

**CABINET
2 FEBRUARY 2017**

**SCRUTINY REPORT; EFFECTIVENESS OF THE PREVENTION AND RECOVERY
DRUG AND ALCOHOL MISUSE SERVICE**

RESPONSE OF CABINET MEMBER FOR HEALTH AND WELL-BEING

The Cabinet Member with Responsibility for Health and Well-being thanks the Chairman of the Overview and Scrutiny Performance Board for the draft Scrutiny Report on the Effectiveness of the Prevention and Recovery Drug and Alcohol Misuse Scrutiny Task Group. He notes the hard work of members of the Task Group, and the commitment of its Lead Member, Cllr Chris Bloore. This is an important area of focus and he welcomes the attention and time that has been dedicated to scrutinising our services, making sure that they do what they should to improve outcomes for residents. A response to each recommendation is given below.

1. Effectiveness of Services to Reduce Drug and Alcohol Misuse

Recognising and fully respecting that it has to be on individual basis, we recommend a more aspirational approach be taken on the numbers of people who abstain from drug and alcohol misuse, without losing sight of the fact that substitutes such as methadone, often produce more stable and productive members of society and can be a route to becoming drug free.

Response: As commissioners, we will continue to require clinical reviews of those clients who have been long-term users of substitute prescribing, and to require strengthening of peer support to live drug-free.

2. Commissioning of Services

In relation to the commissioning approach, we recommend that in the future, when a contract involves a change in provider, consideration be given to award a four year contract with the opportunity for an extension, so as to allow for a planned period of change which does not destabilize a service.

Response: Accepted. This is normal practice for us to define extension periods and how those are given contractually. Extension periods are normally agreed when the provider has met pre-agreed performance targets set out when the contract was tendered and let. We also try and allow enough time in the re-commissioning approach to ensure a period of transition to a new provider is available if that is the outcome of the re-procurement. However that sometimes can be difficult to fully control. In emergency situations we can agree extensions to allow a contract to continue with one provider before a new provider comes on board.

Acknowledging that there is a legal framework around tendering, we recommend that the Council provides opportunities to promote dialogue between organisations to investigate whether consortiums or sub-contracting would support a more local provision of services to the population of Worcestershire.

Response: Accepted. Each commissioning exercise starts with market engagement and this can often be the time for potential providers to form consortia. While we will always try and support local provision it is not something we can legally prescribe. We also cannot force particularly contractor and sub-contractor relationships to form. However, through effective market management

we can influence the market to provide different and more innovative delivery and contracting mechanisms to ensure we get the best value in terms of money and qualitative outcomes.

3. Engagement and Advice to the Public

We believe many members of the public may be unaware of the dangers of their alcohol consumption. We recommend greater consideration is given as to how the Council can embed the public health message about the risks of regular drinking, for example media campaigns and circulation of publicity material.

We recommend specific awareness-raising to reach rural communities.

We believe that knowledge about services is varied and recommend circulation of Swanswell contact details through the 'Your Life Your Choice' website, clinical commission group newsletters, and to elected members.

Response: we note these recommendations and will continue with a planned programme of work to promote public health messages around safer drinking. We will develop specific awareness raising in rural communities and will also target younger people, including our student population. We will promote the wider use of national materials on alcohol consumption. We will circulate Swanswell's details again through YLYC website, CCG newsletters, and to elected members.

4. Partnership working

We recommend that the Council's Public Health Directorate works with partners to try and address the availability and licensing of alcohol, primarily with District Councils, where Planning and Licensing Committees are responsible for granting applications. Availability and supply plays a big part in increased use and restrictions can be enforced.

We also recommend that consideration be given to training for licensees in enforcing sensible drinking.

We further recommend the need for partnership working to raise awareness within communities, including for example in Schools.

Response: we will continue to prioritise partnership working on substance misuse, and in particular will develop actions on alcohol, within the framework of the Health and Well-being Strategy which has made alcohol one of its three priorities. We will address the availability and licensing of alcohol with the Districts, by developing use of a toolkit and giving a Public Health response to licensing applications. We will work more closely with Trading Standards and criminal justice partners about enforcement. Partnership working with schools will form part of the campaigns work discussed under recommendation 3.

5. Future Funding and Support – the Bigger Picture

From what we have heard, we believe that Swanswell is working very effectively and is improving the service provided, and as such, we recommend that provision of this contract needs to be continued and supported.

We recommend early communication to and work with providers regarding funding levels, to provide a level of assurance around future funding to enable long-term planning.

We recommend that the impact of Swanswell's merger with Cranstoun be reviewed in twelve months' time by the Director of Public Health, and reported to Scrutiny.

Response: we will carefully assess service improvement and outcome data, and have noted the positive progress to date. A possible extension of the current 3 year contract will be discussed early in 17/18. The decision will be communicated to the provider immediately. We welcome the opportunity to return to Scrutiny in

12 months' time to update members on the impact of Swanswell's merger with Cranston.