

# Health Scrutiny

2 March 2017

<b>Report title</b>	Proposed engagement and consultation plan for the re-commissioning of Substance Misuse Services in Wolverhampton.	
<b>Cabinet member with lead responsibility</b>	Councillor Paul Sweet Public Health and Wellbeing	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Ros Jervis , Public Health and Wellbeing	
<b>Originating service</b>	People – Public Health and Wellbeing	
<b>Accountable employee(s)</b>	Neeraj Malhotra Consultant Public Health Tel 01902 558667 <a href="mailto:Neeraj.Malhotra@wolverhampton.gov.uk">Neeraj.Malhotra@wolverhampton.gov.uk</a>	Michelle Smith Commissioning Officer Public Health Tel 01902 550154 <a href="mailto:Michelle.marie-smith@wolverhampton.gov.uk">Michelle.marie-smith@wolverhampton.gov.uk</a>
<b>Report to be/has been considered by</b>	Commissioning Senior Management Team Public Health Senior Management Team PLT Health Scrutiny	01/02/17 02/02/17 06/02/17 02/03/17

## The Panel is recommended to:

1. Note background information and commissioning plans for Substance Misuse services
2. Provide feedback on the proposed engagement and consultation process
3. Endorse the proposed engagement and consultation process, subject to any changes relating to the feedback provided.

## **1.0 Purpose**

- 1.1 This report sets out the engagement and consultation plans to inform the re-commissioning of the city's substance misuse system (including primary care, the voluntary sector, specialist and acute services) by the Public Health and Wellbeing team.
- 1.2 The report provides members with an opportunity to inform the process prior to commencing the engagement and consultation period in late March.

## **2.0 Background**

- 2.1 Substance Misuse services support people with drug and/or alcohol problems who may also have additional complex needs around mental health, offending or other health issues. These services play a key role in promoting recovery and reducing the harm caused by alcohol and drug misuse which are significant causes of morbidity and mortality in Wolverhampton.
- 2.2 Delivery of such services contribute to a number of national and local priorities and support the achievement of outcomes within the Public Health Outcomes Framework, National Drug and Alcohol Strategies and City of Wolverhampton Council corporate plan priorities. These include:
  - Promoting and enabling healthier lifestyles, by having fewer people with harmful drinking habits in the city through earlier identification and intervention
  - Increasing the number of successful completions from treatment
  - Reducing re-presentations to structured treatment within six months of successfully completing treatment
  - Increasing the number of clients engaged in education and training and voluntary and paid work
  - Reducing criminal behaviour, anti-social behaviour and reoffending
  - Increasing the proportion of clients that achieve abstinence from their primary problematic substance at treatment exit
  - Improving physical and psychological health.
- 2.3 Key requirements of the new system will be to deliver a safe and effective service to all Wolverhampton residents and will incorporate the core treatment functions plus the prescribing function, supervised consumption, needle exchange service, community and residential detox and rehabilitation, aspects of dual diagnosis client pathways and drug testing.
- 2.4 The system works with people who are vulnerable with complex needs around substance misuse (for instance mental health, pregnant women etc.) therefore quality, partnership working and safety are key considerations.

## **3.0 Commissioning arrangements**

- 3.1 Substance Misuse Services are currently commissioned by the Public Health and Wellbeing team and are funded via the Public Health Grant. The current contracts were

retendered during 2012 commencing on the 1 April 2013 and will expire on 31 March 2018. Legally, it is not possible for the Council to extend the contract beyond this date.

- 3.2 In line with Council and European Union Contracting Rules, the City of Wolverhampton Council now intend to re-commission Substance Misuse Services with a service start date of 1 April 2018.

#### **4.0 Progress**

- 4.1 The Local Authority in conjunction with the Clinical Commissioning Group (CCG) and key Council partners are undertaking a co-commissioning approach to this tender. The CCG is the principle commissioner of clinical services impacted by drug and alcohol issues e.g. primary care and acute services. Working together will ensure the total budget available is put to the best possible use.
- 4.2 A Substance Misuse Commissioning Steering Group has been established with representation from the Public Health and Wellbeing team, the CCG, Local Authority commissioners and other key teams e.g. Children's Services and Housing services, Royal Wolverhampton NHS Trust, West Midlands Police, Healthwatch and Public Health England. This group will be responsible for overseeing the engagement and consultation process as well as the development of the re-commissioning process.

