

12 September 2018		ITEM: 10
Cabinet		
Young Person's Substance Misuse Treatment Service Re-procurement		
Wards and communities affected: All	Key Decision: Key	
Report of: Kev Malone – Public Health Programme Manager		
Accountable Assistant Director: Andrea Clement – Assistant Director and Consultant in Public Health		
Accountable Director: Roger Harris – Corporate Director of Adults, Housing and Health / Ian Wake – Director of Public Health		
This report is Public		

Executive Summary

Thurrock Council has a duty to use a proportion of its Public Health grant to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services. The contract for the Young Person's Substance Misuse Treatment Service expires on 31 March 2019 and a new contract and service is therefore required from 1 April 2019.

The Thurrock Public Health team has conducted a full needs assessment, incorporating a literature review, of young people's substance misuse in the borough. This document sets out a series of recommendations for the new service specification and is appended to this report.

A variety of stakeholders were consulted and the responses were factored into the service redesign.

Thurrock's 10-17 year old population is set to increase by 30% over the next ten years and the service needs to be responsive to this increase and any impact this might have on service demand.

The new service will see a greater emphasis on coordinating family therapy and developing peer-led programmes, since these were recommendations from the needs assessment and literature review. The latter will enhance and diversify the offer and overcome the risk of adults designing interventions based on their perception of the risks rather than the actual experiences of young people. This report has undergone due process via Directorate Management Team and Directors' Board within the Adults, Housing and Health directorate and the Health &

Wellbeing Overview and Scrutiny Committee. It has also been shared at Children's Directorate Management Team so they are sighted on progress.

1. Recommendation(s)

1.1 For Cabinet to delegate authority to the Director of Public Health in consultation with the Cabinet Portfolio Holder for Education and Health to award a new Young Person's Substance Misuse Treatment Service following market testing and a procurement process

1.2 That the new contract has a duty built in to work with our own schools and expanded Youth Offending Service to tackle any drug or gang culture in Thurrock, and become a signatory to the new Compact to be written by the Corporate Director of Children's Services outlining how YOS and the wider Council will work with schools to tackle drug and gang issues

1.3 To invite comments on the recommendations within the needs assessment

2. Introduction and Background

2.1 The Public Health Grant is provided to local authorities to give them the funding needed to discharge their public health responsibilities. Broadly these responsibilities include:

- Improve significantly the health and wellbeing of local populations;
- Carry out health protection and health improvement functions delegated from the Secretary of State;
- Reduce health inequalities for all ages, including within hard to reach groups;
- Ensure the provision of population-wide healthcare advice.

2.2 The grant is made under Section 31 of the Local Government Act 2003 and the Secretary of State has set down conditions to govern its use. The primary purpose of the conditions is to ensure that the grant is used to assist the local authority to comply with its Public Health duties and mandatory functions, that it is spent appropriately and accounted for properly.

2.3 A local authority must, in using the grant, have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.

2.4 The contract for the Young Person's Substance Misuse Treatment Service expires on 31 March 2019 and a new contract and service is required from 1 April 2019. The service will sit under the umbrella of Brighter Futures.

2.5 Thurrock has a small but cost-effective and high performing Young Person's Substance Misuse Treatment Service. It integrates well with other services

and enjoys a strong reputation across the borough, particularly with schools/academies and across children's services.

- 2.6 The existing contract (3 years plus 2 year option to extend) is coming to the end of its full 5-years and notwithstanding that set out in 2.5 commissioners have conducted a full needs assessment to ensure the new service offer remains up to date, incorporates the latest best practice, guidance and recommendations and is responsive to the needs of our local children and young person's population.
- 2.7 **Costs:** The current contract value was £135,000pa and a similar annual contract value is forecast for the new contract, subject to any fluctuations in service demand as set out in section 3 below. The benchmarking referred to in the needs assessment confirms that this is a very favourable price for the Local Authority.
- 2.8 The service works with those young people aged under 18 years old who live in Thurrock or who attend a Thurrock education provision. The service delivers structured interventions to help young people address their substance misuse. This can take the form of abstinence-based recovery whereby clients cease their misuse, or harm reduction interventions. Vulnerable adults up to the age of 25 are also within scope of the service specification.
- 2.9 The service delivers prevention and education interventions across our schools and colleges and at community events throughout the year. It also works with children who may not have a substance misuse need, but whose parents/carers may have a substance misuse need and be a client with the adult treatment service; these clients are broadly referred to as 'hidden harm'. The hidden harm and prevention and education work of the service accounts for roughly half of the service's activity.

