

# WIRRAL COUNCIL

## CABINET

10<sup>TH</sup> OCTOBER 2013

<b>SUBJECT:</b>	<b>Proposal to re-commission treatment services for adults who misuse drugs and alcohol</b>
<b>WARD/S AFFECTED:</b>	<b>ALL</b>
<b>REPORT OF:</b>	<b>FIONA JOHNSTONE HEAD OF POLICY, PERFORMANCE AND DIRECTOR OF PUBLIC HEALTH</b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b>COUNCILLOR CHRIS MEADEN</b>
<b>KEY DECISION?</b>	<b>YES</b>

## 1 EXECUTIVE SUMMARY

- 1.1 Drug and alcohol misuse is a complex issue. Whilst the number of people with a serious problem is relatively small, someone's substance misuse and dependency affects everyone around them.
- 1.2 Wirral has acquired a reputation for providing strong drug treatment services, accessible, realistic, non-punitive, and having a degree of flexibility that allowed drug users to move on with their lives.
- 1.3 The Coalition Government's 2010 Drug Strategy placed an increased emphasis on the individual's right to expect treatment to promote their journey towards recovery. This approach balances community benefit with individual aspiration, supported by continued investment and clinical guidance.
- 1.4 The purpose of this report is to seek approval from Cabinet to commence a process to re-commission an Integrated Drug and Alcohol Treatment and Recovery system for Wirral with the aims of:
  - Ensuring clients move through treatment services to recovery as quickly as possible to become a fully functioning member of the community
  - To ensure treatment services are clinically effective

## 2 BACKGROUND AND KEY ISSUES

### 2.1 What does the Joint Strategic Needs Assessment tell us?

2.1.1 Drug and alcohol addiction are complex but treatable conditions. Substance misuse goes hand in hand with poor health, homelessness, family breakdowns and offending.

#### 2.1.2 Key statistics

- There are an estimated 306,000 heroin and crack users in England and national prevalence estimates would suggest that 1% of these live in Wirral (n=3059)
- Based on national figures, at least two thirds of those estimated to be using heroin and crack are in contact with treatment services, however local data and intelligence indicates that the proportion of the Wirral problematic drug using population in treatment is much higher than this.
- The majority of clients have been in treatment in Wirral 6 years plus, those in treatment have a long established drug using journey with 1 in every 2 drug user in treatment in Wirral having a 21yr + drug using career
- Those with a long drug using career have the lowest levels of completion rates. Those whose career length is less than 6 years are more likely to succeed.

- Recent work to change the drug treatment system has resulted in Wirral now being twice as effective as its peers in supporting new entrants into treatment onto a successful completion.
- There is no vaccine for hepatitis C or HIV, so early testing and identification is vital, In 2005/06, 38% of drug users were tested for both: by 2012, 72% have been tested for hepatitis C and for HIV
- In England it is estimated that 45% of injectors have Hepatitis C, which is comparatively low compared to other countries (Germany 75%, Sweden 60% and Russia 73%). However, the average for the Northwest is between 65 and 70%. In Wirral this prevalence is estimated to be much lower at between 27 and 30%.
- In 2012, the National Treatment Agency (now part of Public Health England) projected that for every £1 spent on drug treatment services in Wirral, saves £2.50 in costs to society.
- Alcohol was the most significant contributor to the rise in mortality from liver disease and other digestive disorders in 2008-10 and it is a significant contributor to the life expectancy gap locally
- Wirral was ranked 143<sup>rd</sup> out of 149 local authorities for the level of premature deaths due to liver disease in the recently produced Longer Lives report.
- Over a fifth of Wirral residents binge drink according to estimates using the 2012 Local Alcohol Profile Estimates synthetic estimates.
- In 2011/12, the rates of alcohol related hospital admissions were significantly higher in Wirral for males and females than both the regional and national values.
- During 2011/12, there were 9,241 hospital admissions that were wholly or partly attributable to alcohol consumption in Wirral, a figure which has more than doubled since 2002/03 (n=4276)
- During 2010/11, nearly a quarter of all re-admissions to Arrowe Park Hospital were attributable to alcohol (24.95%)
- In 2010/11, the rate of alcohol-related crime reported by the Local Alcohol Area Profiles for England in Wirral was 4.61 per 1,000 population, significantly lower than the North West (7.17) and England.

## **2.2 The development of drug treatment services for problematic drug users on Wirral**

2.2.1 The harm reduction, treatment and recovery system developed to work with problematic drug users is well established on Wirral. It was born out of the heroin epidemic that gripped the peninsula in the 1980s. This resulted in Wirral Council providing the funding to establish Arch Initiatives (then Merseyside Drugs Council), and Wirral Drug Service being set up with funding from the NHS.

2.2.2 Wirral has acquired a reputation for providing strong drug treatment services, accessible, realistic, non-punitive, and having a degree of flexibility that allowed drug users to move on with their lives. This approach has meant that Wirral has consistently exceeded its annual target for successfully engaging drug users in treatment. An outcome of this approach has been that a high number of opiate users have been effectively engaged and sustained in treatment for a number of years (2,300 in the year, at its highest point, probably representing at the time between 75 and 80% of the opiate using population of Wirral). This has been a highly significant factor in successfully containing the spread of blood borne viruses e.g. H.I.V., Hepatitis B & C and played a major role in bringing about a considerable reduction in the levels of acquisitive crime, making Wirral a much safer and more secure place to live.

