

**MEDWAY COUNCIL**

Gun Wharf  
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## Health Overview and Scrutiny

### Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial

#### Title – Adult Substance Misuse Services

Commissioning Body and contact details:

**Medway Council Public Health**

Current/prospective Provider(s):

**Drug and Alcohol treatment provided by Turning Point**

Outline of proposal with reasons:

The contract with Turning Point for the delivery of substance misuse services ends in March 2018. This contract was for an integrated drug and alcohol treatment service. The cabinet has approved the decision to recommission these services and a needs audit has now been completed. The audit identifies that there needs to be better emphasis on recovery from substance misuse. The service has seen a significant improvement in successful completions of treatment (i.e. the number of clients who leave treatment and are no longer dependent on substances), however maintaining that success has not been as evident and service users have stated they need more support around sustaining recovery.

It is therefore proposed that the new model separates the recovery element from the core clinical service and that two inter-dependent services are commissioned.

**Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

New contract will go live in April 2018, it is therefore expected that decision to award will go to Cabinet in December 2017.

### **Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).**

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWBS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

The new service will support three of the five H&WB Strategy strategic themes:

- Improve physical and mental health and wellbeing
- Reduce health inequalities
- Give every child a good start

The focus on recovery will reduce health inequalities by supporting individuals back into employment and training. The treatment service will take a holistic person approach looking at all health aspects and not just substance dependency.

### **Please provide evidence that the proposal meets the Government's four tests for reconfigurations (introduced in the NHS Operating Framework 2010-2011):**

#### **Test 1 - Strong public and patient engagement**

- (i) Have patients and the public been involved in planning and developing the proposal?
- (ii) List the groups and stakeholders that have been consulted
- (iii) Has there been engagement with Medway Healthwatch?
- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

- (i) Have patients and the public been involved in planning and developing the proposal?

Service users and wider stakeholder groups were consulted on the need for a revised substance misuse service as part of a broader needs assessment. They were given the opportunity to contribute what they thought was currently working well in the system, where there were gaps and ideas they had for future service design and commissioning.

- (ii) List the groups and stakeholders that have been consulted

- Service users from Turning Point
- Staff and management from Turning Point
- Kent Police
- Pathway Housing
- Nucleus Arts
- PHE
- NHS England

- KMPT
- One big Family
- AMAT
- Medway Council
- User Voice
- KSS CRC
- Kent Police Crime Commissioner

(iii) Has there been engagement with Medway Healthwatch?

We are waiting for Healthwatch to respond to our request for engagement.

(iv) What has been the outcome of the consultation?

Performance in Medway has improved; in particular performance and treatment outcomes are better for individuals with alcohol issues than drug issues, namely opiate issues. There is a small but significant cohort of opiate dependent individuals in Medway who have been in treatment for over 10 years (on and off).

The consultation revealed an orientation towards treatment within Medway but identified the need for more development around recovery orientated practice.

Service users and stakeholders commented on the lack of a clear pathway for recovery for individuals with drug and alcohol needs. This was especially pertinent with regards to after-care.

Peer support and mutual aid was found to be lower in Medway than comparator areas.

(v) Weight given to patient, public and stakeholder views

The needs assessment was largely weighted and based on information from service users and stakeholders in terms of forming an opinion and recommendations moving forwards. The use of an independent consultancy meant that the work was approached without bias which supported the weight and credence given to stakeholder and service user views. The body of work was consultation with service users and stakeholders, furnished in addition by quantitative data.

## **Test 2 - Consistency with current and prospective need for patient choice**

Patient choice will not be affected by the new service – currently there is only one service available for both clinical and recovery treatment. The new service will disaggregate these in a way to ensure recovery is given more of a focus. The new model will aim to improve peer mentor support to encourage clients in treatment to engage in a wider choice of support outside of

commissioned services such as Alcoholics and Narcotics Anonymous groups.

### Test 3 - A clear clinical evidence base

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

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The service will provide a full range of medical (screening, pharmacological substitution, reduction, detoxification and abstinence support) interventions in line with NICE and other relevant national guidance, appropriate to individuals substance misuse related needs.

- (ii) Will any groups be less well off?

Even with the cost savings that have already been applied to the current contract there should be no groups who are less well off due to the recommissioning. The service specification will prioritise the most vulnerable, difficult to engage and at-risk, including but not exclusively:

- Domestic abuse victims/survivors and perpetrators;
- Adults and children involved with social care services.
- People with complex needs including coexistent mental health and homelessness issues; involvement in sex work.
- Criminal justice needs;

- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

The outcomes locally will contribute toward many strategic objectives within, for example, the Community Safety Partnership Plan, the Kent Police & Crime Plan, STP, Medway Council Plan, Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy, monitoring (particularly the Public Health Outcomes Framework) as well as impacting other local service plans across the council, hospital and CCG.

### Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety

There are clear clinical guidelines for the delivery of these services. Mechanisms to ensure quality and safety, governance and accountability arrangements will be a key consideration at an early stage of service model development, and will be fully articulated in the service specification.

**Effect on access to services**

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

The number of patients likely to be affected?

There are currently approximately 1000 patients engaged in treatment. This is roughly broken down by 600 in opiate dependency treatment, 300 alcohol dependent clients and 100 other drugs (including cocaine, cannabis etc.)

Will a service be withdrawn from any patients?

No service will be withdrawn

Will new services be available to patients?

A new service will not be available but the configuration of services will be different. There will be a separation of recovery services from the core clinical services to ensure that recovery from dependency has more of a focus.

Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

The consultation has identified that the current building is not fit for purpose, it is therefore conceivable that services will move. The tender will seek to ensure that any change is one which makes services more accessible and not less.

**Demographic assumptions**

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

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.

**Diversity Impact**

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

The commissioned specialist provider of clinical interventions will maintain ongoing appraisal of effective access to services for adults willing to engage

in treatment to ensure waiting times are kept within national expectations. Joint working arrangements will be agreed with providers of non specialist clinical services in Medway to develop options for treatment of non complex adults.

Provision of group work will be further developed alongside specialist service staff, peer mentors and volunteers to ensure diversity of resources available to different cohorts of substance misusers.

Investment in provision that enable and supports recovery from dependency via pre existing resources in Medway via the voluntary sector, reducing numbers of long term clients in structured treatment.

Ensure service availability is delivered in an appropriate range of outreach settings (including homeless services; healthcare clinics and services; other settings) in line with changes in client need.

A Diversity Impact Assessment is attached as Appendix 3.

### **Financial Sustainability**

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) What would be the impact of 'no change'?

Will the change generate a significant increase or decrease in demand for a service?

It is anticipated that a focus on recovery should over time generate a decrease in demand for opiate clinical services. That is as people are supported in their recovery, the rate of representation at clinical services should reduce thus freeing up capacity to see further clients.

To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings).

Savings have already been identified within the existing service contract. The recommissioning is driven by the fact that the contract is coming to an end and feedback from service users.

What would be the impact of 'no change'?

- No change would likely mean that treatment outcomes will not improve. People will continue to complete treatment drug free but maintaining that success will not improve.
- The recovery service seeks to engage local voluntary organisations more, no change will not see that opportunity for smaller charities come to fruition.

**Wider Infrastructure**

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

- a. The redesigned service will not require any change to the existing infrastructure. Service design will take into account accessibility of services and it is anticipated that accessibility will improve for those people who need the services most.
- b. There are no anticipated transport implications resulting from the service redesign.

**Is there any other information you feel the Committee should consider?**

No

**Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny**

It is recommended that the proposals do not represent a substantial development of or variation to the substance misuse service in Medway.