

Cheshire East Council

Cabinet

Date of Meeting:	5 th December 2017
Report of:	Mark Palethorpe: Acting Executive Director of People
Subject/Title:	Substance Misuse Service Re-commissioning
Portfolio Holder:	Councillor Liz Wardlaw, Health Councillor Jos Saunders, Children and Families

1. Report Summary

- 1.1. The responsibility for the commissioning of Substance Misuse Services was transferred to the Local Authority from the former Primary Care Trust in April 2013. Following the transfer of responsibility the Cheshire East Substance Misuse Service was re-commissioned and the contract was awarded to Cheshire and Wirral Partnership NHS Trust (CWP) in November 2014. The current Cheshire East Substance Misuse Services contract is due to expire on the 31st October 2018.
- 1.2. A step change approach was taken during the 2014 Substance Misuse Service commissioning, and as a result efficiencies were achieved through the development of an integrated, all age, drug and alcohol service.
- 1.3. The performance of the existing Substance Misuse Services has steadily improved in some areas including the successful completion of Substance Misuse Service treatment for both drugs and alcohol users, and reduced re-presentations to drug and alcohol treatment services. However further service transformation is needed to ensure additional improvements in drug and alcohol outcomes for local people across Cheshire East. Key areas identified for improvement in performance include: reduced waiting times particularly for alcohol treatment and recovery support, access to community based recovery support, early intervention and prevention support for young people, and a reduction in the number of adults who have been in drug treatment for over 6 years.
- 1.4. The [Drug and Alcohol Joint Strategic Needs Assessment](#) has been updated to inform the commissioning of Cheshire East Substance Misuse Service. Key areas of need identified within the Joint Strategic Needs Assessment include: Young People (particularly girls) start drinking at an earlier age in Cheshire East in comparison to the England average, and although under 18 hospital admissions are dropping they are still higher in Cheshire East than the England average. There is a need to shift the balance between drug and

alcohol service provision, towards the higher level of need for alcohol support.

- 1.5. Engagement and coproduction with stakeholders, particularly local people who use substance misuse services (Service Users) is a core focus of the re-commissioning and service re-design. An extensive Provider engagement programme has been developed to ensure a positive and competitive response from the Market. Service Users are engaged through the coproduction of a Cheshire East Service User Journey. A key area of feedback from Adult Service Users is the need to strengthen the community based and peer 'Recovery' element of the Substance Misuse Service, with many Service Users asking the question 'what next' after they have been discharge from treatment. The national evidence from Public Health England shows that increased 'recovery capital' and 'visible recovery communities' i.e. employment, training, volunteering, housing, social connections and peer support at a community level keeps people from re-entering treatment services and helps people to maintain recovery. Feedback from young people includes their first choice to seek information would be online, and if the issue was more serious to speak to parents and then friends (peers).
- 1.6. The Cheshire and Merseyside 5 Year Forward View / Sustainability and Transformation Plan (STP) has identified the need to focus on the two prevention priorities across Cheshire & Merseyside that will deliver the greatest return on investment (ROI): **Alcohol** and Hypertension/High Blood Pressure (BP).

2. Recommendation

It is recommended that Cabinet

- 2.1 Agrees that a competitive EU compliant procurement exercise be undertaken for the provision of a new model for Substance Misuse Services in Cheshire East.
- 2.2 Delegates authority to the Acting Executive Director of People in consultation with the Portfolio Holder for Health, and Children and Families:
 - 2.2.1 to award a contract for an initial period of 3 years (with options to extend for a maximum of 2 years); and
 - 2.2.2 in consultation with the Director of Legal Services to enter into a contract with the successful supplier.

3. Reasons for Recommendation

- 3.1. To commission Substance Misuse Services within required timescales. The existing Substance Misuse Service contract is due to expire on the 31st October 2018, which will require the Council to undertake a competitive

EU compliant procurement process. We are aiming to re-commission the new Cheshire East Substance Misuse Service to go live by the 1st November 2018.

