

<b>REPORT TO:</b>	<b>HEALTH AND WELLBEING BOARD (CROYDON)</b> <b>4 December 2013</b>
<b>AGENDA ITEM:</b>	<b>7</b>
<b>SUBJECT:</b>	<b>Drug and Alcohol Commissioning</b>
<b>BOARD SPONSOR:</b>	<b>Hannah Miller, Executive Director Adult Services Health and Housing</b>

**CORPORATE PRIORITY/POLICY CONTEXT:**

Croydon Drug and Alcohol Action Team (DAAT) is a multi-agency partnership primarily consisting of DASHH, Croydon Clinical Commissioning Group, Probation, Police, Community Safety, treatment services and Job Centre Plus as well as other partners. The partnership is responsible for implementing a range of treatment and reintegration interventions that meet the objectives of the Government's national 2010 Drug Strategy and the 2012 Alcohol Strategy to tackle drug and alcohol related harm and crime and by providing a full range of effective diversionary programmes, to enable service users to reach their full potential.

This Drug & Alcohol treatment service contributes to the:

**Community Strategy 2010-15 by delivering:**

- Achieving Better Outcomes for Children and Young People
- Promoting Economic Growth and Prosperity
- Improving Health and Wellbeing
- Delivering High Quality Public Services and Improving Value for Money

**Health and Wellbeing Strategy 2013 – 2018**

- Improvement area 1: giving our children a good start in life
- Improvement area 2: preventing illness and injury and helping people recover
- Improvement area 4: supporting people to be resilient and independent
- Improvement area 5: providing integrated, safe, high quality services
- Improvement area 6: improving people's experience of care

## Public Health Outcome Framework 2013 – 2016

Directly having a positive impact on:

1.13 Re-offending	2.15: Successful completions of drug treatment
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and also contributes to:

1.8 Employment for those with a long term health condition	1.11 Domestic Abuse	1.15 Statutory Homelessness,	2.8 Emotional wellbeing of looked after children
2.10 Hospital admissions as a result of self-harm	2.23 Self-reported wellbeing,	4.8 Mortality from communicable diseases,	4.11 Emergency re-admission
4.3 Mortality from causes considered preventable,	4.6 Mortality from liver disease	4.10 Suicide	

### FINANCIAL IMPACT:

Drug and alcohol addiction leads to significant crime, health and social costs. Evidenced based substance misuse treatment reduces these and delivers real savings, particularly in crime costs but also savings to the NHS through health improvements, reduced drug and alcohol related deaths and lower levels of blood born disease.

This strong value for money case was endorsed by the National Audit Office and is the foundation of central government significant on-going investment.

The redesign process has provided an opportunity to re-specify the service requirements, focusing on service user needs, improved pathways for treatment and recovery, and delivery of outcomes. The new service model will seek to provide value for money by adopting a whole systems approach to treatment and recovery. An element of the model will include a payment by results incentive scheme. The efficacy of this model and the ease of implementation for both provider and commissioner will be routinely evaluated. Should this prove to be an effective way to improve outcomes and reduce whole systems cost, the commissioner will explore wider roll-out of an incentive payment model within the core services.

The Croydon system is divided into 4 key themes:

- **Engagement:** During the 'engagement' phase clients will begin to get help with their substance misuse. Croydon will have a number of engagement activities including: Outreach, in-reach, direct access, and professional referral. The service user can expect, advice and information, triage, comprehensive assessment and an initial recovery care plan. This will enable them to access appropriate recovery-focussed treatment and support.

- **Treatment:** During the treatment phase of the service user journey they will have access to a fully integrated treatment and care co-ordination service enabling clients to stabilise and reduce their alcohol/drug use, facilitate recovery and promote health and wellbeing.
- **Completion:** At treatment completion the service user will continue to access interventions that will enable people to remain drug and alcohol free and continue to recover. This will include promoting and supporting reintegration to other services such as training and employment. As recovery involves area of work that treatment services are not able to provide directly this will involve a high level of partnership working with agencies that can provide these services.
- **Support:** All of the services will enhance and develop the support that is offered to clients through the engage, change and completion clusters in order to help aid their recovery.

To ensure effective service provision requires effective targeting. Evidenced based recovery focused ways of working are critical success factors for the achievement of outcomes. Relevant measures will therefore need to be in place and subsequent provider reporting requirements will be outlined in the tender documents.

