

## Wolverhampton City Council

**OPEN INFORMATION ITEM**Health Scrutiny PanelDate **7 FEBRUARY 2013**

Originating Service Group(s)	<b>COMMUNITY DIRECTORATE; PUBLIC HEALTH</b>
Contact Officer(s)/	<b>ROS JERVIS (DIRECTOR OF PUBLIC HEALTH) JULIET GRAINGER (JOINT COMMISSIONING MANAGER, SUBSTANCE MISUSE)</b>
Telephone Number(s)	<b>1372/1028</b>
Title	<b><u>WOLVERHAMPTON SUBSTANCE MISUSE SERVICES CONTRACT AWARD AND MOBILISATION</u></b>

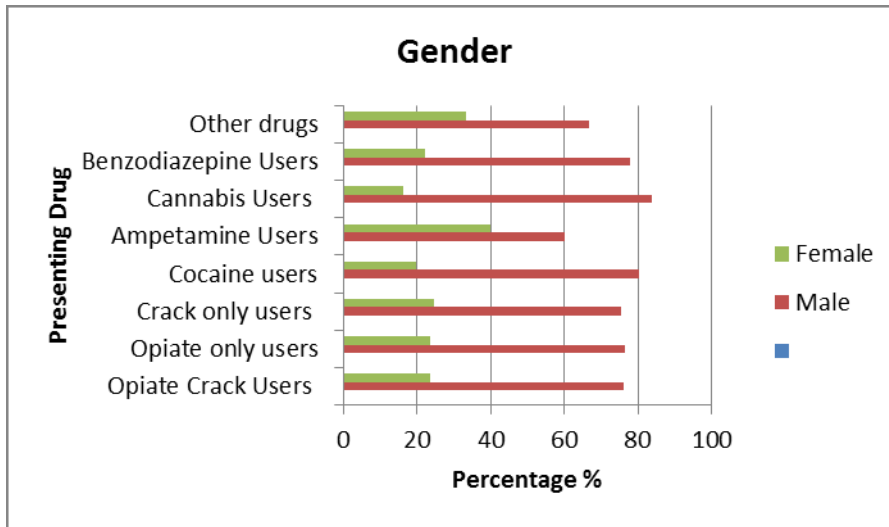
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**SUMMARY**

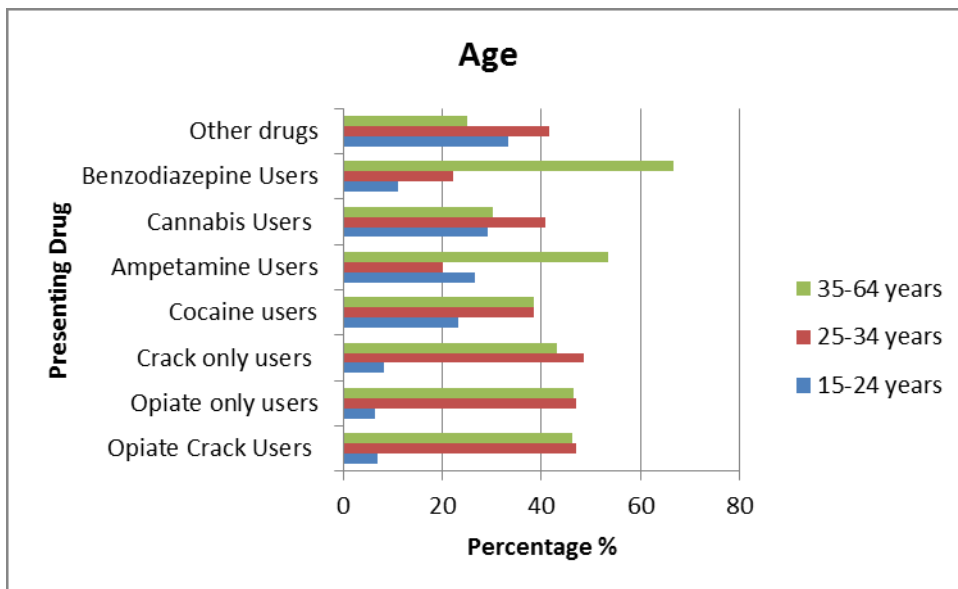
- 1.1 Responsibility for the commissioning of drug and alcohol treatment services will transfer to local authorities next year under Government reforms to the NHS and transfer of public health to councils.
- 1.2 The new drug and alcohol service models for children, young people and adults aim for a more holistic approach to dealing with substance misuse issues in the City, these encompass all aspects of the drug user's life, including employment, accommodation, mental and physical health, relationships and parenting capacity. The proposals also include bringing treatment and support services for addiction to drugs and alcohol under one care coordinated system.
- 1.3 Following a recent tendering exercise undertaken by the Council's procurement and PCT Public Health teams between April and December 2012, an initial three year contract award for the integrated service model was made to the National Association for the Care and Resettlement of Offenders (NACRO). The organisation is a leading crime reduction charity, who will be working in partnership with the NHS and Aquarius to deliver the service in Wolverhampton.
- 1.4 The contract was awarded on the 14<sup>th</sup> December 2012 and will commence on 1<sup>st</sup> April 2013. The service will focus on helping people overcome their addiction, rather than just treating it. People will also be given help to find and keep a job and accommodation, while reducing their dependency on drugs or alcohol will enable them to have better relationships with friends and family.
- 1.5 From national prevalence data there are an estimated 2,264 14.6 per 1000 opiate and, or crack users (OCU) in Wolverhampton. Alcohol misuse is also having a major impact on health in the City. It is estimated that there are 41,480 increasing/higher risk drinkers, and 8940 dependent drinkers (aged 16-64) in Wolverhampton. Excessive alcohol consumption is one of the major causes of reduced life expectancy and long term illness.
- 1.6 NACRO's new service, designed to meet the recent national policy shift towards recovery-focused support, will increase access to help in the hospital and community and provide more outreach-based support in order to improve penetration of the OCU and higher risk drinkers in the City.

