Briefing Paper to the Health and Wellbeing Board

Wards: All

19th March 2018

Drugs and Alcohol Service Commissioning and Service Specification

Briefing Paper of the Assistant City Manager of Public Health on behalf of Corporate Director for Public Health and Adult Social Care

1. Purpose of the Paper and Summary

1.1. The purpose of this report is to advise the Health and Wellbeing Board of progress in relation to the recommissioning of drug and alcohol services, and to share details of the proposed service specification.

2. Background

2.1. Prevalence estimates from Public Health England indicate that there are an estimated 5,000 dependant drinkers in Hull, and around 3,500 Heroin or Cocaine users. These people are in need of specialist treatment. Presently, around 20% of dependant alcohol users' access treatment and 50% of class A drug user's accessed treatment in 2016/17.

2.2. Cabinet gave approval to procure a drug and alcohol service, made up of two lots, an end to end recovery treatment service, and a long term in treatment service in December 2017.

2.3. The new contract with the successful bidder(s) will be for a period of six years, based on an initial term of five years with an optional extension period of one year. This is to create a stable and sustainable service, capable of delivering, and being held to account, for long term outcome measures, and to ensure cost effectiveness.

2.4. The procurement method agreed will be a competitive procedure with negotiation, and progressed under EU procurement regulations, with a quality (including social value) /price split of 80/20.

2.5. There are approximately 10,000 people each year in Hull who are identified as having problems relating to alcohol or drug use, which receive interventions and support as part of a targeted preventative approach in the current service model, which is an improvement, and the majority of these do not require any further support.

2.6. The new service model has started to show positive impact in some areas, there are signs that prevalence of Class A drug use is starting to fall in Hull, as it is nationally. Those people entering treatment for drug use are reporting less complexity, and less years of use than previously. There has been an improvement in outcomes, with drug and alcohol free discharges increasing in 2017.

2.7. However there are also indications that the service is not as good as it could be at attracting people with alcohol problems, the numbers entering the service for alcohol treatment has dropped, and the number of successful completions can be improved. Consultation suggests that people with alcohol problems are reluctant to be seen as having the same needs as drug users. The current pathway between Hospital and Mental Health provision should be identifying people with alcohol treatment needs, but many are not engaging in services.

2.8. Performance of the existing contracts has started to show significant improvement, the table below shows the position in relation to successful completions (people leaving drug or alcohol free and remaining drug or alcohol free for over 6 months), as a percentage of the number of people in treatment. Successful completions provide an indication of the effectiveness of treatment, as of September 2017, the England average for treatment completion of opiate users was 6.77%. Given Hulls historic levels of drug and alcohol use, to have made this progress is a considerable achievement, Public Health England advise that an area such as Hull with its levels of prevalence and deprivation would be anticipated to achieve around 5% opiate successful completions.

Adult Users	**11-12**	**12-13**	**13-14**	**14-15**	**15-16**	**Yr to End Sept 17**	**Yr to End Sept 17 Eng**
Treatment Completion & Non-representation (% opiate users)	7.2	7.37	7.51	5.37	5.69	9.85	6.77
Treatment Completion & Non-representation (% non-opiate users)	28.87	28.15	27.17	26.84	30.15	38.71	37.23
Treatment Completion & Non-representation (% alcohol users)	33.16	26.59	26.31	26.11	36.27	37.32	38.96

2.9. The long term in treatment model has been more challenging in realising the required performance expectations. This service is primarily focussed on people with a long term opiate dependency, and accepts that whilst these clients may

never become drug free, the service ensures clients are not using illicitly and they are being managed in terms of safeguarding risks, and this has not been achieved as yet, but work is ongoing to improve the position.

3. Issues for Consideration

3.1. Since cabinet approval in December a number of work activities have been completed to help inform the model and specifications:

3.1.1. There has been consultation with the existing service around the proposed model, and its viability especially in relation to cost savings, and potential areas for change.

3.1.2. A pre-market engagement and consultation workshop has been held, which included both local services and national organisations that may be interested in tendering, and developed. Key themes to come from the workshop was a requirement to ensure improved partnership working and pathways in relation to people with alcohol problems that may come in contact with other health care services such as Hospital.

