

**Cambridgeshire County Council**

**Market Sounding Document:**

**EXPLORING JOINT COMMISSIONING OF DRUG AND ALCOHOL AND MENTAL HEALTH RECOVERY SERVICES**

**November 2017**

**Part 1**

**This is not an invitation to tender.**

***Please note all information provided in this document is indicative and for information purposes only. All responses will be treated with confidentiality.***

As indicated in our market sounding document ‘Drug and Alcohol Treatment Services’ in October 2017, Cambridgeshire County Council is looking to re-tender its adult drug and alcohol treatment services ready for 1st October 2018.

As part of this process we are considering commissioning a community recovery service for people with drug/alcohol and/or mental health issues. This is in response to both market and stakeholder feedback highlighting the need for strategic joint commissioning around substance misuse and mental health.

The purpose of this market sounding document is to:

1. Explore the feasibility, risks and benefits of this approach
2. Help us understand the level of market interest and ability to deliver such a service
3. Inform our commissioning intentions in respect of both substance misuse and mental health services

**Responses should be submitted via ProContract by 12:00noon on Wednesday 22nd November 2017.**

**What has led to this market sounding document?**

Cambridgeshire County Council currently has two separate procurements planned. One is for drug and alcohol services, the other is for mental health recovery services. Recovery support is a key part of drug and alcohol and mental health services and recent consultations highlighted a lack of recovery support in the community, particularly across rural areas.

Alongside this, responses to the market sounding exercise and stakeholder consultations in October 2017 (as part of drug and alcohol recommissioning) strongly encouraged strategic joint commissioning between mental health and substance misuse services.

Given the potential similarities between the two ‘recovery’ services, we are keen to explore with the market and service users the viability of integrating them into a single recovery service. Whilst it is not possible to undertake a whole system joint commission of substance misuse and mental health provision within the timeframe of this procurement there is potential to begin strategic joint commissioning using community recovery services as the pathfinder.

**Our Vision**

Our vision is to re-design recovery services based around people and what they need to get and stay well, rather than their diagnosis or presenting ‘issue’. We see a grassroots, co-produced service, utilising individual and community assets and micro voluntary organisations to grow a dynamic and equitable range of recovery support across the area. The service will wrap around substance misuse and mental health services and in doing so improve treatment and individual outcomes, reduce re-presentations into treatment and mental health services and see more people sustain their recovery and integrate back into the community.

We would encourage the market to work collaboratively with third sector partners (including local micro third sector providers) through a lead/subcontractor model or similar.

We see two potential procurement routes:

1. A single lot which will be an integrated drug and alcohol treatment service with a requirement to grow and develop a separate and distinct recovery service to wrap around both substance misuse treatment and mental health services. There is potential to stipulate that the recovery service becomes an independent entity such as a community interest company (CIC) so in the longer term it can be bid for work or be sub-contracted. This has been achieved by other co-produced recovery services elsewhere in the UK. The ‘distinct’ recovery service would also cover Peterborough, working closely with CGL, the commissioned drug & alcohol treatment provider in Peterborough.
2. Two separate lots; one for drug and alcohol treatment in Cambridgeshire and one for the recovery service (which would span both Cambridgeshire and Peterborough as described above).

We are keen to understand the risks and benefits of different lot structures as well as the market’s preferences and any alternative solutions.

Currently, this vision is conceptual and in need of refinement. It is also being tested out with service users. The final decision will be made once we have a clear understanding of the market’s interest and capacity to deliver these services.

**Resource Envelope**

The potential budget available is in the region of £5.8 million pa comprising:

* £4.8m drug and alcohol treatment for Cambridgeshire only (c.10% budget reduction applied)
* £1m mental health recovery across Cambridgeshire and Peterborough

Reallocation of some drug & alcohol treatment resource into the recovery support may be necessary, depending on the lot structure used and specifications developed.

