

Joint Public Health Board

21 July 2020

Extension of drug and alcohol contracts

For Decision

Portfolio Holder: Cllr L Miller, Adult Social Care and Health, Dorset Council
Cllr L Dedman, Adult Social Care and Health,
Bournemouth, Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Authors: Nicky Cleave
Title: Director of Public Health
Tel: 01305 225879
Email: nicky.cleave@dorsetcouncil.gov.uk

Report Status: Public

Recommendations:

- That the contract for the REACH service is extended for the full two years available, to the end of October 2022.
- That the contracts for services in BCP held by AWP and EDAS are extended for one year, to the end of October 2021, with the expectation that a new service (or services) will be commissioned by either one of BCP Council or Public Health Dorset in the interim.

Reason for Recommendation: To ensure adequate time for preparation for procurement of services as well as service continuity for service users.

1. Executive Summary

Three community substance misuse contracts held by Public Health Dorset are due to expire at the end of October 2020. These contracts can be extended by up to 2 further years

Performance in the Dorset Council area is good, with a mature local partnership and identified areas for improvement. It is recommended that the contract for the REACH service is extended for the full two years available to the end of October 2022.

Provision across BCP, inherited from the previous councils, is inequitable, with different approaches, service designs and funding per head, and commissioned by both BCP Council and Public Health Dorset. It is recommended that a single commissioning strategy is developed for BCP as a whole, to ensure equity and efficiency, with one organisation responsible for all relevant services. Commissioners advise that at least 12 months should be allocated for a full process of review and re-commissioning. It is therefore recommended that the contracts for services in BCP held by AWP and EDAS are extended for one year, to the end of October 2021, with the expectation that a new service (or services) will be commissioned by either one of BCP Council or Public Health Dorset in the interim.

2. Financial Implications

None

3. Climate implications

No direct implications.

4. Other Implications

N/A

5. Risk Assessment

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

6. Equalities Impact Assessment

An Equalities Impact Assessment is not considered necessary for this agreement.

7. Appendices

None

8. Background Papers

None

1 Introduction

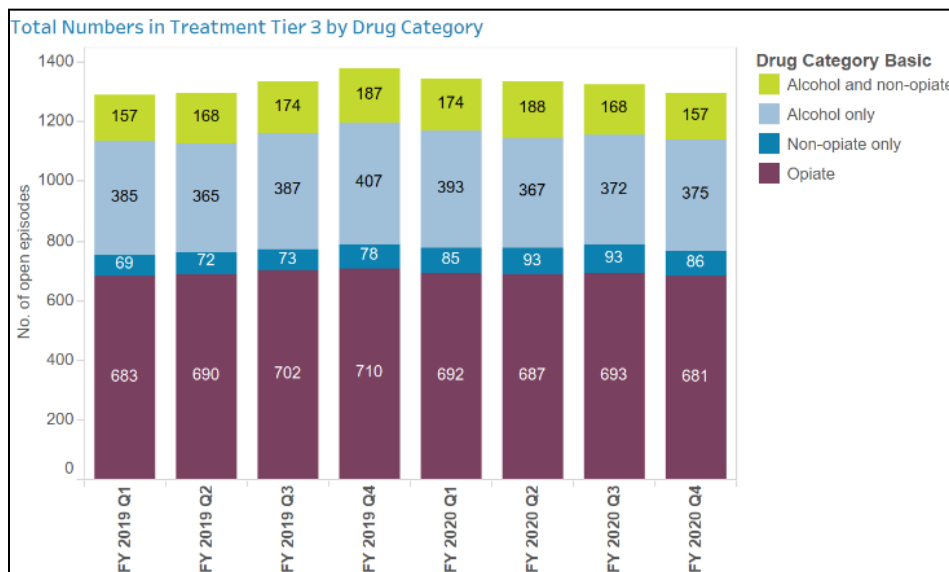
- 1.1 In 2017, Public Health Dorset procured a range of community substance misuse treatment services for Dorset County Council, Borough of Poole and Bournemouth Borough Council. All contracts started on 01 November 2017 and were initially for a period of three years. The initial period comes to an end on 31 October 2020, but there is the option to extend for up to two further years, to 31 October 2022. Notice of our intention must be communicated to providers by 31 July 2020 at the latest, to ensure a 3-month notice period. This paper presents recommendations for contract extension for each of the three contracts.
- 1.2 These services support people who have issues with alcohol and other drugs. The offer can broadly be divided into two types.
 - **Prescribing services** offer medication to manage withdrawal from alcohol or other drugs. In the case of opioids such as heroin, this form of treatment can be effectively used for several years, as a form of 'substitution' treatment.
 - **Psychosocial services** offer support through talking therapies (such as Motivational Interviewing and Cognitive Behavioural Therapy) and support in relation to wider life skills and knowledge, such as employment, relationships and budgeting.
- 1.3 In addition to these services, there are other contracts held by Public Health Dorset and BCP Council for people who use alcohol or other drugs with community pharmacies for and a range of NHS and third sector residential units for detoxification and rehabilitation. BCP council separately commissions We Are With You to offer services comparable to Lot 3 below, covering the Bournemouth area, which is a legacy of Bournemouth Borough Council. This contract is managed by a separate BCP Drug and Alcohol Commissioning Team (DACT).
- 1.4 BCP Council has a clear aim to harmonise provision across the area, to ensure there is equity of service. At present, the offer for clients varies somewhat across the three areas of Bournemouth, Christchurch and Poole, as the psychosocial and young people's provision is offered by different providers, with slightly different specifications, priorities, and funding per head.
- 1.5 While this paper outlines specific recommendations for the contracts held by Public Health Dorset, which therefore come under the remit of the Joint Public Health Board, it is essential that these decisions are made in tandem with those affecting any services commissioned by BCP Council that form part of the same local treatment system. The best way to ensure consistency and integration in future, is to place responsibility for this future commissioning exercise (as well as for all other relevant services in the area) with one organisation, either by Public Health Dorset or BCP Council directly, through its DACT.

