

**REPORT TO:** Safer Policy & Performance Board

**DATE:** 15 June 2010

**REPORTING OFFICER:** Strategic Director, Adults & Community

**SUBJECT:** A Multi-Area Approach To Commissioning Alcohol And Substance Misuse Treatment Services

**WARD(S)** Borough-wide

**1.0 PURPOSE OF THE REPORT**

1.1 To seek agreement to participate in a multi area approach towards the commissioning of alcohol and substance misuse treatment services

**2.0 RECOMMENDATION**

**That the Board note and comment upon the report and that a similar report be presented to the Council's Executive Board.**

**3.0 SUPPORTING INFORMATION**

3.1 As part of the emerging sub regional collaborative agenda, St Helens, Halton and Warrington Councils identified problematic drug use and alcohol related harm as issues of particular concern. This is reflected in the inclusion of NI 40 'numbers of problematic drug users in effective treatment' within their respective Local Area Agreements (LAA).

3.2 Initial work across the three local Council areas identified that the substance misuse treatment systems had a number of common features. All were more or less successful in attracting and retaining service users but there was less evidence for the progression of service users and a concern that treatment services were perpetuating, rather than addressing, social exclusion.

3.3 In July 2009, Mott MacDonald were commissioned to look at current arrangements in terms of total expenditure, the numbers in treatment, per capita costs of treatment and the number of service users being discharged from treatment via a planned exit.

3.4 A copy of their key findings document (April 2010) is attached at Appendix 1. In summary, they conclude the following:-

- There are a significant number of contracts in place across the

three boroughs which provides the opportunity for some consolidation and simplification of contracting arrangements.

- There are considerable variances in per capita costs for treatment across the three areas and therefore the opportunity for service efficiencies to be achieved by bringing costs closer to the mean.
- The 'back office' costs, comprising in the main of staffing for contract, performance and relationship management, vary considerably across the three areas with the potential for efficiencies to be achieved through moving to a single commissioning hub.
- The level of planned exits from treatment is relatively low which suggests that current treatment arrangements, whilst efficient to some degree, are less effective in terms of the wider social inclusion of service users.

3.5 The Key Findings document identifies a complex set of contracting arrangements with the overall service user experience characterised by an ease of accessibility, good retention but an overwhelming emphasis on substitute prescribing with little evidence of progression. Taking account of the contractual constraints arising from recent commissioning work with Warrington, the immediate opportunity for collaboration would involve Halton and St Helens jointly commissioning their Tier 2 and Tier 3 services, with some minor caveats, via an agreed set of service specifications. The tier approach is described in more detail in section 4.0 of the report.

3.6 The key findings paper also goes on to consider the options for collaboration. Acknowledging the constraints imposed by existing contracts, it proposes the best option as partial collaboration, along the following lines:

- St Helens Council, Halton Council and Halton and St Helens PCT to jointly commission the majority of their Tier 2 and Tier 3 services, with the new arrangements commencing in April 2011 with St. Helens Council co-ordinating processes.
- St Helens Council, Halton Council and Halton and St Helens PCT to undertake a review of existing back office posts with a view to developing a single substance misuse commissioning hub to support the ongoing delivery of recommissioned services with St. Helens Council providing the service on behalf of the three organisations.
- Having recently commissioned a number of its substance misuse services, Warrington have signaled that they do not wish to participate in the above but would want to collaborate on a

number of recovery based services. Warrington will not operate from the single hub but will collaborate via existing commissioning arrangements.

- 3.7 The initial phase of work will involve the development of the resources necessary for a single commissioning hub, alongside a scoping exercise in order to identify the range of treatment services suitable for joint commissioning from April 2011. It is also recognised that additional technical support will be needed to project manage the change process. Whilst the precise form this will take will be a matter for further debate amongst participating agencies, the National Treatment Agency (NTA), who have National statutory responsibility for drugs, has agreed that additional costs can be met from the Pooled Treatment Budget (PTB).
- 3.8 Alcohol treatment services did not form a direct part of the review undertaken by Mott MacDonald as they are currently less well developed than substance misuse treatment services and it therefore proved difficult to develop a clear picture of service provision across the three boroughs. However, the arguments made by Mott MacDonald for a collaborative approach towards future commissioning and service delivery apply equally to alcohol related services.
- 3.9 It is therefore anticipated that as alcohol services develop, a collaborative approach will be taken whenever practicable with the additional aim of ensuring that alcohol services are integrated with those for substance misuse, acknowledging that a proportion of services users will have a dual diagnosis (in this context, problematic alcohol and substance misuse)

#### 4.0 **POLICY IMPLICATIONS**

- 4.1 Current substance misuse treatment arrangements have developed within the framework established by the National Drug Strategy 1998 and the Drug Strategy. These placed a considerable emphasis on ensuring that treatment services were accessible to problematic drug users and effective in retaining service users in treatment.
- 4.2 Funding for substance misuse treatment services is provided in the main by the Pooled Treatment Budget (PTB) which is ring fenced for this purpose. Additional funds are provided at a local level by Local Authorities and PCT's, with the latter required to maintain funds at 2001 levels. The process of local needs assessment and delivery planning is overseen by a multi agency partnership called a Drug Alcohol Action Team (DAAT), and comprising representatives from key agencies such as Police, Local Authorities, Health, Probation etc.