**Current Activity**

Activity within Cambridgeshire’s treatment system during 2016/17 is summarised below.

|  |  |
| --- | --- |
| Adult Drug Treatment | 1638 in effective treatment (of which 1183 were OCU and 780 were non-opiate)  350 new OCU treatment journeys  191 new non-opiate treatment journeys |
| Adult Alcohol Treatment | 784 all in treatment with 553 new presentations (YTD 31/03/17) |
| Residential Treatment | * 73 detoxes (drugs and alcohol) in 16/17 (but more typical is the 115 detoxes (drugs and alcohol) in 2015/16) * 17 primary rehab placements agreed and commenced (up to 10 weeks) * 9 secondary placements agreed and commenced (up to 12 weeks) * 5 social care packages |

Current third sector delivery of Prevention, Recovery and Wellbeing Services and assessed social care packages requiring specialist mental health support is outlined below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Provider** | **Geographical Coverage** | **Current Capacity** |
| Prevention, Recovery and Wellbeing Service | Richmond Fellowship/CPSL MIND | Cambridgeshire | 300 |
| Wellbeing Service | CPSL MIND | Peterborough | 75 |
| Homecare – Specialist Mental Health | Metropolitan | Cambridgeshire | 60 |
| Homecare – Specialist Mental Health | CPSL MIND | Cambridgeshire | 40 |

The recovery service will also support the emerging PRISM model which is being rolled out across Cambridgeshire and Peterborough by CPFT. As more people are being managed by the PRISM service and, where appropriate, supported to remain within primary care, the effectiveness of provision within the community will be imperative to work effectively in partnership with the emerging model to provide social and community focussed solutions that will prevent escalation of mental health and substance misuse needs and support those who have assessed social care needs.

**Demographic information about Cambridgeshire**

Cambridgeshire comprises a 3389km2 area within East Anglia and comprises of six districts – East Cambridgeshire, Fenland, Huntingdonshire, South Cambridgeshire, the city of Cambridge and Peterborough (although Peterborough is out of scope for this tender).

Cambridgeshire is a fast growing and increasingly diverse county with a total population of approximately 650,000 (2015 estimates). The main 3 cities within the county are Cambridge with an estimated population of 132,130, Huntingdon with an approximate population of 176,050 and Peterborough.

The county has become increasingly diversified in part due to its designation as an asylum dispersal area, large amount of manufacturing opportunities and proximity to fenland agriculture. The percentage increase in migration has been high in Fenland and Peterborough, with rises in non-UK born population in these areas between 2001 and 2011 of 210.8% and 148.2% respectively. Education is a key factor in the high rates of migration in Cambridge City, with 31.7% of migrants responding to the 2011 census stating they were in education compared to 12.2% in England.

Whilst Cambridgeshire is a relatively affluent county, significant pockets of deprivation exist across the area. As districts, Fenland is one of the most deprived areas within the county, however, as expected there are small pockets of deprivation within each district.

Some of the challenges in delivering services across Cambridgeshire include:

* Rurality and associated transport issues
* Geographic spread
* Contrast of rural and urban areas
* Language and cultural barriers which can reduce accessibility and uptake of service amongst different groups

**Exploring Joint Commissioning of Drug, Alcohol and Mental Health Recovery Services Market Sounding Document - Part 2**

*Please respond to questions where you have relevant views, experience or learning to share.*

**Organisation Name:**

**We are a:** Treatment Provider/Tier 4 Provider/Mental Health Trust/ Voluntary Sector Provider (please specify) .......

1. What are your thoughts on our proposed vision and how does it affect your interest in bidding?
2. What are the risks and benefits of creating an integrated recovery service for mental health and drugs and alcohol?
3. Which elements of drug & alcohol recovery would you keep within the treatment service and which would you put in the recovery service and why?
4. What are the risks and benefits of the two outlined procurement approaches?
5. What would be your preferred lot structure and why?
6. What are your views on requiring the Provider to establish an independent entity if we procure the service as a single Lot option?
7. How feasible is it that mental health and substance misuse markets can be brought together in time to meet the mid-February 2018 ITT release and 20th March 2018 tender submission deadline?
8. What approach might you take regarding bidding (e.g. sole bidder, part of a consortium) including any form of subcontracting you may use?

Would you be willing to take part in a further discussion, based on your answers to these questions?

YES/NO

Thank you for taking the time to complete this market sounding document.

*Document ends*