

**11 February 2013****Agenda Item:****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****NOTTINGHAMSHIRE COUNTY COMMUNITY BASED SUBSTANCE MISUSE  
TREATMENT AND RECOVERY SERVICES****Purpose of the Report**

1. The purpose of this report is to provide a case for the decommissioning of the current community based substance misuse treatment and recovery services across Nottinghamshire County and put in place new arrangements by 1<sup>st</sup> April 2014.

**Information and Advice****Definitions**

2. In the context of this report, the term “substance misuse” is used to refer to alcohol and/or drug misuse. The term “drugs” extends beyond illegal drugs such as heroin, cocaine, amphetamines to the misuse of other drugs, prescription only medicines such as anabolic steroids and benzodiazepines, over the counter medications such as preparations containing codeine.
3. This report relates to community based substance misuse services and excludes prison based substance misuse services.

**The Context**

4. The Nottinghamshire Health and Wellbeing Strategy has identified substance misuse as a key priority and as a result Public Health have been reviewing current service provision. The commissioning and funding landscape for substance misuse services has been historically complex. Previously, services have been funded through a wide variety of funding streams and commissioned and performance managed by various commissioners using different performance frameworks.
5. As of April 2013, Public Health in the Local Authority will become the responsible commissioner for substance misuse services and the funding will be via the Public Health ring-fenced Grant.

6. Across all historical funding streams, Nottinghamshire currently invests approximately £13million in substance misuse services which is more than 40% of the new Public Health ring fenced Grant. It is the most financially resourced Public Health policy area.

## **The Rationale**

7. Services have been developed and have evolved over time in line with annual funding increases and Nottinghamshire performed well against national targets which focussed on getting individuals into treatment and retaining them.

8. In 2010, a new National Drug Strategy was introduced along with the principles of the Recovery Agenda and the measure of success was changed to successful completions of treatment. In response to this, an internal review of Nottinghamshire community services took place to redesign and reconfigure services so that they were locality and recovery focussed.

9. Although this process reduced duplication and improved integration in the system it was limited as:

- It only applied to part of the treatment system (the Drug and Alcohol Action Team commissioned drug services)
- It excluded Bassetlaw (which is commissioned and managed separately by NHS Bassetlaw)
- There was no formal procurement exercise to test value for money (the developments consisted of part system redesign and extensions or adjustments to existing contracts)

10. Further system redesign is required as:

- Large parts of the substance misuse system remain disconnected
- There is inequity of service delivery and treatment and recovery outcomes across the county
- There are still capacity issues in some areas of the system
- There is still a lack of integration with wider agencies to deliver the recovery/reintegration agenda
- Drug and alcohol pathways and services need further integration
- There remain pathway issues between criminal justice services (including prisons) and community treatment and recovery services
- It is not always clear whether the system is meeting the identified needs of services users, families, friends and the wider community
- It is not clear whether the system is cost efficient and providing value for money
- There are still risks of service gaps and duplication within the system
- Elements of the current system and some services are still complex to commission, deliver, performance manage and potentially to be the recipient of

11. The shortcomings of the current system have led to operational complexity and this can affect equity of access and quality of service for service users. The care pathway can be further simplified and optimised for these individuals.

## **Expected Outcomes**

12. It is recommended that community based substance misuse recovery services in Nottinghamshire are remodelled to better meet the needs of service users and that a robust procurement is undertaken. The aim will be to ensure that by April 2014 new arrangements are in place that are:

- Outcome focussed and designed to improve outcomes for service users, their family members and carers and the wider community
- Equitable across the county
- Respond to (changing) local needs
- Cost effective
- Fit for purpose
- Support the outcomes specified in the Nottinghamshire Substance Misuse Strategy and the Public Health Outcomes Framework
- Demonstrate a contribution to a reduction in drug and alcohol related crime and disorder

### **Other Options Considered**

13. Maintain the status quo. This option would not address the issues specified in section 10 above nor secure the outcomes identified in section 12 above. In addition, Local Authority procurement colleagues have advised that action needs to be taken for the Local Authority to meet its legal obligations in relation to procurement processes.

14. Internally review services and make changes to the system via variation and/or extensions of current contracts. This option may fail to disentangle fundamental complexities within the current system and is unlikely to ensure value for money. Utilising formal procurement options will increase transparency of process and decision making. New services may need to be commissioned and cost efficiencies may not be maximised without a whole system approach. The risk of inequity across the county would potentially remain.

### **Statutory and Policy Implications**

15. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Implications for Service Users**

16. Service users and their family members and carers will receive more accessible and better quality services. Service user recovery outcomes will be improved for the county. Service users will be centrally involved in the redesign and evaluation of the services.

### **Financial Implications**

17. The remodelling and re-commissioning of services will address issues of cost efficiency and value for money.

### **Crime and Disorder Implications**

18. The link between substance misuse and crime and disorder is well established. Effective substance misuse services will support a reduction in offending and re-offending.

### **Safeguarding of Children Implications**

19. Effective substance misuse services will have a family oriented approach and safeguarding children, as well as safeguarding vulnerable adults, will be central to assessment and ongoing support.

### **RECOMMENDATION/S**

20. That the Sub-Committee approve the recommendation in paragraph 12 of this report, with effect from 1 April 2013.

**Chris Kenny**  
**Director of Public Health**

**For any enquiries about this report please contact: Tristan Poole (Public Health)**

### **Constitutional Comments (NAB 1.2.13)**

21. The Public Health Sub-committee has authority to approve the recommendation set out in this report by virtue of its terms of reference.

### **Financial Comments (NR 1.2.13)**

22. The financial implications are referred to in paragraph 6 and 17 of the report.

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

23. All districts