

SCRUTINY PANEL

18 February 2016

REDUCING SUBSTANCE MISUSE HARM IN RUTLAND: PROPOSAL FOR COMMISSIONING COMMUNITY TREATMENT

Report of the Director of Public Health

Strategic Aim:	'Creating a safer community for all' and 'Meeting the health & wellbeing needs of the community'.	
Exempt Information	None	
Cabinet Member(s) Responsible:	Cllr Richard Clifton	
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Ward Councillors	N/A	

DECISION RECOMMENDATIONS

That the Panel:

1. Notes the future vision for reducing substance misuse harm in Rutland and the shift towards prevention, early help and recovery tailored for Rutland.
2. Notes the most viable option for the Interim Service as being an exemption from the Council's Contract Procedure Rules to directly award a contract to the provider of the new Leicester City and Leicestershire service.
3. Notes the funding envelop for the Interim Service and the associated contribution towards the Council's Medium Term Financial Plan.

1 PURPOSE OF THE REPORT

- 1.1 Drug and alcohol misuse causes avoidable harm to people, families and communities in Rutland. As considered by Cabinet on 16 February 2016, this report sets out the current approach and future vision for reducing substance misuse harm in Rutland, describes the various dimensions of local need and proposes options for procuring community treatment from 30 June 2016 when current contracts end.

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 'Substance misuse' refers to the harmful use of alcohol and psychoactive drugs for non-medical purposes, which causes avoidable physical, social and/or psychological harm.
- 2.2 Since April 2013, Rutland County Council (RCC) has been responsible for improving public health through its population focus, local leadership and commissioning substance misuse services.
- 2.3 Reducing substance misuse harm requires a comprehensive approach, which recognises that different levels of intervention are appropriate for addressing different levels of need. The balance of the current programme is towards the higher levels of intervention.

Levels 0 and 1	Health improvement for general population and low risk drinking.
Level 2	Early identification and brief advice for increasing/higher risk substance misuse.
Level 3	Specialist treatment and recovery for substance misuse dependency, including clinical interventions

3 SUBSTANCE MISUSE IN RUTLAND

- 3.1 Local needs were assessed based on expert opinion from research, information on service use, benchmarking against other areas and consultation with staff and service users.
- 3.2 Substance misuse has far reaching impacts on individual health, families and communities. Evidence-based interventions to reduce harm have the co-benefits of improving health and wellbeing, cutting crime and saving money. Treatment services should be recovery-orientated, compliant with national guidance and person-centred.
- 3.3 Key measures that describe need at different levels include¹:
- Number of young people participating in college-based initiatives (2014/15) = 450.
 - Number of people receiving a NHS health check, including alcohol screening (2014/15) = 1,193.
 - Number of adults screened for alcohol misuse in primary care (2014/15) = 1,831.
 - Number of brief interventions in primary care (2014/15) = 53.
 - Population aged 18-64 predicted to have alcohol dependence (2014) = 1,243.

¹ Restrictions on disclosure apply to small numbers of less than five. National Drug Treatment Monitoring System (NDTMS) performance reports are classified as Restricted Statistics. At the time of writing this report, 2014/15 activity was subject to publication restrictions.

- Population aged 18-64 predicted to have drug dependence (2014) = 702.
- Estimated prevalence of opiate and/or crack cocaine users aged 15-64 (2011/12) = 45.
- Number of adults in drug and/or alcohol treatment (2014/15) = 97-114.
- Number of young people in drug and/or alcohol treatment (2014/15) = <5.
- Number of alcohol-related hospital admissions (2013/14) = 127.
- Alcohol related mortality (2013) = 12.
- Number of assessments by hospital-based alcohol liaison team (2014/15) = 23.
- Number of users in inpatient detoxification (alcohol) (2014/15) = <5.

3.4 Based on estimated prevalence and numbers in treatment, alcohol misuse is likely to be more of a problem in Rutland than drug misuse. In absolute terms, the number of people currently accessing support for substance misuse is small. However, prevalence estimates and GP screening would suggest that there are many others who would benefit from support. Overall, Rutland performs well against England, the East Midlands and its statistical neighbours. Efforts to reduce substance misuse harm should be organised through local partnerships. The wider Council has a role in addressing social and economic issues that relate to substance misuse. A comprehensive harm reduction programme should include school-based prevention, innovative approaches and treatment services that are accessible, visible and responsive to the distinct needs of children and adults.

