**REPORT**

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| **DATE**  | 29th October 2015 |
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| **REPORT OF** | Stephen Pintus, Director of Public Health |
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| **REPORT TO** | NEL CCG Joint Co-Commissioning Committee |
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| **SUBJECT**  | Transfer of primary-care-based, substance-misuse treatment services commissioning to the North East Lincolnshire Clinical Commissioning Group |
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| **CONTRIBUTION TO OUR AIMS**The service will support the two main priorities of North East Lincolnshire (NEL) council:Stronger Communities and Stronger Economy, by providing aspiration to a particular community of interest to regain social integration, personal achievement and a social base upon which employability is rebuilt. The focus of the service specification complements and reinforces the council’s aims: |
| Healthy and sustainable communities, healthy and independent lives, all adults children and young people are safe (protected from harm), families in NEL are strong healthy and provide good parenting to children. |
| **EXECUTIVE SUMMARY**The report sets out the intent to widen the scope of the current Section 75 agreement with the NE Lincolnshire Clinical Commissioning Group (CCG) to allow the transferring of funds. The transfer is considered a positive change as primary-care-based, substance-misuse treatment services (PCBSMTS), are clinical services and the delivery model is supported by Public Health England. |
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| **RECOMMENDATIONS**The report seeks approval to:1. secure approval to widen the scope of the Section 75 agreement with the CCG to include PCBSMTS,
2. transfer the portion of the public health grant currently expended on these services , i.e. £125,000/year to the CCG from 01 April 2016,
3. undertake the transfer against a specification of outcomes, objectives and performance indicators to ensure the services commissioned by the CCG contribute to the council’s aims and lead to improvements in the relevant outcomes within the Public Health Outcomes Framework, (PHOF).
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| **REASONS FOR DECISION** The CCG is the area’s principle commissioner of clinical services. The council has less clinical services to deliver. The CCG already commissions a number of GP practices to provide alcohol treatment related services (£116,525 per annum); the CCG currently supporting the annual £60,775 prescribing costs incurred in the delivery of substance misuse services by the GP practices involved. A single prescribing code is being sought from the NHS Business Support Agency for all GPs providing the PCBSMTS; this action will better determine overall cost of substance misuse treatment in North East Lincolnshire and assist in providing quality information through the PHE Value for Money tools. A number of the council’s individual contracts for PCBSMTS are expiring and having widely consulted with the market, the CCG and the current providers, there is scope for closer working relationships with the CCG to ensure the limited budget available is put to the best possible use.  |

**1. BACKGROUND AND ISSUES**

Background

Legacy contracts which predate the transfer of public health activity to local authority control have been extended to expire on 31st March 2016. The local authority has realigned its public health budget to focus upon prevention and early intervention. Nevertheless certain services are still required to assist citizens, already affected by substance misuse, towards a path of abstinence, recovery and social inclusion. Secondary-care-based substance misuse treatment services, (SCBSMTS) were realigned in context of the strategic focus last year. The council is now reviewing its PCBSMTS. PCBSMTS interact heavily with SCBSMTS and the public health team determined that a review of needs and activities was timely.

NEL’s performance for substance misuse related outcomes, according to Public Health England’s (PHE) statistics, is not performing as well as it previously did and it is considered that a greater emphasis towards PCBSMTS will help to improve that performance.

Once transferred, commissioning focus will then turn to pharmacy-based services, again to improve outcomes for affected citizens.

Consultation

The council has worked closely with its main stakeholder for this service, the CCG, to consult with:

* the local GPs with specialist interest qualifications in substance misuse management, who currently provide services,
* the council’s provider of SCBSMTS, Foundations and
* the wider PCBSMTS market,

in order to :

* understand how the market and its approach is evolving,
* ensure the outcomes-based specification and key performance indicators are evidence-based and
* create the best opportunity to deliver the recovery outcomes sought for the service users, their families and the wider community.

PHE is provided with regular updates of activity undertaken and their deputy regional manager provides regular feedback which guides and influences the scope and focus of our activity.

