

Report for: ACTION



Contains Confidential or Exempt Information	NO - Part I
Title	Drug and Alcohol services – Outcome of Review
Responsible Officer(s)	Alison Alexander, Managing Director/Strategic Director Adult, Children and Health Services
Contact officer, job title and phone number	Hilary Hall, Head of Commissioning, Adults, Children and Health
Member reporting	Cllr David Coppinger, Lead Member Adult Services, Health and Sustainability
For Consideration By	Cabinet
Date to be Considered	26 May 2016
Implementation Date if Not Called In	Immediately
Affected Wards	All

REPORT SUMMARY

1. This report presents the outcome of the comprehensive review of drug and alcohol services commissioned by Cabinet in October 2015 and undertaken by a multi-stakeholder Task and Finish Group, under the leadership of the Deputy Lead Member for Public Health.
2. It recommends that Cabinet accepts the recommendations of the Task and Finish Group to specify a best practice model for RBWM, and approves a procurement exercise to secure drug and alcohol services for adults, effective from 1 April 2017.

If recommendations are adopted, how will residents benefit?

Benefits to residents and reasons why they will benefit	Dates by which residents can expect to notice a difference
1. Delivering awareness campaigns to residents, particularly young people, which prevent them from needing drug and alcohol services in the first place.	April 2017 onwards
2. Providing services which enable residents who are chaotic users of drugs/alcohol to start to achieve stability and ultimately to work towards recovery.	April 2017 onwards

1. DETAILS OF RECOMMENDATIONS

RECOMMENDATION: That Cabinet:

- i. **Notes the outcome of the Drug and Alcohol Services review undertaken by the Task and Finish Group and agrees the recommendations, see box 1.**
- ii. **Approves a tender exercise to secure drug and alcohol services for adults, effective from 1 April 2017.**
- iii. **Notes that Cabinet will receive a report back on the outcome of the tender in January 2017.**

2. REASON FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

- 2.1 On 29 October 2015, Cabinet approved a timetable and methodology for reviewing the Royal Borough's drug and alcohol services. The review was designed to explore the best drug and alcohol service model for the Royal Borough. It was also set in the context of a 6.2% reduction in the Public Health grant announced earlier in 2015. Cabinet approved the fundamental review of the service which would include benchmarking, identification of best practice in the UK and abroad and full risk mitigation for viable options.
- 2.2 A Task and Finish Group was set up, led by Councillor Stuart Carroll the Deputy Lead Member for Public Health, comprising:
- Councillor Hilton, representing the Crime & Disorder Overview and Scrutiny Panel.
 - Councillor Jones, representing the Adult Services Overview and Scrutiny Panel.
 - Councillor Saunders, representing the Mental Health Partnership Board.
 - Councillor Airey, Lead Member for Youth Services and Safeguarding.
 - Berkshire Director of Public Health.
 - Thames Valley Police representative.
 - Windsor, Ascot and Maidenhead Clinical Commissioning Group representative.

Current provision and performance

- 2.3 Drug and alcohol services in the Royal Borough are commissioned for adults and provided for young people by the Drug and Alcohol Action Team (DAAT).
- 2.4 Overall, in terms of prevalence and complexity factors, the needs of residents in the Royal Borough appear to be less than those of Slough and Reading, similar to those in West Berkshire but largely higher than those of Wokingham and Bracknell.
- 2.5 Performance for adults is measured through successful treatment completions. Performance compares well with the other Berkshire authorities, with the September 2015 data placing the Royal Borough second for the non-opiate and alcohol cohorts and third for the combined alcohol and non-opiate cohort. There are some improvements to be gained in the opiate cohort. Performance around 'in treatment' benefits which seeks to demonstrate the positive gains experienced before people exit formal treatment showed that the Royal Borough compares well with national averages.

- 2.6 The directly provided young people's service performs well compared to the other Berkshire services, with the highest rates of planned exits for young people in service, in 2014/15.

