

# Health Scrutiny

05 October 2017

<b>Report title</b>	Re-commissioning of Drug and Alcohol Services in Wolverhampton – consultation and engagement findings.	
<b>Cabinet member with lead responsibility</b>	Councillor Paul Sweet Public Health and Wellbeing	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Susan Milner, Interim Service Director - Public Health and Wellbeing	
<b>Originating service</b>	People – Public Health and Wellbeing	
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<b>Report to be/has been considered by</b>	PLT	11/09/17

## The Panel is recommended to:

1. Note background information and commissioning plans for drug and alcohol services.
2. Note feedback on the findings from the engagement and consultation process and key future challenges.

## **1.0 Purpose**

- 1.1 This report sets out the findings from the engagement and consultation process which has been used to inform the re-commissioning of drug and alcohol services.

## **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.
- 2.3 The City of Wolverhampton Council is responsible for commissioning drug and alcohol treatment and recovery services for adults and young people, which forms part of a wider programme of activity to reduce drug and alcohol related harm.
- 2.4 Current services were retendered in 2012 with the contract starting in April 2013. Several contracts form the basis of the City's drug and alcohol services offer and will expire on 31 March 2018.
- 2.5 A commissioning and procurement process has been required to replace the current contracts in order to continue to deliver this support. This is at a significantly reduced budget in line with the national and local reduction of the public health grant available to commission these services.
- 2.6 Preparations for going out to tender have been underway during 2017 including extensive engagement to inform a revised service model and subsequent consultation.
- 2.7 The engagement and consultation exercise has been endorsed at Health Scrutiny Panel 2 March 2017.
- 2.8 An interim briefing note outlining engagement feedback and brief consultation findings was provided to panel members on 26 July 2017 under the acknowledgement the timing of this report is after the tender has been advertised.
- 2.9 The future treatment and recovery model for April 2018 onwards has been developed based on the needs of the local population, evidence of what works and findings from engagement and consultation undertaken with service users, wider stakeholders and the general public.

- 2.10 Key requirements of the new recovery orientated system will be to deliver a safe and effective service to all Wolverhampton residents and will incorporate core treatment and recovery functions. This will include the prescribing function, supervised consumption, needle exchange services, community and residential detox and rehabilitation, service user involvement and support and preventative work.
- 2.11 The system will work with people who are vulnerable with complex needs around substance misuse (for instance mental health, young people, pregnant women, offenders etc.) therefore quality, partnership working and safety are key considerations.
- 2.12 The tender provides the opportunity to maintain a treatment system in Wolverhampton; ensuring value for money and the delivery of recovery outcomes and harm reduction.

### **3.0 Engagement and Consultation Process**

- 3.1 During the engagement phase 356 stakeholders participated in the process. Feedback suggested the current service model provides an extremely comprehensive package of care and is highly valued. Areas for improvement include increased accessibility, assertive outreach and stronger pathways of care across mental health and criminal justice.
- 3.2 46 stakeholders responded to the online consultation survey with an overwhelmingly positive response to the model proposed. See Appendix one for full details of the engagement and consultation findings.
- 3.3 Respondents viewed prevention, early identification and harm reduction as a high priority, particularly consideration towards interventions to young people newly introduced to drugs and alcohol.
- 3.4 The feedback also supported that treatment outcomes from the new system were to be maintained around successful completions for individuals with addictions. A partnership approach to reducing alcohol related mortality and admissions to hospital, engaging people entering and exiting prison into treatment and reducing drug related deaths were also considered to be key areas for development.
- 3.5 90% of respondents endorsed a Family Support model as a crucial intervention and an integral part of recovery.
- 3.6 General comments by respondents were very similar to those received throughout the engagement process and included:
  - A need to improve recovery support in prisons with seamless transfer from prison to services on discharge.
  - Prioritise outreach for vulnerable groups. Homelessness seen as a significant priority group with unmet needs.
  - Support around employment needs and getting people off benefits.
  - Family support focusing on keeping children within families (where safe to do so)
  - Aftercare covering long term peer support, promoting reintegration, supporting access to wrap around services and recovery communities.

- Increasing early engagement and prevention interventions – reducing presentation at points of crisis.
- Delivery of care should be focused across the city and in a variety of community settings.

3.7 The proposed service model and scope of interventions was presented at a market warming event on 12 July 2017 and received positive feedback.

#### **4.0 Future Challenges**

4.1 The consultation findings have indicated that the development of services with a wider reach into communities and universal services as well as increased support for complex needs and responses to new drugs such as New Psychoactive substances (NPS) is desirable.

4.2 The service model that has resulted from this has taken account of these aspirations however a 20% reduction in the budget available for the new contract will restrict the scope of growth and development in these areas.

4.3 The provider will be expected to achieve efficiencies but also innovation in delivery to ensure the service remains as accessible and responsive as possible. As a result, a phased approach towards changes in the delivery of substance misuse services, as well as where resources are mainly being utilised (treatment), has been built into the contract over five years to encourage a shift towards more preventative approaches.

4.4 New and or increased demands on the service will need to be managed collaboratively with other services and stakeholders to ensure resource and capacity is available across the health, social care and criminal justice systems to balance rather than subsume these pressures into the contract

#### **5.0 Commissioning Intentions**

5.1 The tendering process will commence on 4 September 2017. Tenders will be invited until 18 October 2017

5.2 Tender submissions will be evaluated during October with a report to Cabinet Resources Panel on 14 November 2017 seeking delegated authority to award the contract for drug and alcohol services.

5.3 The service will begin on 1 April 2018 following the contract mobilisation phase during December 2017 – March 2018.

#### **6.0 Financial implications**

6.1 Funding for Public Health is provided to the Council by the Department of Health in the form of a ring-fenced grant. The total allocation for 2017-2018 is £21.3 million. The

allocation for 2018-2019 has not been confirmed as yet, but it is anticipated that there will be a funding reduction when compared to the 2017-2018 allocation.

- 6.2 The cost of the proposed re-commissioned contract will be contained within an envelope of £4.0 million and will be funded from within the total Public Health grant allocation for 2018-2019. [NM/05092017/O]

## **7.0 Legal implications**

- 7.1 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. [RB/04092017/F]

## **8.0 Equalities implications - Equality Impact Assessment**

- 8.1 A full Equalities Impact Assessment has been undertaken. Findings have been fed into the specification and evaluation criteria. Mobilisation will include assurance that equalities issues have been fully explored and responded to.

## **9.0 Environmental implications**

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

## **10.0 Human resources implications**

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

## **11.0 Corporate landlord implications**

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

## **12.0 Schedule of background papers**

- 12.1 Health Scrutiny Panel 2 March 2017 - Proposed engagement and consultation plan for drug and alcohol commissioning and service redesign.