

## VERSION CONTROL

To keep track of the most recent version of Public Health papers in RBWM, I propose that we use version control. This will allow RBWM to track when and by whom changes are made to documents. It is important that the system is applied systematically and consistently. This will provide an audit trail of how a document developed during the drafting process. It will also provide confidence of the most up to date version of a document.

Each paper will have a lead author, who will take comments and feedback, amend the document accordingly and maintain version control

### **Drugs and Alcohol Cabinet Paper October 2015.**

Version	Date	Author	Changes
0.1	05/10/15	Sue Longden	Circulated to Christabel Shawcross, Cllr Carroll, Cllr Coppinger, Alison Alexander, Michael Llewelyn, Christopher Targowski, Nick Davies, Naveed Mohammed, Claire Gomm
0.2	07/10/15	Sue Longden	Amended to incorporate comments from CS, Cllr Carroll, ND, CG, ML
0.3	07/10/15	Nick Davies	Amended to incorporate an Appx A detailing the procurement timetable
0.4	08/10/15	Nick Davies	Amended to incorporate comments from Cllrs Coppinger and Cllr Carroll

Report for: ACTION
Item Number:



<b>Contains Confidential or Exempt Information</b>	No
<b>Title</b>	<b>Drug and Alcohol Service Review - Consultation Timetable</b>
<b>Responsible Officer(s)</b>	Christabel Shawcross, Strategic Director of Adults, Culture and Health
<b>Contact officer, job title and phone number</b>	Sue Longden, Interim Head of Public Health. 01628 683532
<b>Member reporting</b>	Cllr David Coppinger, Lead Member for Adult Services and Health (including Sustainability)
<b>For Consideration By</b>	Cabinet
<b>Date to be Considered</b>	29 October 2015
<b>Implementation Date if Not Called In</b>	Immediately
<b>Affected Wards</b>	All
<b>Keywords/Index</b>	Drug, Alcohol. Recovery, Prescribing, Prevention

### Report Summary

1. RBWM's public health vision, which aligns with the Joint Health and Wellbeing Strategy, is an integrated approach that emphasises prevention, early intervention and targeted support to provide maximum benefit to residents, whilst ensuring a cost-effective use of resources. This report requests approval for a fundamental review of all RBWM drug and alcohol (DAAT) services, the DAAT function, to support the development of a future commissioning model for drug and alcohol services that is innovative, cost-effective and tackles local health inequalities.
2. It is proposed that costs and outcomes for RBWM's services are benchmarked against drug and alcohol services in other Local Authorities and that RBWM officers work in collaboration with partners and key stakeholders to review national and international best practice and opportunities for local innovation.
3. Benchmarking and review of best practice evidence will be used to provide options for local implementation. These options will be modelled for population health impact. An integral part of the review will be assessment and analysis of

- risk and the development of rigorous risk mitigation plans.
4. A comprehensive consultation strategy will be developed and implemented to ensure that all key stakeholders and service users are effectively engaged in service transformation.
  5. A thorough impact assessment of the recommended option, including health and crime and disorder implications, will be conducted.
  6. If the report is approved, a task and finish group will be established under the leadership of the Deputy Lead Member for Public Health. This will provide the governance framework for the review, which would commence immediately. The timetable for the review is outlined in the report.

<b>If recommendations are adopted, how will residents benefit?</b>	
<b>Benefits to residents and reasons why they will benefit</b>	<b>Dates by which residents can expect to notice a difference</b>
Conducting a review will ensure that key stakeholders and service users are engaged in the process to improve the drug and alcohol service in the Royal Borough.	1 October 2016

**1. Details of Recommendations**

**RECOMMENDATION: That Cabinet:**

- i. **Approve the timetable and methodology for the proposed review of RBWM drug and alcohol services funded by Public Health funding.**
- ii. **Note that Cabinet will receive a report on the outcome and recommendations from the review to inform future procurement in March 2016**

