

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

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ADULT SUBSTANCE MISUSE RECOMMISSIONING

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Summary

Medway Council Public Health commissions specialist treatment for adult substance misusers, ensuring the ongoing availability for a range of services (including clinical prescribing interventions) that reduce harms to individuals, families and Medway's communities whilst supporting substance misusers in recovery from dependency.

The current contract is due to end on 31 March 2018 and Public Health is recommending that the procurement of a new service should commence.

1. Budget and Policy Framework

- 1.1 Funding for Adult Substance Misuse Treatment services comes from the Public Health Grant.
- 1.2 Service efficiencies have been delivered year on year since the original current contract start date of 1 July 2014. The estimated total funding for future service provision available at this point in the commissioning process is £2m per annum.
- 1.3 Effective delivery of specialist services and interventions for adults involved in problematic substance misuse contributes to a wide range of local and national policies and priorities including:
 - Medway Council Plan: Supporting Medway's people to maximise their potential; Maximise Regeneration And Economic Growth
 - Medway Safeguarding Children Board Plan - Priority One: To improve the life chances of children living with family members with mental health, substance misuse or disabilities.
 - The Medway Community Safety Plan.

- Public Health England's Public Health Outcome Framework.
- National Crime Prevention Strategy.
- Current national strategies in relation to alcohol misuse and drugs misuse, including the Government Recovery strategy.
- The Kent Police and Crime Commissioner Priorities

1.4 Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires relevant NHS bodies and health service providers ("responsible persons") to consult a local authority about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment.

1.5 The Committee will be presented with the recommended service model once developed and, in accordance with Regulation 23, asked to agree whether the proposal represents a substantial development or variation in provision.

2. Background

2.1 Medway has an estimated 1,100 adults engaged in the use of opiates and crack. Medway is estimated to have significant numbers of dependent and higher risk alcohol users (approximately 15 000 individuals). The current provider is delivering good outcomes for opiate and alcohol users but performance could be further improved via recommissioning services to ensure a sustained recovery from dependency.

2.2 The current service contract is due to expire on 31 March 2018.

2.3 Effective substance misuse treatment can be expected to lead to a: reduction of offending and anti-social behaviour in Medway; increased support for Medway Council early intervention services through reductions in numbers of children moving in to higher threshold care services and directly supporting vulnerable adults with multiple needs); and a reduction on the demand for acute and community based health services associated with complex substance misuse clients with long term health problems.

2.3. The community based service delivery currently involves a range of interventions including: substitute prescribing for opiate users; community-based detoxification for dependent alcohol users; access to residential rehabilitation and in-patient detoxification services; group work and individual sessions to support and enable recovery from dependent drug and alcohol misuse; access to community based projects that enable recovery and access to Education, Training and Education programmes; needle and syringe exchange programmes. The service also directly contributes to reducing drug related deaths and harms (for example, reducing Blood Borne Virus transmission).

2.4. A robust and thorough needs assessment and review will be completed to inform and support final service design.

3. Options

3.1 There are three options available:

Option One: Do not recommission a specialist treatment service for adult substance misusers in Medway.

Advantages

Delivers a possible saving to the Council of £2M pa.

Disadvantages

- Medway would experience an increase in drug and alcohol related offending; drug related deaths; anti social behaviour.
- Families and vulnerable adults affected by substance misuse and engaged with Medway Council social care services would have no access to specialist treatment provision.
- Key partners – including Kent Police; primary and acute health services; mental health services – would experience significant difficulties.
- The terms of the government's Public Health Grant include a provision for drug and alcohol services but this component may be withdrawn from us if we cease to provide the service, thus eliminating any possible financial saving.

Option Two: Recommission an integrated substance misuse on the same model as current service design with a reduced contract value.

Advantages

- Maintains a current service design that offers a limited range of treatment options available 5 days a week.
- The current service design has delivered improvements in performance since 2016 onwards.

Disadvantages

- The current service design does not offer treatment options that meet the needs of a diverse substance misuser population, especially in terms of alcohol misuse.
- The current service design has not offered a range of interventions that directly support adult substance misusers in maintaining the recovery from dependent use or services to reduce the risk of heavy users becoming dependent.

Option Three: Recommission a redesigned specialist adult treatment provision that better meets the needs of Medway's population.

Advantages

- Maintains access to specialist clinical interventions that offer dependent substance misusers prompt and effective treatment.
- Allows flexibility to meet the needs of alcohol misusers as well as drug users.
- Addresses the ongoing issues experienced by adult substance misusers in maintaining their recovery from dependency and enabling re integration in meaningful lives.
- Directly contributes to the promotion of the voluntary and charitable sector in Medway.
- Redesign process and consultation will promote wide stakeholder engagement.