The positive outcomes that will be achieved by delivering an integrated recovery system include:

- A cost benefit to the community including reduction in re-offending
- Freedom from dependence on drugs or alcohol
- Prevention of blood borne viruses and deaths related to substance misuse (including alcohol)
- Reduce crime and offending.
- Improve individual health and wellbeing
- Improve access to training, education employment and housing
- Improved relationships with family members, partners and friends.
- Improved capacity to be an effective and caring parent.

The cost for services will be met by Public Health Grant and Mayor Office for Police and Crime (MOPAC)

## 1. RECOMMENDATIONS

1.1 This report recommends that, having considered the public sector equality duty and the Joint Health and Wellbeing Strategy, the Health and Wellbeing Board:

1.1.1 Endorse the procurement strategy identified within the report which will result in one contract award recommendation for a single provider or the lead provider of a consortium to deliver drug and alcohol treatment services as phase one of a redesigned, recovery-orientated treatment system:

**Service A:** Engagement and treatment service for service users who have dependencies on alcohol, opiate and crack use. The provider will engage the service user in a variety of ways including outreach, hospitals, criminal justice system, primary care and self-referrals. Once engaged service users will

access structured treatment interventions including substitute prescribing, key-working and group work.

**Service B:** Will engage service users who do not require medical interventions who use drugs including, cocaine, cannabis, synthetic drugs and service users who use alcohol in a harmful or hazardous way.

**Service C:** Recovery and re-integration service will provide peer support and access to services A&B (above) and provide on-going support once treatment has been completed.

**Service D:** Young People specialized substance misuse treatment service.

#### 1.1.2 Note that

- All services will be recovery focused, working in partnership with children services, adult safeguarding, criminal justice, employment services and mental health providers.
- All services will have a preventative role in providing identification and brief advice for alcohol use in a variety of settings including primary care

#### 1.1.3 The recommendations for the contract awards for phase one of the redesigned, recovery-orientated treatment system will be presented at a provisional date of May 2014

## 2. EXECUTIVE SUMMARY

2.1 This report is requesting to endorse the drug and alcohol procurement strategy by commissioning a range of services that are recovery orientated and deliver preventative interventions particularly for alcohol users.

2.2 The key documents informing this approach are:

- Drug and Alcohol Strategy 2010
- The Government's Alcohol Strategy 2012
- Medications in Recovery: Re-orientating Drug Dependence Treatment NTA July 2012.
- Drug Needs Assessment
- Alcohol JSNA

2.3 The DAAT commissioning team undertook a number of consultations exercises to ensure that our vision is realistic, meets the needs of our community and delivers value for money.

2.4 The re-design based on 9 characteristics will deliver services to dependant drug and alcohol users which are recovery focused and participate in preventative activities in a variety of settings.

2.5 The procurement will have a phased approach:

- Phase 1 Core treatment and recovery system
- Phase 2 Reviewing detoxification, rehabilitation, pharmacy and primary care services.

### 3. DETAIL

3.1 The Needs Assessment, Alcohol JSNA and service user involvement exercises have highlighted the following gaps and barriers in the existing treatment system:

The current system only has one entry point into treatment.	Limited work with Dual Diagnosis	Limited preventative work for alcohol users
Limited engagement service	Focused mainly on drug using clients	Limited partnership working with GP's regarding alcohol detoxifications
High attrition rates for criminal justice clients	Poor recovery and re-integration support	Complicated treatment system and pathways
High level of re-presentation	High emphasis on prescribing	

3.2 The vision for Croydon is to procure an innovative, recovery orientated treatment system for drug and alcohol users, their family and their carers. The goal is to ensure provision which is responsive to the whole community and focuses on hope, recovery, aspiration and positivity. The DAAT intends to procure specialised drug and alcohol services which have the following nine characteristics:

