1. **Purpose of Report**

1.1 This report seeks Cabinet approval to changes to the Commissioning strategy (as reported in the Cabinet paper 11th October 2016 – Appendix 2) for drug and alcohol services in Northamptonshire in line with the consultation process.

- Lot 1 The Structured Treatment Service
- Lot 2 The Recovery Service
- Lot 3 The Specialised Training Service
- Lot 4 Young Peoples Early Intervention Service (New)

1.2 In addition, it seeks Cabinet approval for:

- The way forward for service users through increasing co-production and continuing support for the independent service users organisation SUNSET.
1.3 To note that the results of the consultation exercise designed to improve their cost effectiveness and efficiency following the Cabinet decision. The main elements of the consultation responses which have been taken into consideration for the service specifications include:

- Provision for mental health treatment alongside the substance misuse
- Bringing the young people’s structured treatment into the one service but treating young people in the community and not in an environment where adults are treated
- Creating an early intervention service into countywide young people’s services and commission this separately (New LOT 4)
- The whole service (treatment and recovery) should have one name which is to be chosen by a ballot of service users by the new providers.
- Embedding the full range of treatment services into the ‘Single Point of Contact’ (SPOC).
- Ensuring that there is an appropriate handover between practitioners and clients with a change in provider for those people currently in treatment

Alongside these main themes issues were raised around treatment and recovery journeys. Many of these were historic and specific to the individual, however, while the majority of these will be accommodated by improving co-production and personalisation some are important and have been incorporated in the specifications.

1.4 To note the commissioning and financial implications of the proposals.

- The costs of maintaining services in 2017 until the start of the re-commissioned services

2. How this decision contributes to the Council Plan

The Council’s vision is to make Northamptonshire a great place to live and work. This is achieved through increasing the wellbeing of your county’s communities and/or safeguarding the county’s communities.

This initiative specifically delivers increased wellbeing and/or safeguarding by ensuring that:

- People of all ages are safe, protected from harm and able to live happy, healthy and independent lives in our communities.
- People have the information and support they need to make healthy choices and achieve wellbeing.
- People achieve economic prosperity, in a healthy, low carbon economy which give access to jobs, training and skills development.
- Resources are utilised effectively and efficiently, in coordination with partners and providers.

3. Background

3.1 A paper was brought to Cabinet (11th October 2016 – Appendix 2) outlining proposals for the re-commissioning of services for the treatment of drug and alcohol addictions. While the main points were approved Cabinet asked to see the results of the consultation process and recommendations for a way forward for service users. In the
event, the consultation process raised issues which substantially change parts of the original strategy and these are outlined in this report.

3.2 In parallel with the re-commissioning process work has continued looking at how treatment can be improved. In Northamptonshire we have learned from service users how we could begin to shape these services differently. The impact of new tools such as the ADAPT measure of resilience can be seen in the improved outcomes for Opiate users – achieving performance levels well above the National Average. At the present time the adaptability of this tool is being tested to see if we can use it to differentiate treatment to the individual needs of the service user. If through this means we can make a closer match between addiction treatment and the client we stand to make substantial improvements in the numbers of Northamptonshire people who are able to recover from drug and alcohol addictions. This process should reduce waste in the system through removing unnecessary treatment and with an increase in successful outcomes we expect there to be a reduction in demand.

3.3 The thrust for the recommended service improvement provides its own direction and this gives the background to the re-commissioning strategy in Northamptonshire. We have already seen improvements in outcomes and this gives weight to the expectation of further results in the coming years. Logically this personalisation of addiction treatment will allow the whole person to be treated including those behaviours and deficits which probably led to the destructive life-journey of substance misuse in the first place. In the face of this research the recently published ‘Evidence review of the outcomes that can be expected of drug misuse treatment in England’ (Public Health England January 2017: PHE publications gateway number: 2016489) will be used as the minimum standard for our re commissioned services.

3.4 We are building a research team around the personalised treatment agenda with the aim of testing its effectiveness through a clinical trial in 2018 -19. Given the scope of this work we are attracting experts in the field to join us to ensure that the foundation to the work is sound and advise us on the way forward. At the present time Dr Arun Sondhi and Professor David Best are jointly investigating how we can use the ADAPT tool to differentiate treatment needs of our Opiate clients. This work relies heavily on the history, knowledge and experience of our clients, it puts them at the centre of treatment in the future and it will not be successful without their full co-operation.

3.5 Consultation

3.5.1 The consultation comprised a series of 1:1 meetings with stakeholders, 13 meetings with service users based in each district and borough and an online survey. The results have been amalgamated into a single response round the questions asked. Over 100 service users attended the group sessions, there were 30+ replies to the online survey and 40 local and national stakeholders were consulted.