3.1.3. The Community Safety Partnership (CSP) has been involved in the evaluation of the existing criminal justice model, and the development of a more integrated model. The principles agreed, and required provision to support criminal justice requirements has been shared with the Office of the Police and Crime Commissioner (OPCC), who have confirmed their commitment to continue funding the criminal justice elements of service at the same as existing levels. There was an agreement to ensure there is an increased focus on alcohol and its impact on crime, and a requirement to work more holistically to deal with community disposal, rather than a focus solely on interventions in police custody.

3.1.4. A service user consultation exercise has been developed and is in the process of being completed. The findings will be used to inform the final specification prior to tender, and will be included in the tender documents for prospective bidders to gain an insight into the key issues for clients, and areas of strengths and weakness in the system.

3.1.5. A working group has been established to complete the specification, and finalise the tender evaluation. This working group includes a range of representatives across Hull City Council, Hull CCG, the OPCC, the Adults and Children's Safeguarding Boards, and Humberside Probation. It is supported by Hull City Council officers in relation to financial evaluation, social value and legal requirements.

3.1.6. There has been engagement with stakeholders who are impacted upon by the delivery model, such as Hull and East Yorkshire Hospital Trust, to establish interdependencies, especially in terms of sub contracts, financial arrangements and existing protocols, to ensure this is captured in the specification documentation. Key partners have been invited to have a role in the bidders day which will be held mid-April.

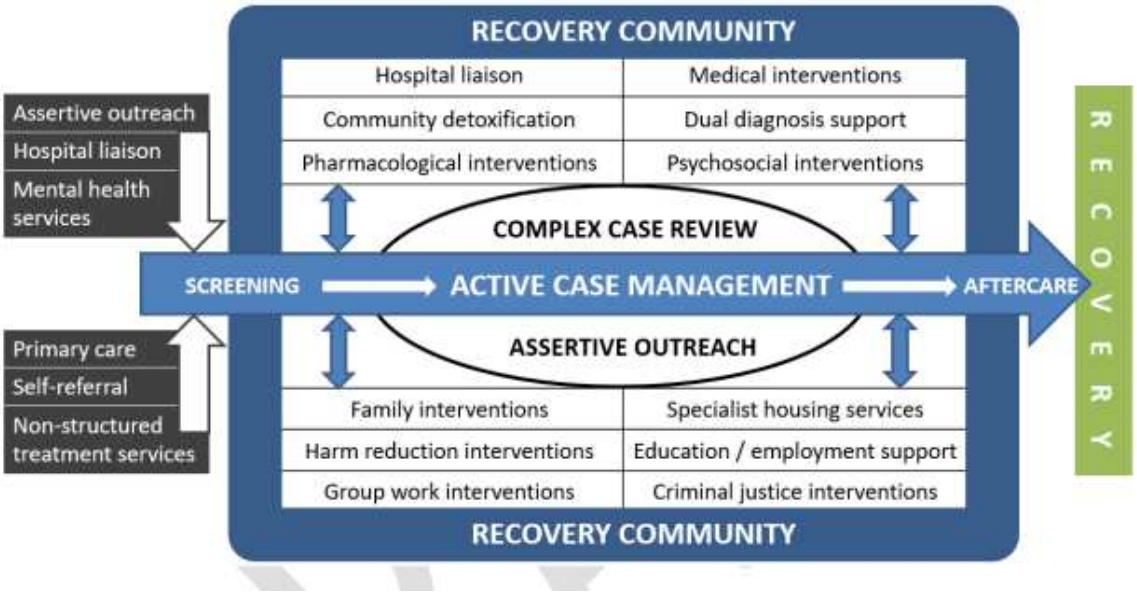
3.1.7. A communications plan has been agreed in draft with the Hull City Council Communication team, to ensure that all tender stages are communicated effectively.

3.2. The above has highlighted areas of good practice within our existing model, and identifying possible areas of change to the potential model.

3.3. Cost efficiencies have been agreed in relation to the contract, it is therefore essential a sustainable integrated drug and alcohol service model with a self-help focus is delivered to ensure these cost efficiencies are met. The cost efficiencies have been identified as a risk, and is likely to reduce the number of bidders.