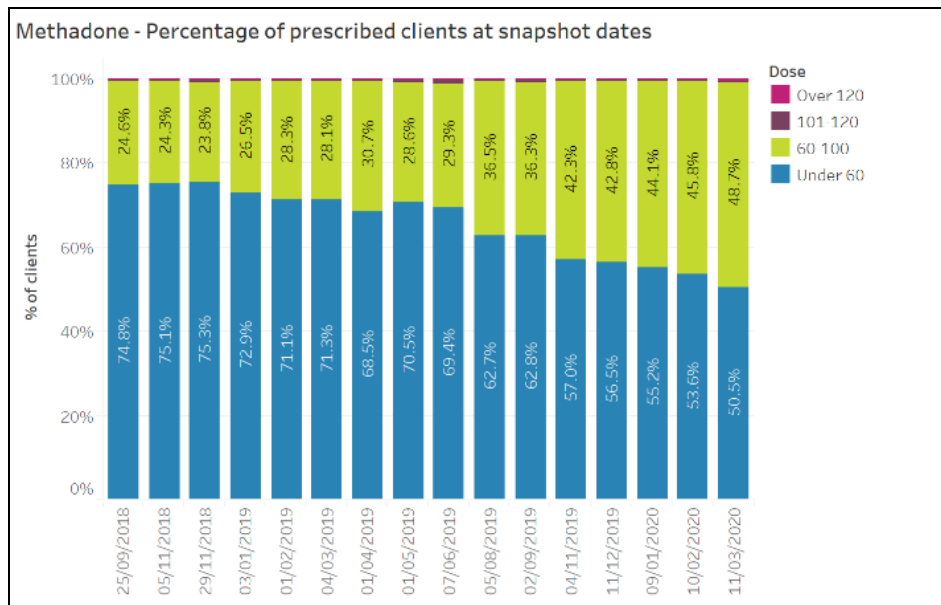
2 Lot 1: REACH treatment for Dorset

- 2.1 This is a single integrated contract held by EDP (a charity based in Exeter, formerly Exeter Drugs Project) for both prescribing and psychosocial provision, for clients of all ages (i.e. including children and young people) and all substances. However, in practice sub-contracting arrangements mean that young people's services are offered by EDAS (a local charity based in Poole) and prescribing is delivered by staff from Avon And Wiltshire Mental Health NHS Partnership Trust (AWP).

What has gone well?

- 2.2 The process of integrating provision that was previously delivered by three separate charities and a different NHS trust has been successful. Clients have continued to be engaged, with the overall numbers in treatment remaining relatively stable, while staff morale and communication are good.
- 2.3 Medication dosages for opioid substitution treatment (OST) are more closely aligned to national guidance endorsed by the National Institute for Health and Care Excellence (NICE) and Public Health England (PHE), which recommends that methadone should generally be provided at a daily dose of between 60mls and 120mls to be effective.





What are the challenges?