- Increased harm reduction initiatives for alcohol misusers - as well as illegal drug misusers
- Increased focus on prevention and recovery - as well as treatment
- Easily accessed by people of different ages and characteristics, with a range of needs. This would include, for example, club drug users who are typically younger, those with harmful levels of alcohol misuse who may not necessarily be dependent on alcohol and socially isolated older people with alcohol misuse problems. Easy access is likely to mean that people can enter the services in different ways, there will be increased opportunities for drop-in, services will be available outside of core hours (evening and weekends), information and advice is provided through a range of communication routes, and services are available in a range of locations across the borough.
- Integrated with the other Croydon services that support people with drug and alcohol problems – for example, primary care including GPs and pharmacists, mental health services, housing services and the criminal justice system
- Highly rated by service users and carers
- Provides evidence based, high quality, safe services delivered by a workforce with appropriate training and personal competences.
- Where services are innovative, ensure they are properly evaluated so that we can assess their effectiveness.
- Reduce harm not only to the adults using services but also their children and families.
- For providers to have service users central to the service they are delivering and develop peer mentor and volunteering schemes to support recovery.

- 3.3 Croydon DAAT is committed to improving the service user experience by providing a range of activities to engage primary dependent alcohol and all drug users through flexible opening hours and provision of a warm and welcoming environment. An enhanced integrated treatment system will require services to work closely in partnership by delivering innovative services jointly. These include delivering an outreach service to target areas identified as requiring the expertise of specialised workers to engage and re-engage service users, and developing systems of working in partnership with other service providers and those outside of specialised services to maximise resources and opportunities.
- 3.4 By increasing entry points into the system, potential service users will be able to have initial discussions with a specialist substance misuse worker and to engage in structured treatment; in addition to the core service site, this activity will be delivered in a variety of settings including GP surgeries and key locations throughout the borough. The new service will have clear referral mechanisms and care pathways for young people and those transitioning from young people's substance misuse services.
- 3.5 With changing trends in drug and alcohol use and an increased focus on prevention, the re-designing of the drug and alcohol treatment system provides opportunities to deliver interventions that have not only a direct impact on the individual but also indirectly address other Public Health outcome indicators including, reducing re-offending, emotional wellbeing of look after children and mortality from liver disease. Thus, ensuring resources are used more efficiently.
- 3.6 Nationally collected performance data identifies that Croydon has high attrition rates for service users in the criminal justice system; the re-design approach will ensure that the interface between treatment and criminal justice is seamless. A priority for Croydon is reducing offending; simplifying the transfer from the criminal justice system will ensure that service users can access treatment services and will reduce attrition rates. The Croydon Needs Assessment also highlighted that the trajectory for re-presentations is increasing, by investing and developing a peer led recovery and re-integration service will be pivotal in ensuring that recovery is visible in the treatment system and that the service can provide on-going support even once formal treatment has been completed.
- 3.7 The proposed strategy takes a phased approach to re-commissioning substance misuse services.
- 3.8 **Phase one** consists of the redesign and procurement of the core treatment and recovery system, comprising the following service A-C:
- **Service A:** Engagement and treatment service for service users who have dependencies on alcohol, opiate and crack use. The service will engage service user in a variety of ways including outreach, hospitals, criminal justice system, primary care and self-referrals. Once engaged service users will access structured treatment interventions including substitute prescribing, key-working and group work.

- **Service B:** Will engage service users who do not require medical interventions who use drugs including, cocaine, cannabis, synthetic drugs and service users who use alcohol in a harmful or hazardous way.
- **Service C:** Recovery and re-integration service will provide peer support and in-reach into service A&B and provide on-going support once treatment has been completed.
- **Service D:** Young People specialized substance misuse treatment service.
- All services will be recovery focused, working in partnership with children services, adult safeguarding, criminal justice, employment services and mental health providers.
- All services will have a preventative role in providing identification and brief advice for alcohol use in a variety of settings including primary care

3.9 The Integrated Offender Management (IOM) service will operate alongside these services, to divert alcohol and drug users involved in the criminal justice system into treatment services. This will be a multi-disciplinary team comprised of drug and alcohol workers, and police, probation and court services.

3.10 **Phase two** will review detoxification, rehabilitation, pharmacy and primary care services. It is proposed that this exercise is conducted separately, once the core treatment and recovery services have been procured. This provides an opportunity to further develop and re-scope these services, testing new models of delivery alongside the new core service. Re-procuring all elements of the substance misuse system concurrently could be destabilising for service users and it is appropriate to ensure continuity of service across the system to enable a planned transition of care.