3. Issues, Options and Analysis of Options

- 3.1 Thurrock's population for those aged under 18 is set to steadily increase over the next 10 years by 13%, to 47,476. Moreover, for those aged 10-17 the projected increase is 30% over 10 years. This is a significant amount of growth and it is not yet possible to determine what the demand on the service will be due to a rapidly changing drug market. However, the new service needs the flexibility to respond to these changes.
- 3.2 The literature review and consultation with service users identified a theme for providing more family therapy interventions. These have a strong impact on improved outcomes, so the new service will feature more of this type of intervention.
- 3.3 Following recommendations from the needs assessment, the new service will continue to offer interventions that help address the wider determinants of health, including sexual health screenings, smoking cessation, mental health support and engagement/re-engagement with employment, education or

training. It will also continue to work in close partnership with the Youth Offending Service. The full list of recommendations is as follows:

Population

- The expected 30% increase in the 10-17 year old population over the next ten years and the uncertainty of what impact this will have on treatment numbers means we need to continually assess and be responsive to potential increases in service demand
- The major issues and future risk factors for Thurrock are the continued increase in migration from the London boroughs, especially in relation to the management of young people who have been involved in serious youth violence
- The increasingly diverse population and consequent increase in the BME population will result in changing risk factors and a change in interventions and supervision will be needed to meet these
- The increase of young people involved in gangs brings with it the increased risk of sexual exploitation and increases in vulnerability and safeguarding which has been evident over the preceding years. The strategy to manage this risk is more partnership working both locally and with the London boroughs which are the sources of the migration
- Additionally, although it is not yet presenting itself, there may be an increase in substance misuse issues specifically related to Class A addiction in young people and the provider must be responsive to this
- Provider to continue to be accommodating of complex cases with multiple wider vulnerabilities
- Commissioners to deepen their understanding of the A&E hospital admissions data
- Brighter futures partners to recognise that some young people state they are using drink or drugs to cope with worries/anxiety and to be responsive to this via targeted support or universal prevention and education interventions

Treatment population

- Provider to increase the acceptance of sexual health screening, where deemed appropriate/eligible and to explore why our referrals are lower and how to strengthen links to sexual health services
- Regularly review the use of Novel Psychoactive Substances ((NPS), also referred to as Legal Highs or Club Drugs) and adapt the treatment offer accordingly
- Reaching treatment naive parents who require treatment for substance misuse, due to children experiencing hidden harm, is a challenge for treatment services and something they must maintain a focus on
- Continue to ensure that appropriate links are being made locally between Brighter Futures partners and particularly between services for domestic and sexual violence, young people and substance misuse to address and support the specific and wider vulnerabilities set out in Figures 10, 19 & 20 and ensure strong multi-agency working remains a priority of the new service

- Commissioners to review the referral pathways from children and young person's health and mental health services to better understand the low referral rate compared to the national average
- Our use of harm reduction interventions is far lower than the national average and commissioners need to understand why this is the case and what the implications are
- Provider to continue to offer referrals for stop smoking support
- Commissioner to match the new service specification to the existing age eligibility of up to 18 years old, with exception for up to 25 years old if SEND/disabled and appropriate
- Provider to explore why fewer referrals come from those young people in apprenticeships or employment, compared to national average

Criminal Justice

- Provider and commissioner to remain vigilant to the strong association between gang activity and its links to emerging drugs markets, particularly regarding county lines and cuckooing
- Continue to co-locate a young person's substance misuse service worker in the YOS at least once a week and recommend this in the updated service specification
- Brighter Futures partners to be vigilant of SEND children being disproportionately represented in YOS data and cater for their additional needs