4 FUTURE VISION

- 4.1 Within a comprehensive harm reduction programme, our vision is to shift the balance from treatment to prevention, early help and recovery and from public service provision to self-help and organised community support.
- 4.2 To realise this vision, there will be a planned approach to shifting from current community treatment services to;
- Interim Service - that will provide integration and continuity of substance misuse treatment after current contracts end on 30 June 2016 through to 31 March 2017 and the commencement of longer term arrangements below.
 - Integrated Wellness Service - (Level 2 substance misuse alongside other health, social and economic needs) from 1 April 2017, likely supplemented by specialist substance misuse treatment (Level 3) purchased on a spot-basis.
- 4.3 The remainder of this report focusses on the procurement of the Interim Service. The Integrated Wellness Service, and any future specialist provision, will be the subject of a future Cabinet report.

5 COMMUNITY TREATMENT SYSTEM

- 5.1 The system of community treatment is currently made up of three services that provide information, brief advice and liaison, harm reduction, clinical and psychosocial interventions and recovery support. Their total contract value is £201,300 per annum, which is 95% of the substance misuse budget and 16% of the 2015/16 Public Health Grant. The remainder of the substance misuse budget is allocated to screening and brief advice in primary healthcare and inpatient detoxification. Other schemes funded outside the substance misuse budget, which contribute to prevention and early help for substance misuse, include the Teenage Health Worker and NHS Health Checks programme.

6 PROCUREMENT OPTIONS FOR INTERIM SERVICE

- 6.1 There are five options for procuring the Interim Service, which have been fully appraised against a range of considerations. These options are;
- **Option 1. Delegate** - to a commissioner of the new integrated substance misuse service for Leicester City and Leicestershire County.
 - **Option 2. Direct award** - to the new Leicester City and Leicestershire County service.
 - **Option 3. Out of area** - direct award to an established neighbouring provider, in consultation with the respective commissioner.
 - **Option 4. Mini competition** - light-touch competitive process, restricted to selected providers in order to expedite timeline.
 - **Option 5. Do nothing** - not replacing current contracts after they expire.
- 6.2 Given the profile of the service and the clinical risk of withdrawing treatment, 'doing nothing' (Option 5) was deemed to be unacceptable to service users and stakeholders. A discrete Rutland service, procured through a mini-competition process (Option 4) for an interim period, may not be attractive to providers and would not offer choice to services users or economy of scale. The option of procuring an out of area provider (Option 3) may be feasible, but less flexible if already established and dependent on support from the out of area commissioner.
- 6.3 The two options receiving the highest scores (Options 1 and 2) both involve the new Leicester City and Leicestershire service. This new service has been designed locally, is aligned with related health and social care and could include Rutland from the start of mobilisation. Although delegation to Leicester City Council or Leicestershire County Council would have the advantage of leveraging the provider to deliver in Rutland through an existing contract and relationship, it may not be feasible to establish a robust arrangement for delegation (underpinned by section 101 of the Local Government Act, 1972) within the timeframe of this procurement. The direct award to the new Leicester City and Leicestershire service would give RCC direct control over contract negotiation and management, alongside the benefits of economy of scale, flexibility for service users and

continuity of care. This option would require a nine-month exemption to be sought under the Contract Procedure Rules and would provide a tailored service specifically for Rutland.

7 PROPOSED LEVEL OF INVESTMENT

- 7.1 Given the apparent unmet need in Rutland, the capacity of the current service should be at least maintained.
- 7.2 Once the exemption from the Contract Procedure Rules has been approved, it is recommended that contract negotiation with the new provider of the Interim Service is based on a funding envelop of £80,000 per annum. This figure is based on the estimated unit cost of Leicestershire's new service (from financial contribution to new contract divided by 2014/15 number in structured treatment) and the number of Rutland users in structured treatment in 2014/15.
- 7.3 The estimated unit cost of structured treatment is less than Public Health England's estimate of the average cost (£1,758) of one hospital admission that is wholly and partially attributable to alcohol², bearing in mind that the needs and associated costs of service users will vary.
- 7.4 This procurement is intended to improve the value for money of the service and realise savings from the Public Health budget. As such, the procurement will contribute to the ambition of the People First Review (2014) and to RCC's Medium Term Financial Plan savings target for Public Health of £200,000 per annum. As the new service would commence on 1 July 2016, there would be a part-year effect on savings in 2016/17.
- 7.5 Compared to current provision, an integrated service with Leicester City and Leicestershire would also increase choice of provision for service users, continuity of care across the treatment system and responsiveness to emerging trends and concurrent needs, including mental illness.

