



EXECUTIVE MEMBER DECISION

REPORT OF:	Executive Member for Health and Adult Social Care
LEAD OFFICERS:	Director of Adult Social Services (DASS) Director of Public Health
DATE:	30 th November 2018

PORTFOLIO/S AFFECTED:	Health and Adult Social Care
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WARD/S AFFECTED:	All
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SUBJECT: Commissioning of Residential Substance Misuse Rehabilitation, Direct Access and In-patient Detoxification placements.

1. EXECUTIVE SUMMARY

This paper sets out a series of recommendations whilst also providing a summary of historic arrangements with regards to the commissioning of tier 4 substance misuse services. These include: In-patient Detoxification (medically managed and medically monitored), Residential Rehabilitation placements and Direct Access provision.

Direct Access enables access to community or in patient based detoxification in partnership with community substance misuse providers which is enhanced by timely access to a secure bed in a residential rehabilitation setting, facilitated locally for people who require a safe place to live and are experiencing a range of multiple and more complex needs.

It is recommended that the Blackburn with Darwen Borough Council (BwDBC) commissions a newly agreed Dynamic Purchasing System (DPS) which is similar to an electronic DPS agreement. This involves the following: -

- New suppliers can join the DPS at any time as long as they meet the specified criteria.
- Entry to and exit from the DPS will be managed completely via an electronic process.
- BwDBC as the contracting authority will not impose any limit on the number of suppliers that may join the DPS.
- All prospective suppliers must be assessed by BwDBC as the contracting authority within 10 working days of their application once it has been established for the first time.

By tendering a DPS our local provision can be aligned to a series of refreshed service specifications which will meet local and national requirements, whilst improving overall outcomes for people who reside in Blackburn with Darwen (BwD). The arrangement will also provide an opportunity to include the Direct Access model of delivery which has been piloted in BwD since 2014 and provided by the local charity THOMAS. This has proved to be a successful Tier 4 option for 'revolving door' clients and has demonstrated a number of positive outcomes including reduced demand on wider parts of the health and social care system e.g. the hospital, the housing needs team and within the criminal justice system.

Both quality and value for money will be considered as a priority for the DPS and the proposed

arrangement will widen opportunities for improved integrated pathways of care, allowing us to build on a systematic approach to improving longer term outcomes within the development of the Local Integrated Care Partnership and 'new models of care' in BwD. Interdependency will continue to be developed with; the community substance misuse prevention, education, treatment and recovery service currently provided by CGL (Change Grow Live), the adults and children's social work teams, integrated neighbourhood teams, complex case panels, MEAM and Transforming Lives.

2. RECOMMENDATIONS

That the Executive Member:

- Approves the commencement of a joint tender exercise between Public Health, Adults Social Care and the Strategic Commissioning service to establish a DPS of suitable providers who will be required to sign up to a contractual arrangement with BwDBC.
- Agrees that the DPS considers the provision of In-patient Detoxification (both medically managed and medically monitored), Residential Rehabilitation placements from across a wide geographical footprint to ensure choice, Direct Access options for both males and females which will be based upon individual need.
- The timescales for this tender to be undertaken and completed for this process are to start in November 2018. Final agreement back to Executive Members to award the contract in January 2019. The anticipated contract start date for this commission is the 1st April 2019.

3. BACKGROUND

Over the past four years both strategic and operational developments have led to an improved integrated provision of abstinence based recovery substance misuse services for adults who experience addiction to both drugs and alcohol.

Pathways have improved between community, in-patient and residential services and the workforce supporting the implementation of such pathways has successfully embraced a range of innovative developments and change of practice. Learning has been shared across the system to enhance the outcomes achieved within joined up pathways and a multiagency 'plan around the person' approach. This is aligned to wider strategic developments, the concept of Transforming Lives and the Local Integrated Care Partnership.

An example of such progress has included the development of the Direct Access Service provided by the local Voluntary, Community and Faith Sector (VCFS) service THOMAS which has enabled us to trial a different way of working. This has brought together referral pathways from the community, the hospital and the clinical provision of community based detoxification via the public health commissioned service CGL Inspire. This has involved the utilisation of a number of locally available beds for 'local people' within the local residential rehabilitation setting at Witton Bank. The project has proved particularly successful where individuals were previously living in either temporary accommodation, a HMO or of no fixed abode. The provision has embraced the treatment of people with a number of physical and mental health challenges, many who have experienced long term conditions, Adverse Childhood Experiences (ACEs), trauma, homelessness, and several periods of incarceration and complex lifestyles.

