Agenda Item 5



Policy and Scrutiny

Open Report on behalf of Dr Tony Hill, Executive Director of Public Health and Wellbeing

Report to: Community and Public Safety Scrutiny Committee

Date: **14 October 2015**

Subject: Substance Misuse Treatment Re-commissioning

Update

Summary:

In March 2015 the Executive approved the re-commissioning of substance misuse treatment services, agreeing that the contracts should be reviewed at the end of the current contract period. Given the contribution that substance misuse treatment makes towards achieving key outcomes in the Public Health Outcomes Framework and towards the objectives of the Joint Health and Wellbeing Strategy, it was felt re-commissioning was appropriate. The treatment of substance misuse is a statutory obligation of the Council.

The Executive also agreed to extend contracts from 31 March 2016 to 30 September 2016 to support the re-commissioning and re-procurement of substance misuse treatment and to allow an adequate handover period for this vulnerable client group.

This report provides an update on progress on this re-commissioning work, identifying achievement against the key milestones for delivery.

Actions Required:

The Community & Public Safety Scrutiny Committee is asked to consider and comment on the content of this update report.

1. Background

Lincolnshire County Council is responsible for the treatment of substance misuse for all Lincolnshire residents. At the present time service providers include Addaction, Young Addaction, DART and Nacro, and incorporate pharmacological and psychosocial services, including brief interventions, harm minimisation, relapse prevention and peer support. On the whole, these services have been in place for 15 years and have not been subject to a competitive tender during this time; this is because contracts were previously held within the NHS.

The transfer of commissioning responsibility for this, and other contracts, to the County Council has provided the opportunity to re-commission these services as contracts expire, and in March 2015 the Council's Executive gave agreement that these contracts could be re-commissioned owing to the contribution they make to the Public Health Outcome Framework and the wider Joint Health and Wellbeing Strategy.

Significant engagement has been undertaken so far which has included:-

- meetings with current providers, potential new providers, the Lincolnshire Local Medical Committee, the Lincolnshire Local Pharmacy Committee, the Police and Crime Commissioner, Shared Care General Practitioners, United Lincolnshire Hospitals NHS Trust representatives, Lincolnshire Courts, the Integrated Offender Management Board and Healthwatch;
- engagement events with service users and peer mentors;
- engagement events with current providers, potential providers and stakeholders;
- attendance at Clinical Commissioning Group Board meetings;
- questionnaire for treatment naive, previous and current service users;
- questionnaire for GP's; and
- questionnaire for family, friends, interested parties and staff.

Findings from this engagement indicate overall support for the continuation of specialist treatment services and provide useful insight into what service users, providers and stakeholders expect of a new system. Key findings include:-

- the potential to review the opening hours of the services and their locations given the vast geographical area Lincolnshire covers;
- the current services on the whole have been well received and are valued;
- the levels of support received and the understanding nature of the treatment service workers was particularly noted; and
- a recurring theme around a desire to volunteer within the services, or gain employment within them, once the service user had completed their own recovery journey.

A session held during June 2015 with current providers, stakeholders and interested parties was used to understand their view of treatment services, both at a strategic and operational level. Detail was provided on a benchmarking exercise undertaken and attendees were asked to consider the strengths and weaknesses

of each of the five proposed models of service delivery that had been evidenced elsewhere.

Attendees also had the opportunity to state what their "must haves", "nice to haves" and "can live without" elements of service would be given a restricted budget. The main areas of discussion centred on consideration of an integrated drug and alcohol service with a contract that allowed flexibility and innovation from the successful provider.

Following the session, the findings were reviewed in detail and the potential models were narrowed down from five to one. The delegates initially showed preference for either model one or model two, but wanted a contract that was not prescriptive in the way services and support was delivered. They preferred a contract which could be segmented as required in terms of providing services to both young people and adults covering all drugs and alcohol use. After consideration, it was concluded that model two would allow for development of this.

As such the proposed model contains one contract for treatment services and one contract for recovery services, both for all substances of misuse and for service users of all ages. As part of the procurement process providers would still have the opportunity to bid on both elements, evidencing value for money and economies of scale.

At a second engagement event model two was presented to delegates to seek their approval and to undertake an Impact Analysis of the two elements. Attendees supported this proposed model and were pleased their views had been taken into consideration. The session also concentrated on the overarching principles of service delivery because details around where services would be located would not be known until the contracts have been awarded at the start of 2016.

