

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

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RE-COMMISSIONING OF MEDWAY ADULT SUBSTANCE MISUSE TREATMENT SERVICES

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Summary

On 16 March 2017 the Health and Adult Social Care Overview and Scrutiny Committee (HASC) endorsed a decision to re-commission adult substance misuse services for Medway.

It was agreed that officers would provide HASC with an update on the findings of the needs assessment that has informed the options for a future delivery model for substance misuse services in Medway.

This paper provides an overview of a proposed model for service delivery that has been developed through consultation with key stakeholders.

In the view of Public Health, the proposals do not amount to a substantial development of or variation in the provision of health services in the local authority's area.

1. Budget and Policy Framework

- 1.1 As an upper tier local authority Medway Council receives a ring-fenced public health grant from the Department of Health (DH). Grant conditions require the council to commission or provide, a number of public health services for its population including Substance Misuse Treatment (SMT) Services. The Medway budget for the Adult Substance Misuse Treatment Services is in the region of £2 million per annum.
- 1.2 The SMT service delivery contributes to a range of local and national policies and priorities:

- Medway Council Plan - Supporting Medway's people to realise their potential / resilient families, healthy and active communities. Maximising regeneration and growth/ preventing homelessness, residents with jobs and skills.
- 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.
- National strategies in relation to alcohol misuse and drugs misuse, including the Government Recovery strategy.
- Safer in Kent: the Community Safety and Criminal Justice Plan.

2. Background

- 2.1 There are an estimated 1,291 opiates and crack cocaine users and 2,800 people dependent on alcohol living in Medway. At any one time, approximately 650 opiate and crack cocaine users and 250 alcohol misusers access current structured community based specialist treatment services. Although the existing provider delivers good outcomes for people who use the commissioned service, there is scope to deliver efficiencies. Service improvement and efficiencies will primarily be achieved through ensuring more users of the treatment service sustain their recovery following intervention, as opposed to relapsing and returning for additional courses of treatment.
- 2.2 The current service contract is due to expire on 31 March 2018.
- 2.3 Improving the effectiveness of substance misuse treatment services will support Medway Council's early intervention services and reduce the demands on other council services by supporting: reductions in offending and anti-social behaviour; reductions in numbers of children moving in to higher threshold care services; supporting vulnerable adults with multiple needs, reducing adverse events and the demand for acute and community based health services associated with complex substance misuse clients with long term health problems.
- 2.4. The existing commissioned community based service treatment service offers a range of interventions. These include: substitute prescribing for opiate users; community-based detoxification programmes for dependent alcohol users; residential rehabilitation and in-patient detoxification services for individuals with significant dependency issues ; group work and individual sessions to support and enable recovery for dependent drug and alcohol misusers; access to community based projects to support recovery and access to education, training and employment initiatives. There is also a needle and syringe exchange programme. The service also contributes to protecting and improving the public health by helping to reduce drug related deaths and associated harms including the transmission of blood borne viruses within our community.

- 2.5 To inform the development of the new service model, the Council commissioned an in depth audit of the current community service model. This process involved consultation with service users and other key stakeholders. The following groups and organizations were consulted:
- People who have direct experience of dependent drug and alcohol use
 - Service users, staff and management from Turning Point
 - Kent Police
 - Supported housing providers (for example Pathways to Independence and AMAT)
 - Local voluntary sector organisations (Nucleus Arts, One Big Family)
 - Public Health England
 - NHS Medway CCG
 - NHS England
 - Mental Health Services (Kent and Medway Partnership Trust)
 - Medway Council: children's and adults social care; housing; partnership commissioning
 - Kent Surrey and Sussex Community Rehabilitation Company
- 2.6 An executive summary setting out the findings of the service audit can be found at Appendix 1. The full report can be provided on request.
- 2.7 The key findings of the audit have been that access to specialist treatment provision in Medway has improved for dependent drug and alcohol users since 2014. However, although services are of a high quality and treat physical consequences of drug and alcohol addiction, people are not able to sustain recovery. For example 43% of opiate users have been in contact (treatment) with the service for over ten years. This means any new model has to place a greater emphasis on supporting people to be more resilient. There needs to be a focus on better utilisation of local community assets and the development of pathways to support that will aid sustained recovery. Evidence from other parts of the country (including Essex; Portsmouth; East Sussex) suggests providing community based resources is an effective way of supporting people when they leave specialist treatment.
- 2.8 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. Where more than one local authority has to be consulted under these provisions those local authorities must convene a Joint Overview and Scrutiny Committee for the purposes of the consultation and only that Committee may comment.
- 2.9 The terms "substantial development" and "substantial variation" are not defined in the legislation. Guidance on health scrutiny published by the Department of Health in June 2014 suggests it may be helpful for local