- 2.4 REACH has notable issues securing premises in Weymouth, where the majority of clients are resident. Dorset HealthCare are unable to offer space in the Community Hospital, which had been used for several years prior to and during this contract, and a 30 year lease on Belle Vue expired this year, with the property unsuitable for renewal due to access issues and the need for general repairs and improvements.
- 2.5 Many clients have a range of physical and mental health conditions, and yet struggle to access mainstream healthcare. Work to improve links with community and primary care is required.
- 2.6 The offer in relation to harm reduction (specifically needle exchange) appears to be insufficient, with reduced use of these services. A review and re-design of these services, particularly in Weymouth, Dorchester and Blandford, is required.
- 2.7 While clients have been successfully engaged in treatment for issues related to both alcohol and other drugs, data suggest there may be scope to improve progress through treatment towards 'recovery', particularly in relation to the offer of detoxification from alcohol.

Proposal for next steps

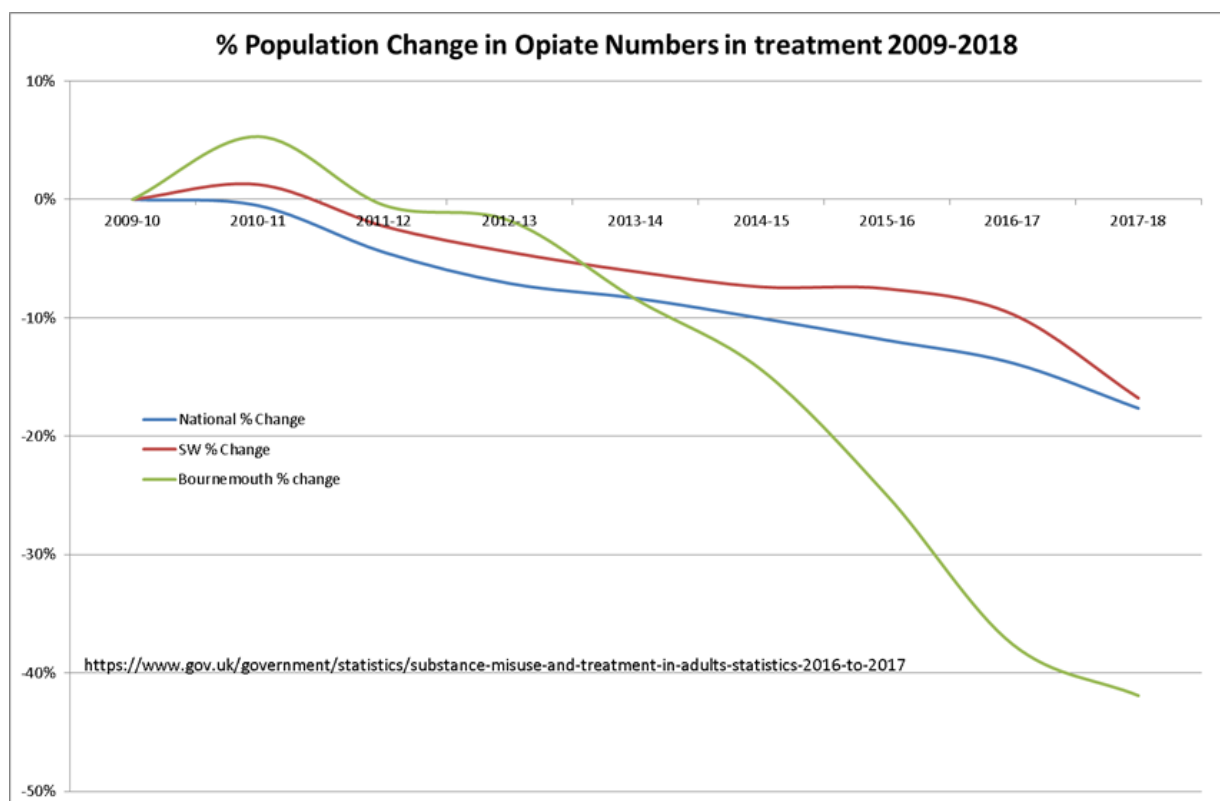
- 2.8 There are no major concerns with the delivery of the contract, and the view of commissioning staff is that the existing REACH partnership is well-placed to improve the service to address the challenges identified above. Therefore it is proposed that the contract is extended for the full two years available, to the end of October 2022.