Lastly the council has issued a simplified questionnaire to target service user feedback. Through the pharmacy network to understand client views.

The Forward Process

Following significant Pre-Market Consultation (PMC), a desired delivery model has been determined. The solution to enable that delivery model is to passport the value of the contract £125K per annum to the CGG through expansion of the existing Section 75 agreement. The CCG will ensure contracting of the new PCBSMTS model through enhanced GP service provision contracts.

The council will then review performance with the CCG through the Co-commissioning Board on a regular basis, to ensure the PHOF outcomes and council aims are met.

**2. RISKS AND OPPORTUNITIES**

The council has a limited budget. This contract, by its nature, has to be based on a per-service-user fee. Whilst the potential client base may not have necessarily grown, we aim to achieve a higher penetration level than of recent months. A capping mechanism has been introduced to ensure affordability.

Since 2003, North East Lincolnshire has benefitted from a growth in the number of General Practitioners qualified to have special Interest in Substance Misuse Treatment provision (GPwSI’s). This position is almost unique as most areas have very limited GPsWI provision. There is a significant benefit in GPs in local practices managing substance misuse treatment within the overall health care needs for their registered patients, ensuring holistic packages of care for individuals and their families. Having regard to the wealth of resource available locally, a strong case exists to preserve that resource.

An impact assessment is available for consideration. The new service is designed to be available across all wards, taking account of all religious groups, sensitive to gender and age requirements as well as the medical and emotional requirements at service-user level. Criteria for signposting clients and reviewing pathways for client groups have all been intrinsic to the process undertaken.

The majority of PCBSMTS have good performance outcomes and deliver good value for money, however for one area of service current drug-free exit rates are low. The contract specification has been reconfigured to focus upon sustainable recovery including social integration and links to opportunities to create social capital.

There are a number of stakeholders for this service. The council has done its utmost to ensure any organisation with an interest and the individuals accessing services have had an opportunity to shape the future service provision within the budget envelope available.

**3. OTHER OPTIONS CONSIDERED**

1. Officers considered an option of amalgamating the provision with pharmacy-based services, but concluded that a significant degree of change would be needed with the likelihood of client disruption. Additionally, this model would be unlikely to deliver holistic packages of care.
2. Officers initially considered procurement without its major stakeholder the CCG; however, in view of the clinical nature of the service contract and specification, joint commissioning appeared the more natural solution.
3. Should the recommendation to joint commissioning arrangements with the CCG award be rejected by members, the council’s remaining option will be to approach the specialised practices currently delivering services to extend their expiring contracts for a further period until a solution, meeting the members’ specified needs, can be secured.

**4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS**

This is a vulnerable client group and changes in delivery model need to be managed carefully to ensure safeguarding is maintained. Pre-market consultation activity was undertaken with the CCG, a range of specialist providers in the market and the client group was conducted. It clearly evidences that the specific wider health and well-being needs of this vulnerable service user group can best be served by those particular GPs in the wards in which those practices are located. Moving away from local Primary Care based practice provision may result in attrition from services and significant unmet needs within the vulnerable client group dispersed throughout our communities.

It is important to consider that pre-market consultation may have raised interest amongst commercial organisations delivering complementary services, however what this consultation evidenced was the unique value of the high concentration of suitably qualified GPs in the borough. This, together with the opportunity to achieve high quality outcomes in an holistic health setting will promote engagement and retention amongst a historically hard-to-engage community of interest.

**5. FINANCIAL CONSIDERATIONS**

The proposal outlined within the report supports the council’s key financial objective to focus upon prevention and early intervention to reduce the scale of need for long-term services. The proposal will be financed through the public health budget at £125K per annum. On an ongoing basis the proposal will lead to a net nil impact on current expenditure, in an environment of significant reduction in abutting services for SCBSMTS. The proposal is consistent with the Council’s Health and Wellbeing strategy and will help to contribute to improved value for money within the service.

**6. CONTACT OFFICER(S)**

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