3.5.2 The consultation comprised four basic questions:

- Whether the service should provide mental health treatment alongside that for addictions?
- Whether we should bring the young people's treatment into the one service?
- Whether we should apply the name Substance 2 Solution (S2S) to the whole treatment and recovery service? If so whether we should embed the full range of treatment services into the ‘Single Point of Contact’ (SPOC)?
- Whether there were any specific improvements recommended by users of the services?

### 3.5.3 Whether the service should provide mental health treatment alongside that for addictions?

It was unanimously agreed by service users and stakeholders that the provision of Mental Health support alongside the addiction treatment would make a huge improvement to the service. Service users in particular felt that the two conditions irrespective of severity hindered treatment and recovery if they were not synchronised. They also expressed the view that mental health support following addiction therapy was important. Good mental health was seen as critical during treatment and recovery. This view was fully supported by stakeholders. Finally, mental health was seen as crucial across all parts of the service (addictions treatment and recovery; adults and young people) and that this should be taken into account in the design.

### 3.5.4 Whether we should bring the young people’s treatment into the one service?

This question raised the most discussion and disagreement. Overwhelmingly respondents were of the opinion that young people should not be treated alongside adults and for this reason the services should not be joined together. On the other hand there was agreement that young people should be able to access high quality specialist support services if they needed it. It was also agreed that much more emphasis should be placed on earlier intervention and guidance for young people rather than waiting until they needed treatment.

Commissioners have taken this response into account and redesigned the service specification accordingly.

### 3.5.5 Whether we should apply the name Substance 2 Solution (S2S) to the whole treatment and recovery service? If so whether we should embed the full range of treatment services into the ‘Single Point of Contact’ (SPOC)?

There was much discussion on this point by service users. The application of the name to the addictions treatment part of the service alone could give rise to division within the services. Service users were not convinced that the name Substance 2 Solution should be applied to the service but overall they were agreed that the service should have a single name. A single name for the overall service in Northamptonshire would reduce confusion and improve access.

Commissioners agree with the respondents on this and all services will be asked to canvass clients for suggestions for a new service name. The Independent users group SUNSET will be tasked to hold a ballot of all service users on the new name.

It was agreed that the Single Point of Contact (SPOC) should represent all services under the new name. This would expand choice and transparency within the services and reduce public confusion.
3.5.6 Whether there were any specific improvements recommended by users of the services?

Service users found this question difficult and often resorted to describing the confusion and setbacks of their personal treatment and recovery journeys. This said a number of important points were made and these will be incorporated into the re commissioned services.

- Service users found that they built up considerable trust in the practitioner as they navigated the treatment journey. Abrupt changes in practitioner (such as happened when re commissioning) caused considerable set-backs in progress and sometimes to fully relapse into substance misuse. It was felt that a hand over and introduction to a new practitioner would go some way to reduce this.
- Service users were clear that as they recover they need to be supported in establishing a clear plan ahead. Most felt that they needed expert advice especially in employment and future career. This is clearly an important stage in recovery that has not been properly understood – current emphasis being on empowering the client to take control of their future.
- Service users were clear about the importance to them of being listened to and taken notice of. They valued and welcomed the co-production opportunities within the recovery service and the development of peer support.

3.6 Recommissioning Strategy in response to the Consultation

The consultation response builds on the initial strategy and should be read in conjunction with the Cabinet Report for 11th October 2016 (Appendix 2). The revisions are shown in Italics.

3.6.1 LOT 1: Structured Treatment Service

This service will include management of the residential rehab, inpatient and ambulatory detox, shared care with GP surgeries, -needle exchange, - supervised consumption with pharmacies, the use of naloxone and foil. It will build an integral mental health service capable of meeting the needs of Northamptonshire clients. It will provide structured treatment for young people allowing them access to the specialist resources as needed. It will house the re-designed SPOC representing all services.

Based on the consultation the mental health service will be mandated to work alongside and supporting addiction treatment interventions. It will build the capacity to support the recovery, early intervention, and family services that support people recovering from drug or alcohol addictions.

The redesigned SPOC will represent all the Northamptonshire services but will be physically located within the Structured Treatment service to facilitate early triage and assessment. The SPOC will be subject to a steering committee composed of representatives from each service and user representatives from SUNSET. The development of partnerships and community networks is a key requirement of recovery from addictions. There will be a partnership support worker at the heart of the SPOC to lead on engagement with the community and ensuring that correct information is distributed and making the links to support clients and reduce
stigmatism. This process should avoid duplication within the services and expand client choice.

