

## **CABINET**

**4 APRIL 2017**

### **GATEWAY 1 PROCUREMENT COMMENCEMENT: ADULT SUBSTANCE MISUSE SPECIALIST TREATMENT SERVICES RECOMMISSIONING – ADDENDUM REPORT**

Portfolio Holder: Councillor David Brake, Adult Services

Report from: Dr Andrew Burnett, Director of Public Health

Author(s): Peter Gates, Programme Manager Substance Misuse and  
Domestic Abuse  
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#### **Summary**

To set out the comments of the Health and Adult Social Care Overview and Scrutiny Committee which considered a report on the recommissioning exercise on 16 March 2017.

#### **1. Background**

- 1.1 The Head of Public Health Programmes introduced the report, supported by the Programme Manager for Adult Substance Misuse and Domestic Abuse. The service had last been recommissioned three years ago, with the previously separate services for alcohol misuse, opiate misuse and criminal justice having been brought together into a single service.
- 1.2 Good progress had been made during the last three years, with a significant improvement in successful outcomes amongst those accessing the service. The proportion of clients completing treatment dependence free had gone from bottom to top quartile. The commissioned service was provided by Turning Point, which a number of the Committee Members had recently visited. There was one year left under the current agreement, with the service needing to be recommissioned.
- 1.3 It was recognised that improvements needed to be made to the service given the relatively high rate of representation and also that a number of clients had been in treatment for over ten years. There was a need

to consider how service users could be better supported to recover from dependency, to better engage the voluntary sector and to make more effective use of advocates. A service redesign, based upon a full needs assessment, was underway. It was proposed that a detailed model be presented for consideration by the Committee in June 2017.

1.4 The Committee raised a number of points and questions as follows:

1.4.1 **Foetal Alcohol Syndrome** – In response to a Member question, the Head of Public Health Programmes advised that work with health visitors was being strengthened to provide training related to alcohol misuse in pregnancy. This would enable the provision of ante-natal and post-natal checks. Community and hospital based teams provided education about the risks associated with drinking during pregnancy.

1.4.2 **Support for substance misusers and families** – A Member said that they would like to see more help for families provided as a result of the recommissioning. She highlighted cases of older people in their 70's or 80's housing grown up children, as old as their 40's or 50's, as a result of them being unable to cope living on their own due to dependency. Key workers had provided initial support in such cases but there had not been sufficient follow up. The recommissioning should consider how to provide practical support in relation to substance misuse. The issues associated with ongoing methadone use also needed to be considered as it was clear that some people being provided with methadone in Medway were in an increasingly poor state of health.

1.4.3 The Head of Public Health Programmes advised that work was taking place with Turning Point to segment client groups. It was acknowledged that family and carer support was not robust enough. There was a need to strengthen work with organisations such as Carers First to enable them to offer support on an ongoing basis. It was clarified that someone still using methadone would not be classified as having completed the Turning Point programme dependency free.

1.4.4 **Reliance on voluntary sector** – A Member raised concern with regard to the proposed apparent reliance on voluntary sector providers to support adult substance misuse provision. She asked what engagement had taken place. The Head of Public Health programmes provided assurance that there would not be a reliance on the voluntary sector for service provision, although there would be engagement as this element of the service would be procured and not just expected.

1.4.5 **Transitional Arrangement** – Officers confirmed that a mobilisation programme would be put in place for a minimum of three months to ensure smooth transition from one provide to another in the event that an alternative provider was commissioned to Turning Point.

1.5 Members of the Committee gave thanks for the visit that had been organised to Turning Point.

1.6 The Committee:

- i) Noted the report and commented on the proposal to proceed with the recommissioning of redesigned specialist treatment services (Option 3) during 2017 for a contract start date of 1 April 2018.
- ii) Agreed that following a needs assessment, which would include patient and stakeholder engagement, the recommended service model would be presented to the Committee prior to contract award.

**2. Recommendation**

- 2.1 The Cabinet is asked to note the comments of the Health and Adult Social Care Overview and Scrutiny Committee as set out in section 1 of the Addendum Report.

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