- 3.2** To ensure the continuation of Substance Misuse Service transformation to achieve our ambition of shifting the balance towards the following key areas: A 'Recovery' focused Substance Misuse Services; 'Harm Reduction', 'Early Help' and 'Prevention'; and Increased access for Alcohol.
- 3.3** To meet the needs and aspirations of local people and communities across Cheshire East who are impacted by substance misuse. The needs and views of local people are available in the Cheshire East Drug and Alcohol Joint Strategic Needs Assessment (JSNA) and the Cheshire East Service User Journey's for Adults and Young People.
- 3.4** To ensure that Service Users and local communities have a voice, are empowered, engaged and are able to contribute to improving local Substance Misuse Service, through the co-commissioning approach described within the Strategic Commissioning Plan.
- 3.5** To explore how Substance Misuse Services can be improved to be more effective, to improve outcomes for local people and reduce the harm and impact of Substance Misuse on individuals, families and communities.
- 3.6** To ensure that Cheshire East are a top performing Local Authority for Substance Misuse Services regionally and nationally.
- 3.7** To develop a strong Provider Market, who have the ability and appetite to respond to our local SM commissioning requirements.

4 Other Options Considered

- 4.1 Joint Commissioning: Cheshire West and Chester Council**
Joint Commissioning has been explored with Cheshire West and Chester Council. However Cheshire West took the decision not to jointly commission.

5 Background

5.2 Service Elements for Substance Misuse Service Commissioning

The Cheshire East integrated drug and alcohol treatment and recovery service includes:

- Specialist drugs and alcohol services for young people;
- Specialist drugs and alcohol service for adults;
- Support young people to transition to adults drug and/or alcohol services;

- Assessment, Service Planning and Case Management;
- Alcohol Identification and Brief Advice;
- Innovative solutions for improved access to drugs and alcohol services through a Hub and Spoke model, including face to face, drop-ins, technological solutions, and outreach e.g. in GP surgeries and hospitals;
- A whole-system partnership approach for improved pathways and recovery journeys;
- Abstinence and non-abstinence based recovery journeys;
- A 'personalised' approach to assessment, service/care planning and case management;
- Building Recovery Capital and Strengths for Individuals based on the 5 Ways to Wellbeing;
- Building Recovery Communities (Assets Based Community Development);
- Embed service user and family engagement, co-production, co-design, co-assessment and co-delivery at the heart of the service e.g. mutual aid, peer support and self-help;
- A range of interventions for all substances including opiates, benzodiazepines, stimulants, steroids, new psychoactive substances, prescription and over the counter medicines and alcohol;
- Evidence based treatment and harm reduction: In-patient and Community Rehab/Detox, Substitute Prescribing (Opiates / Alcohol) Maintenance and Reduction Plans;
- Community Based Interventions: Drug Misuse Shared Care in General Practice and Pharmacies;
- Universal provision: Communications, Prevention Campaigns, Training, Information and Advice (with a specific focus on schools, college, universities and social care practitioners);
- A core focus on early intervention, prevention, harm reduction and the achievement of recovery;
- Specialist advice and guidance for the wider system services around substance misuse;

- Criminal Justice and Youth Offending Substance Misuse.
- Specialist advice and guidance for the wider system services around substance misuse.

5.3 Market Engagement and Development

Activities have so far included one to one meetings (August 2016) with providers, a soft market testing survey (September 2016) and market engagement events (October 2016 and February 2017). Connected Communities Events (April 2017). Further market engagement events as well as Connecting Communities events are planned for October and November 2017. Key Themes from the market engagement activities so far include:

- commissioners need to be open to multiple provider models including lead provider, subcontracting, partnership and consortiums;
- longer contract lengths are more commercially viable and appealing for providers. Service transformation takes time and also needs to be considered when setting the contract length;
- an integrated drug and alcohol service provision needs to be maintained within the re-commissioned service;
- the need to commission specialist services targeted and Young Person and specialist services targeted at Adults, with clear strong pathways and transition between services;
- a hub and spoke model should be considered to improve access to services due to the geographical and local demographic needs across Cheshire East;
- a greater shift towards recovery, with a stronger recovery community is needed in Cheshire East, while maintaining a strong harm reduction focus.

