

CABINET MEMBER FOR PUBLIC HEALTH & THE VOLUNTARY SECTOR

ADULT DRUG AND ALCOHOL TREATMENT SERVICE

Report by the Director of Public Health

Introduction

1. The current commissioning arrangements for Drug and Alcohol Treatment Services were put in place by the NHS and the contract with the current providers of these services ceases on 31 March 2015.
2. In order to guarantee continuation of these services Oxfordshire County Council will need to carry out a procurement exercise to put in place a contract to commence 1 April 2015.
3. Currently there are over 2,500 individuals in Oxfordshire who are in treatment for illicit drugs and/or alcohol. These service users' needs are currently met by:
 4. The Harm Minimisation Service – provided by Oxford Health NHS Foundation Trust in partnership with the Oasis Partnership. The service offers interventions such as specialist needle exchange, opiate substitute prescribing, clinical support to GP practices offering Opiate Substitution Therapy (OST), brief advice and intervention, family and carers support. This service also offers drop-in clinics for anyone who wants advice and information about drugs and alcohol. The contract with Oxford health ends on 31 March 2015.
 5. The Recovery Service – provided by Lifeline and offers community based treatment for drug and alcohol addiction for those who want to achieve abstinence from all drugs of addiction. The service provides clinical detoxification and an intensive group programme, alongside holistic support around education, employment, training and social activities. The contract with Lifeline ends on the 31 March 2015.
6. There are several other minor contracts that are also ending on 31 March 2015 that cover training, information, literature, participation and engagement, and advice and information.

7. In addition to these contracts, the Public Health team also manages an Approved Provider List (APL) of 33 GP practices who provide Opiate Substitution Therapy with support from the Harm Minimisation Service. This arrangement is known as Shared Care and will not be part of the procurement.

Service Review and Consultation

8. A comprehensive consultation exercise has been taking place over the last couple of months to help determine the shape of services going forward. 130 people responded to an online survey with their views on existing services and how they could be improved. This is currently being followed up with consultation on specific options (see below). We have also run focus groups, workshops and one to one interviews with service users and professional groups including GPs and frontline workers in the drug and alcohol services. Providers are being sounded out through a soft market testing questionnaire and have been invited to a market development day on the 20 June.

Key Issues

9. Our annual needs assessment and the consultation exercise outlined above has highlighted some key areas for improvement and development in the delivery of drug and alcohol services. These include:
 - focus on long term recovery from the outset of treatment;
 - more use of asset based assessment techniques;
 - greater use of peer supporters / recovery mentors;
 - better communication with service users / potential service users, their families and other professionals at every level of service provision;
 - higher rates of successful completions both for opiate and non-opiate users;
 - a better balance between clinical treatment and psychosocial interventions;
 - use of new technologies and techniques to bring drug and alcohol users into treatment sooner and to engage non-traditional groups e.g. problematic alcohol users, users of new psychoactive substances (legal highs);
 - more flexibility in providing advice, support, clinical and psychosocial services at evenings and weekends in a variety of locations countywide;
 - phasing and layering approaches to support differential approaches to working with segmented populations e.g. under 1 year, 6 years plus a more flexible, skilled and professional workforce; and
 - integrated care pathways and transitions between services.

Options Appraisal

10. Three potential options are being considered. They are:

Option One: Do nothing so that services cease.

11. To do nothing would mean that the two main services providing treatment and support to drug and alcohol users would cease. This would mean that approximately 2,500 individuals per year in Oxfordshire would no longer have access to treatment for their drug and alcohol addiction.

Option Two: Re-commission two separate services as per the current model.

12. This means keeping things the way they are with two separate services and the same specifications.

Option Three: Commission an integrated drug and alcohol service, to be delivered through a prime provider contract, joining up the current Harm Minimisation Service and the Recovery Service

13. This option would bring together all core functions in one service including the provision of advice and information, medical treatment, harm reduction, recovery programs and support with housing, education, employment and social activities. The prime provider would support Shared Care and work closely with GPs to ensure their patients are able to access the full range of services.

14. Public Consultation ends on 23 June and a preferred option will be confirmed at the meeting on the 25 June subject to feedback received and discussion with potential providers.

Exempt Information: N/A

Legal Implications

15. The Council has a statutory obligation to *“take such steps as it considers appropriate for improving the health of the people in its area”* (s2B National Health Service Act 2006 (“NHSA 2006”) as amended by s12 Health and Social Care Act 2012). This includes *“providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way)”* (s 2B (3) (b) NHSA 2006) and *“providing services or facilities for the prevention, diagnosis or treatment of illness”* (s 2B (3) (c) NHSA 2006).

16. The Council therefore has a discretionary power to provide drug and alcohol treatment services and the procurement of a service provider to provide such services would fall within this power. Any procurement process must comply with relevant procurement legislation on competitive tendering for public contracts.

Contract length and cost

Contract length will be 3 years plus 2 years

Notice period: 6 months at any point in the contract

17. Contract cost – The current cost of the services to be re-procured is £5.5 million per annum. The cost of providing the service can be met within the existing drug and alcohol budget which sits within the Public Health budget which is ring fenced until 2016. However, beyond this the budget may be subject to constraints depending on the overall financial position of the Council. To mitigate against this risk, it is proposed that the budget will be reduced by £500,000 plus 5% efficiency saving at the start of year two (2016/2017) and a further potential saving of at least 5% in year 3 (2017/18) and this will be included within the contract.

RECOMMENDATION

- 18. The Cabinet Member for Public Health & the Voluntary Sector is RECOMMENDED to approve the incurring of expenditure for the commissioning of Adult Drug and Alcohol Treatment Services and to delegate to the Director of Public Health, following consultation with the Cabinet Member for Public Health and the Voluntary Sector, the authority to determine tenders and contracts in order to secure the provision of services.**

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Background Papers: None

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