- 4.3 Problematic drug users (PDU's) are defined as individuals with a chronic dependency on opiates and/or crack cocaine. 'Effective treatment' relates to individuals who have commenced a treatment intervention and remained in treatment for 12 weeks or longer or, if discharged prior to 12 weeks, have left treatment in a care planned manner.
- 4.4 Treatment services for PDUs are heavily biased towards substitute prescribing modalities, using methadone or subutex as a replacement for street based illegal drugs. The overall aim being to progress clients from chaotic and harmful illicit drug use towards stabilised prescribed support accessed towards the end of the treatment journey in a primary care setting.
- 4.5 This approach has undoubtedly delivered significant outcomes in terms of reducing risk taking behavior, improving health and well being and reducing the criminality associated with dependency on illegal street drugs. However, treatment arrangements have become unduly focused upon efficiency measures, in the form of accessibility and retention, rather than its broader effectiveness in relation to the social reintegration of service users.
- 4.6 Jointly commissioning Tier 2 and Tier 3 substance misuse treatment services across Halton and St Helens would represent the consolidation of a significant proportion of the current treatment system and should provide the opportunity to realise many of the opportunities for service efficiencies and improvements identified by Mott MacDonald. Once established, there will also be the opportunity for additional services and potentially other areas to jointly commission on an incremental basis.
- 4.7 In addition to the DAAT as the multi agency partnership charged with overseeing the development of substance misuse treatment services, there are a number of back office posts in each area responsible for commissioning performance and relationship management. They would also support the DAAT service sub groups in overseeing arrangements for clinical governance, shared care and a forum for service provider engagement.
- 4.8 In commissioning services on a joint basis, it has also been identified that the consolidation of existing back office posts within a single commissioning hub would provide for further efficiencies and greater clarity around performance and provider relationship management. Hosted in St Helens for the purposes of day to day management, the team would continue to support and be accountable to the DAAT Partnerships in both St Helens and Halton.
- 4.9 Notwithstanding joint commissioning, the NTA have confirmed the need to continue with district based approach towards needs

assessment, delivery planning and multi agency governance. Service users would continue to access services in their own localities and a collaborative approach towards commissioning and service delivery would not result in service users travelling between districts in order to access service

## **5.0 FINANCIAL IMPLICATIONS**

5.1 Currently the service is funded predominately through a National Pooled budget which is routed through Primary Care Trusts and locally this is transferred to Halton Borough Council. The budget for 2010/11 is £1.119m.

5.2 It is feasible that some financial “savings” could be identified through these arrangements, however, as the budget decreases and targets change, it is proposed that any financial efficiencies are redirected into the drugs budget.

## **6.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES**

### **6.1 Children & Young People in Halton**

Current treatment arrangements focus primarily on the immediate health needs of service users rather than the latter's wider role as citizen, parent or carer. A primary objective of the collaborative process has been to ensure that jointly commissioned services take full account of the parenting and family context of service users and allow for the provision of treatment within a range of appropriate settings such as children’s centres. Use of the common assessment framework will be an integral part of treatment provision.

### **6.2 Employment, Learning & Skills in Halton**

As identified in appendix 1, current treatment arrangements focus on accessibility and retention. Whilst these are important features of an effective treatment system future commissioning will increasingly focus on service users progression and social reintegration particularly in relation to education, employment and training.

### **6.3 A Healthy Halton**

Current treatment arrangements have undoubtedly delivered significant health outcomes in stabilising and retaining service users previously involved in the chaotic use of street drugs. A key aim of the collaborative project is to sustain these successes but with a greater emphasis on the progression of clients out of treatment via a care planned exit.

### **6.4 A Safer Halton**

A key aim of the collaborative process is to further enhance will be to address offending where this is related to substance misuse and ensure robust referral pathways are in place between offender management offender programmes and treatment services.

**6.5 Halton's Urban Renewal**

None identified.

**7.0 RISK ANALYSIS**

7.1 The evidence presented by Mott MacDonald's key findings document is that current substance misuse treatment arrangements are inconsistent with the Drug Strategy particularly in relation to their effectiveness in the social reintegration of service users. Continuing with current arrangements will perpetuate the social exclusion of service users and put local arrangements increasingly out of step with the NTA's aspiration for treatment systems to become recovery orientated

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1

**9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>