Prevention & Education

- Preventative interventions should continue to feature in future service delivery
- Service design should involve further development of peer-led programmes to enhance and diversify the offer and overcome the risk of adults designing interventions based on their perception of the risks rather than the actual experiences of young people

Treatment

- Specialist services to deliver DAAT are necessary for CYP although a partnership approach to delivering services to CYP in Thurrock is important. Services should integrate as part of the Brighter Futures group of services to maximise benefits to children and their families whilst giving appropriate support to other professionals involved in their care
- Where practicable, programmes should be co-produced with young people to prevent the focus being based on adults' perceptions of the issues
- Evidence supports family therapy being available, this should be considered as an offer as part of the new service specification but needs to be child led and clearly will not be appropriate in every therapeutic relationship. There is particular benefit if any adults in the family unit who have a substance misuse need are also in treatment

- Future treatment options should include Motivational Interviewing, CBT and Twelve Step programmes at the discretion of the client
- Motivational interventions are utilised more in Thurrock when compared to national trends where Harm Reduction interventions are considerably more prominent. A deeper analysis of this intervention should be conducted by commissioners to understand whether our new service provider should offer more harm reduction interventions to our residents
- Continue to offer Hidden Harm support to children affected by parental substance misuse
- Provider to continue to refer to stop smoking support services
- Continue to work closely with the mental health services (EWMHS) to ensure that if young people complete treatment for substance misuse that they can receive any necessary help for enduring mental health problems such as depression or anxiety disorder

Mental Health

- Continued and further integration as part of Brighter Futures and partnership working with Mental Health services will be beneficial for improving outcomes for children, young people and their families
- Ensure that the service remains vigilant to the heightened risk of suicide across its client base; such is the link between suicidal ideation and substance misuse.

Tier 4 treatment provision and prescribed treatment modalities

- The future service specification should retain the current clause regarding partnership working with the adult service to cater for such exceptional cases

Service Model

- The current service model should be retained in the new service specification

Co-production

- To offer more family sessions where assessed as appropriate
- No further areas to strengthen the existing treatment offer were identified by the service users and the parent or grandparent

3.4 The new service will be available for those vulnerable young people up to the age of 25 if they have a special educational need or disability and the service is more appropriate to their need than the adult service. It will continue to work in partnership with the adult service if a prescribing treatment modality is deemed appropriate e.g. substitute opiate medication, since there is no prescribing element to the young person's contract.

3.5 The literature review recommended that the new service is open to developing peer-led programmes to enhance and diversify the offer and

overcome the risk of adults designing interventions based on their perception of the risks rather than the actual experiences of young people.

- 3.6 Drug and alcohol treatment services typically suffer an impact on performance when they are retendered; this is both a local and national phenomenon. This is mostly attributable to clients being sensitive to change and it can take time for them to re-engage in treatment. For this reason commissioners have sought assurance from Procurement for a 4+1+1 year contract.

4. Reasons for Recommendation

- 4.1 This report is submitted to Cabinet for approval to re-procure the Young Person's Substance Misuse Treatment Service.
- 4.2 It is recommended that delegated authority is given to the Director of Public Health in consultation with the Cabinet Portfolio Holder for Education and Health to award a new Young Person's Substance Misuse Treatment Service following market testing and a procurement process.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 A number of stakeholders have been consulted with in preparing this re-procurement. Partner agencies across children's services, youth justice and mental health services in both the public and voluntary sector were invited to comment on the process and provide recommendations.
- 5.2 Thurrock's Youth Cabinet was appraised of the above and asked for any comments or recommendations.
- 5.3 The Adult and Young Person's drug and alcohol treatment services were also consulted for any comments or recommendations.
- 5.4 A small number of young people in treatment for substance misuse or who were receiving hidden harm support to better understand their parent's/carer's substance misuse were also consulted.
- 5.5 This report was discussed at Health and Wellbeing Overview and Scrutiny Committee on 6 September 2018.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 The Young Person's Substance Misuse Treatment Service will contribute to the delivery of the Council's vision and priorities for **People**, in particular:
- High quality, consistent and accessible public services which are right first time
 - Reducing the associated costs to local communities and socio-economic/health costs to the individual caused by substance misuse