3.4. The proposed model builds on that previously approved by the Health and Wellbeing Board, and continues to have an Early Intervention focus, however the specification makes more detailed reference to the requirements to provide Hospital and mental health outreach provision as part of this approach.

3.5. The model below highlights the delivery principles:



3.6. The specification outlines the required delivery for an integrated drug and alcohol treatment and recovery model, to be delivered to all adult residents of Hull. The recovery drug and alcohol treatment system will improve outcomes in Hull by delivering an early intervention approach which will target individuals at the earliest possible stage in their drug and alcohol misuse, and support service users to initiate and sustain meaningful recovery, whilst safeguarding the most vulnerable.

3.7. The service will have a number of key aims which are:

3.7.1. To reduce the prevalence of drug and alcohol use by delivering health promotion and prevention campaigns as part of a systemic and targeted approach across the city.

3.7.2. To improve engagement into the system for those needing lower levels of support for their alcohol and drug misuse, including support for people with other drug dependency issues such as Pregablin or other over the counter medication.

3.7.3. To improve the overall health and wellbeing of service users and their family through effective health assessment, NHS health checks, smoking cessation interventions, and liaison with primacy care.

3.7.4. To actively support families and reduce harm to children.

3.7.5. To increase the number of people becoming, and staying, drug and alcohol free.

3.8. The lead provider will hold the contract for the entire service model, and ensure that individuals move seamlessly and effectively between treatment modalities and services to achieve recovery.

3.9. The lead provider will be responsible for maximising existing assets, sharing best practice, creating a learning environment and culture and have responsibility for the whole model of delivery. They will oversee the whole supply chain of treatment and recovery provision, sub-contracting services to ensure delivery is diverse and offer individuals a choice of services which enable them to recover from their drug or alcohol use.

3.10. The lead provider will have responsibility for ensuring the services adapt to the needs of people in Hull, and that there is emphasis on effective case profiling and segmentation, and an emphasis on making the service is available for people with alcohol or lower levels needs, in a suitable community location.

3.11. The service will develop arrangements to manage prescribing and supervised consumption budgets, and have clear evidence based prescribing policy.

3.12. The model will deliver the service components below:

3.12.1. Prevention and Early Intervention
3.12.2. Harm Reduction Support
3.12.3. Criminal Justice Interventions
3.12.4. Family Support
3.12.5. Case management
3.12.6. Community treatment
3.12.7. Inpatient detoxification and residential Rehabilitation
3.12.8. Group work, Aftercare and recovery support

3.13. Recovery will be embedded into all of the above components, and the service shall work in a seamless way with other key agencies to provide a treatment journey that is focused on individual need, and does not duplicate referral or assessment, but supports a client through their treatment journey. The components of the treatment model will be required to work jointly with other health and social care services to deliver an integrated treatment system.

3.14. Overarching features of the integrated recovery drug and alcohol treatment system' will be:

3.14.1. An increased emphasis on prevention and early targeted intervention with services actively working with high risk groups and working in communities.

3.14.2. Services will be delivered through a hub & spoke model, with an emphasis on co location with other key services to encourage earlier engagement.

3.14.3. Integration and co- location of substance misuse, mental health and physical health services to ensure seamless provision, and ensure that the service user need can be met in a timely and effective manner.

3.14.4. Clinical leadership across a multi-agency setting.

3.14.5. Laboratory and pharmacy supervised consumption services managed through one contract to achieve economies of scale

3.14.6. Multi-disciplinary approach to care

3.15. This will be supported by a smaller service based in primary care, supporting a longer term, lower threshold range of interventions for people who have been in treatment for over 5 years, are illicit drug free, but require a long term maintenance approach. This may be due to other physical or mental health problems, and reflect the need to support an aging population of drug users, with chronic health needs.

4. Next steps

4.1. The draft service specification and evaluation questions will be approved by the working group prior to release of the documents on YOR tender.

4.2. The performance measures and framework are in the process of being developed and social value criteria still requires agreement, as part of the overall tender evaluation.

Vicky Harris, Assistant City Manager of Public Health
on behalf of Corporate Director for Public Health and Adults

Contact Officer: Vicky Harris Telephone No. : 01482 616121

Officer Interests: None

Background Documents: - None