2.2.3 The 2010 National Drug Strategy has placed a much greater emphasis on services supporting drug users to come off of their prescribed medication and for the first time introduced key performance indicators focused on increasing the number of people successfully completing

treatment and sustaining their recovery. This has required a fundamental change in the culture and focus of the system and services. The National Treatment Agency <sup>1</sup>judged the local system to be a leader in delivering the new agenda and recent data identifies Wirral as one of the most effective North west areas in terms of moving opiate users successfully through and out of treatment and into a recovery programme.

2.2.4 The result of this investment and work has been that the Wirral system is seen as an area that has dealt with a difficult health, social and criminal justice issue in an effective way and has been highlighted nationally as an example of good practice. However, this has also left Wirral with a relatively very large population of very long term opiate users, a high percentage of whom have been in treatment for over 15 years and present with the problems and challenges that come from their associated lifestyle, including deteriorating physical and mental health and psychological issues of demoralisation, de-motivation and disenfranchisement.

## **2.3 The development of treatment services for those who misuse alcohol**

2.3.1 The development of services to tackle the growing problem of alcohol misuse in society has not received a similar national focus. However, as recognition has grown that problematic alcohol consumption is having an increasingly detrimental effect on the long term health of a significant proportion of the population, and in addition to this is a key factor in a high proportion of violent offences and anti-social behaviour, then new funding has been directed at these issues. An Alcohol harm Reduction Strategy has been developed and implemented, locally the wider Alcohol Harm Reduction programme has been expanded, and services have been developed and improved.

2.3.2 The treatment and recovery elements of this programme have been developed alongside the existing framework for working with people who misuse drugs, utilising the work, learning and other resources that have already been put into the drug programme and consequently securing greater cost effectiveness from the drug investment by opening up many of the services established with drug funding to people seeking support to deal with their alcohol misuse.

2.3.3 Over the last 3 or 4 years much work has been done to look at, and bring about, the integration of Wirral's drug and alcohol treatment systems, with the intention of securing greater operational and cost effectiveness. This has started with the integration of Residential Detoxification and Rehabilitation services and Community Relapse Prevention and Recovery services. The potential for further integration of front line engagement and specialist treatment services is a reason for the proposed recommissioning of drug and alcohol treatment services.

## **3 CURRENT COMMISSIONED SERVICES AND EXPENDITURE**

3.1 The following services are commissioned to treat and support the recovery of local people who misuse drugs:

- Harm reduction services (including needle and syringe exchange, Hepatitis screening and vaccination)
- Drug Related Information and Advice
- Community Based Specialist Treatment Services (including pharmacological and psycho-social interventions)
- Treatment Services supporting the Criminal Justice process
- Residential detox and rehabilitation services
- Relapse Prevention and Recovery services
- Service User Peer Support services and Support for Carers

---

<sup>1</sup> The National Treatment Agency was the national body tasked with overseeing the delivery of the Governments drug strategy. From the 1<sup>st</sup> April 2013 it has become part of Public Health England.

- 3.2 The following services are commissioned to treat and support the recovery of local people who misuse alcohol:
- Public Awareness and Social Marketing
  - Prevention (including Identification and Brief Advice)
  - Open access, Crises Management and Community Outreach
  - Specialist treatment and Shared Care (including pharmacological and psycho-social interventions)
  - Alcohol Interventions as part of the Criminal Justice process
  - Residential Detox and Rehab
  - Relapse Prevention and Aftercare
  - Service User Peer Support service and Support for Carers
- 3.3 When decisions were made to respond to the growing problems arising from increasing and problematic alcohol use the maturity and effectiveness of the existing drug treatment programme provided a strong structure against which the previously more limited alcohol services could be developed. As a consequence much of the alcohol programme consists of shared services with the drug programme, funding available for commissioning alcohol treatment services has built on and added capacity to services already in place to work with drug users, providers and projects pooling resources and successfully working with drug and alcohol users together. The elements of the services that continue to be distinct are some of the specialist treatment interventions.
- 3.4 The investment in the drug and alcohol programme for 2013-14 is shown in Table 1 and Table 2 follows:

**Table 1:** Investment in 2013-14 in the drug misuse programme

Source	Funding
Drug Prescribing	£ 630,000
Drug Misuse Programme	£6,049,800
<b>Total</b>	<b>£6,679,800</b>

**Table two:** Investment in 2013-14 in the alcohol treatment programme

Source	Funding
Alcohol treatment and harm reduction programme	£2,649,100
<b>Total</b>	<b>£2,649,100</b>