- Breaking the intergenerational cycle of substance misuse
- De-normalising and reducing the prevalence of young person's substance misuse

6.2 Moreover, the service that will result from this work will support Goals 1, 3, 4 and 5 of the Health and Wellbeing Strategy, together with the associated objectives. In the below table, those sections highlighted in green (1a&b, 3b, 4b&c) are directly affected, with those in yellow (1c&d, 3a&d, 5a,b&d) indirectly affected:

Goals:	1. Opportunity for all	2. Healthier environments	3. Better emotional health & wellbeing	4. Quality care centred around the person	5. Healthier for longer
Objectives:	1A. All children in Thurrock making good educational progress	2A. Create outdoor places that make it easy to exercise and to be active	3A. Give parents the support they need	4A. Create four integrated healthy living centres	5A. Reduce obesity
	1B. More Thurrock residents in employment, education or training	2B. Develop homes that keep people well and independent	3B. Improve children's emotional health and wellbeing	4B. When services are required, they are organised around the individual	5B. Reduce the proportion of people who smoke
	1C. Fewer teenage pregnancies in Thurrock	2C. Build strong, well connected communities	3C. Reduce social isolation and loneliness	4C. Put people in control of their own care	5C. Significantly improve the identification and management of long term conditions
	1D. Fewer children and adults in poverty	2D. Improve air quality in Thurrock	3D. Improve the identification and treatment of mental ill-health, particularly in high risk	4D. Provide high quality GP and hospital care to Thurrock	5D. Prevent and treat cancer better

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**
Management Accountant Social Care & Commissioning

The funding for this contract will continue to be provided through the Public Health Grant allocations until such time the ring fence is removed from the grant conditions, this contract will then become an ongoing General Fund commitment and necessary provision will be made for this.

7.2 Legal

Implications verified by: **Sarah Okafor**
Barrister (Consultant)

Under section 11 of the Children Act 2004, Thurrock Council has a duty to make such arrangements to ensure it is in a position to discharge its functions having regard for the need to safeguard and promote the welfare of children and young people. There are duties and powers to support children and young people in need and to safeguard children and young people from significant harm under the Children Act 1989. Some of these duties and powers extend to young people up to the age of 25 years of age when certain criteria may be satisfied.

Under section 12 of the Health and Social Care Act 2012 a duty is imposed upon Thurrock Council to take the steps as it considers appropriate for improving the health of all people within its area, and also to address behaviour that may be detrimental to public health. The provisions of services proposed within the report meets the requirements as set out towards promoting the welfare and health of vulnerable children and young people. The recommended services are to funded appropriately through the Public Health Grant. The procurement processes will be undertaken in accordance with the Public Contract EU Regulations as well as in compliance with the Contract Procurement Rules of Thurrock Council.

Accordingly, on behalf of the Director of Law, I have read the report, and there appears to be no external legal implications arising from the report recommendations, which are intended to exercise powers and meet the duties towards children and young people as set out, through the planning and procurement of young people's substance misuse services.

7.3 **Diversity and Equality**

Implications verified by: **Roxanne Scanlon**
Community Engagement and Project
Monitoring Officer

The service is open to all residents across the borough who meet the age threshold set out in 2.8. The Needs Assessment tells us that our rate of engaging minority groups into treatment is better than our comparators and the service will continue to work to ensure that all groups and communities have awareness of and ability to engage where appropriate. Consultation included Thurrock Youth Cabinet, partner agencies and service users.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Thurrock Young Person's Substance Misuse Needs Assessment 2018

9. Appendices to the report

- Thurrock Young Person's Substance Misuse Needs Assessment 2018
- Procurement Stage 1 form

Report Author:

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