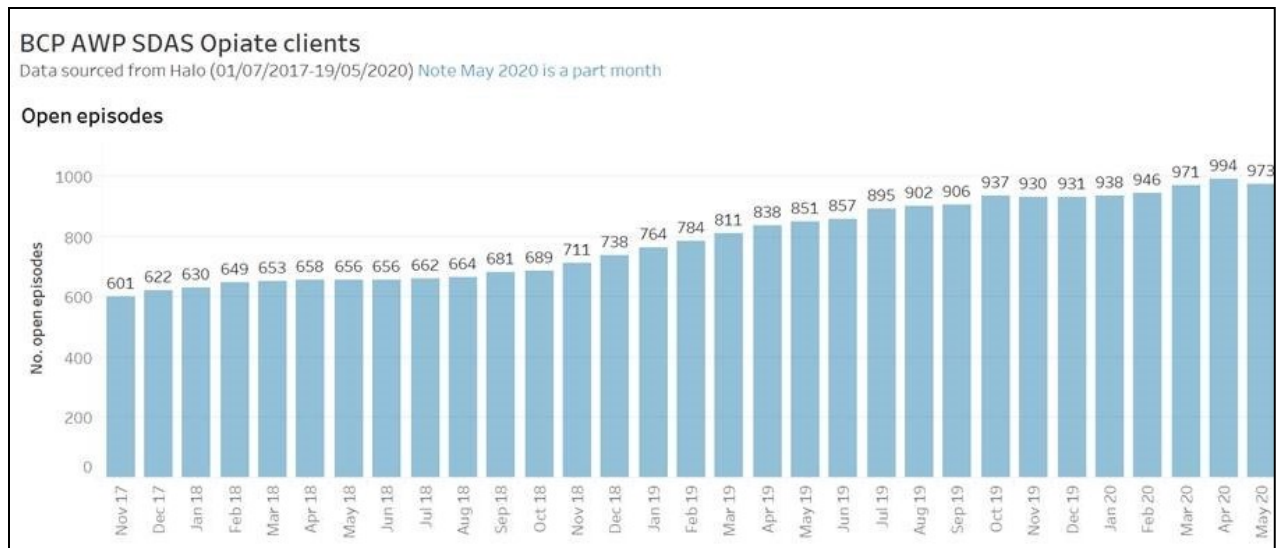
- 2.9 However, this contract includes the delivery of talking therapies in Christchurch, and as discussed below it would be appropriate to jointly commission all services for the BCP Council area as a priority. The original tender documentation for this contract included indicative amounts for the Christchurch services, and these are outlined clearly in the service specification. Therefore, it is proposed that this element of the service is extended for only one further year, bringing it in line with the proposals for Lots 2 and 3.

3 Lot 2: AWP prescribing service for BCP

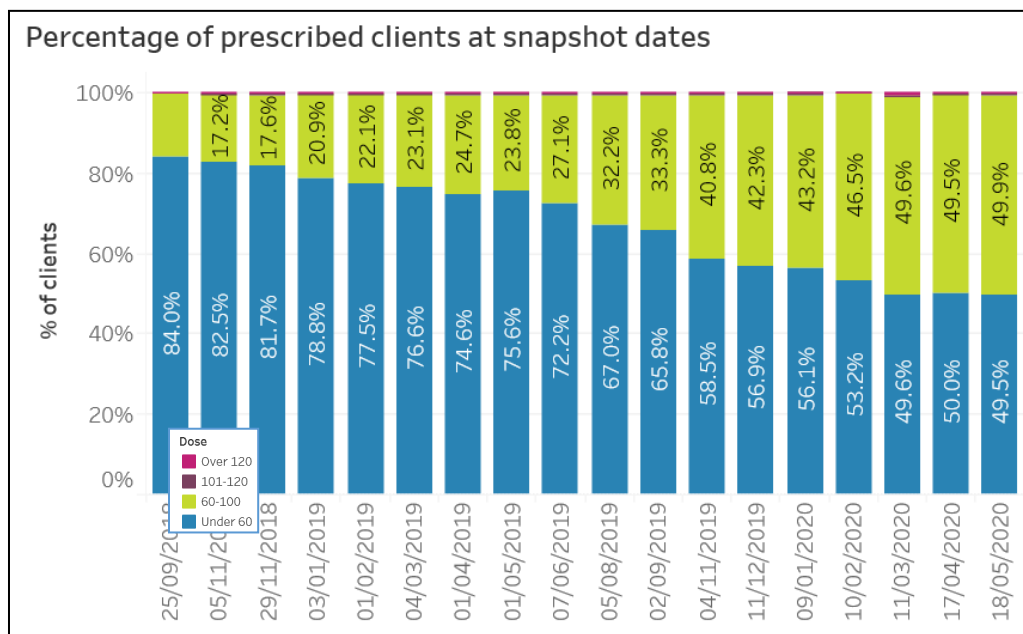
What has gone well?