The Impact Analysis highlighted areas for consideration for the new provider, such as ensuring services were accessible to all ethnic groups, with consideration given to ethnic minority groups who have a higher propensity to misuse substances. Although Lincolnshire has a relatively small population of these groups and, thereby does not indicate the need for a separate service provision, any future services will need to ensure they are accessible and sensitive to the needs of this population. Stronger working links also need to be developed with domestic abuse services, children and family services, mental health services and sexual health services.

Dependant on the budget setting process for 2016/17, a final session will be held in November 2015 to confirm this model with potential providers and support will be given around the tendering process. All documents and evidence from all sessions will be available on the electronic tender system to ensure transparency and will also be shared with all those invited to the events.

Following the implementation there will be an offer to councillors to be involved in a 'meet and greet' of the services, as per this Committee's previous request. Please also see Appendix B for details on referring to the current services.

2. Conclusion

The project plan for the re-commissioning of these services is on target and progress against key milestones is summarised in Appendix A.

The commissioning plan has been finalised with the exception of the available budget owing to the financial challenge process.

3. Consultation

a) Policy Proofing Actions Required

n/a

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Progress against Key Milestones
Appendix B	Adult Alcohol and Drug services

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Louise Egan, who can be contacted on 01522 554503 or louise.egan@lincolnshire.gov.uk

Progress against Key Milestones

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Milestone	Deadline March 2045	Progress
Issue the Prior Information Notice (PIN)	March 2015	Completed
Review corporate needs (Including a review of relevant national policies and guidance; regional and local guidance and literature; local priorities and objectives)	March 2015	Completed
Review of felt/expressed/normative needs (Including undertake stakeholder analysis; produce a communication/engagement plan; stakeholder engagement events)	March 2015	Completed
Review of comparative needs (including desktop commissioner consultation; agree framework for benchmarking exercise and analysis; analyse comparator area data)	April 2015	Completed
Complete the Health Needs Assessment (including a review of epidemiological evidence base)	April 2015	Completed
Commissioning Plan written	July 2015	Awaiting approval – dependent on financial challenge budget setting
Impact Analysis	August 2015	Completed although this will be revisited once tenders are submitted
Pre-procurement consultation (Market analysis)	September 2015	Completed
Specification writing	November 2015	Started
ITT writing	December 2015	To commence
Procure services	November 2015 - October 2016	To commence

Page 2

Adult Alcohol and Drug services

Both DART and Addaction have a full range treatment services available for both Alcohol and drugs, resource sites are located in Lincoln, Grantham and Boston but satellite sites are also used across all areas of Lincolnshire. Addaction also provide an online Skype service.

Drug and Alcohol Recovery Team (DART)

Internet - http://www.lpft.nhs.uk/our-services/specialist-services/dart Telephone - 0303 123 4000

Addaction

Internet:

http://www.addaction.org.uk/landing.asp?section=443§ionTitle=Lincolnshire Full contact details;

http://www.addaction.org.uk/page.asp?section=660§ionTitle=Contact+Us

Telephone - Lincoln 01522 305518

Grantham – 01476 512950 Boston – 01205 319920

NACRO Independent Governance Service (IGS)

NACRO offers all service users independent, confidential advice regarding their options of provisions available and the opportunity of a transfer providers if requested. This service can be utilised if a service user cannot decide which of Addaction or DART services are most appropriate for them or if they are unhappy about their treatment with either Addaction or DART adult services

Internet - http://www.nacro.org.uk/services/lincolnshire/lincolnshire-substance-misuse-independent-governance-service/

Telephone - 01522 589711

Young person's Alcohol and Drug services (18 years and younger) Young Addaction

Young Addaction provides alcohol and drug services to anyone who is 18 years or younger. Intervention can be provided at an appropriate location and is tailored to individual need

Telephone - 01522 305768

Needle Syringe programme

There is a county wide needle syringe programme providing free needles and syringes for people who continue to inject drugs. This service supplies clean equipment to prevent viruses and infections that can happen if needles and syringes are not sterile. Specialist services are provided at each of Addaction's three main resource sites, but also 17 pharmacies across Lincolnshire. A full list of sites can be found here —

http://www.addaction.org.uk/page.asp?section=656§ionTitle=Needle+Syringe+Provision

Family and Carer Support Oasis

Oasis provide confidential support for parents, carers, family, and friends of drug and alcohol users. Services provided include drop-in venues, one-to-one meetings and telephone support across Lincolnshire

Telephone 07900 013041

All services can be tailored to individual need, if in doubt, give them a call and discuss any concerns you may have

Please note the following changes will be made to the services detailed above:

Oasis – these services are subject to review and are scheduled to be recommissioned for Summer 2016

DART, Addaction, Young Addaction, NACRO IGS and the Needle Syringe Programme – these services are subject to review and are scheduled to be recommissioned for October 2016