During 2017-18 (to end of Q3) the following successful completion rates have been achieved at the point of exiting the Tier 4 services:-

- In-patient detoxification 96%
- Residential rehabilitation 82%

- Direct Access 75%

The commissioning of in-patient detoxification services to date was established under a DPS agreement which was originally commissioned on a PAN Lancashire basis. The overall contract management responsibilities were facilitated by Blackpool Primary Care Trust (PCT) on behalf of all drug and alcohol commissioners from across the geographic footprint. This arrangement continued informally after the transition of PCT business into the Local Authorities in 2013 with Blackpool Council via a Public Health contract until 2014/15. From that point in time BwDBC notified all providers on the DPS that the contract management would continue for BwD residents via a local Public Health contract. All placement agreements, monitoring, reporting and payment for placements have been facilitated by the Public Health commissioners and have been assessed via small multi-agency panel. Both Blackpool Council and Lancashire County Council have since retendered their DPSs at different times.

Residential Rehabilitation services have historically been commissioned on an individual social care contract basis via service specifications which have not been reviewed for a number of years. Specified social workers have assessed and reviewed placement referrals, requested the funding for the placements and have worked in an integrated ways with the commissioners, the community detoxification and nursing wellbeing team provided by CGL Inspire and as part of the multi-agency panel arrangement.

The priority locally is to utilise community based rehabilitation services where ever possible and to keep people in their own homes but on some occasions these type of Tier 4 services are absolutely necessary to keep people alive, aid recovery and keep them safe from harm. The tendering of a DPS provides an opportunity to build on the consideration of individual detoxification interventions, direct access and residential rehabilitation placements as joined up and complimentary packages of care. Commissioners will also be able to test the market for improved quality, as well as new and innovative ways of working, building on a better understanding of the root causes of behaviours and lessons learnt over the past eight years.

Outcomes will be monitored to ensure improved ongoing aftercare and move on via suitable accommodation where required as well as improved circles of support to ensure connection with positive peers, family and friends linked to the step down principles of Transforming Lives.

4. KEY ISSUES & RISKS

The Direct Access Pilot has been running since 1st Jan 2014 and recent evaluation has demonstrated that it has effectively engaged a number of vulnerable and high risk clients who would have found it extremely challenging to access effective abstinence based recovery in the community due to their chaotic lifestyles, complexities and problematic behaviours. Clients who have accessed the service have reported patterns of frequent hospital admission prior to engagement and many have had a history of offending with numerous episodes of incarceration.

The majority of service users who require tier 4 interventions have experienced very poor physical and mental health and some have accessed in the past directly from prison or hospital without a robust longer term support plan in place.

Without a continued option for Direct Access considerable demand on the wider system could re-emerge. A number of Direct Access clients have been in contact with a range of community prescribing services on and off for prolonged periods of time, the longest being in and out of contact with treatment agencies for as long as 25 years. BwD's drug and alcohol strategic needs assessment (2014-15) demonstrated that the longer a person has been 'in and out' of contact with community substance misuse treatment services, particularly where this is in excess of a two year timescale and where they are struggling to maintain a safe place to live, the more likely it was that they would

continue to represent to a range of services without achieving improved long term sustainable outcomes. Clients who have accessed the local facility have expressed that they would have been too chaotic to sustain any form of pre-rehabilitation interventions, groups or programmes and that Direct Access has enabled this within a safe residential environment to achieve and sustain stabilisation.

Locally identified clients, many of whom currently resided in the HMO/ Hostel environment, have come through the Direct Access project and been given priority for placements within move-on accommodation. This has provided an enhanced offer, creating clear pathways of referral via joint work with a number of other key commissioned services that provide community detox, access where needed to inpatient detox, daily recovery support, peer mentoring and support to reduce offending behaviour.

The original successful PAN Lancashire Inpatient Detoxification Framework has provided substantial improvement over the past eight years with a rate of successful completions ranging from 80% in 2013-14 to 96% in 2017-18. There is still a range of well performing providers on the current Framework but by retendering it will allow for stimulation of the market with the opportunity to review and vary the specifications, consideration of new treatment options, innovation and opportunities for combined packages of support which may be more cost effective.

The retender would also allow for the inclusion of Residential Rehabilitation providers on the DPS with the opportunity for combined packages of support, flexible timescales and innovative offers. Recent outcomes from Residential Rehabilitation Services have demonstrated improved therapeutic interventions within shorter timescales however the current list of providers being utilised by BwD is somewhat limited. These packages of care should be designed to complement the community service preparation prior to entry. This may include a referral to an In Patient Detox facility as stage one as well as post rehab placement recovery support via community recovery services, mutual aid networks and developing mutual interest groups. This allows for an established and productive longer term recovery journey which is often enhanced by positive peer support, access to education, training and employment and opportunities for improved accommodation which is all widely accepted as complimentary.

To date Direct Access has been commissioned on a block contract basis which has involved the securing of eleven dedicated beds initially and more recently six beds for local males at THOMAS Witton Bank. By adding this type of facility to the DPS it should enable an opportunity for complex females to also access a similar provision. What we cannot anticipate is the potential demand for such beds nor can we estimate potential activity but this will be managed and monitored regularly by the Tier 4 panel which will include the responsible commissioners who are required to manage any funding available and as a priority consider community interventions as the first priority.

