

Report to:	Cabinet	Date of Meeting:	Thursday 6 April 2017
Subject:	Young People and Family Substance Misuse Service	Wards Affected:	(All Wards);
Report of:	Director of Public Health		
Is this a Key Decision?	Yes	Is it included in the Forward Plan?	Yes
Exempt/Confidential	No		

Purpose/Summary

To report key findings of a review of current arrangements for the provision of Young People Substance Misuse (SMASH) Service and Breaking Intergenerational Family Substance Misuse (Breaking the Cycle) for the residents of Sefton and seek authorisation to commence a procurement process to establish an Integrated Young People and Family Substance Misuse Service.

Recommendations

- 1) Authorise the Director of Public Health to conduct an OJEU Light-Touch Regime tender exercise to establish a Young Person and Family Substance Misuse Service to run for a period of two-and-half years from 1st October 2017 with the option of two further one-year extensions with a ceiling price of £350,000 per annum.
- 2) Delegate authority to the Director of Public Health in consultation with the Cabinet Member – Health and Wellbeing to award the contract to the highest scoring bidder, within the context of the approved budget and Medium Term Financial Plan.

How does the decision contribute to the Council's Corporate Objectives?

	<u>Corporate Objective</u>	<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community	x		
2	Jobs and Prosperity	x		
3	Environmental Sustainability		x	
4	Health and Well-Being	x		
5	Children and Young People	x		
6	Creating Safe Communities	x		
7	Creating Inclusive Communities	x		
8	Improving the Quality of Council	x		

	Services and Strengthening Local Democracy			
--	--	--	--	--

Reasons for the Recommendation:

Procurement of an Integrated Young People and Family Substance Misuse Service will enable the Council to realise savings by rationalising the management and administration cost of two separate services. Currently the SMASH Service is provided in-house by Sefton Council and Breaking the Cycle is provided by Addaction. The development of an integrated service specification will enable officers to incorporate findings from the Young Person’s Health Needs Assessment and commission a flexible and responsive service in line with local need and national guidelines.

The procurement process will be required to follow an OJEU Light-Touch Regime Open Procedure. The value of the total contract requires Cabinet authorisation and delegation to a Chief Officer to award the contract at the end of the tender process.

Alternative Options Considered and Rejected:

To extend both the SMASH Young Peoples Substance Misuse Service contract and the Breaking the Cycle contract for a further twelve months. This option would only provide a short-term solution with the option of re-procurement and possible integration having to be considered in twelve months.

To re-procure separate SMASH and Breaking the Cycle service providers. This option would incur additional costs associated with the procurement process and not enable the Council to realise the efficiencies associated with an integrated service delivery model. It would not realise the benefits to families and young people of accessing and being treated by a single integrated service.

What will it cost and how will it be financed?

(A) Revenue Costs

There are no additional costs. The current Public Health budget for the Young Person’s Substance Misuse Service (SMASH) is £253,000 per year while the budget for Breaking the Cycle is £144,000 per year and is held in the Schools and Families budget. Combining the Young Person’s Substance Misuse Service with Breaking The Cycle in an integrated Young People and Family Substance Misuse Service will enable Sefton Council to realise a saving in the overall service management costs and to deliver a more effective and efficient model of service delivery.

To control risk in terms of affordability of the integrated service, an indicative ceiling price of £350,000 across the whole programme will be set out in the tendering process and described in the service specification. The cost of the programme will be met from within the Public Health and Schools and Families’ budgets allocated for Young People’s Substance Misuse and Breaking the Cycle, taking into account the savings proposed in the budget process for 2017/18 – 2019/20. By having a single contract a potential full year saving of £47,000 has been identified.

(B) Capital Costs

There are no additional capital costs.

Implications:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

Financial	
By having a single contract a potential full year saving of £47,000 has been identified.	
Legal	
There would be TUPE implications of existing staff for any new provider.	
Human Resources	
Equality	
1. No Equality Implication	<input type="checkbox"/>
2. Equality Implications identified and mitigated	<input checked="" type="checkbox"/>
3. Equality Implication identified and risk remains	<input type="checkbox"/>

Impact of the Proposals on Service Delivery:

Residents of Sefton would have access to a single family focused service. Young people and family members could have a single key worker and the service would be more holistic. There would be improved communication and collaboration between professionals involved with the young person and their family, and across the whole Sefton substance misuse treatment system.