5.4 Service User Journey (Service User Voice, Engagement and Coproduction)

Commissioners and Service Users have coproduced our local Cheshire East Service User Journey. Service Users have completed surveys, attending focus groups and one to one interviews through December 2016 to April 2017, to gather a rich picture of what the Cheshire East Service User Journey looks like now, and what it could or should look like in the future. There are two separate processes targeted at adults and young People. The Young Persons Service User Journey has been developed and delivered by the Young Advisors.

Plans are also being developed to involve Service Users in the procurement evaluation process, through the co-assessment of tenders.

The Service Users voice, engagement and co-production will also be a core function and element of the service specification requirements for the newly commissioned Cheshire East Substance Misuse Service. This will ensure that it is embedded through to the delivery of the new service model.

5.5 Community Engagement

An initial Equalities Impact Assessment (EIA) screening process has been undertaken to identify the protected characteristic groups. The Equalities Impact Assessment is supported by engagement with communities during two 'Connecting Communities' Events which took place during April 2017 and a 'Connected to Decision Making' event which took place on the 31st October 2017. The Connecting Communities events have been developed in partnership between Public Health and the Communities Team. The aim of the events was to build the links and connections between communities and Substance Misuse Services. This will help to break down the barriers and perceptions of drug and alcohol misuse, to build local recovery communities. The aims and outcomes are therefore aligned to the Cheshire East Connected Communities Strategy.

The community will also be involved in the evaluation of tenders, through community events, where communities will score presentations delivered by providers. This will be developed using learning based on the Cheshire East Participatory Budgeting programme.

5.6 Local Needs and Strengths – Drug and Alcohol Joint Strategic Needs Assessment

The Cheshire East Drugs and Alcohol Joint Strategic Needs Assessment states that effective prevention and early intervention helps to reduce or remove the factors which increase peoples' risk of misusing drugs and/or alcohol (such as family conflict, parental or sibling alcohol use or economic deprivation), while enhancing protective factors (such as strong family bonds, strong support structures, problem solving skills, constructive interests and activities). People misusing drugs and/or alcohol are likely to have a range of needs cutting across health, social care and criminal justice. Clear pathways are therefore needed between different services, supported by joint working protocols and good communication.

Protective factors are also associated with building an individual's recovery capital (the assets or strengths that help people sustain their recovery from drug and/or alcohol misuse) such as housing, employment, education, peer support and connectedness. National Institute for Health and Care Excellence (NICE) guidance and evidence from Public Health England suggests that effective substance misuse services need to focus on the early intervention, prevention and recovery. The local evidence indicates that the following areas need to be addressed:

- More young people in Cheshire East have tried alcohol at age 15 compared to the national average. Therefore parental influence and

preventing or delaying the age of first use of alcohol or drugs for young people needs to be a priority;

- Female adolescent drinking is one of our biggest concerns in Cheshire East;
- Alcohol specific hospital admissions in under 18s are higher in Cheshire East compared to other areas of the country (although the trend is reducing);
- We need to understand more about why people in Cheshire East spend a longer time in Drug Treatment compared to the national average;
- Maintaining recovery – We need a stronger focus on building individual ‘recovery capital’ for adults, particularly housing and employment;
- Harm reduction remains a key priority nationally locally with increasing numbers of drug related deaths due to the aging population of opiate users and associated chronic illness;
- Peer support is a key factor in maintaining recovery for adults. Local young people also say that they would prefer to talk to their peers about drug and alcohol issues;
- There is a larger proportion of individuals living in Cheshire East who are in drug treatment, compared to the number of individuals in alcohol treatment, in contrast to the higher level of need for alcohol misuse in comparison to drug misuse;
- People living in Cheshire East spend longer in treatment for drug use in comparison to the England average.

