

Communities Committee

Item No.....

Report title:	Adult alcohol and drug services update
Date of meeting:	17 January 2018
Responsible Chief Officer:	Dr Louise Smith, Director of Public Health
Strategic impact The purpose of this report is to update Communities Committee on: <ul style="list-style-type: none">• current performance in adult alcohol and drug treatment• the new adult alcohol and drug behaviour change service• future policy and strategic work. <p>This work will help achieve the priorities and outcomes set out in the Public Health Strategy to protect communities and individuals from harm and to work in partnership, and specifically to ‘redesign drug and alcohol services to focus on recovery, with the aim of supporting people back into education and employment’.</p> <p>The work will deliver in line with the new National Drug Strategy 2017 whilst continuing to contribute to the delivery of Norfolk County Council priorities, such as delivering services where they are most needed, providing smarter information and advice, promoting independence for vulnerable adults, and providing an enhanced digital online service.</p>	

Executive summary

In October 2017, Members asked that a report be brought to Committee on the new alcohol and drug service.

Alcohol and drug misuse causes harm to individuals, their children, families and communities. Effective services can help alcohol and drug users to recover, reduce crime, protect children and reduce use of other health and social care services.

Norfolk has not been meeting its vital sign target for successful completions of treatment, and remains below the national average. To address this Public Health are supporting the current service provider to implement an improvement plan which has led to some increases in performance. In addition we have procured a new adult alcohol and drug behaviour change service. The contract was awarded, within budget, on 6 November to ‘change, grow, live’ (CGL) and will begin in April 2018. The development of a network to address a range of harms caused by alcohol and drugs misuse is also proposed.

It is recommended that:

Members are recommended to:

- 1. Endorse the direction and progress in improving delivery of adult alcohol and drug services, with a focus on recovery and in line with the new National Drug Strategy 2017**
- 2. Endorse the development of a network to address key strands within the National Drug Strategy 2017, tackle harms caused by alcohol and drugs misuse, and provide support and guidance for service delivery in order to better meet the needs of the residents of Norfolk.**

1. Background

New National Drug Strategy

Alcohol and drug misuse causes harm not only to individuals but also their children, families and communities.

To tackle the harm caused, the National Drug Strategy 2017 was released by the Home Office and launched together with Public Health England (PHE) in July. It focuses on the aims of reducing illicit and other harmful drug use and increasing the rates recovering from their dependence. It will do this through work in four areas: reducing demand, restricting supply, building recovery and taking global action. It includes plans for a number of national initiatives that will be helpful to delivery locally, such as enhanced evidence and data analysis, as well as guidance on local provision of treatment services.

Effective services can help alcohol and drug users to recover, reduce crime, protect children and reduce use of other health and social care services.

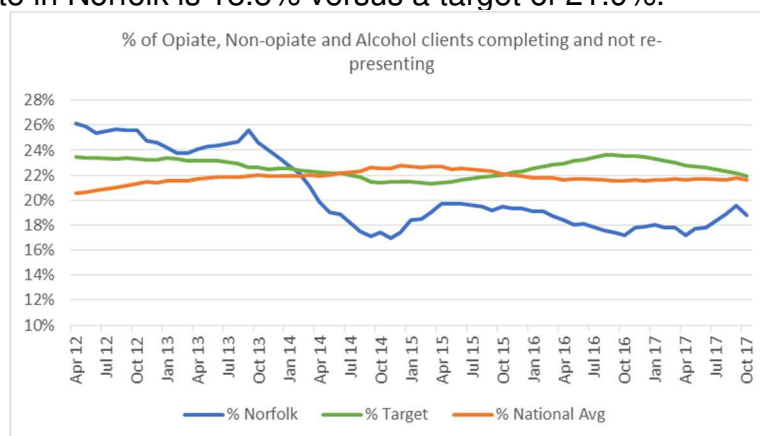
Service performance and procurement

The Norfolk treatment system has delivered well on some national measures. For example, 84% of eligible drug treatment clients received a Hepatitis C test, compared to 82% for England as a whole and 80% for the East of England. The percentage of clients engaged in effective treatment (those who remain in treatment for three months or who have successfully completed treatment in that time) is 96% versus a local target of 90%.