8 CONSULTATION

- 8.1 In July 2015, RCC collaborated with Leicestershire County Council, Leicester City Council and the Office of the Police and Crime Commissioner on a soft market test and public consultation regarding community substance misuse treatment. These exercises tested ideas around the integration of services across geographical areas (Leicester, Leicestershire and Rutland), service user groups (adults and young people) and settings of care (criminal justice and other community). In addition, a stakeholder event was held on 12 October 2015 to raise awareness of substance misuse services and to gather information on substance misuse needs in Rutland.

² Assuming national tariff cost (2013/14) and average length of stay (5.2 days) for all admissions in England 2011. In Public Health England (PHE) Business Case Template (2013) [accessed 23/11/2015].

[http://www.alcohollearningcentre.org.uk/library/Alcohol Liaison Service Business Case Template -final.docx](http://www.alcohollearningcentre.org.uk/library/Alcohol%20Liaison%20Service%20Business%20Case%20Template%20-final.docx)

- 8.2 The Cabinet member responsible, Cllr Richard Clifton, has been consulted on this proposal. The proposal also reflects feedback from People DMT, SMT and Informal Cabinet.

9 ALTERNATIVE OPTIONS

- 9.1 Five alternative options for procuring the Interim Service were fully appraised against a range of considerations. These options are summarised in Section 6 above.

10 FINANCIAL IMPLICATIONS

- 10.1 Although the final contract value is not known at this stage, there is an expectation that the contract negotiation will deliver some savings towards the financial savings target of £200k per annum for Public Health.

11 LEGAL AND GOVERNANCE CONSIDERATIONS

- 11.1 The formal exemption from the Contract Procedure Rules will be in line with Part 11 of the Constitution.

12 EQUALITY IMPACT ASSESSMENT

- 12.1 People who misuse drugs and alcohol are a particularly vulnerable group who often have concurrent health, social and economic needs. This service has the potential to make a positive contribution by supporting recovery in relation to these various needs.

13 COMMUNITY SAFETY IMPLICATIONS

- 13.1 Substance misuse has far reaching impacts on individual health, families and communities. A broad programme of evidence- based interventions to reduce harm has the co-benefits of improving health and wellbeing, cutting crime and saving money.
- 13.2 Reducing substance misuse harm in Rutland will contribute to the Council's strategic priorities 'Creating a safer community for all' and 'Meeting the health & wellbeing needs of the community'. The proposed vision will also be reflected in the 2016 refresh of the Safer Rutland Partnership strategy.

14 HEALTH AND WELLBEING IMPLICATIONS

14.1 See 'Community Safety Implications' above.

15 ORGANISATIONAL IMPLICATIONS

15.1 Environmental implications – Not applicable.

15.2 Human Resource implications - Arrangements are in place regarding pensions and TUPE for staff transferring from current services across Leicestershire, Leicester City and Rutland to the new Leicestershire and Leicester City service. There will be no residual impact on the interim Rutland service in relation to pensions and TUPE. Dedicated RCC resource will be needed to negotiate the direct award with the interim provider, given the vested interests of Leicestershire and Leicester City commissioners.

15.3 Procurement implications – As set out in this report. The direct award of contract will be negotiated by the relevant Chief Officer (or their nominated representative) to ensure best possible value and that Rutland needs are met. The formal exemption from the Contract Procedure Rules will be in line with Part 11 of the Constitution.

16 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

16.1 Substance misuse has far reaching impacts on individual health, families and communities. As such, efforts to reduce substance misuse harm should be organised through local partnerships, including the Rutland Health and Wellbeing Board and the Safer Rutland Partnership.

16.2 Recovery-orientated community treatment is an essential component of a comprehensive, evidence- based harm reduction programme.

16.3 The new service model will cost less than current provision and will achieve more in terms of visibility, ease of access to specialist treatment and outcomes for service users, families and communities.

16.4 The longer-term vision for reducing substance misuse harm in Rutland is to shift towards prevention, early help and recovery, tailored for Rutland and integrated with other Council work, including through an overall Rutland 'wellness' service.

17 BACKGROUND PAPERS

17.1 There are no additional background papers to the report.

18 APPENDICES

18.1 There are no appendices to the report.

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