Consultation

- 2.7 A full consultation exercise on future service provision was undertaken for adult and young people's drug and alcohol services in January and February 2016 to seek views on needs and service design. The headlines from the consultation responses were:
- Prevention was seen as a priority as a measure of success.
 - There should be a range of prevention and treatment services with resources being flexibly deployed to meet changing needs.
 - There should be a balance between drug and alcohol provision.
 - Anyone requiring services should be able to access them although specific priority groups should be targeted.
 - Those who had relapsed should be able to re-access services and access should be unlimited.

Options and models

- 2.8 Based on the assessment of need and the feedback from the consultation, the Task and Finish Group concluded that users of drug and alcohol services can be categorised into four groups:
- Group 1: Preventing people from needing drug and alcohol services in the first place.
 - Group 2: Enabling those who are chaotic users of drugs/alcohol to start to achieve stability and reducing usage.
 - Group 3: Enabling those who are stable to work towards recovery.
 - Group 4: Enabling those who are being maintained on substitute drugs to achieve full recovery.
- 2.9 Measures of success for each of these outcome groups were defined by the Group with an additional overall measure of success for drug and alcohol services being value for money. The current saving for the Royal Borough is £5.51 per £1 spent – the expectation is that any new model would maintain value for money at least at this level.
- 2.10 The Task and Finish Group concluded that the current range of high quality prevention and treatment services should continue recognising the need to evolve services in line with demand and need. It concluded that the current commissioning team and young people's service should continue in their current forms, at no additional cost. In relation to adult services, it concluded that the interventions needed could broadly be separated into four areas:
- Those which are fundamental for the core service model.
 - Those which enable the core service model.
 - Those which enhance the core service model.
 - Other health treatments/services provided by the wider health economy, including mental health services, to which service users are signposted
- 2.11 Estimated costings for the core service model, enabling services and desirable services are set out in the review report. The Task and Finish Group's recommendations are that the core service model and enabling services should be the subject of a procurement exercise for new services to be in place effective 1

April 2017 for three years. The recommended procurement route would be to utilise the more flexible negotiated tender methodology. Whilst a negotiated tender process benefits from the selection process at a pre-qualification stage, it also allows the purchaser flexibility to negotiate the model and terms of the contract further prior to award. This ensures that innovation from providers and ideas from commissioners can be included in the final model.

2.12 It should be noted that the Task and Finish Group did explore the potential for joint procurement with other Berkshire Authorities. However at this stage the Berkshire Director of Public Health advised that it was not an option, though it might be in future.

2.13 The full set of recommendations from the review is set out in box 1.

Box 1: Recommendations of the Drug and Alcohol Task and Finish Group

The recommendations of the Drug and Alcohol Task and Finish Group in relation to the **commissioning** of drug and alcohol services in the Royal Borough are to:

- Retain the current commissioning staff of one manager and two commissioning officers to ensure tight contract management, effective coordination across all services and specialist advice and guidance.
- Carry out a systematic review of the services provided by other agencies in the Royal Borough for drug and alcohol substance misusers in order to provide assurance around quality and breadth of provision.

The recommendations of the Drug and Alcohol TFG in relation to **adults** are to:

- At a minimum, commission the essential core service model.
- Commission the essential enabling services required to ensure maximum impact of the core service model or at least a significant proportion of these services according to priority to allow for effective implementation, see table 5 in appendix 1.
- Work with partners to ensure that the services which enhance the core service model and its enabling services, see table 6 in appendix 1, are provided within the Royal Borough. The costs of these additional services could be split across local partners and be implemented in an integrated fashion based on the JHWS and JSNA. Undertake a feasibility study to assess opportunities in this area with a detailed budget proposal to follow to assess cost-effectiveness and financial viability.
- Deploy a flexible negotiated tender methodology in order to secure maximum efficiencies from the procurement process.