Therefore key recommendations from the Joint Strategic Needs Assessment are the need for a safe and effective shift in the balance between:

- Treatment, Harm Reduction, Early Intervention, Prevention and Recovery
- Drug Treatment & Prevention - Alcohol Treatment & Prevention

5.7 Investment in Cheshire East Substance Misuse Services

Savings were achieved during the previous Substance Misuse Service re-commissioning process in 2014, with a 3.5% reduction in the contract value year on year. The contract value prior to the 2014 tender process was £3.758m. The CWP Annual Contract Value for 2017/18 is £3,030,568.

The Cheshire and Merseyside 5 Year Forward View / Sustainability and Transformation Plan (STP) has identified two prevention priorities that will deliver the greatest **return on investment**: Alcohol and Hypertension/High Blood Pressure (BP). Alcohol misuse across Cheshire & Merseyside costs around £994 million each year (£412 per head of population).

Cheshire East Return on Investment: For every £1 investment in Substance Misuse Services there is a cost benefit of £2.50. The annual cost of alcohol in England is estimated at more than £21bn. A breakdown of the annual costs due to alcohol in Cheshire East:

- NHS costs: £29.5m, or £80/person living in Cheshire East,
- Crime costs: £36.3m, or £98/person living in Cheshire East,
- Work place costs: £62.6m, or £169/person living in Cheshire East,
- Social Care costs: £10m, or £27/person living in Cheshire East.

Prevention Return on Investment: Measures to reduce alcohol availability have the capacity to have a high benefit: cost ratio of £4000 per £1 spent. Based on the National Institute for Health and Care Excellence (NICE) alcohol return on investment tool programme to reduce alcohol availability by 10% could save around £1billion in 5 years in Cheshire & Merseyside, including £7million direct health care cost savings.

Identification and Brief Advice Return on Investment: If 50% of people in Cheshire & Merseyside were screened at their next GP appointment, Identification and Brief Advice (IBA) could result in a £220million net healthcare cost saving in year 5, as well as significant Quality Assurance Life Years (QALY) gains and productivity gains. The overall benefit: cost ratio could be as high as £290 per £1 spent (Based on Institute for Health and Care Excellence (NICE) alcohol return on investment tool programme).

Treatment and Recovery Return on Investment: Hospital alcohol interventions are good value for money. Evaluations indicate that return on investment from effective alcohol care teams can be between £3.50 and £3.85 per £1.00 invested. Assertive outreach services can deliver a return of £1.86 per £1.00 invested. Investment in specialist alcohol treatment can produce a high return. For every 100 alcohol-dependent people in treatment (cost £40,000) will save £60,000 and prevent 18 A+E visits and 22 hospital admissions.

5.8 Procurement Timescales:

- **Market, Service User, Community, Stakeholder Engagement and Co-production:** August 16 – December 17
- **Procurement Notice:** January 2018
- **Award Contract:** July 2018
- **Service Mobilisation:** August - October 2018
- **New Service Goes Live:** November 2018

6 Wards Affected and Local Ward Members

6.1 All

7 Implications of Recommendation

7.1 Policy Implications

7.1.1 This report is in line with the requirements under Health and Social Care Act 2012.

7.2 Legal Implications

7.2.1 The aggregate value of the provision is such that these services must be procured in accordance with the Public Contracts Regulations 2015 and in compliance with the Council's Finance and Contract Procedure Rules. This will require a fully OJEU complaint procurement exercise. A number of different outcomes are being considered (lead provider, consortium and partnerships) as part of the procurement process together with use of negotiation as part of the competitive procedure in order to achieve a community/recovery based model. The Service is engaging with Legal Services and the Council's Corporate Procurement Team in this process.

