

## Joint Public Health Board

5 November 2020

# Commissioning options for Drug and Alcohol services in BCP Council

## For Recommendation to Council

**Portfolio Holder:** Cllr L Miller, Adult Social Care and Health, Dorset Council  
Cllr N Greene, COVID Resilience, Schools and Skills,  
Bournemouth, Christchurch & Poole (BCP Council)

**Local Councillor(s):** All

**Executive Director:** Sam Crowe, Director of Public Health

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**Report Status:** Public

### Recommendations:

- To note the proposal for BCP Council commissioners to take on the core responsibility for commissioning of drug and alcohol services for BCP Council
- To consider the impact of this on future oversight of drug and alcohol service performance and commissioning decisions to the Board

**Reason for Recommendation:** To resolve the current inherent challenges with the drug and alcohol services commissioned for BCP Council and in particular to achieve an equitable and sustainable service offer for all residents.

## 1. **Executive Summary**

Since 2015 Public Health Dorset has commissioned most of the core elements of service provision for BCP Council, other than the Psychosocial and Young People/Families contracts for Bournemouth. This includes contracts with pharmacies for needle exchange and supervised consumption.

There are several issues with the existing model of commissioning which are outlined in this paper and the preferred model moving forwards is for all commissioning responsibility to move to a single set of commissioners.

Having considered the options in detail, the preferred option for BCP Council is that they take the responsibility for commissioning drug and alcohol services for BCP Council and BCP area with the aim of tendering for new contract(s) for November 2021. Public Health colleagues would continue to provide appropriate expertise to the commissioning cycle for the BCP area.

BCP Council will continue to report to the Joint Public Health Board as part of its governance arrangements.

Public Health Dorset will continue to commission all drug and alcohol services for Dorset Council.

## 2. **Financial Implications**

Whilst the proposed changes in commissioning arrangements will mean that the distribution of funding will need to be reviewed, the overall financial envelope for Drug and Alcohol services will not be significantly affected by this change.

## 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. Background**

- 1.1 In 2015, following an external review of the arrangements for drug and alcohol commissioning in Bournemouth, Dorset and Poole and a review of the options for delivery the commissioning function it was agreed that there would be a small central commissioning team for commissioning and overall strategy functions within Public Health Dorset with a retained integrated commissioning function within each local authority.
- 1.2 The aim of the changes to the commissioning function was:
  - To deliver management and commissioning efficiencies
  - To improve the drug and alcohol prevention and treatment system across Dorset to ensure the principles of equity, efficiency and cost effectiveness agreed by the Joint Public Health Board.
  - To maintain existing good local links and partnerships whilst engaging stakeholders at a pan Dorset level to deliver gain from a pan Dorset commissioning approach.
- 1.3 At that time the governance arrangement for drugs and alcohol commissioning was also changed - the three former DAAT partnerships were disbanded and this was replaced by a Pan-Dorset Drug and Alcohol Governance Board, which reported to the JPHB, and was supported by the Lead Commissioners Group. Subsequently, in 2018 there was an agreement that following the successful recommissioning of services across the Pan Dorset area, the role of the Governance Board could be fulfilled by the Joint Public Health Board, and this was also disbanded.
- 1.4 Currently drug and alcohol performance is reported every six months to the JPHB, and the lead commissioners meet quarterly and review performance at alternate meetings.

### **2. Current commissioning roles and responsibilities**

- 2.1 The following table summarises the core contracts for community substance misuse services for the BCP Council area:

	Assessment	Psychosocial treatment	YP / Families	Prescribing
Bournemouth	We Are With You	We Are With You	We Are With You	AWP
Christchurch	EDP			
Poole	EDAS			

2.2 Of these contracts, currently Public Health Dorset commission most of the core elements of service provision, other than the three We Are With You contracts for the Bournemouth localities of BCP Council. This includes contracts with pharmacies for needle exchange and supervised consumption.