5. POLICY IMPLICATIONS

As part of the strategic vision across public health and adult social care, there is a need to consider options for people experiencing multiple disadvantage, vulnerabilities and complex needs as they cost the Borough a significant amount of money. Their overall life chances are poor so it is important that we intervene as early as possible to reduce the prevent them getting caught up in the 'revolving door'. This is in line with the NHS Five Year Forward View, the Sustainable Transformation Programmes (STPs) and the transformation of health and social care locally is being considered across Pennine Lancashire. This model of delivery also aligns to the local strategic developments of Transforming Lives and enhances our local Making Every Adult Matter (MEAM) approach which is supported by a collation of national charities.

A combined DPS will create improved wellbeing and positive health and social care outcomes with improved value for money in line with the latest National Drug Strategy 2017. We envisage that the developments will also be aligned to any future National Alcohol Strategy; this is currently being

developed by a range of central Government departments.

This proposal contributes to BwD Borough Council's strategic priorities of 'Improving Health & Wellbeing', 'Safeguarding the Most Vulnerable' and 'Making Your Money Go Further' and has considered BwD's Integrated Strategic Needs Assessment.

The tender documentation will include notification that there will be an option for commissioners from the across wider Integrated Care System to access the DPS framework at any time during the lifetime of the framework.

6. FINANCIAL IMPLICATIONS

Provision of a DPS allows BwDBC the ability to consider a combination of in-patient detox and residential rehabilitation services and to quality assess the providers without any financial commitment. It will be commissioned on a 'no guaranteed activity' basis from the start of the contract. Individual support packages can be called off dependent on specified need and provision will be made possible via the range of specific offers detailed by the list of successful providers.

The allocated departmental budgets will continue to be monitored by the lead commissioners to ensure efficiency and best value at all times. Although the DPS will mean a list of quality approved providers the choice directive can still be adhered to if a service user does not find a suitable option from the DPS. Where specific or unusual needs are identified the DPS does not disallow BwDBC from spot purchasing outside of the DPS.

All commissioned placements will be restricted to local residents and a combination of in patient detox and residential rehab packages will provide opportunities for efficiency and better value for money.

Improved outcomes will also provide opportunities for the demonstration of improved return on investment. Longer term savings will be achievable in relation to the costs associated with the reductions in reoffending, improved health and social care outcomes, improved access to better housing, reduced hospital attendances and admissions, improved engagement in recovery, education, training and employment. The following figures demonstrate investment over the past five years into residential rehabilitation, direct access and in-patient detoxification. Ongoing expenditure will be monitored regularly via the panel arrangements with lead commissioners and finance officers working together to ensure costs do not escalate beyond what is acceptable given the increasing pressures on local authority budgets.

Year	2013/14	2014/15	2015/16	2016/17	2017/18
Residential Rehabilitation expenditure	131,050	171,986	164,302	227,369	334,340
THOMAS Direct Access expenditure	217,515	69,282	93,219	93,219	93,219
In-patient Detoxification expenditure	93,431	132,224	179,646	159,208	120,000

7. LEGAL IMPLICATIONS

The tender process will need to comply with the EU procurement rules and the Councils Contract and procurement procedure rules and be sufficiently wide in scope to allow other interested organisations to benefit from the DPS agreements if they chose to do so.

The DPS Contract will be in a form approved by a Legal officer in the Local Authorities legal team.

8. RESOURCE IMPLICATIONS

The procurement process and evaluation of the DPS tender will be completed in partnership with the Strategic Commissioning team with support from corporate procurement, finance, specialists from Public Health and Adults Social Care, partners from the CCG will be asked to assist with clinical governance requirements as required.

Senior management and administrative resource will be met through existing Public Health, Social Care and Strategic commissioning, financial changes will be monitored in partnership with the Council's finance department.

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

Option 1 Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision. (*insert EIA link here*)

Option 3 In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision. (*insert EIA attachment*)

10. CONSULTATIONS

A consultation workshop on 25th of July 2018 with input from key members of the local Tier 4 panel, clinicians, interdependent providers, social workers and people with lived experience from the VOICE user network.

A market engagement exercise was also undertaken on the 7th September 2018 which included various providers and a service user representative.

VOICE substance misuse service user network is consulted on a regular basis by commissioners from Public Health with regards various service developments. Requirements and feedback from their latest report have been considered in the development of this tender and they will continue to be consulted on re: the requirements of the service specifications and service provision throughout the lifetime of the DPS.

11. STATEMENT OF COMPLIANCE

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded and published if applicable.

VERSION: 2

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DATE:	21 st September 2018
BACKGROUND PAPER:	