3.6.2 LOT 2: The proposed recovery service for all treatment and recovery clients.

The recovery service is peer based and provides an interface with structured treatment; it hosts mutual treatment options and includes the management of the PHaSE housing project. Overall the consultation showed that services users did not want many changes to this service. Many service users expressed the view that as their recovery progressed they needed to access expert advice to help guide their future plans. This was especially true for employment as many were uncertain because their careers had been derailed by addictions. It was also clear that the high level of co-production within the service needs to be formalised so that it becomes visible and that all members know how to work with and shape the service.

3.6.3 LOT 3: The specialised training service ‘Healthy Futures’ providing training on drug and alcohol awareness.

This proposal is unchanged by the consultation. Respondents thought that this service helped reduce stigmatisation and improve understanding.

3.6.4 New LOT 4: Young Peoples Services

As reported earlier the proposal to incorporate the children’s service into an all-through service raised many points of contention. It was strongly felt that young people’s services should not be part of adult services, however, at the same time respondents were agreed that they should be able to access the best available care. Taking this into account and in consultation with stakeholders a revised plan that meets the points raised is proposed.

Services for young people with or living with problematic substance misuse will be divided into two. They will be based in the community and there will be a stronger emphasis on earlier intervention. In essence, those who require structured treatment (those with moderate to severe addictions) will be managed in the community by the Early Intervention service (Lot 4) with structured treatment drawn down from the all-through service (see fig.1). This configuration takes account of best practice, ensures that those who need treatment can access the best available with the interventions taking place within the young person’s community environment.

The Early Intervention service will comprise the larger part will have workers embedded in clusters (schools or Early Intervention) where they will devise an appropriate prevention agenda for young people. It will support local services in the earlier identification of young people, at risk of, or substance abusing. It will provide assessment of the severity of the problem and steer the young person towards less harmful behaviours. Where the young person requires a more intensive treatment the community based early intervention service will draw down the practitioner and resources from the treatment service.

Fig 1: Logic Map of the configuration of Young People’s drugs and alcohol Prevention and Treatment Services. (Early Intervention services = Lot 4)
Underpinning the two services a young people’s trust will be established which will work with the providers in the development of Social Media (Virtual Peer Network), Peer network events and advising on how the treatment journey could be improved.

The financial envelope for Lot 4 has been included in that for the all-through service. The costs of this re-configuration were included in the estimates made in the previous Cabinet report and will not require additional funding.

4. Consultation and Scrutiny

4.1 This report details the outcome of a wide-ranging consultation process, the main issues identified in the process have been acted on and the proposals changed as shown. Many respondents reported issues that were highly personal to their treatment and recovery journey. While historic and in many cases not relevant to the current service much points to the failings of services and provides lessons we can draw from. It is clear that in the treatment of addictions the client, their knowledge, experience and motivation is key to their recovery. Each issue as reported marks a potential breakdown in the treatment and recovery process. Taken in consideration of the ‘way
forward for service users’ commissioners have looked at how structures can be put in place to facilitate unlocking the clients potential to support their own recovery.

4.2 With Cabinet approval it is recommended that we support the Independent user group ‘SUNSET’ to provide on-going scrutiny and empower them to be able to advise and support providers in making necessary changes. In addition, there are two fundamental changes that we believe will be important for the future service. The first concerns the personalisation of treatment and recovery; it is axiomatic that this makes use of the whole person’s (client) knowledge, ability and experience if it is to succeed. It is our belief that this has the power to make a step change in the improvement of outcomes. The second concerns formalising co-production within the recovery and young people’s services in both cases ensuring that service users have a voice and are able to take part in designing the services delivered by the provider.

4.3 We will engage SUNSET in the scrutiny of service user involvement and ensure that their representative are invited to the appropriate meetings where they can bring their evidence and recommendations.

5. Equality Screening

5.1 Equality screening impact assessment of the potential decommissioning has been completed.

5.2 Equality Impact Assessments for each LOT independently are currently being prepared.

6. Alternative Options Considered

6.1 The option of doing nothing would mean that the Council would be operating outside of procurement law and there is a need to continue the quality improvement journey by reconfiguring the services.

7. Financial Implications

7.1 The funding for these services derives from the Public Health grant with a smaller contribution from the PCC office (c. £250K p.a. subject to evaluation). The changes made as a result of the consultation will not alter the financial projections made in the Cabinet Report of 11th October 2016:7.

7.2 Cabinet is asked to approve the costs of continuing the existing services from 1st April 2017 to December 1st 2017 (proposed start date for LOTS 1-4).

