

Report to: Health Overview & Scrutiny Panel
Date: 23rd February 2016
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Subject: Drug & Alcohol Treatment Pathways Update Briefing

1. Purpose of the Report:

To update the Health Overview & Scrutiny Panel of the current drug and alcohol detoxification and treatment pathway in the City following the re-modelling of services in 2013 and proposed further remodelling for 2016.

2. Recommendation:

This update is provided to inform the panel of the effectiveness of previous changes implemented and to notify the panel of proposed re-commissioning to meet council budget saving requirements in 2016.

3. Background:

A report was provided to the panel in 2011 concerning a review of substance misuse services which recommended a change in the detoxification pathway to introduce greater choice and efficiency in purchasing in-patient placements. The new recovery pathway model was implemented in July 2013 following consultation and a procurement exercise.

The shift to the new model involved creating an assessment and recovery planning hub which includes volunteer peer brokers supporting key workers to engage people with personal recovery plans and commissioning psychosocial and medical interventions. For individuals requiring medically supported detoxification interventions we moved away from a single provider block contract to a framework arrangement with a total of 16 providers which has enable us to match individuals to the most appropriate and economically advantageous placement for their individual needs.

4. Funding and Activity

In the financial year prior to the change to the new model (2012/13) spending on drug and alcohol treatment services for the City's residents from all commissioning agencies totalled £4,829,889. The comparable spending for 2015/16 is £3,404,498. This reduction has been achieved through the more effective commissioning and case management arrangements implemented as total numbers of people engaging with treatment has remained stable at approximately 850 - 950 people per year.

Expenditure on in-patient and residential detoxification admissions has reduced from approximately £760,000 in 2011/12 to approximately £260,000 in 2015/16. This has been achieved by reducing the number of repeat admissions, increasing the use of non-medical residential rehabilitation placements and increased use of community based detoxification.

A key aim of the remodelling was to increase the number of people achieving

sustainable recovery from drug and alcohol treatment. Whilst this is difficult to measure definitively, the usual proxy measure used by Public Health England is to look at the proportion of people who successfully complete treatment and do not re-present within six months. Performance against this measure is reported quarterly through the national drug treatment monitoring system. Portsmouth's performance against this measure has improved since the current model was implemented; commissioning areas are evaluated in comparator groups with localities sharing the most similar characteristics in relation to demographics, size, indicators of deprivation etc. Having previously struggled to achieve above average rates of successful completions, Portsmouth has consistently achieved top quartile performance and for the past year have been the best performing of the MSG (most similar group) in achieving successful completions for opiate users.

5. Impact of potential closure of Baytrees Unit

The Health Overview and Scrutiny panel will be aware that NHS Solent are proposing to close the Baytrees detoxification unit due to declining demand and consequent economic unviability of the service. Whilst the loss of this facility will have an impact for Portsmouth, this will be mitigated by our ability to purchase from other providers on the framework and our continued shift to increasing the use of community and home detoxification wherever it is safe and effective to do so.

In 2011/12 there were approximately 250 admissions to Baytrees for Portsmouth residents. This has reduced significantly to approximately 50 over the period from April 2014 to December 2015. We are confident that we will be able to meet the needs of Portsmouth residents requiring in-patient detoxification through alternative commissioning arrangements already established.

6. Plans for further remodelling

Whilst the current delivery model for drug and alcohol services has delivered improved outcomes and has received positive feedback through consultation with stakeholders, the council wide requirement to achieve further cost savings has necessitated a further remodelling to fit a reduced budget. Savings to the Adult Social Care and Public Health budgets for 2016/7 will mean a cut of approximately £410,000 funding available for drug and alcohol services, with a proposed similar further cut for 2017/8. In view of the requirement to achieve these savings we are planning to procure a new delivery model, through a single tender process. The aim of using a single tender is to reduce management and organisational overheads as much as possible. Whilst this should reduce the impact on service delivery, it is inevitable with funding reductions of this size that some delivery capacity will be reduced.

The procurement timetable proposed is to publish tender documents in March, to be in a position to award a new contract in June and commence delivery of the new service from October 2016.

7. Equality and Diversity

An equality impact assessment is being undertaken as this proposal is likely to involve a significant service change. However, we will not be able to fully detail the likely negative

impact until we have received the tender submissions, as our intention is to detail the desired outcomes as per the current service model and request providers to suggest the most effective model to deliver as many of these as possible within the available resources and innovative approaches to mitigate any potential negative effect from reduced resources..

8. Consultation

To date we have conducted consultation sessions with stakeholders including current provider managers and staff, service users and carers and GPs through public stakeholder engagement meetings and through an online consultation survey which received 150 completed responses. The results of this feedback will be used in framing the tender documents and in prioritising interventions and outcomes within the retendering process.

Barry Dickinson, Commissioning Programme Manager