authority scrutiny bodies and responsible persons who may be subject to the duty to consult to develop joint protocols or memoranda of understanding about how the parties will reach a view as to whether or not a proposal constitutes a “substantial development” or “substantial variation”.

- 2.10 In the previous protocol on health scrutiny agreed between Medway and NHS bodies a range of factors were listed to assist in assessing whether or not a proposed service reconfiguration is substantial. These are still relevant and are set out below:
- *Changes in accessibility of the service. For example, both reductions and increases on a particular site or changes in opening times for a particular clinic. There should be discussion of any proposal which involves the withdrawal of in-patient, day patient or diagnostic facilities for one or more speciality from the same location.*
 - *Impact of the service on the wider community and other services, including economic impact, transport and regeneration.*
 - *Number of patients/service users affected. Changes may affect the whole population (such as changes to accident and emergency) or a small group (patients accessing a specialised service). If change affects a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years (for example, renal services). There should be an informed discussion about whether this is the case and which level of impact is considered substantial.*
 - *Methods of service delivery eg moving a particular service into a community setting from an acute hospital setting.*
- 2.11 The current DoH guidance suggests local authorities could find a systematic checklist useful in reaching a view on whether or not a proposed service reconfiguration is substantial and that this approach may also be helpful to NHS Commissioners in terms of explaining to providers what is likely to be regarded as substantial. Medway already has a questionnaire for use by responsible bodies wishing to consult Medway Council’s Overview and Scrutiny Committees on proposed health service reconfigurations (attached as Appendix 2). The questionnaire asks for information relating to the factors listed in paragraph 2.10 above, seeks assurance that the proposed change meets the Government’s four tests for health service reconfigurations (as introduced in the NHS Operating Framework 2010-2011) and also seeks information the Committee may need to demonstrate it has considered in the event of a decision to exercise the right to report a contested service reconfiguration to the Secretary of State for Health.
- 2.12 The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State in certain circumstances, after reasonable steps have been taken locally to resolve any disagreement between the local authority and the relevant responsible person on any recommendations made by the local

authority in relation to the proposal. The circumstances in which a report to the Secretary of State is permitted are where the local authority is not satisfied that consultation on the proposed substantial health service development or variation has been adequate, in relation to content or time allowed, or where the authority considers that the proposal would not be in the interests of the health service in its area.

3. Proposed service development or variation

3.1 There has been a single provider delivering integrated drug and alcohol community based specialist treatment services in Medway since the 1st July 2014. Prior to this date a range of organisations delivered specialist individual services, for alcohol and opiate users and people involved with the criminal justice system. In recognition of the need to improve the quality and efficiencies of treatment services, it is the intention to commission two distinct services during 2017-2018. These are:

- An Assessment, Engagement and Treatment Service (AET)- This will offer access to a range of low and high threshold services including: needle exchange provision; access to clinically safe substitute prescribing services for opiate dependent and alcohol dependent adults; group work options; a community rehabilitation programme; a community based detoxification provision. The AET will develop access points for key priority groups such as street homeless adults; families involved with Medway social care services.
- A community recovery service- utilising the principles of peer mentoring models, enabling access to pre existing resources that promote and sustain recovery from dependent substance misuse. The Recovery Service will also offer access to support for the family members of people dependent on drugs and alcohol.