## 1.7 In Treatment 2011-12- Demographics;

The majority (78%) of clients in treatment for all drugs during 2011-12 were male compared to 22% female.



When grouped by presenting drug the gender distribution follows the same pattern with males making up a high proportion. However females appear to be over-represented in the category of clients presenting for benzodiazepine use and 'other' drugs, making up 40% and 33% of these groups respectively. Males are also over-represented in the group of clients presenting for cannabis use.



The majority of the treatment population are in the 25-34 and 35-64 age group. 47% of all opiate and crack users are between the ages of 25 and 34 while 46% are in the 35-64 age groups. 15-24 year olds constitute 7% of opiate and crack users.

## 2. PURPOSE

2.1 To advise the panel of the successful bidder for the revised service(s) model procured by the Council.

- 2.2 To advise the panel of the process of contract mobilisation to be undertaken between January and March 2013.

### **3. BACKGROUND**

- 3.1 The requirement within the tender was for there to be a single contractor with responsibility for the performance of the contract against predetermined objectives. All bidders formed partnership arrangements with a larger provider or created their own consortia/co-operative in order to deliver the full range of services required.
- 3.2 The successful bidder of five organisations that submitted a tender was NACRO with a score of 78%. The organisation is the lead partner of a consortia based partnership which also includes Aquarius and Birmingham and Solihull Mental Health NHS Foundation Trust.
- 3.3 The contracted service(s) will replace currently separately contracted drug and alcohol services through the PCT with Black Country Partnership Foundation Trust, Wolverhampton YMCA, Base 25 and Aquarius who are also currently jointly contracted through the Community Initiatives Team in the Council. This had generated a saving of 11% against the costs of contracting with separate services.
- 3.4 The revised and integrated service specification will provide a culturally sensitive whole person and recovery focussed integrated system of care and treatment for: adult drug users, adult alcohol users, young substance users and those affected by familial misuse.
- 3.5 The development of a wider recovery community drawing on peer leaders, volunteers and also generic services; with specific links to housing, employment and training opportunities is also an integral part of the service delivery model.
- 3.6 Adult and young people's services will be separate at the point of delivery. For young adults between the ages of 18-24 there will be a specific and targeted focus on transitional arrangements to socially reintegrate this group or towards onward, supported referral into adult services.
- 3.7 Services are designed to meet the needs of a wide range of drug/ alcohol dependency issues and include a family focussed approach when engaging both young and adult service users.
- 3.8 The provider will meet the needs of young people affected by other people's (typically parent/carers') substance use. Young people will be eligible to receive this service irrespective of whether the family member using substances is engaged with services or not"
- 3.9 Existing alcohol services have recently developed a Single Point of Contact (SPoC), this has been well received; an extension of this approach to act as the gateway to all services will be developed in year 1.

### **4. MOBILISATION PROCESS**

- 4.1 A plan for the mobilisation of the new contract has been received from NACRO and a programme board including public health representation has been set up to oversee eight key areas for implementation between Dec and 31<sup>st</sup> March 2013.