Disadvantages

- A redesign will change the capacity of the provider of the clinical engagement and retention service to directly provide services that involve clients in community based meaningful activities.
- There may be a temporary drop in performance following recommissioning as a new treatment service design becomes embedded in Medway, possibly with a new provider (depending on the outcome of a procurement process).

4. Advice and analysis

- 4.1 The recommendation is to pursue Option Three. By recommissioning a redesigned specialist treatment service model, a greater number of adults who misuse alcohol will be supported. In addition, the longer-term recovery of clients can be enhanced to ensure more adults are supported to access employment, education, training and other interventions that help maintain abstinence from use.
- 4.2 Alternative sources of funding are being sought, including engaging with co commissioning opportunities alongside internal and external service commissioners (for example, with CCG Commissioners). We are also reviewing the feasibility of implementing a Social Impact Bond via support from central Government.
- 4.3 A Diversity Impact Assessment has been completed and has not identified significant risks to groups with protected characteristics (see DIA attached).

5. Risk management

Risk	Description	Action to avoid or mitigate risk
The commissioning timeline is not met for new contract start 1 April 2018.	A delay in service implementation with possible service gaps as notice will have been served on current contracts, including gap in clinical provision for dependent opiate users.	Regular communication, engagement and liaison between Public Health Directorate and lead Category Management officer to ensure timelines followed, issues/obstacles identified and mitigated prior to causing delays. Agree alternative commissioning timeline that follows standard open tendering process in case of significant timeline slip to the proposed competitive dialogue process. Liaise with current provider throughout to negotiate extension should timelines be at significant risk of slipping.
Service providers fail to bid for new contracts.	The redesigned service fails to attract tender applications from potential service providers due to perceived unrealistic expectations / outcome requirements / lack of experience in following LA procurement processes.	Robust market place engagement events and consultation will be put in place. Benchmarking of existing expenditure against local comparator area spend. Engagement with other LA commissioners that have implemented similar changes with similar budgets to identify learning to ensure bids are made.

Risk	Description	Action to avoid or mitigate risk
Poor performance by possible new providers of specialist service provision.	The new services are not able to deliver services access, outputs and outcomes to the identified performance targets due to challenges that arise from initial implementation of a new treatment system.	Establish a robust service delivery monitoring framework, including provider forum; stakeholder engagement forum; initially monthly moving to quarterly performance monitoring meetings with providers.
Lack of resource to continue to fund provision.	Requirement to deliver efficiency savings from 2019 onwards may make continued delivery of commissioned services unsustainable.	Public Health Directorate and partners will have ongoing focus on identifying future opportunities to deliver efficiencies within the contract alongside service providers; Public Health Directorate will work alongside partners to identify alternative revenue and funding streams from 2017.

6. Consultation

- 6.1 A number of stakeholders have formed part of an initial scoping project (including Medway CCG; Kent Police; Public Health England; Adult Social Care); a wider range of partners will be consulted on the initial service design model and specifications via face to face and electronic consultation. Preliminary feedback has demonstrated support for promoting access to recovery resources and increasing access to services for a wider range of adults experiencing problems with alcohol use.
- 6.2 Primary insights will be gained from existing service users and those not engaged in treatment to inform redesign.
- 6.3 Service users of specialist treatment services will be consulted on changes to service design via existing forums and groups.
- 6.4 Health and Social Care Overview and Scrutiny will be presented with the recommended service model once developed and asked to agree if the proposal represents a substantial variation or not.

7. Financial implications

- 7.1 The new treatment services will be recommissioned within the agreed budget of £2 million per annum. This will be met by central government Local Area Public Health allocations.

8. Legal implications

- 8.1 Consultation with Medway Council Legal Department has taken place and no immediate concerns have been indicated.
- 8.2 Communications between tenderers in the procurement process and the current service provider will need to be managed carefully by Category

Management and Public Health to ensure an equal playing field for working up solutions in response to the competitive dialogue process.

9. Recommendations

9.1 It is recommended that the Committee:

- i) Notes the report and comments on the proposal to proceed with the recommissioning of redesigned specialist treatment services (Option 3) during 2017 for contract start date of 1 April 2018.
- ii) Agrees that following a needs assessment, which includes patient and stakeholder engagement, the recommended service model is presented to the Committee prior to contract award.

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Appendices

Appendix 1: Diversity Impact Assessment (February 2017)

Background Papers

None

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