**2. Reason for Recommendation(s) and Options Considered**

**Policy context**

- 2.1. In April 2013, the Health and Social Care Act placed local government at the heart of public health. The National Drugs Strategy 2010-2015 empowers local government to develop its own way of improving public health that meets the needs of local communities, with local commissioners maintaining appropriate levels of investment in drug and alcohol services to ensure these adequately meet local needs.
- 2.2. The National Drugs Strategy does not prescribe how much local authorities should spend or the type of services they should commission; leaving the local authority discretion to commission those services it considers are necessary to meet the needs of its local population. The strategy mandates Public Health England (PHE) to supporting local commissioners and practitioners in implementing evidence-based prevention activity.

- 2.3. A joint review conducted by PHE and the Association of Directors of Public Health, published in October 2014, reported that a large number of local authorities were planning realignments of resources between alcohol and drug services, with alcohol assessed as the greater need. Over half of local authorities were recommissioning drug and alcohol services (or planned to). Improved delivery and performance by providers was a clear aim in all recommissioning. Many areas were integrating drug and alcohol services with wider services such as housing, younger people services, criminal justice, and local health delivery. <sup>i</sup>

### **Assessment of need**

- 2.4. RBWM, in partnership with local residents and NHS colleagues, has developed the Joint Health and Wellbeing Strategy (JHWS). This is a plan to improve the health and wellbeing outcomes for residents and those who come into the Borough. The strategy has three key themes:
- Supporting a healthy population.
  - Prevention and early intervention.
  - Enabling residents to maximise their capabilities and life chances.
- 2.5. The JHWS highlights a need for local drug and alcohol prevention services to be targeted at younger people and to increase focus on improving the number of residents successfully completing their treatment.
- 2.6. The Joint Strategic Needs Assessment (JSNA) assesses the current and future health healthcare and wellbeing needs of the local population in Windsor, Maidenhead and Ascot. The JSNA states that around three people in every 1,000 people living in the Royal Borough of Windsor and Maidenhead are in drug treatment. Out of 279 clients currently in drug treatment, the most prevalent drug in use is heroin followed by cannabis and then cocaine.
- 2.7. There is a growing awareness of the impact of alcohol on health and wellbeing. While most people who drink can do so without causing harm to themselves or others, the problems related to alcohol misuse range from physical and mental health issues to social issues (complex families, homelessness, and domestic abuse), and can result in unemployment and loss of workplace productivity. Nationally, levels of alcohol-related health problems are increasing year on year, and particularly affect deprived communities thereby contributing to health inequalities. Around 11 in every 100,000 people under 75 across RBWM die as a result of liver disease. Around 20 people of working age in every 100,000 are claiming Incapacity Benefit or Severe Disablement Allowance, with the main reason to not work

being alcoholism. Overall, the numbers of adults accessing treatment is rising (141 in 2011/12) to 215 in 2012/13).

### **Current provision**

- 2.8. The current drug and alcohol provision in RBWM commenced in April 2012. It comprises a number of services that support people to recover from drug and alcohol addiction by offering a range of interventions from detox and residential rehab to supported living and ongoing support.
- 2.9. In 2014/15 there were a total of 515 adults in treatment, with 300 of those being new referrals. In terms of the breakdown of the new referrals the largest group were the 122 alcohol clients (41%) (An increase from 89 (36%) in 2013/14) with 95 opiate users following closely behind (32%). One hundred and eleven service users (22%) successfully completed their treatment. Completion is assessed as the number of service users not re-presenting themselves within six months of leaving their treatment.
- 2.10. Although RBWM's completion rate compares favourably with national outcomes, there is scope for improvement in supporting individuals to successfully complete their drug treatment and re-integrate back into their local communities for example, by maintaining their own homes and acquiring education, training and employment.
- 2.11. The RBWM contractual arrangements for the recovery and prescribing services have been secured subject to review until October 2016.

