

Health and Wellbeing Board

Meeting Date

Community Drug and Alcohol Treatment Service New Provider Update

Responsible Officer: Jayne Randall

Email: jayne.randall@shropshire.gov.uk

Telephone: 01743 253979

1. Summary

- 1.1 In May 2018, Shropshire Council agreed to retender the specialist community drug and alcohol treatment. This report provides an update on the retender process and the new community drug and alcohol treatment model for Shropshire.
- 1.2 Following the retender the specialist community drug and alcohol treatment service contract was awarded to Addaction, a national treatment charity. Addaction had been the sub-contractor to the outgoing provider, providing clinical interventions, the young people's service and data management.
- 1.3 The retender process was led by the local authority and involved a multi-agency project team across health, local authority, police, and the national probation service.
- 1.4 As part of the overall council savings plan the contract value was reduced prior to advertisement of the retender. The contract was awarded within the advertised budget of £6,886,170.
- 1.5 The procurement was an open process and around seven providers initially showed interest in the contract, with four submitting final bids.
- 1.6 All bids were evaluated separately by members of the evaluation team and then moderated, first within small groups based on areas of expertise and then within the full project team. Clarifications was sought as appropriate and bidders were asked to respond before the full moderation.
- 1.7 The new Provider aims to improve quality and performance through a hub and spoke delivery model that will utilise staff, volunteers, peer mentors and new technology.
- 1.8 Key areas for improvement contained within the contract:
 - Increase the numbers entering specialist treatment, especially for people who are alcohol dependent.
 - Increase the proportion of successful completions and non-representations rates across all cohorts,
 - Improve screening, vaccination and take-up of treatment for blood-borne viruses (BBV) for Hep B and Hep C, supporting the national target to eradicate the Hep C virus in England by 2025.
 - Reduce drug related deaths.
 - Further joint working arrangements with children and family services to improve outcomes for families.

2. Recommendations

It is recommended the Health and Well-being board note the contents of this report and the new service model for the treatment of drug and alcohol dependence.

REPORT

3. Risk Assessment and Opportunities Appraisal

- 3.1 There are no human rights, environmental consequences, community or quality issues in delivery of this service, its overall aim is to improve the health and well-being of people and their families affected by drug and alcohol misuse and dependence. Delivery of the service will be underpinned by NICE guidance, clinical guidelines and good practice guidance.
- 3.2 All risks associated with the retender process have past, and no legal challenge was submitted during the process.
- 3.3 The level of Public Health ring fenced grant allocated to support delivery of specialist treatment interventions was reduced for 2019/2020 prior to the retender process. This contract has been negotiated based on the saving made in 2018-2019, further required saving may impact on the ability to deliver the service using the current model.
- 3.4 Other potential risks to service delivery is capacity, staffing levels may fluctuate during mobilisation as staff reconsider their positions within the new service structure.
- 3.5 The hub and spoke model submitted by Addaction includes the opportunity to integrate the service through the Early Help hubs and to support a holistic family approach through co-location of frontline workers, bringing improvements to the management of families affected by drug or alcohol misuse. This integrated model with co-location has already proved successful within criminal justice and the Integrated Offender Management (IOM) team.
- 3.6 There are, however, some risks to service delivery. The availability of suitable premises within the county and the willingness of landlords to support delivery of this service has always been difficult and may prove challenging in the future. In Shrewsbury the current lease is due to expire within the next 18 months. Plans are already in place by the provider to identify a new premises for the central area and it is hoped the new premise will provide opportunities to develop a recovery style café.

4. Financial Implications

- 4.1 The contract was awarded within the advertised budget of £6,886,170.
- 4.2 Additional efficiency savings will be required in 2019/2020.
- 4.3 Annexe A of the Public Health Grant conditions requires local authorities to have regard for the improvement in outcomes from drug and alcohol treatment services, when using the grant.
- 4.4 Future national funding beyond 2020 of public health functions is still unclear.