3.2 The aim is to have all pathway elements for this new model in place and the contract starting on the 1st April 2018.

4. Advice and Analysis

4.1 Whilst successful completions of treatment have improved in Medway particularly for opiate users, the rates of relapse and requirement for additional treatment remain high in comparison to areas that have developed community based recovery services:

Quarter 3 2016 - 2017			
Proportion of opiate users who returned to treatment following relapse	Medway	East Sussex	Portsmouth
	27.8%	9.5%	12.8%

4.2 The national vision for future treatment systems is for prescribing clinical services to take account of individual needs of clients and for commissioners to ensure that recovery is sustainable. Although the needs audit found some examples of recovery in Medway, the model needs to be

more defined to ensure sustainability. This was particularly apparent when talking to service users.

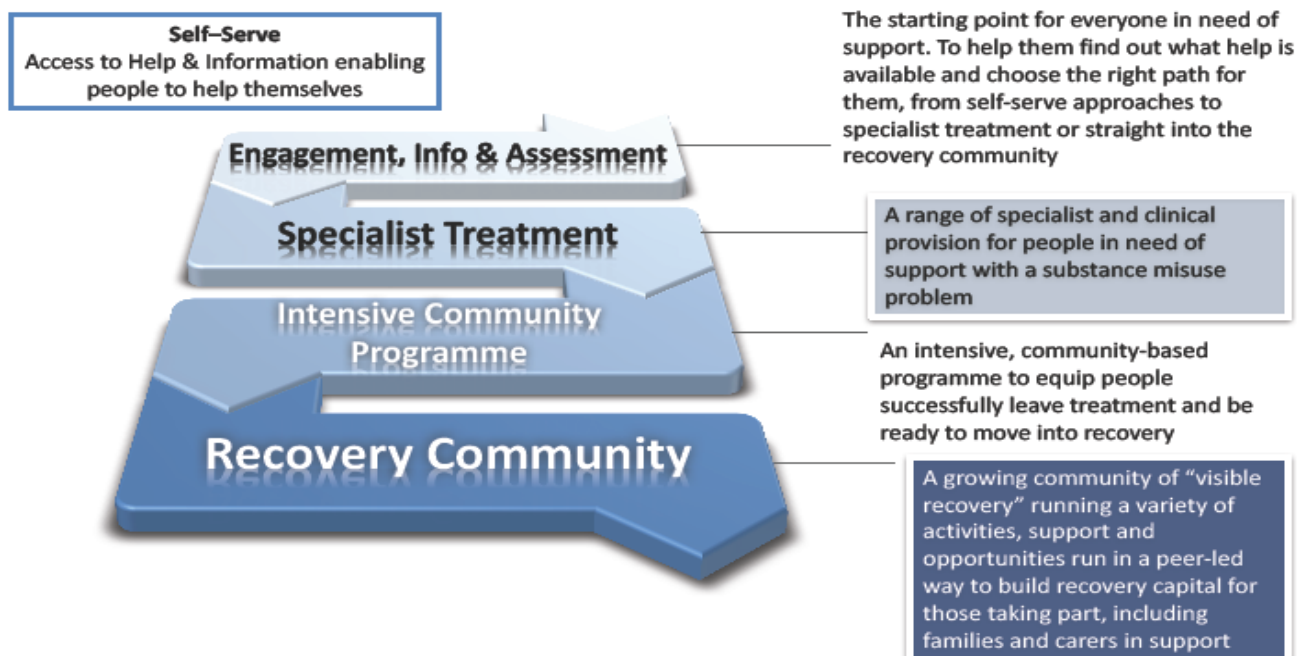
4.3 The following key commissioning recommendations were made following the needs audit (see Executive Summary Appendix 1):