The recommendations of the Drug and Alcohol TFG in relation to **young people** are to:

- Move the current young people’s substance misuse workers into children’s early help services to enable integration with the wider children’s service delivery. This is viewed as the only credible and viable option.

Option	Comments
Approve the recommendations of the Task and Finish Group.	This option enables a continuation of the current high quality services providing open access at all whilst at the same time ensuring priority groups are targeted. The

Option	Comments
Recommended	approach to procurement has the potential enable better value for money.
Not approve the recommendations.	

3. KEY IMPLICATIONS

3.1 The key implications of the recommendations are detailed in table 1.

Table 1: Defined outcomes

Defined Outcomes	Unmet	Met	Exceeded	Significantly Exceeded	Date they should be delivered by
New Drug and Alcohol service for adults in place by	After 1 April 2017	1 April 2017	15 March 2017	1 March 2017	1 April 2017

4. FINANCIAL DETAILS

Financial impact on the budget

4.1 The financial outcome of the recommended procurement exercise will not be known until tenders have been received and evaluated. It is expected that the proposed tender exercise will deliver better value for money for the Council, with a reduction in spend. Value for money should be maximised by the use of the recommended flexible negotiated tender methodology.

Table 2: Financial implications

	2016/17	2017/18	2018/19
	Revenue £'000	Revenue £'000	Revenue £'000
Addition	0	0	0
Reduction	0	0	0

5. LEGAL IMPLICATIONS

Public Health Statutory Duty

5.1 The National Health Service Act 2006 ("the 2006 Act") (as amended by the Health and Social Care Act 2012) imposes a statutory duty on the Council in respect of public health.

5.2 Section 2B(1) of the 2006 Act imposes the core statutory duty. This provides that "each local authority must take steps as it considers appropriate for improving the health of the people in its area". Therefore the Council has discretion to decide

what steps it considers “appropriate” to take for improving the health of the people in their particular area. When exercising its discretion the Council must act in accordance with public law principles of rationality, i.e. it must take into account all material considerations, omit immaterial considerations, act in accordance with its legal requirements and act fairly and in accordance with requirements of natural justice. Therefore the Council must have regard to the JSNA and the JHWS.

Public Health England – Ring-Fenced Grant Conditions

- 5.3 The Public Health Ring-Fenced Grant Conditions 2016/2017 are set out in Annex A of Local Authority Circular LAC(DH)(2016)1. The conditions make clear that if there is a failure to comply with the grant conditions, the Secretary of State may reduce, suspend or withhold grant payments or requirement the repayment of the whole or part of the monies paid. In using the grant the Council is obliged to “have regard to the need to reduce inequalities between the people in its area” and where drug and alcohol misuse services are concerned, there is a specific condition which requires the Council to have regard to the need to improve the take up of, and outcomes from, these services.

Consultation

- 5.4 There is no specific requirement to undertake statutory consultation under s 2B in deciding what steps the local authority considers appropriate for improving health. There are detailed provisions in Part 14 (esp ss 221-2) of the Local Government and Public Involvement in Health Act 2007 for the involvement of local people in decisions regarding the commissioning, provision and scrutiny of local care services (including health and social services functions). Therefore, the Council is required to undertake a consultation process – details of which are set out in this report.

Commissioning

- 5.5 The Council is enabled, by section 111 of the Local Government Act 1972, to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any of its functions. The Council therefore has a general power to enter into contracts for the discharge of any of its functions; including the proposed contract for Community Drug and Alcohol Recovery Services. More detailed legal implications are set out in the review report at Appendix 4.

6. VALUE FOR MONEY

- 6.1 Return on investment calculations are based on an assessment of psychosocial provision and pharmacological interventions which should be balanced in any treatment programme. Based on the core and enabling service requirements set out in the review, the return on investment figures are set out in table 3. Using the latest Public Health England calculator, these are arrived at by using the previous year’s official treatment figures, the numbers accessing the service during 2014/15, against the money spent on each part of the service, in order to calculate the average cost of treating each person per day.