5. Background

- 5.1 A pre-requisite of successful recovery from drug or alcohol dependence is the quality of the support available through the treatment system to promote recovery through evidence based treatment interventions.
- 5.2 The local authority is responsible for commissioning local drug and alcohol service to meet the needs of the population. Under the conditions of the public health grant the local authority is required to have regard for improving the uptake and outcomes from its drug and alcohol misuse treatment services.

5.3 In May 2016, Shropshire Council agreed to the retender of the community drug and alcohol treatment service. A full tender process was orchestrated and was supported by a number of stakeholders from health, social care and criminal justice agencies.

5.4 Initially around seven providers showed interest in the contract through the Council's procurement system DELTA, with four organisations placing formal bids

5.5 The winning bid was submitted by Addaction, a national charity, specialising in drug and alcohol treatment. Addaction was the sub-contractor to the previous contract. This is the first time an organisation is solely responsible for the delivery of drug and alcohol treatment service in Shropshire.

5.6 Utilising a hub and spoke model, Addaction will deliver a range of drug and alcohol treatment using clinical and psychosocial interventions to support stabilisation, treatment and recovery.

5.7 The service model includes

- Utilisation of a range of technologies to support treatment, for example all service users will have access to Breaking Free Online,
- Dedicated alcohol only workforce to improve access and take-up of treatment.
- Dedicated post to support outreach provision.
- Key workers located within Early Help hubs.
- Clinical, psychosocial and brief intervention using best practice and NICE guidance.
- Hospital Liaison service
- Young Addaction – specialist young people's drug and alcohol team.
- Single Point of Contact (SPOC).
- Criminal justice team.
- Community assisted withdrawal or ambulatory assisted withdrawal.
- Service user co-production
- Dedicated worker to support families affected by drug and alcohol misuse.
- Training for partner organisations in substance misuse.

5.8 On entry to service people will be triaged and depending on need will receive either a comprehensive assessment to determine treatment required or brief intervention. The service will also work with the inpatient assisted withdrawal service and residential rehab services as part of a personalised support plan.

5.9 Due to the nature of drug and alcohol misuse and the promotion of recovery the service will also form strong links with housing providers and Job Centre Plus.

5.10 The workforce is made up of paid staff, volunteers and experts by experience. All staff have a personal development plan and there is a calendar of training to support implementation of the new model, which includes the training of volunteers and peer support volunteers.

5.11 Addaction have incorporated the 'Breaking Free Online' web based programme within its delivery model. A clinically robust treatment and recovery programme it directly targets 39 types of substances, including alcohol, opiates, novel psychoactive and non-opiate substances. The programme can be accessed 24/7 and can be used as part of the key work session or as additional work to be completed at home.

5.12 Addaction have also subcontracted out part of the contract to Intuitive Thinking Skills to deliver a range of recovery based programmes to support work readiness and increase entry to employment or voluntary work from the treatment service.

6. Additional Information

- 6.1 All drug and alcohol service providers are required to provide data to the National Drug Treatment Monitoring System (NDTMS). This allows tracking of individuals through the system and is used to provide performance management information.
- 6.2 Monthly and quarterly reports on the local drug and treatment system and its performance are provided through NDTMS by Public Health England.
- 6.3 A number of quality standards still provide a good measure on the accessibility and effectiveness of drug and alcohol treatment services.
- 6.4 A key measure is the Public Health Outcome Framework (PHOF) indicator to improve successful completions and non-representation rates for opiate, non-opiate and alcohol treatment cohorts. This is the key performance indicator for the contract. Representation rates are counted for six months from successful completion.
- 6.5 Addaction will also be required to meet the national three weeks waiting time from referral to first intervention.

7. Conclusions

- 7.1 For the first time, the local drug and alcohol treatment service is under the single management of Addaction, which in turn should improve the service user experience.
- 7.2 It is anticipated the experience and expertise of Addaction within the drug and alcohol treatment agenda will bring improvements to local recovery rates.

<p>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767140/DHSC_allocations_circular_template_final_1.pdf</p>
<p>Cabinet Member (Portfolio Holder) Cllr Dean Caroll Cllr Rob Gittens (Deputy Portfolio Holder – Public Health)</p>
<p>Local Member</p>
<p>Appendices None</p>