However, there are some areas where the treatment system is not performing well. For example, Norfolk has significantly lower rates for adults with treatment needs who successfully engage in community-based structured treatment following release from prison – with Norfolk at 14% compared to 33% in the East of England and 30% in England as a whole.

Norfolk, at 1.2%, had the lowest rates of Hepatitis B vaccination completion in the East of England (6.3%) and is below the national average of 8.7%.

Critically, Norfolk has not been meeting its vital sign target for successful completions of alcohol and drug treatment, and has remained below the national average. This target reflects movement through treatment and into recovery. It shows the rate of substance misusers completing treatment and not re-presenting to services within six months. Currently, the rate in Norfolk is 18.8% versus a target of 21.9%.



Source: National Drug Treatment Monitoring System (NDTMS)

Deterioration in performance was entered into the corporate risk register early in 2017 and three workstreams were put in place to mitigate against the risk.

The first was to manage performance improvements with the current provider: A service improvement plan was initiated in June 2016 and is continuing to be monitored through contract meetings. Thanks to renewed efforts on the part of the provider, there has been some recent improvement in this indicator.

The second workstream was to increase commissioning capacity – this has been done through deployment of public health staff to this work area.

The third was to redesign the service. In March 2017 the Communities Committee agreed to the redesign and re-procurement of the adult alcohol and drug behaviour change service and delegated its implementation to the Director of Public Health (DPH). The re-procurement process included extensive stakeholder and service user engagement, and there was good market engagement.

The new service will offer an integrated recovery-focused service that is in line with the new National Drug Strategy and updated clinical guidelines. It brings together into one service the work currently coming under of a number of different contracting arrangements, which will conclude on 31 March 2018 when the new contract begins:

- Adult alcohol and drug treatment
- Needle exchange and supervised consumption of opiate substitutes
- GP shared care and associated prescribing costs
- Residential detoxification and rehabilitation
- Alcohol and drug support for sex workers.
- Outreach provision and safeguarding of children and young people where there is parental substance misuse, including home visits for all families where there are children under 5 yrs. old

The prison based element of the current service is not included in the new contract. Currently, Norfolk County Council have a funding agreement with NHS England to commission the provision of certain elements of alcohol and drug treatment in Norfolk prisons. On NHS England's instigation this arrangement will end on 31 March 2018 and prison provision will be recommissioned separately by NHS England. We will continue to work closely with them to ensure effective pathways are established into local community services. This will enable individuals being released into Norfolk to be engaged with the appropriate service and receive continuity of treatment and support where needed.

Contract award

From 1 April 2018 the adult alcohol and drug behaviour change service will be provided by 'change, grow, live' (CGL), a health and social care charity, whose mission is 'to help and empower people to change the direction of their lives, grow as a person and live life to its full potential.'

The new service will provide specialist treatment and care initiatives to ensure the best possible outcomes for individuals and their families. There will be a clear focus on reducing harm caused to children and on helping to build a flourishing recovery community in Norfolk. The new service will have increased outreach and an emphasis on priority groups such as people aged over 50, those with parenting responsibility, offenders, street drinkers, sex workers, veterans and those in transition from young people's to adult services. The service will help deliver wider outcomes such as:

- a reduction in crime and offending
- sustained education, training and volunteering leading to employment
- reduced hospital admissions
- a reduction in drug related deaths.

CGL is an experienced national provider of services to 57,000 vulnerable people including those affected by substance misuse, domestic abuse and homelessness. CGL has extensive experience of taking on new contracts, for example it has recently transferred 30+ services with 13,500 service users and 1000 new colleagues into the CGL portfolio. CGL will work across the county to support people to address their substance misuse issues and change their lives for the better. The new service will be accessible 8am to 8pm seven days a week, whether in person, on the phone or online.

In October 2017, Members asked that a report be brought to Committee on the new alcohol and drug service.