What consultations have taken place on the proposals and when?

The Head of Corporate Resources has been consulted and any comments have been incorporated into the report (FD 4576/17) and the Head of Regulation and Compliance (LD 3859/17) has been consulted and any comments have been incorporated into the report.

The Public Health commissioners have reviewed service performance, consulted with key partners in the Child and Adolescent Service, Young Person’s Substance Misuse Service and the council’s commissioning and procurement team.

Implementation Date for the Decision

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting

Contact Officer: Alan McGee

Tel: 0151 934 3178

Email: alan.mcgee@sefton.gov.uk

1. Background

- 1.1 In April 2013, commissioning drug and alcohol treatment misuse services became the responsibility of local authorities. At that point local authorities were given greater autonomy to develop their own approaches to meet local need and the previously ring-fenced budget for young people's specialist substance misuse became part of the wider local authority public health grant.
- 1.2 Patterns of substance misuse among young people are changing, both in terms of reported prevalence and complexity of the problems faced by the young people who use services. While recent years have seen a decline in the number of young people recorded as entering specialist substance misuse services, substance misuse continues to be ranked as one of the five major challenges that young people face today with cannabis and alcohol remaining the most commonly reported substances for under 18 year olds with problematic use.
- 1.3 Substance misuse is seldom an isolated issue for young people. It affects their health and wellbeing, their education, their family, their security and their future. Substance misuse is closely linked to a number of risky behaviours, including risky sexual activity and multiple risk behaviours and vulnerabilities often associated with adolescence.
- 1.4 Building resilience within an asset-based age appropriate model of Young People and Family substance misuse service delivery is central to enabling young people to develop the confidence and social capital that are protective factors against vulnerability to substance use and involvement in criminal activity.
- 1.5 A Report for the Department of Health *Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing (DoH 2015)* notes a complex relationship between adolescent mental health and adolescent substance use and describes the delivery of care to vulnerable young people as fragmented. Testimony from key stakeholders, points to an increase in young people presenting to services with anxiety, stress and common mental health issues while young person's substance misuse professionals report difficulties in supporting young people to access Child and Adolescent Mental Health Services (CAMHS) either because the young people do not meet the access thresholds or because they are not stable enough to engage in CAMHS treatment.
- 1.6 Evidence suggests that specialist substance misuse interventions contribute to improved health and wellbeing, educational attendance and achievement, reductions in the numbers of young people not in education, employment or training and reduced risk taking behaviour, such as offending, smoking and unprotected sex. Examples of good practice exist within adult substance misuse and mental health services supporting collaborative approaches to care for those with substance misuse and mental health problems (dual diagnosis). Similar collaboration, age appropriate and context specific approaches should now be encouraged through the development of an integrated service specification for a Young Person and Family Substance Misuse Service.

2. Review and Service Developments

- 2.1 Patterns in young people's substance use are subject to change as illicit drug markets and local availability typically drive trends. While substance use most commonly reported by young people's services in Sefton relates to alcohol and cannabis, the needs of young people can change as new and emerging substances become more available and potentially prevalent in their use.
- 2.2 Changes in patterns and trends of substance misuse among young people have been witnessed by significant increase in use of synthetic and Novel Psychoactive Substances (NSPs) including a wide variety of synthetic stimulant and cannabis type substances. Initial findings from a local Health Needs Assessment for example suggests the emergence of the drug Ketamine, which appears to be more accessible locally and has been linked to exploitative party events.
- 2.3 A review of data from the National Drug Treatment Monitoring System (NDTMS) shows that 2012/13 201 young people accessed specialist Young People's Substance Misuse Services in Sefton. By 2014/15 this number had fallen to 116 and by 2015/16 to 95. In 2016/17 the number of young people accessing specialist substance misuse services had fallen to 87. By contrast, comparative data from two of Sefton's 'Statistical Neighbours' for Young Peoples' Substance Misuse Services show that Wirral has followed a similar downward trend since a peak in 2006/07 while in Stockport, numbers in treatment have increased since 2012/13.
- 2.4 While the decline in numbers of young people accessing Specialist Substance Misuse Services may be encouraging it may also be indicative of young people's services being out of touch with the needs of young people. 25% of young people accessing treatment in 2016/17 reported problems associated with alcohol compared with a national average 49% yet Local Alcohol Profiles for England (LAPE) data show Sefton has a higher rate for alcohol specific hospital admissions for under 18 year olds compared to both national and regional average.
- 2.5 In 2017, a review of treatment services carried out by the Children's Society for Public Health England noted that while a drop in numbers was encouraging, it was important to look behind the numbers and remember that young people do not develop substance problems in isolation. The report goes on to note that young females and young male come to services with different vulnerabilities and require different responses.
- 2.6 Around 6% of young people who seek alcohol and drug treatment nationally report having been sexually exploited. However this is much higher among females seeking treatment (14%) compared to just over 1% of males. 17% of young people starting treatment in 2015/16 report having self-harmed, with the proportion of females (33%) significantly higher than males (9%) while 25% of females starting treatment reported having mental health problems compared to 15% of males.
- 2.7 Gender split for both Sefton and Wirral is close to 70/30 with 67% male and 33% female accessing Young Peoples' services in Sefton, consistent with the national average of 66% male and 34% female.