Table 3: Return on investment figures

Assessment	Return on investment
Community drug treatment –	Royal Borough = £3.18 per person per day.

pharmacological	National published average span = £6.56-£9.06 per person per day.
Community drug treatment – psychosocial	Royal Borough = £4.49 per person per day. National published average span = £8.45-£11.29 per person per day.
Community alcohol treatment – psychosocial	Royal Borough = £7.06 per person per day. National published average span = £8.26-£16.02 per person per day.

6.2 It should be noted that a significant part of the return on investment from such services will, by definition, be qualitative and difficult to capture in pure monetary terms. This is particularly relevant in terms of downstream costs from events avoided and the overall value of preventative aspects of the service and treatment.

7. SUSTAINABILITY IMPACT APPRAISAL

7.1 None.

8. RISK MANAGEMENT

Risks	Uncontrolled Risk	Controls	Controlled Risk
New service model doesn't deliver improved outcomes	Medium	Close monitoring of the service to ensure that it delivers.	Low
Identified savings are not achieved	Medium	Use of flexible negotiated tender to secure maximum efficiencies.	Low

9. LINKS TO STRATEGIC OBJECTIVES

9.1 The recommended approach, if adopted, predominantly supports the council's strategic objectives of Putting Residents First and Value for Money.

10. EQUALITIES, HUMAN RIGHTS AND COMMUNITY COHESION

10.1 An equalities impact assessment was undertaken as part of the review and is at Appendix 11 to the review report.

11. STAFFING/WORKFORCE AND ACCOMMODATION IMPLICATIONS

11.1 None.

12. PROPERTY AND ASSETS

12.1 None.

13. ANY OTHER IMPLICATIONS

13.1 None.

14. CONSULTATION

14.1 This report will be considered by the Crime and Disorder Services Overview and Scrutiny Panel and the Adult Services and Health Overview and Scrutiny Panel on 19 May 2016.

14.2 A summary of the views received from consultation as part of the review is set out in Section 7 of the review report with the detailed feedback at Appendix 6. Two online surveys were undertaken between 15 January and 12 February 2016 – one focussed on adult treatment services and the other on services for young people. In addition, bespoke meetings were held with key stakeholders during January 2016: Probation, SMART, Claremont Surgery, Public Health England and Berkshire Healthcare Foundation Trust.

15. TIMETABLE FOR IMPLEMENTATION

Date	Details
June 2016	Finalise specification for services
July to December 2016	Procurement exercise
January 2017	Cabinet approval
April 2017	Implementation of new contract(s)

16. APPENDICES

- Appendix 1 – Drug and alcohol services: Outcome of review and recommendations, May 2016. Appendices to the review report are available in electronic format only.

17. BACKGROUND INFORMATION

- Cabinet report – Drug and alcohol services – substitute prescribing and recovery service contract procurement, 24 September 2015.
- Cabinet report – Drug and alcohol services – consultation timetable.
- Drug and Alcohol service – equalities impact assessment.

18. CONSULTATION (MANDATORY)

Name of consultee	Post held and Department	Date sent	Date received	See comments in paragraph:
Internal				
Cllr Burbage	Leader of the			

Name of consultee	Post held and Department	Date sent	Date received	See comments in paragraph:
	Council			
Cllr D Coppinger	Lead Member	23/4/16	27/4/16	
Russell O'Keefe	Strategic Director Corporate and Community Services	23/4/16		
Alison Alexander	Managing Director/ Strategic Director Adults, Children and Health	23/4/16	25/4/16	
Simon Fletcher	Strategic Director Operations and Customer Services	23/4/16		
Alan Abrahamson	Finance Partner	23/4/16		
Michael Llewellyn	Cabinet Policy Officer	23/4/16	25/4/16	
	Shared Legal Solutions	23/4/16	28/4/16	

REPORT HISTORY

Decision type:	Urgency item?
Key decision:	No

Full name of report author	Job title	Full contact no:
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