### **Securing optimal outcomes for local residents**

- 2.12. The possible future commissioning arrangements for drug and alcohol services have recently been discussed at a number of strategic groups, including the Local Safeguarding Children's Board and the Adults and Health Overview and Scrutiny Panel. Additional feedback was received from other key stakeholders, including Windsor and Maidenhead Clinical Commissioning Group (CCG), Berkshire Healthcare and PHE. The discussion and feedback highlighted the need for a thorough review prior to any recommissioning. Therefore, in order to ensure that RBWM provides community drug and alcohol services which both maximise successful outcomes, as well as provide value for money to residents, it is proposed that a comprehensive strategic review of substance misuse services is carried out. The review will assess local levels of need, draw upon areas of best practice both nationally and internationally and consult with all relevant stakeholders as well as service users.

- 2.13. On completion of the review and satisfactory risk mitigation planning, a tender for the Community Drug and Alcohol Recovery and the Community Substitute Prescribing services will be carried out, with a new contract/s commencing on 1 October 2016.
- 2.14. In order to carry out a full comprehensive review, which reflects the complexity of the service and the need to secure value for money for residents, a Substance Misuse Services Task and Finish Group (TFG) will be established under the leadership of the Deputy Lead Member for Public Health. Taking a collaborative and integrated approach, the TFG will draw on a broader pool of expertise and include representation from elected members, local health partners, criminal justice partners and RBWM officers. Expertise from other partners, including PHE will be brought in as necessary.
- 2.15. The TFG will deliver a proposal of how RBWM should procure substance misuse services in the future with explicit detail of outcomes, benefits to service users and residents, value for money and affordability.
- 2.16. The scope of the TFG is to include the following:
- **Benchmarking.** This will include the provision of local data demonstrating the current level of need and outcomes for the service, to compare against comparable local authorities. This will support RBWM's strategy of outcomes-based planning and data driven decision making. Key sources of benchmarking data will include PHE data from the National Drug Treatment Monitoring System, the JSNA data and Berkshire and national comparators. In addition to data analysis, members of the TFG will undertake local site visits to obtain a full picture of the current service.
  - **Best Practice.** With the support of the PHE Drug and Alcohol Teams, the TFG will explore best practice in terms of national innovation and service configuration, as well as drawing upon reviews of international best practice where appropriate. Models considered will also be reviewed in the context of central Government policy/strategy, local plans such as the Police and Crime Commissioner Plan and the JSNA, NICE guidance, the CQC and key legislation such as the Care Act. Members of the TFG will proactively contact providers with a proven track record of successful outcomes and visit to discuss in detail if necessary. The TFG will also seek market feedback from local and national providers on sustainable models and potential costings, including transitional arrangements during service redesign.
  - **Risk Mitigation.** When viable options for the future direction of the services have been outlined, risk mitigation plans for each option will be examined. This will specifically focus on any transitional arrangements associated with potential changes to the service model.

- **Consultation.** A consultation strategy and framework will be formulated, which will ensure that all key partners are able to input into any DAAT and service reconfiguration. Service users and their families will also be consulted with alongside provider organisations.
- **Impact Assessment.** Health Impact and Crime and Disorder Impact Assessments of the proposed new service will be completed.

### Action Plan for Review

TASK	TIMESCALE
Cabinet approval of the recommendations of this paper	October 2015
Establish Substance Misuse Services Task and Finish group. Agree Scope of review, Terms of Reference and Key Accountabilities.	October 2015
Benchmarking, fundamental review of current service and critical appraisal of evidence of best practice in order to develop options for consultation	November - December 2015
Consultation with Stakeholders and Service Users	January - February 2016
Collation of consultation feedback	February - February 2016
Development of recommended option based on review findings, consultation feedback, impact assessment and risk mitigation planning	February - March 2016
Cabinet approval to go to tender	March 2016
Tender process – Invitation to tender / evaluation and recommendation for award	April - June 2016
Tender process – Transition to new contract including potential TUPE considerations	June – September 2016
New contract/s commence	October 2016

### Options

Option	Comments
Approve the action plan for the proposed review of drug and alcohol services.  Recommended	This will enable a full review of the function to ensure the best outcome based and Value for Money model for the future
Do not approve the action plan for the proposed review of drug and alcohol services.	This will not the best outcome based and Value for Money model for the future.