2.8 Instances of domestic abuse and ‘affected by others’ substance use feature strongly in Sefton, 45% and 47% respectively. Sexual exploitation features in around 3% of the young service users in Sefton, a decrease from 5% in 2014/15. The high of young people affected by others substance misuse in Sefton, 47% compared to a national average of around 22% suggests support for a family focused approach to a young person’s substance misuse service in Sefton and the integration of breaking intergenerational substance use interventions.

3. Developing an Integrated Young People and Family Substance Misuse Service

3.1 Protecting the health and wellbeing of young people requires an integrated family focused approach to health and social care. Evidence shows that the children of substance misusing parents benefit when those parents receive effective treatment and that drug and alcohol treatment is a protective factor for families (*Parents with drug problems: how treatment helps families* (National Treatment Agency for Substance Misuse in England 2012)). A third of the adult drug treatment population have childcare responsibilities and there could be five times as many children affected by parental alcohol use (*Swept under the carpet: children affected by parental alcohol misuse* Alcohol Concern (2010)).

3.2 Intergenerational substance misuse is a pattern of substance use often passed on with in families – a pattern of substance misuse which can be hard to break without support and interventions. Evidence from existing family intervention programmes demonstrates that the lives of young people can be significantly improved where substance misusing parents are targeted as part of an early prevention strategy.

3.3 In line with the commissioning principles outlined in the 2017 Public Health England Report *Specialist Substance Misuse Services for Young People*, services need to be flexible and responsive enough to meet a diverse range of young people’s needs and have well developed transitional arrangements with adult substance misuse services. An integrated model of young people’s substance misuse services, combining the current Specialist Treatment Service SMASH with a family focused breaking intergenerational substance misuse service, offers an opportunity to develop a life-course approach with clear referral pathways and collaboration. This would also provide effective transitional arrangements across the Sefton substance misuse treatment system.

4. Procurement Process

4.1 The Draft Timetable is:

Cabinet	6/4/2017
Re-design service specifications, carry out consultation, hold provider day, complete Invitation to Tender documentation, acquire current staffing information from existing contractor	9/1/2017 – 28/4/2017
Advertise in OJEU, on The Chest and Contracts Finder	2/5/2017
Tender Return	30/5/2017

Tender Evaluation	30/5/2017 – 22/6/2017
Moderation	22/6/2017
Interviews	w/c 26/6/2017
Chief Officer Sign Off	6/7/2017
Mandatory Standstill Period	7/7/2017 – 19/7/2017
Contract Award and Legal Seal	20/7/2017
Implementation / mobilisation	24/7/2017 – 30/9/2017
Contract Start	1/10/2017

- 4.2 The basis of the tender evaluation will be Most Economically Advantageous Tender (M.E.A.T.) taking into consideration a percentage balance between Cost and Quality
- 4.3 To control risk in terms of affordability of the future service, an indicative ceiling price will be set in the tendering process, informed by the service review referred to within this report.
- 4.4 It is proposed that at the end of the procurement process, a two-and-a-half year contract with the option to extend for up to a further two years will be entered into with a provider. This should ensure better service stability and enable better value in the contract cost by procuring for a two-and-a-half year period. The contract(s) will however include provision for variation and early termination by the Council for convenience in the event of e.g. a reduction in funding levels etc.
- 4.5 It is understood that TUPE may apply to the existing in-house staff delivering the SMASH Service. Therefore in parallel to the procurement process the appropriate consultation will take place with those staff affected and the associated Trade Unions.