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<th>1st APR – 30th NOV 2017</th>
<th>Monthly</th>
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<tr>
<td>CGL: Change Grow Live</td>
<td>£3,720,834</td>
<td>£456,104.25</td>
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<td>Adult Structured Treatment</td>
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<tr>
<td>Bridge Substance Misuse</td>
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<td>£66,666.6</td>
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<td>Ltd Recovery Service</td>
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<td>Aquarius Healthy Futures</td>
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<td>£14,083.3</td>
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<td>training</td>
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<tr>
<td>Can/Aquarius Young</td>
<td>£243,333.3</td>
<td>£30,416.6</td>
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<td>People’s service</td>
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8. Risk and Business Continuity Management

8.1 In the Cabinet Paper of October 11th it was argued that the procurement threatened the continuity and performance of the services. Analysis had shown that this was mainly due to clients losing trust in providers and commissioners. In effect, this was expressed as replacing the certainty of the treatment journey with distrust and change so that it was easier to relapse into drug or alcohol use than cope with it.

8.2 There are two aspects to this, the current re-commissioning and longer term continuity of the service. In the first case the question was brought up in the consultation and service users identified the abrupt handover in practitioner at the start of the new service as one of the bigger problems.

8.3 During the consultation commissioners with service users explained how they intended to reduce turbulence and discontinuity:

- Commissioning all services at the same time
- Involving service users in the evaluation of bids
- Being open and transparent with service users and inviting SUNSET to hold commissioners to account if this was found not to be the case.
- As a result of the consultation – asking all providers outgoing and incoming to develop a handover strategy between clients and practitioners so that trust can be transferred.

8.4 The continuity of the service is equally important for young people as adults and in recognition of this it is proposed that the new LOT 4 is offered for 4+4 years.

8.5 Overall the consultation process has strengthened the service and will assist its business continuity. The process was designed to allow easy access and this has got the message out to service users. The points and issues raised have been meaningful and as the resultant change to the strategy shows have been taken into account.

8.6 Prior to the tender/commissioning process starting it is intended to meet with SUNSET and service users to explain what had been learnt from the consultation process and the changes that have been made to the re-commissioning strategy.

8.7 It is expected that the new providers will be committed partners with NCC in the drive to improve the treatment system. Such partners will need to be client focussed and recognise success in improving sustainable treatment and recovery and a consequent reduction in the number who need treatment.

a) Risk(s) associated with the proposal

<table>
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<tr>
<th>Risk</th>
<th>Mitigation</th>
<th>Residual Risk</th>
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<tbody>
<tr>
<td>Poor outcomes during re-commissioning (3.6.2)</td>
<td>Speedy procurement – service users involved in procurement</td>
<td>Amber</td>
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b) Risk(s) associated with not undertaking the proposal
<table>
<thead>
<tr>
<th>Risk</th>
<th>Risk Rating</th>
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<tbody>
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<td>Challenge to Council for operating outside of procurement law</td>
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<tr>
<td>Services stagnate and performance falls</td>
<td>Amber</td>
</tr>
<tr>
<td>Increased crime and social harm if services stop operating</td>
<td>Red</td>
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</table>

**List of Appendices**

- Appendix 1 - Consultation results

<table>
<thead>
<tr>
<th>Author:</th>
<th>Name: Terry Pearson</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Team: Public Health and Wellbeing</td>
</tr>
<tr>
<td>Contact details:</td>
<td>Tel: 01604 367276</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:tpearson@northamptonshire.gov.uk">tpearson@northamptonshire.gov.uk</a></td>
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<tr>
<td>Background Papers:</td>
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<td>Does the report propose a key decision is taken?</td>
<td>YES</td>
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<tr>
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<td>YES</td>
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<tr>
<td>Will further decisions be required? If so, please outline the timetable here</td>
<td>NO</td>
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<tr>
<td>Does the report include delegated decisions? If so, please outline the timetable here</td>
<td>NO</td>
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<td>YES</td>
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Name of SFM: Yalini Gunarajah in Oct 2016 and Ruth Barnett in May 2017

Name of Director: Dr Peter Barker

Name of Cabinet Member: Cllr Sylvia Hughes

Scrutiny Committee: N/A

Name of solicitor: Laurie Gould

Solicitor’s comments:

Name of officer: Simon Deacon

Name of officer: James Wheeler
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>Are there any community safety implications?</td>
<td>An effective alcohol and drug treatment service is likely to positively contribute to community safety given the association of alcohol with crime.</td>
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<td>Are there any environmental implications:</td>
<td>Nil</td>
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<td>Are there any Health &amp; Safety Implications:</td>
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<td>Are there any human rights implications:</td>
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<td>Constituency Interest:</td>
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