7.2.2 The procurement is a change to the way services are currently provided and the Service have engaged with stakeholders including service users to co-produce the service specification. Under the Equality Act 2010, the Council is required to identify the impacts of any decisions, policies etc. on certain protected groups to ensure equality is promoted, and inequality minimised. For example, there must be an assessment made of the impacts on groups or individuals who are disabled, who belong to ethnic or racial groups, on the grounds of age or sex discrimination etc. An Equality Impact Assessment can both assist in evidencing that these equality duties are being met and inform decision taking. The impact of TUPE on existing provision will need to be considered during the course of the procurement process.

7.3 Financial Implications

7.3.1 The Public Health budget remains a ring fenced budget and any commissioning activity will need to ensure best value for money.

Current SMS Budget

Prescribing	542,157.36
Dispensing (NHS England)	260,000.00
Adults Alcohol	704,203.44
Adult drugs	1,308,665.02
Young People up to 25	177,622.08
Youth Offending Service	37,920.00
Total	£3,030,568

7.4 Equality Implications

7.4.1 An Equality Impact Analysis/Assessment is required– this is currently underway and all appropriate evidence is being gathered and frequently reviewed and updated.

7.5 Rural Community Implications

7.5.1 The re-commissioned model has been developed in response to engagement and coproduction with people who use Substance Misuse Services, their families, providers and stakeholders, with the development of a Hub and Spoke, community based model. The aim of the Hub and Spoke model is in response to local needs in term of access across the borough of Cheshire East, including rural areas of Cheshire East.

7.6 Human Resources Implications

7.6.1 Whilst the proposals do not envisage any HR implications for the Council, TUPE may apply to existing care at home providers.

7.7 Health and Wellbeing Implications

7.7.1 There are significant Public Health implications for young people and adults, in terms of alcohol and drugs prevention and harm reduction.

7.8 Implications for Children and Young People

7.8.1 The Substance Misuse Service is an all age service that will impact on young people at risk of substance misuse, those using substances and children and young people who live with parents who misuse drugs and/alcohol.

7.9 Overview and Scrutiny Committee Implications

7.9.1 None

7.10 Other Implications (Please Specify)

8.1 None

8.0 Risk Management

8.1 Procurement Timeline – The timeline has been determined to maximise the transition time between contract award and contract commencement to ensure a managed process as far as is reasonably possible. We will monitor the time line progress and alert managers to any matters of concern as early as possible when support and assistance is required.

8.2 Existing Service Delivery – With all procurement processes there may be an impact on existing service delivery and performance. This will be managed through contract monitoring to ensure the achievement of KPI's and maintaining open communication with existing providers to address concerns and possible risks at an early stage will continue to mitigate this risk.

8.3 Transition risks – Following the contract award there may be an increased risk of current service providers failing to deliver services. There is a risk of a dip in performance during first part of the contract term due to the change and transition from the current service provision to the new service provision. This will be managed through:

- Clear and robust transition planning and change process led by the commissioner in partnership with providers and Public Health England;
- Monitoring of contractual requirements of the existing provider for the current service e.g. there is a contractual requirement of the existing provider for the safe and effective transition of service users, caseloads and information;
- Rigorous change management, transition and mobilisation and change process that will be clearly defined within the service specification for example;
- The allocation of a realistic timeframe that is required within the procurement timeline, for transition and mobilisation process.

9.0 Access to Information

- 9.1** Cheshire East Drug and Alcohol Joint Strategic Needs Assessment http://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/living_well_working_well.aspx#LifestyleChoices
- 9.2** Cheshire East Substance Misuse Service: Service User Journey Report and Visualisation (Road Map) The Cheshire East Service User Journey is also available in interactive visual format via the: <https://prezi.com/view/YNwyBjaHV1NHDIXajFp8/>
- 9.3** **Service User Experiences - BadKamra Film:** Service user stories who have attended and graduated from the Dependency, Emotional, Attachment Programme (DEAP) which is one element of the existing Substance Misuse Service: [D.E.A.P Graduations - Cheshire July 2016](#)
- 9.4** Live Well Cheshire East Commissioning Plan (2017)

10.0 Contact Information

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