Transition

A detailed Norfolk mobilisation plan has been developed between Norfolk County Council, CGL and the current providers. Plans are currently on track to ensure that a safe and effective transition takes place in a timely manner on 1 April 2018. The priority areas include:

- Safe service user transfer between organisations and service continuity
- Communication with staff and service users
- The transfer of staff under the Transfer of Undertakings (Protection of Employment) regulations (TUPE)
- Safeguarding for adults and children
- Peer mentors and volunteers
- Data transfer and case file management
- Appropriate premises.

Norfolk and Suffolk Foundation Trust (NSFT) is the existing lead provider and has subcontracts with The Matthew Project and The Forward Trust, forming the Norfolk Recovery Partnership (NRP). They are fully engaged in mobilisation and planning the process of transferring staff, service users and data to CGL whilst continuing to deliver services as per the current contract. The existing contract monitoring arrangements will remain in place until 31 March 2018 and Public Health Officers will continue to work with and support NRP. Together we will seek, during what can be a challenging period of transition, to maintain access to services and quality of delivery, with a continued positive focus on achieving contracted key performance indicators.

2. Proposal (or options)

A key element of delivering the National Drug Strategy 2017 locally is to work in partnership with other agencies, especially police, health and social care services.

In Norfolk we propose to develop a network to address key strands within the National Drug Strategy, tackle a range of harms caused by alcohol and drugs misuse, and to provide support and guidance for service delivery. This network would have a remit to:

- Tackle the number of drug related deaths in Norfolk
- Actively contribute to partnership initiatives on County Lines (the use of mobile phone lines by criminal groups to extend their drug dealing into Norfolk, often by

exploiting vulnerable children and adults) and on Norfolk's complex needs agenda

- Support local place-based initiatives, such as Local Alcohol Action Areas and licensing policies
- Improve how we work with service users to build a culture of cooperation
- Identify and take action on issues of concern in Norfolk, e.g. novel psychoactive substances (sometimes called 'legal highs') or the illicit use of steroids
- Strengthen the awareness of linked issues e.g. safeguarding across adult and children's services delivery, and working to reduce the number of looked after children.

3. Financial Implications

The contract for the new adult alcohol and drug behaviour change service is in line with the cost envelope for alcohol and drug provision agreed by Committee in November 2016.

4. Issues, risks and innovation

There is a risk that the mobilisation of a very different service may provide a challenge to the new provider. However, the competitive dialogue and evaluation procurement process included the organisation's mobilisation plan and the capacity of the organisation to both recognise and mitigate against risks to starting a new service in April 2018. The new provider also has significant experience of managing similar transitions. A Public Health team will be focused on maintaining a strong and supportive relationship with the current and new providers to help them manage the transition to the new service.

CGL, the new provider, have arranged various fora to speak to staff on a group and individual basis, and it is planned that these will continue until mobilisation has been completed.

Through the re-procurement, the opportunity for closer working between key stakeholders has also been identified. This includes improved pathways for individuals with additional complexities, such as homelessness or mental and physical health needs; the need for access to education, training and employment; and meeting the needs of those in contact with the criminal justice system.

The procurement of this new service robustly tested the providers' plans to improve performance. As with any process of transferring a complex service to a new provider, however, there remains a risk that performance will temporarily decrease during the transition phase. Mitigating actions in place will include:

- Contract meetings with the current provider to continue to focus on ensuring that accurate information will be handed over to the new provider
- The work of the new provider in putting plans outlined in the procurement process into action and quickly engaging with the current service and staff
- A closely managed mobilisation plan and risk register
- A clear focus on outcomes in the performance management of the new service.

The complexity of the service redesign and the time needed to achieve improved results (there is a time lag of at least six months in national reporting for the vital sign indicator)

mean that it is likely to be at least a year before we can expect indications that outcomes are improving. As is standard practice there will be limited performance reporting until October 2018 to accommodate the transition and allow time for the transfer of data and for the new data systems to bed in.

5. Background paper

Service specification for Alcohol and Drug Behaviour Change Service 2017
<https://www.norfolk.gov.uk/care-support-and-health/health-and-wellbeing/adults-health/drug-and-alcohol-use/procurement>

6. Officer Contact

If you have any questions about matters contained or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

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