#### **5.0 Development of commissioning process**

- 5.1 Based on significant changes in drug trends over the last five years and with the emerging evidence of prescribed/over the counter medication, the acknowledgement of alcohol related harm as well as awareness regarding New Psychoactive Substances (NPS formerly known as legal highs), there is a need to commission services which seek to continually innovate, meet emerging needs and are flexible to the changing landscape.
- 5.2 We must however not lose sight of the strengths from the current system and the excellent joint work undertaken with key services such as the Council's Children's Services that has developed over the last few years. We will therefore continue to recognise the need for effective commissioning of early interventions, Information and Brief Advice (IBA) and preventative services which will seek to engage at an early stage. We will continue to develop a shared care model which recognises how effective primary care settings can be in delivering services.
- 5.3 Effective care/aftercare services and access to mutual aid need to continue to be developed as we recognise the need for post treatment services to promote peer led activity which supports on-going abstinence, harm reduction and reintegration into the community.
- 5.4 The future service specification will be informed by:
- National guidance
  - Analysis of local needs

- Review of the evidence base and examples of best practice
- Current service delivery and performance
- The priorities of the Health and Wellbeing Strategy and Corporate Plan
- The views of our key stakeholders

## **6.0 Engagement and Consultation**

6.1 We will employ the principles of co-production and work together with key stakeholders and service users at the start and throughout the process to ensure that the system is jointly designed by and for people who use services and people who run services. This approach will also be embedded into the specification and monitored as part of the contract review process.

The engagement and consultation process is formed of two phases:

- Phase One: Eight weeks engagement with professional stakeholders and service users which shapes an intended model of delivery.
- Phase Two: Four weeks consultation with all key stakeholders and the general public on the intended model.

This approach has been adapted from the recent and highly effective Healthy Child Programme engagement and consultation. At that time, advice was taken from key Council officers and well received by Health Scrutiny, Children Young People and Families' Scrutiny and Scrutiny Board panels.

## **6.2 Engagement**

6.2.1 Our engagement will provide insight into what service users, providers and stakeholders expect of a new system, views on current services, any gaps in service provision that are identified or areas for improvement and views on future priorities. This will be conducted within a framework which draws on the latest national guidance.

6.2.2 We will hold a partnership engagement event which will be used as an opportunity to invite feedback on the current model as well as suggestions to inform the design of a new model for the substance misuse system.

6.2.3 At the initial multi-agency steering group four key themes were identified:

1. Dual diagnosis (substance abuse and mental illness)
2. Toxic trio (children and young people at risk of domestic abuse, substance abuse and mental illness)
3. Criminal Justice (pathways linking criminal justice to community services)
4. Primary Care (GP/pharmacy led treatment interventions).

6.2.4 We will be carrying out service visits/questionnaires to the current treatment providers under the themes above.

6.2.5 We have visited treatment services in other Local Authority areas that are regarded by Public Health England as delivering best practice to obtain their recent experience of

commissioning in this area and explore different models of delivery. We have found a range of commissioning approaches are underway from integrated services to separate treatment and recovery services delivered by different providers.

6.2.6 Engagement activities will also include:

- Attendance at the Local Medical Committee, the Local Pharmacy Committee and Clinical Commissioning Group Board meetings
- Questionnaires for previous and current service users and those misusing substances who are not engaged with services
- Actively seeking participation from groups identified by equality strands in the initial Equalities Impact Screening Process.

6.2.7 A market engagement survey is currently being developed to engage with prospective providers and understand the level of interest in the provider market. These findings will inform the Councils tendering approach.

6.2.8 Information collected throughout the engagement period will inform and shape the development of the model followed by a formal four week period of consultation on the intended model.

### **6.3 Consultation**

6.3.1 Consultation will be via an initial generic questionnaire aiming to reach as wide an audience as possible.

6.3.2 Further targeted consultation may take place with priority groups identified throughout the process.

6.3.3 We will run the consultation for four weeks via the City of Wolverhampton consultation portal on the website. The opportunity to consult will be promoted and encouraged throughout the engagement period. Findings will be reported back to Health Scrutiny at the end of the consultation period.