3.11 The evaluation of community based primary care services will include:

- Development of the GP shared care service for opiate users to also include medical interventions for alcohol users
- Review the whole primary care providers in promoting recovery from drug and alcohol addiction
- Reviewing the role and activities of local pharmacists delivering Substitute Methadone Consumption and/or Needle Exchange to explore opportunities to deliver Alcohol Identification and Brief Advice, and Blood Born Virus interventions.
- Reviewing the role and activities of the GP Hub and GP with Special interest, and its alignment with the re-design.

## 4. CONSULTATION

4.1 The DAAT consulted on the proposed service model with service users, existing providers and the market to ensure that social impact is maximised. The results of this exercise confirmed the approach that the DAAT is proposing and indicated that the approach will provide improved services that deliver and impact both directly and indirectly on the Public Health Outcome Framework Indicator.

4.2 The drug and alcohol supplier market has responded to changing national priorities and would be able to respond to the requirements. A soft market

exercise was undertaken through the London Tenders Portal with 7 national third sector organisations and 2 NHS Trusts responding to the exercise. In addition a further 2 third sector and 1 NHS trust made contact to inform of their interest in our proposals.

- 4.3 The results of the soft market exercise confirmed that the provider market agrees the proposed approach to treatment design is in line with government policy and will enable us to derive better value for money.

## 5. SERVICE INTEGRATION

- 5.1 Other local authorities are also reviewing their drugs and alcohol treatment and recovery services and the Council has explored collaboration and partnership opportunities. This has been completed through a review of the contracts register, local intelligence and discussion with other local authorities through both formal and informal contacts. Given the specific needs of our local population and the intention to ensure provision of local services, joint procurement is not appropriate for this service model.

- 5.2 The redesigned service model is appropriate for consortia bids, where specialist providers are able to collaborate to deliver a whole systems service. This approach may be of particular interest to third sector providers in respect of Service C, but will also be an acceptable model for Services A B and D, where specialist expertise is required for particular elements (e.g. community outreach). It is proposed that the Council accept bids from consortia where there is a lead provider who will sub-contract with other providers. Through consultation with the provider market and the soft market testing exercise, the Council has offered a 'match making' service, whereby we have agreed to share details of potential providers interested in forming a consortium for any of the services; each potential provider has been asked to consent to the sharing of their contact details for this purpose.

## 6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

### 6.1 Revenue and Capital consequences of report recommendations

	Current year	Medium Term Financial Strategy – 3 year forecast		
	2013/14 £'000	2014/15 £'000	2015/16 £'000	2016/17 £'000
<b>Revenue Budget available</b>				
Expenditure				
Public Health	2,692k	2,692k	2,692k	2,692k
MOPAC	231k	231k	231k	231k
Income	0	0	0	0
<b>Effect of decision from report</b>				
Expenditure				
Public Health	2,692k	2,692k	2,692k	2,692k
MOPAC	231k	231k	231k	231k
Income	0	0	0	0



<b>Remaining budget</b>	0	0	0	0
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## 6.2 The effect of the decision

The award of a contract for the redesigned treatment and recovery services will enable the Council to ensure provision of services aligned to local priorities which respond to the Needs Assessment for drugs and alcohol. It will also enable the Council to ensure a whole system approach to treatment and recovery services, which maximises synergies and delivers better long-term recovery outcomes for service users

## 6.3 Risks

The services are subject to continued availability of funding from the Public Health Grant and Mayor's Office for Policing and Crime. The performance of these services will impact on the Council's ability to achieve key PHOF indicators, which could result in reduced Public Health resources in future years.

## 6.4 Options

Decommissioning the services is not recommended as the Council is required to be mindful of the overall objectives of the public health grant, as set out in the grant conditions, and the need to tackle the wider determinants of health, for example, through addressing the indicators within the Public Health Outcomes Framework, such as violent crime, the successful completion of drug treatment, and child poverty. Although specialist, the market for substance misuse treatment and recovery services is mature and the Council will benefit from working with expert providers who have experience of delivering high quality services in other boroughs. Accordingly, a specialist third-party model, secured through a competitive process, is considered to be the most effective way to ensure value for money and high quality service provision.