- Move from commissioning a “Treatment Service” to commissioning a “Recovery System” - This will include commissioning a separate, distinct and independent recovery offer.
- Build capacity and the ability of the community to deliver mutual aid and sustain recovery for people exiting treatment. This will require developing relationships with existing community resources and assets.
- Offer access to support and services in a range of locations and venues and via telephone and online support options.
- Offer an individualized approach to adults who require specialist prescribing to manage their dependency on opiates, delivering focused recovery support to individuals who want to change.
- Develop an intensive group work programme to prepare people for moving out of treatment in to recovery.

4.4 Based on these recommendations the following model for delivery has been proposed.



Overview of Medway Recovery Pathway



4.5 The recommended model is that we disaggregate the recovery element of the contract from the treatment and commission these separately. We would therefore go out to tender for the Assessment, Engagement and Treatment service and a Recovery service.

- 4.6 The Committee needs to determine in discussion with the responsible person whether or not the proposed reconfiguration is substantial and therefore subject to the formal requirement for consultation with Overview and Scrutiny.
- 4.7 If the proposed reconfiguration is substantial the Committee should be advised of the date by which the responsible person intends to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny Committee comments must be submitted.
- 4.8 If it is agreed that the proposed change is not substantial the Committee may make comments and recommendations to the Commissioning body and or Provider organisation as permitted by the regulations in relation to any matter it has reviewed or scrutinised relating to the planning, provision and operation of the health service in Medway.

5. Risk Management

- 5.1 There is a risk that disaggregating the services will create opportunities for service users to fall through the gaps. It is important that the pathways between services are robust to ensure to ensure people are able to access recovery support and aren't held on to for too long but are also able to re-engage with treatment should they relapse.
- 5.2 We will be working with potential providers to ensure databases are shared, the recovery service will be able to access the AET service database and identify clients ready for recovery; regular joint service meetings (including shared client planning) will take place along with joint training and a staff development programme; an active peer mentor recruitment programme will be developed within the AET.
- 5.3 The Recovery Service may require additional support during its early implementation to ensure it has access to appropriate resources and develops to meet local need. Public Health will work alongside the Recovery Service to nurture and enable it to embed itself in the Medway area and develop the relevant working relationships with key partners and stakeholders.

6. Next Steps

- 6.1 The feedback from the consultations has been used to inform the approach and model moving forward including influencing the draft service specification which is currently being written.
- 6.2 We have carried out an initial marketplace engagement event in Medway that supported the commissioning of the AET and Recovery Service. There is clearly an appetite amongst potential providers to bid for the planned provision. Further engagement with non specialist voluntary sector groups will take place to encourage their participation in the provision of the local Recovery Service.

6.3 The commissioning process will include a competitive dialogue element which further demonstrates our commitment to taking an informed and inclusive approach.

7. Financial Implications

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

8. Legal Implications

8.1 The Council has set a deadline of the new services being in place no later than 1 April 2018 and the timeline is set according to this.

8.2 Provision for health scrutiny is made in the Local Authority (Public Health, Health and wellbeing Boards and Health Scrutiny) Regulations 2013 together with a requirement on relevant NHS bodies and health service providers to consult with local authorities 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.

8.3 A substantial variation assessment has been completed (see Appendix 2) and this recommissioning is **not** deemed to be a substantive variation from existing services.

9. Recommendations

9.1 The Committee is asked to:

- i) Note the proposed model for Adult Substance Misuse Treatment Services.
- ii) Note the emerging themes of service improvement.
- iii) Consider the proposed development or variation to the health service as set out in this report and Appendix 2 and decide whether or not it is substantial together with the consequential arrangements for providing comments to the relevant NHS body or health service provider.

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Appendices

Appendix 1 – Needs Audit Executive Summary (draft)
Appendix 2 – Substantial Variation Assessment
Appendix 3 – Diversity Impact Assessment

Background Papers

None.