- 3.1 When this contract began in November 2017, around 600 people out of approximately 2,000 opioid users locally were engaged in treatment. This represents a 30% engagement rate compared to approximate 60% nationally. Over the course of the contract, 400 more people have accessed treatment, meaning that the engagement rate is now approximately 50% - much closer to national expectations, meaning that far more people are benefitting from support which is known to reduce crime and improve health and social care outcomes.





- 3.2 Part of the reason the number of people engaging in treatment for opioid use was low in 2017 is that the doses of medication were generally not in line with national guidance. Just 16% of clients were prescribed within the therapeutic range in autumn 2018. This is now at 50%.



What are the challenges?

- 3.3 The biggest challenge for this service is financial. The rise in the number of clients by over 50% has placed considerable pressure on staff and the budget for medication costs. Despite a staffing restructure and some elements of service design, even prior to COVID-19 the service was reporting challenges with safety, in terms of ensuring that it was able to monitor in relation to prescribing.

- 3.4 These pressures mean not only that staff have less time to ensure the safety of their clients (and those around them), but also that the clients have less support to be able to make progress on their treatment journey. The proportion of people completing treatment successfully in any given year has therefore understandably declined.
- 3.5 At the same time, there are differences in how the service is required to operate across Bournemouth, Christchurch and Poole. In Christchurch and Poole, because the psychosocial services were commissioned as part of the same process, there is good integration and a strong intermeshing design where roles and responsibilities are clear, and the service can focus solely on the safety of prescribing. In Bournemouth, the legacy of the We Are With You (WAWY) contract means that AWP is required in practice to provide a higher level of psychosocial input and risk management, as a relatively small proportion of people who use opioids engage with the psychosocial service provided by WAWY.
- 3.6 Given the rise in the number of clients who use opioids, there has been less focus on people who use alcohol and any prescribing needs (for withdrawal or relapse prevention) that they may have. The number of alcohol detoxifications provided in the community remains very low.

Proposal for next steps

- 3.7 Rebalancing responsibilities and resources to ensure a safe, effective and equitable service across the Council area is a priority for the treatment system in BCP. This cannot be done within the current contractual arrangements, and therefore re-commissioning is required.
- 3.8 Based on previous experience, including the 2017 process, as well as comparison with other areas, commissioners recommend that 12 months or longer is allocated for this process, and therefore it is recommended that one year of the available two years of extension is activated, to take the contract to 31 October 2021, with the aspiration that proposals for a system-wide redesign in BCP Council can be taken forward. The option to extend the contract for a further year will remain.

4 Lot 3: EDAS psychosocial treatment for Poole

What has gone well?

- 4.1 The EDAS service has integrated well with other support organisations locally, notably AWP, and has added value to the core contract through its wider charitable activities, such as an award-winning café located on the same site as its treatment services.¹

¹ See <https://www.rsph.org.uk/our-work/awards/health-wellbeing-awards/health-on-the-high-street-award/2019-winner.html>

- 4.2 The young people's element of the service has linked very well with schools and council services, to ensure responsive, wraparound support for people at risk of developing more serious substance use issues.
- 4.3 Engagement and performance figures are relatively strong, though the resource issues of AWP mean that access to alcohol detox and progress through opioid treatment could both be improved.

What are the challenges?

- 4.4 The strength of the EDAS approach is partly made possible by the higher funding per head than comparable services have in Bournemouth (and to a lesser extent Christchurch). Although all services across BCP Council are accessible to any resident, regardless of where they live, there are inevitable access issues due to travel, meaning there is an inequity in provision.
- 4.5 There is a difference of approach between the young people's services in Bournemouth and Poole, as a result of the divergent priorities and strategies of the previous councils.

Proposal for next steps

- 4.6 Given the inequity in resource and service provision between different areas in BCP, it is a priority that a consistent approach is developed and implemented for both young people and adults.
- 4.7 As noted in the previous section, commissioners would advise allowing at least 12 months to prepare for any new service starting, and therefore recommend that one year of the available two years' extension is activated, with the contract then due to expire at the end of October 2021.
- 4.8 There will then be the opportunity to extend for a further one year. This opportunity must be confirmed by the end of July 2021 at the latest.

Footnote:

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.