - Enables assessment and co-ordination of intergenerational and whole family SM support.
  - Easier for professionals to refer into one service particularly if a family approach to tackling substance misuse is required.
  - Consolidation into a single service creates potential for service efficiencies, and improved consistency of approach to quality, clinical governance and supervision arrangements.
  - A focus on prevention and early intervention with an emphasis on young people to prevent substance misuse into adulthood.

## **Finance**

17. The current NCC Public Health investment in all three SM contracts totals £8,570,135 per year. This financial envelope will be used to develop a SM all age service across the county.

## **Procurement process and contract length**

18. It is recommended that the officers approach the procurement using competitive dialogue. Competitive dialogue is used when we are unable to specify the requirements or cannot assess without in-depth dialogue what the market can offer in terms of technical, financial or legal solutions. It may be highly beneficial in circumstances where greater flexibility is needed, e.g. for highly complex and risky projects where bidders will have a major role in defining the solution or where Open or Restricted Procedure may not deliver the expected outcomes.

19. While Committee should feel confident that the intended outcome of the proposed service (recovery from substance misuse) is settled, it would be beneficial to make detailed definition of the service subject to the further discussion with the market which competitive dialogue enables. This is because further opportunities and considerations may be highlighted as discussions with potential providers develop. Competitive dialogue will enable officers to incorporate provider proposals and innovations.
20. As officers better understand some of these opportunities and considerations, there may need to be trade-offs made between what is affordable and most desirable within the financial envelope. Competitive dialogue will also enable the authority to defer the decision about whether to contract with a single provider, or with a lead provider who manages subcontracts.
21. It is recommended that the contract length should be up to 8 years, comprising an initial contract term of 4 years with options to extend by up to four years. (4+2+2). The primary rationale is to attract a suitably experienced provider and provide stability to a clinical service working with vulnerable individuals. A further consideration is the resource constraints within the Public Health team for undertaking largescale reprocurement on a more frequent basis.
22. There will be a break clause included to manage the risk that reductions to the revenue received by the Authority for investing in Public Health will be greater than the planning assumption set out and approved in February 2018.

### **Commissioning and procurement risks**

23. Key commissioning and procurement risks and mitigating factors have been considered, please see below for detail.

<b>Risk</b>	<b>Mitigating factor</b>
There is a lack of interest from potential providers in delivering a SM contract in Nottinghamshire	This is unlikely given the expressed interest by local and national SM providers in the Soft Market Testing in June-July 2018
Following the PCC review of the criminal justice substance misuse pathway the PCC decide not to co-commission with NCC Public Health	NCC Public Health will continue to commission a substance misuse service for all Nottinghamshire residents irrespective of referral route and work closely with PCC to ensure good integration with criminal justice pathways
Demand for SM service exceeds the level of investment available	This will be managed by prioritisation of the most vulnerable groups who misuse substances with the continuation of a dedicated provision for young people

### **Next Steps and subsequent Committee Involvement**

24. Subject to approval by Committee, the next steps and key milestones are as follows:

<b>November 2018</b>	<b>Invitation to tender</b>
<b>January 2019</b>	<b>Selection of potential providers</b>
<b>February 2019</b>	<b>Invitation of potential providers to participate in competitive dialogue</b>

<b>March- May 2019</b>	<b>Competitive dialogue sessions with potential providers</b>
<b>August 2019</b>	<b>Award contract</b>
<b>October 2019- March 2020</b>	<b>6 month mobilisation</b>
<b>April 2020</b>	<b>Service go live and operational</b>

## **Other Options Considered**

25. Recommissioning the SM service as part of the IWS was considered and discounted as the SM service is a high risk clinical service and requires intensive specialist clinical support.

## **Reasons for Recommendation**

26. The primary reason for the recommendation to commission an all age SM service is that it provides the most effective and cost effective way to reduce SM related harm across all ages.

## **Statutory and Policy Implications**

27. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **Crime and Disorder Implications**

28. The links between SM and the criminal justice system have been considered. The PCC is a member of NCC Public Health's strategic commissioning advisory group. The PCC is currently undertaking a review of the criminal justice element of the SM pathway after which their future commissioning intentions will become clearer. NCC Public Health intend to commission SM service for all residents that is inclusive of the criminal justice pathway.

## **Financial Implications**

29. The current NCC Public Health investment in all three SM contracts totals £8,570,135 per year. This financial envelope will be used to develop a SM all age service across the county. The SM contract will be funded from the Public Health Grant, within the budget envelope that is available for this service. If the PH Grant changes, the SM service will keep to the budget envelope that is affordable for this service.

## **Human Rights Implications**

30. No known human rights implications, service functions will still be provided and available to the communities across the County.

### **Implications in relation to the NHS Constitution**

31. No known NHS Constitutional implications. Further conversations are taking place with NHS Stakeholders across the County.

### **Public Sector Equality Duty implications**

32. We have considered the equality implications of the consultations reach and completed an Equality Impact Assessment on the process. The document has been uploaded onto the Council's publicised page.

<http://www.nottinghamshire.gov.uk/jobs-and-working/equality/completed-equality-impact-assessments-eqias>

### **Smarter Working Implications**

33. No smarter working implications.

### **Safeguarding of Children and Adults at Risk Implications**

34. No additional safeguarding implications.

### **Implications for Service Users**

35. Service users will receive a new service offer which is integrated and coordinated. This should improve the information and support available to residents across the county.

### **Implications for Sustainability and the Environment**

36. The service model is working within local communities, responding directly to communities needs which will be more sustainable long term.

## **RECOMMENDATIONS**

It is recommended that the ASCPH Committee:

- 1) Approves the commissioning of an all age substance misuse service for Nottinghamshire.
- 2) Approve an initial contract duration of four years along with options to extend it subsequently, if required, up to a total of 8 years.
- 3) Undertake procurement for an all age substance misuse service via a competitive dialogue approach with Committee informed as soon as the contracts are let.

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**For any enquiries about this report please contact:**

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**Constitutional Comments (LMC 10.09.2018)**

37. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report

**Financial Comments (DG 07.09.2018)**

38. The financial implications are contained within paragraph 29 of this report.

**Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Commissioning Intentions paper – February 2018 – Adult Social Care and Public Health Committee.
- Commissioning Intentions paper Integrated Wellbeing Service – October 2018 – Adult Social Care and Public Health Committee.

**Electoral Division(s) and Member(s) Affected**

- All will be effected