6.3.4 The target audience for the consultation includes (please see Appendix 1 for a defined list):

- Those in treatment
- Those engaged with the Service User Involvement Team (SUIT)
- Young People
- Parents, family members, partners and carers
- People who are misusing substances but not engaging with services
- Those who have successfully completed treatment
- Providers currently delivering substance misuse services
- Stakeholder groups, including, public health, health services, probation service, social care services, children's services, police and the voluntary sector.
- Members of the public will also be able to have their say on the proposals through the city council's website.

## **7.0 Next steps**

7.1 Next steps are to:

- Consider the views and comments of the Health Scrutiny panel before commencing the formal engagement and consultation processes.
- Report back to the Substance Misuse Steering Group.
- Feedback engagement and consultation findings to Health Scrutiny.

## **8.0 Financial implications**

8.1 There are no direct financial implications arising from this report. Any costs as a result of the re-commissioning of the substance misuse system in Wolverhampton will be met from the Public Health ring fenced grant contracts budget, which is £16.6 million for 2016/17. [GS/07022015/C]

## **9.0 Legal implications**

9.1 The Council has a statutory responsibility for improving the health and well-being of its population. There is a legal requirement to conduct a formal consultation. The steering group will receive legal advice as required. [RB/31012017/D]

## **10.0 Equalities implications - Initial Equality Impact Screen**

10.1 An initial equality analysis has been undertaken and findings will be shared with the Programme Steering Group and Equalities Team. There is no preliminary evidence that the proposed consultation and engagement process is discriminatory across the equality strands and therefore it is not proposed to conduct a full equality impact assessment on the engagement and consultation process. We intend to collect equality data from respondents to the online survey and from participants taking part in any further focus discussion groups. We intend to proactively promote the on-line surveys to organisations working across the equality strands for e.g. disability forums, Lesbian, Gay, Bisexual, Transgender and Black and minority ethnic communities.

We intend to conduct a further initial equality impact screen on the future service model once the consultation is closed.

## **11.0 Environmental implications**

11.1 No environmental implications have been identified relating to the consultation and engagement process.

## **12.0 Human resources implications**

12.1 No human resource implications have been identified relating to the consultation and engagement process.

### **13.0 Corporate landlord implications**

- 13.1 No corporate landlord implications have been identified relating to the consultation and engagement process.

## Appendix 1 – List of key stakeholders to consult

The Portfolio Holder for Health and Wellbeing	
Service Director of Public Health and Wellbeing	
Service Director of Children and Young People	
Service Director of Adult Social Care	
Head of Safeguarding	
Ward Councillors	
Homelessness Team	
Young Persons Homeless Service	
Sheltered Housing	
Safer Wolverhampton Partnership	
Royal Wolverhampton NHS Trust	
NHS England	
Healthwatch	
Wolverhampton City Clinical Commissioning Group	
Wolverhampton Homes	
JobCentre Plus	
Wolverhampton Voluntary Sector Council	
West Midlands Police	
Office of the Police and Crime Commissioner	
Local Pharmaceutical Committee	
Local Medical Committee	
Pharmacies	
Shared Care GP's	
GP's	
Wolverhampton Domestic Violence Forum	
Relate Wolverhampton	
Citizens Advice Bureau	
University of Wolverhampton	
West Midlands Ambulance Service	
Youth Offending Team	
National Probation Service	
West Midlands Fire Service	
Wolverhampton Interfaith Regeneration Network	
Age UK	
BME United	
Ethnic Minority Council	
Emerging Communities Network	
St Georges Hub	
Soup Kitchen Darlington Street Methodist	

This report is PUBLIC  
NOT PROTECTIVELY MARKED

Church	
Terrance Higgins Trust	
Equality and Diversity Forum	
LGBT Network	
One Voice	
Headstart	
City of Wolverhampton Council – disability service	
Refugee and Migrant Centre	
Youth Council	
Women of Wolverhampton	
The Haven	
The Way	
Foster Carers Forum	
Wolverhampton Healthy Minds	
Mencap	
Public Health England	
Voice 4 Parents	
Base 25	
Service User Involvement Team	
CAMHS	
ACCI	
Hospital Youth Work Service	
Befriending Service	
Neighbourhood Safety Co-ordinators	
Health Visiting Service	
School Nursing Service	