## 6.5 Future savings/efficiencies

The new treatment and recovery system to be procured under phase one will be better able to meet need and demand at the right point in the system. Comparative spend analysis indicates that current treatment and recovery services are more expensive on a unit cost basis, yet deliver disproportionately lower levels of performance against outcome indicators. Furthermore, investment levels in substance misuse services per head are significantly lower than regional averages. The key financial goals for this re-commissioning exercise are to make better use of the existing resource envelope to increase capacity across the treatment and recovery system, address unmet need, reduce unit costs per client/outcome, and improve whole-system performance. Evidence suggests that further disinvestment in these services will mean that the Council cannot achieve these objectives and that potential savings will be shifted down-stream, including additional spend against services for looked after children, housing, adult social care, substance misuse crisis, and community safety. Accordingly, it is recommended that investment is retained at the current level of £2.9m per annum.

## **7. LEGAL CONSIDERATIONS**

- 7.1 The Council Solicitor comments that the procurement process as detailed in this report meets the requirements of the Council's Tender and Contracts Regulations and the statutory duty to demonstrate best value under Local Government Act 1999 there are no direct legal implications arising from this report

## **8. HUMAN RESOURCES IMPACT**

- 8.1 This paper makes recommendations involving outsourcing services which may invoke the effects of the Transfer of Undertakings (Protection of Employment) 2006 Legislation. If this was the case, then all staff that predominantly work in the identified service would be transferred to the new contractor on their existing terms and conditions of service (with the exception of pension rights, which have to be broadly comparable as set out in the Government's "Fair Deal" policy). The council's TUPE protocol and all other related policies and procedures must be followed, particularly the duty to consult. Consideration should be given to involve Trade unions and staff in the tender process and specification, which would ensure their engagement. Trade Unions and staff welcome a reasonable consultation period following the successful bid, which gives the council and the contractor good time to consult on any potential 'measures' and to deal with any potential 'objections'.
- 8.2. Any changes recommended after the consultation period which affect staff, should be managed in accordance with the Council's HR procedures.

## **9. EQUALITIES IMPACT**

- 9.1 A detailed / full Equality Analysis has been undertaken. The assessment shows that there is no potential for discrimination, harassment or victimisation and that the project already includes all appropriate actions to advance equality and foster good relations between groups.
- 9.2. The service specification documents will include a requirement for partnership working with mental health teams and the provision of dual diagnosis support. This will help to minimise barriers and improve engagement for those with dual diagnosis.
- 9.3. The re-design will focus on the needs and treatment of younger people, particularly 18-30 year old age group by ensuring that the services respond appropriate changing trends in drug and alcohol in Croydon.
- 9.4. By increasing the focus in partnership working with GPs' this will improve engagement with service users who may not present into specialized services for example older residents of Croydon.
- 9.5. There will also be a requirement for services to identify and provide specific support to LGBT clients. This will help to attract people who are LGBT and need support for their substance misuse.

- 9.6. The DAAT needs assessment identifies that there is under representation from women, BME groups in existing substance misuse service, the new treatment system has a requirement that service develop strategies to place a high emphasis on ensure services are attract to protected groups.
- 9.7. The proposed model gives alternative locations for treatment to be delivered. This will help to minimise the risk that victims and perpetrators of domestic violence come into contact.

## **10. ENVIRONMENTAL IMPACT**

- 10.1 The service specifications will require providers to have an Environmental Policy and Action Plan. Providers will be required to demonstrate through the provision of services that a contribution is made to improving Croydon's environment. Relevant actions include staff travel planning, encouraging people to recycle, and reducing the environmental impact of buildings used for treatment and recovery services.

## **11. CRIME AND DISORDER REDUCTION IMPACT**

- 11.1 Nationally collected performance data identifies that Croydon has high attrition rates for service users in the criminal justice system; the re-design approach will ensure that the interface between treatment and criminal justice is seamless. A priority for Croydon is reducing offending; simplifying the transfer from the criminal justice system will ensure that service users can access treatment services and will reduce attrition rates. The Integrated Offender Management (IOM) service will operate alongside these services, to divert alcohol and drug users involved in the criminal justice system into treatment services. This will be a multi-disciplinary team comprised of drug and alcohol workers, and police, probation and court services

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**CONTACT OFFICER:** Shirley Johnstone, Adult Commissioning Manager Croydon Council DAAT

**BACKGROUND DOCUMENTS:**

Croydon Drug and Alcohol Treatment Needs Assessment 2012-13 – can be viewed online:

<https://secure.croydon.gov.uk/akscroydon/users/public/admin/kabmenu.pl?cmte=WE>  
L (select agenda for 4 December – Item No.7)