- 4.2 The membership of the programme board is made up of; Dr George Georgiou, Clinical Director and Interim Director of Strategic Delivery Youth, Addictions, Homeless and Birmingham Healthy Minds (Birmingham and Solihull Mental Health NHS Foundation Trust), Patrick Reihill, Service Manager (Birmingham and Solihull Mental Health NHS Foundation Trust), Annette Fleming, Chief Executive (Aquarius), Helen Kilgallon, Service Manager (Aquarius), Dr George Ryan, Consultant, Graham Beech, Strategic Development Director (Nacro), Raj Patel, Programme Manager (Nacro), Juliet Grainger, Joint Commissioning Manager, Public Health (Wolverhampton City Council), Sunny Dhadley, Drug Service User Involvement Officer, (Wolverhampton Voluntary Sector Council).
- 4.3 The Board's work programme areas cover governance in relation to the contract and sub contracting arrangements as well as clinical services oversight, service user involvement, workforce transition, property and estates, finance, communication, operations (policies, paperwork etc) ICT and related information and performance management processes.
- 4.4 The details of numbers of clients to be seen in each part of the services over 3 years are included in the key performance /objectives to be achieved by NACRO. Attached as Appendix 1.
- 4.5 The arrangements for monitoring and reporting on contract compliance and performance will potentially be quarterly but these processes are still to be finalised for public health more generally as budgets and contracts migrate to the Council. This is being developed through the public health contract transition group led by Procurement and overseen by the public health transition group chaired by Cllr Samuels.

## **5. FINANCIAL IMPLICATIONS**

- 5.1 The contract award is £5.500M per annum which will be funded from the Public Health Budget.

[AS/15012013/Z]

## **6. LEGAL IMPLICATIONS**

- 6.1 Approximately 80 staff working for the existing service providers are likely to be covered by the Transfer of Undertakings Protection of Employment Regulations and ensuring compliance will form a key element of the Procurement Process.
- 6.2 The new service will be subject to contractual terms and conditions developed by the Council's Legal Team to ensure it meets the commercial requirements of the service going forward.

[FD/08012013/L]

## **7. EQUAL OPPORTUNITIES IMPLICATIONS**

- 7.1 A 12 week, Tier 1 Statutory Public Consultation was undertaken during November 2011 - February 2012. An equality analysis is available as part of the consultation evaluation documentation.

## **8. ENVIRONMENTAL IMPLICATIONS**

- 8.1 There are no direct environmental implications resulting from this report.

**9. SCHEDULE OF BACKGROUND PAPERS**

REPORT TO THE CABINET (RESOURCES) PANEL - Substance Misuse Procurement Programme. Tuesday 21st February 2012

REPORT TO CABINET - Section 75 Agreement With Wolverhampton City PCT. Wednesday 11<sup>th</sup> April 2012.

REPORT TO HEALTH SCRUTINY PANEL - Wolverhampton Substance Misuse Services Consultation Findings. Thursday 12<sup>th</sup> April 2012.

REPORT TO THE CABINET (RESOURCES) PANEL - Substance Misuse Procurement Programme. Tuesday 27<sup>th</sup> November 2012

## DELIVERY OF SUBSTANCE MISUSE SERVICES

### SCHEDULE E - SPECIFICATION PRICE SCHEDULE AND FINANCIAL DETAILS

**Nacro**

**Assume Total Budget £5.5m per annum**

Specification Section	Target	Number of Service Users Year 1	Number of Service Users Year 2	Number of Service Users Year 3	Outcome Units Attributable	Total Outcome Units Attributable
Part A. Young People's and Young Adult Substance Use services	<b>Psychosocial interventions and Key working Outcome:</b> Service users will have achieved their identified goals at discharge with discharge destination.	234	258	284	1	776
	<b>Psychosocial interventions and Key working Outcome:</b> Following discharge (with discharge destination) service users will have sustained their identified goals 28 days after receiving a psychosocial intervention.	204	230	253	1	687
	<b>Structured Psychosocial Interventions and Key working Outcomes:</b> At the care planned discharge service users will have achieved their identified goals.	105	128	140	1	373
	<b>Structured Psychosocial Interventions and Key working Outcomes:</b> Following care planned discharge service users will have sustained (for at least 28 days after discharge) their identified goals.	95	122	133	1	350
Part B. Pharmacological	Service users per annum will have achieved successful completion at care planned discharge.	912	881	792	1	2585
	Service users who for a minimum period of 28 days post care planned discharge, are heroin and crack free and drinking either less than 2/3rds of the amount they were when they presented or drinking beneath 'harmful levels' (whichever is the greater).	820	819	760	2	4798
	Service users who have achieved their identified goals after receiving a brief psychosocial intervention.	2110	2732	3518	1	8360

Part C. Adult Drug and Alcohol Psycho-social	Service users referred to an appropriate structured intervention.	1190	1090	996	1	3276
	<b>Structured Psychosocial interventions Outcome:</b> At care planned discharge service users will have achieved their identified goals.	869	839	787	1	2495
	<b>Structured Psychosocial Interventions and Key working Outcomes:</b> Following care planned discharge service users will have sustained (for at least 28 days) their identified goals after receiving a structured psychosocial intervention.	852	822	771	1	2445
	'Frequent Flyers' who engage with the Alcohol Liaison Service, subsequently record at least a 50% reduction in hospital episodes over three months in comparison to the monthly average for the three months prior to intervention.	20	22	24	1	66
<b>Total</b>		<b>7411</b>	<b>7943</b>	<b>8458</b>		<b>26211</b>