### 3. Current challenges with the existing model

#### Service demand

3.1 The number of people engaged in treatment for opiates in BCP has grown by around 15% since the contract with AWP commenced in November 2017 (from 1,050 in the contract, to around 1,200 clients in treatment today). This was a priority for the service, as prior to the new contract the engagement rate in Bournemouth was well below national averages, meaning that a large number of people who use opiates were not engaging with any form of treatment.

#### Pressures on services

3.2 The increased number of clients in treatment and budgetary constraints at the time of commissioning in 2017 continues to place pressure on some frontline service delivery, as workers have higher caseloads and can therefore see clients less frequently. This is particularly relevant for the AWP contract.

#### Prescribing costs

3.3 The increased number of clients in treatment also places pressure on drug budgets. At the same time, dosages for prescribed medication for opioid substitution treatment (OST) have increased, so that a higher proportion of clients are now receiving what is recognised as a 'therapeutic dose' of medication according to national guidance.

3.4 While both of these developments can be seen as successes, they do bring considerably higher costs.

3.5 Moreover, the price of buprenorphine (one of the key medications used in OST) has increased in price such that it now costs around 8 times what it did in 2017 when the contract started.

3.6 Therefore, there have been considerable pressures on the prescribing budget, particularly in BCP with a predicted overspend of £240,000 in 2020/21. This has

in principle now been resolved with the allocation of additional money from the uplift to the BCP public health grant.

### Inequity in provision

- 3.7 There is a discrepancy in funding per head across the different areas of BCP, which does not match the level of need/complexity of the clients involved. There are also differences in how individual services operate due to the legacy arrangements of the preceding authorities.

### Conflicting views of commissioners

- 3.8 At times there are differing views and priorities for Public Health Dorset and BCP commissioners. This can cause delays in service development, duplication of effort, and poses a particular challenge for AWP, EDP and EDAS where they report that it does not always seem clear to who they are accountable nor how they deliver on conflicting demands.
- 3.9 As with other services, BCP Council's 'Transforming the council' agenda provides an opportunity to rethink how services are provided with the focus on what matters most to its customers and adds most value to their lives.
- 3.10 Transformation provides the opportunity to develop even closer working partnerships within BCP Council, in particular, Adult Social Care, Housing, Community Safety and Children's Services to provide a corporate approach to supporting people with drug and alcohol dependency and their families/communities.

## **4. Proposed changes to commissioning model**

- 4.1 Significant efficiencies have been delivered from substance misuse services since the transfer of Public Health responsibilities to Local Authorities in 2013. This has led to inequity in funding between services in the differing geographies of BCP Council. Alcohol is a wider system issue, and the current service model and budgets do not really address needs
- 4.2 The future commissioning model will need to consider the adequacy of current budgets to meet need, how the agreed budget is used equitably across the BCP area as well as the appropriate financial split between psychosocial and prescribing service elements.
- 4.3 Given these challenges, BCP commissioners and Public Health Dorset are in agreement that it is preferable to move all commissioning responsibility for the BCP area to BCP Council commissioners to avoid the inherent tensions and challenges that are created by the existing split in commissioning responsibilities.
- 4.4 All existing service contracts have been extended until October 31<sup>st</sup> 2021, with the intention of commissioning new contract(s) from 1<sup>st</sup> November 2021.

Significant work will be required to deliver on this challenging timeframe, particularly in the context of COVID-19.

- 4.5 Having considered the options at length and to align with the wider BCP Council Transformation, the preferred option is for BCP Council to take all commissioning responsibility for core drug and alcohol service contracts for BCP Council and its area. This will mean that from November 2021 BCP Council will retain a larger proportion of their public health allocation to fund these contracts. It has also been agreed that specific Public Health expertise will be provided at all appropriate points in the Commissioning cycle.
- 4.6 Public Health Dorset will continue to commission all drug and alcohol contracts for Dorset Council. This change in commissioning responsibility will have implications for the Board however and there will need to be discussion and agreement about what if any role the Board will have in oversight of performance and commissioning decisions made for BCP Council.

Sam Crowe  
Director of Public Health