## 4 RATIONALE FOR RE-COMMISSIONING EXERCISE

- 4.1 The shift in national policy from a focus on maintenance to encouraging recovery and reintegration within society has been a major challenge for the treatment system. Whereas Wirral has had excellent service and performance from its main providers in the past, the national policy shift has required them to make fundamental changes to their service emphasis, approach and operational delivery. There is evidence that there has been some success in making these changes however current performance data shows that the drug system is not yet achieving the nationally set targets. At this time, the rethink of service structure and delivery that a re-commissioning process would involve is one way of achieving the step change that the system needs to take.
- 4.2 The proposed re-commissioning of services will provide an opportunity for commissioners to have a refreshed and clearer view of the funding model, and to discuss delivery of some elements of service on the basis of tariff or payment by results.
- 4.3 Re-commissioning at this time will release the potential for cost savings from a system that has been in receipt of funding uplifts over a number of years. It will offer an opportunity to refocus

the service and improve performance. Further integration of the drug and alcohol services should achieve cost efficiency savings in terms of co-location and a multi skilled workforce, and this should also be extended to apply to co-delivery of other Public Health programmes e.g. smoking cessation.

## **5 PROPOSED TIMETABLE**

- 5.1 It is proposed to commission a new core service for drug and alcohol treatment to be operationally live on the 1st of January 2015. To achieve this deadline the initial preparation, including comprehensive stakeholder consultation, needs assessment, and the scoping of new service specifications, needs to commence by 31<sup>st</sup> October 2013.

## **6 RELEVANT RISKS**

- 6.1 There is an ageing population of opiate users living on the Wirral, failure to support these individuals to move from a maintenance regime to a recovery system will not optimise the outcomes both for the individuals and local communities. The Council is required to maximise the value for money it achieves for all services.
- 6.2 Failure to support the above in a properly structured and realistic manner, taking into account the behavioural characteristics of long term dependence, could result in an increase in some of the negative impacts of problematic opiate use on the wider community e.g. users returning to acquisitive crime, unsafe injecting leading to an increase in the spread of HIV and Hepatitis, an increase in drug related deaths.

## **7 OTHER OPTIONS CONSIDERED**

- 7.1 The option to continue with current provision was considered however, this would not support innovation and the potential to deliver a more cost effective service.

## **8 CONSULTATION**

- 8.1 Consultation and engagement with key stakeholders is key to the development of a new model for drug and alcohol treatment services. A provisional consultation programme has been developed which will enable completion within the required deadline to inform specification development and the tender exercise.
- 8.2 Consultation on the development of the service specification will take place with Stakeholders via an online questionnaire and workshops. Feedback will be incorporated into the service specification.
- 8.3 As part of the ambition to include in the design of the new service(s) a full commitment to the idea of integrated wellness, invitations to participate in the consultation will include a wider range of service providers currently delivering the extended Health and Wellbeing agenda e.g. stop smoking service, housing benefit advice etc.
- 8.4 Provider development days will be held for those providers interested in tendering for the service facilitated by the procurement team. Feedback from the days will be incorporated into the service specification.
- 8.5 The consultation process will run from 12 weeks upon Cabinet approval.

## **9 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

- 9.1 Organisations from the Voluntary, Community and Faith are currently involved with the delivery of elements of provision. The re-tender will present the opportunity for greater involvement.

## **10 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

- 10.1 There is currently allocated funding for the services highlighted. The tender exercise would enable a more integrated and cost effective model to be developed. T.U.P.E. may be an issue that will need to be addressed.

## **11 LEGAL IMPLICATIONS**

11.1 Required Standing Financial Instructions will be followed. T.U.P.E. may be an issue that will need to be addressed.

## **12 EQUALITIES IMPLICATIONS**

12.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

- (a) Yes and impact review can be accessed at <http://www.wirral.gov.uk/my-services/community-and-living/equality-diversity-cohesion/equality-impact-assessments/eias-2010/public-health>

## **13 CARBON REDUCTION IMPLICATIONS**

13.1 There are no carbon reduction implications based on the content of this report.

## **14 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

14.1 There are no planning implications based on the content of this report.

14.2 The commissioning of drug and alcohol services has taken place in collaboration with the Criminal Justice Service. There is a need to maintain and develop the drug and alcohol treatment services on Wirral to ensure that there are no adverse effects on acquisitive crime, anti social behaviour and domestic violence. All of the above have a link with the use of illicit drugs and alcohol abuse. Partners from the Criminal Justice System will be consulted during the re-commissioning process.

## **15 RECOMMENDATION/S**

15.1 The following recommendations are made:

- Cabinet to authorise officers to commence the re-commissioning process to enable the development of an integrated drug and alcohol treatment service.
- Cabinet to receive a report on the outcomes of the re-commissioning exercise for final decision on the awarding of the contract(s) for an integrated drug and alcohol treatment service.

## **16 REASON/S FOR RECOMMENDATION/S**

16.1 The main reason for the recommendation to is to enable the recovery model for drug and alcohol misuse to be further developed and integrated in the borough and to ensure value for money of commissioned services and the delivery of optimum outcomes for individuals and local communities.

## **17 REPORT AUTHOR:**

**Gary Rickwood**

**Senior Public health Manager**

Tel: 0151 666 5192

email: [garyrickwood@wirral.gov.uk](mailto:garyrickwood@wirral.gov.uk)

## **18 SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>