### 3. Key Implications

Defined Outcomes	Unmet	Met	Exceeded	Significantly Exceeded	Date they should be delivered by
Consultation with stakeholders and service users underway by:	After 4 January 2016	4 January 2016	28 December 2015	21 December 2015	4 January 2016

### 4. Financial Details

#### a) Financial impact on the budget

The current DAAT budget is £1.1m, funded by a £1.047m contribution from the Public Health grant and £63k from the Police & Crime Commissioner. There is no current budget impact to be reported prior to the review.

Impact on the Revenue Budget	2015/16	2016/17	2017/18
	Revenue £000	Revenue £000	Revenue £000
<b>Addition</b>			
<b>Reduction</b>			
<b>Net reduction</b>			

Impact on the Capital Budget	2015/16	2016/17	2017/18
	Capital £000	Capital £000	Capital £000
<b>Addition</b>			
<b>Reduction</b>			
<b>Net reduction</b>			

#### b) Financial information

### 5. Legal/Procurement Implications

Legal and Procurement advice will be sought once the task and finish group has made recommendations and will be incorporated into the March 2016 Cabinet paper seeking approval to tender.

### 6. Value for Money

The redesign and tender process will follow OJEU and will be fully evaluated by Procurement for value for money.

### 7. Sustainability Impact Appraisal

N/A



## 8. Risk Management

Risks	Uncontrolled Risk	Controls	Controlled Risk
Health and Criminal Justice Stakeholders do not feel engaged	Medium	Stakeholders will be involved in Task and Finish Groups	Low

## 9. Links to Strategic Objectives

The objectives of the DAAT and the services it commissions are in line with the following Royal Borough Strategic Objectives:

### Residents First

- Support children and young people.
- Encourage healthy people and lifestyles.
- Work for safer and stronger communities.

### Value for Money

- Deliver economic services.
- Invest in the future.

### Delivering Together

- Deliver effective services.
- Strengthen partnerships.

### The Joint Health and Wellbeing Strategy (JHWS) themes are:

- Supporting a healthy population
- Prevention and Early Intervention
- Enable Residents to Maximise their Capabilities and Life Chances.

## 10. Equalities, Human Rights and Community Cohesion

An Equality Impact assessment and Health impact assessment will be completed once the review has been undertaken.

## 11. Staffing/Workforce and Accommodation Implications

Local Authority Staff and External Provider Staff will be openly communicated with and involved in the review of the service.

## 12. Property and Assets

The Property implications will be reviewed through the TFG

## 13. Any Other Implications

## 14. Appendices

## 15. Consultation (Mandatory)

Name of consultee	Post held and Department	Date sent	Date received	See comments in paragraph:
Internal				
Cllr Burbage	Leader of the Council	09/10/15	12/10/15	
Cllr Coppinger	Lead Member for Adult Services	05/10/15	08/10/15	
Cllr Carroll	Deputy Lead Member for Public Health	05/10/15	08/10/15	
Alison Alexander	Managing Director and Strategic Director of Children's Services			
Christabel Shawcross	Strategic Director of Adults, Culture and Health			
Lise Llewellyn	Director of Public Health			
Alan Abrahamson	Finance Partner			
Michael Llewelyn	Cabinet Policy Office			
	Legal			

## Report History

Decision type:	Urgency item?
Key decision	Yes

Full name of report author	Job title	Full contact no:
Sue Longden	Interim Head of Public Health	01628 683532

<sup>i</sup> Review of Drug and Alcohol Commissioning A joint review conducted by Public Health England and the Association of Directors of Public Health