

# **DRAFT FOR CONSULTATION**

**Devon DAAT Commissioning for Recovery Strategy – March 2013**

## **Contents**

### **Introduction**

### **Summary**

### **National Context and emerging commissioning landscape**

### **Local Needs**

### **Current services**

### **Commissioning a recovery orientated substance misuse treatment system for Devon**

- Commissioning principles
- Commissioning priorities

### **Proposed aims and outcomes**

- Proposed service model

### **Resources**

### **Responding to consultation**

### **Appendices**

- APPENDIX A – tender timeline**
- APPENDIX B – risk assessment**

## Introduction

This draft strategy has been produced to underpin the tender of drug and alcohol services for adults (18 years and over) in Devon and more widely to inform the development of a 'recovery orientated substance misuse treatment system.

Whilst this strategy has an adult focus, it also recognises the need to take account of transition arrangements between young peoples and adult service and safeguarding and family issues.

This document is a commissioning strategy for the wider drug and alcohol system and is aimed at stakeholders in Devon who have a role in addressing drug and alcohol use and supporting sustained recovery.

The commissioning strategy takes a systems approach because:

- people with substance misuse issues commonly have a multiplicity of need that need coordinated action to resolve
- clients with multiple needs could be better assessed and services coordinated in a more holistic care planned way
- changing public finance requires that commissioners and organisations find better ways of working that deliver improved outcomes more efficiently
- changing one part of a system will inevitably have implications for other parts of the system and provide opportunities to explore different ways of doing things

## Summary

This documents sets out the DAATs commissioning strategy for 2013/14 – 2016/17. The strategy is based on:

- an understanding of local needs (2013 Needs Assessment available from
- [http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2011/07/Substance-Misuse-Health-Needs-Assessment\\_v2.3\\_Web1.pdf](http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2011/07/Substance-Misuse-Health-Needs-Assessment_v2.3_Web1.pdf))
- the National policy context, good practice standards and evidence
- the emerging partnership and commissioning landscape within Devon
- feedback from stakeholders – ongoing to end May 2013

The commissioning strategy sets out proposed:

- commissioning principles underpinning the strategy
- commissioning priorities
- aims and outcomes to be delivered by the strategy

## Values

Devon Drug and Alcohol Action Team will be developing and commissioning a substance misuse harm reduction, treatment and recovery system for adults in Devon which:

- advocates self-efficacy in the belief that people can and do make positive life choices armed with credible, timely information and support

- takes every opportunity to provide a purposeful intervention with clients
- provides an accessible 'customer' orientated approach to people requiring help to address problematic substance misuse and for people impacted by others' substance misuse
- develops personalised, dynamic and ambitious relationships that enable clients to develop recovery plans that address multiple needs and work towards sustained recovery
- provides a range of pathways, treatment and recovery options in response to clients' needs and ambitions
- is reflective, developmental and constantly strives to improve its practice and recovery outcomes for clients

## National Context and emerging commissioning landscape

This section describes the current and emerging policy and commissioning context within which this draft strategy is located.

Of particular significance are:

**The National Drug Strategy: Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life (2010)** signalled a shift in emphasis from harm reduction to a focus on recovery. The goal is to increase the numbers successfully completing treatment drug free and reintegrating in to their communities.

**NTA's Medications in Recovery: Re-orientating Drug Dependence Treatment 2012** looks at delivering good practice for Opiate Substitution Therapy to maximise a person's recovery.

**Putting Full Recovery First 2012** the document outlines the Government's roadmap for building a new treatment system based on recovery, guided by three overarching principles - wellbeing, citizenship and freedom from dependence.

**The Government's Alcohol Strategy (2012)** focuses on irresponsible drinking. Closer working with the drinks industry and support for individuals to make informed choices about responsible drinking and reducing the numbers of people drinking to excess.

**The Ministry of Justice (MOJ) Green Paper, Breaking the Cycle Effective Punishment, Rehabilitation and Sentencing of Offenders** focuses on rehabilitating offenders to reduce crime. Offenders on community sentences or on release from prison will face a tough and coordinated response from the police, probation and other services.

**The Substance Misuse Skills Consortium launched as an independent network in 2010.** The Skills Consortium has developed a framework of drug treatment that constitutes a consensus on effective treatment, known as the Skills Hub and is used as an online resource for commissioners, managers and practitioners.

**Welfare Reform Act 2012.** These changes will have a significant impact on residents locally, especially those who are already marginalised such as drug and alcohol users.

**Tackling social problems around families with complex needs.** This approach will be rolled out nationally by 2013-14. Again, there will be significant overlaps with people who have drug and alcohol problems.

**The Localism Bill was introduced to Parliament in December 2010** and included proposals for community empowerment, greater accountability to local people and of significance for commissioning activity, diversifying the supply of public services, aimed at increasing choice, best value for public money and achieving a better standard of public services.

**From 1st April 2013 Local Authorities take new responsibilities for public health.** They will be supported by a new integrated public health service, Public Health England. The functions of the National Treatment Agency (NTA) will be subsumed within Public Health England from April 2013. There will be a stronger focus on the outcomes that need to be achieved across the system. In terms of drug and alcohol treatment, the public health outcomes that local authorities will be responsible for are:

- Domain 2.15 (Health Improvement): Successful completion of drug treatment
- Domain 2.16 (Health Improvement): People entering prison with substance dependence issues who are previously not known to community treatment
- Domain 2.18 (Health Improvement): Alcohol-related admissions to hospital

**Quality standard for drug use disorders (NICE Quality Standard 23) [NICE, 2012]** This quality standard describes markers of high-quality, cost-effective care, that when delivered collectively, should contribute to improving the effectiveness, safety and experience of care for people with drug use.

**Quality standard for Alcohol dependence and harmful alcohol use (Quality Standard 11)** This quality standard describes markers of high-quality, cost-effective care, that when delivered collectively, should contribute to improving the effectiveness, safety and experience of care for people with alcohol misuse issues.

**The abolition of PCTs from April 2013 and the introduction of GP Commissioning, Health & Wellbeing Boards and National Commissioning Board** will bring about a significant change in the commissioning landscape.

**Police and Crime Commissioners were introduced in November 2012.** These Commissioners will have local control of both the Home Office, part of the DIP funding and the Safer & Stronger Communities funding. An integrated working approach will be required with Police and Crime Commissioner's to ensure effective treatment for drug and alcohol users locally.

**Community Hubs** are established across Devon which aim to better coordinate services for people with complex needs.

**The Making Every Adult Matter** approach describes a systematic vision for design and delivery plan for coordinated interventions. The MEAM approach is illustrated in Figure 1 below

**Figure 1 – Illustration of the Making Every Adult Matter approach**



"(c) Making Every Adult Matter (MEAM) [www.theMEAMapproach.org.uk](http://www.theMEAMapproach.org.uk)"

## Local Needs

The section contains extracts taken from the DAAT substance misuse needs assessment, which provide an insight into the scale and impact of substance misuse and associated harms across Devon. For further detail on any of the points made in this section please refer to:

[http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2011/07/Substance-Misuse-Health-Needs-Assessment\\_v2.3\\_Web1.pdf](http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2011/07/Substance-Misuse-Health-Needs-Assessment_v2.3_Web1.pdf)

### Prevalence of drug use

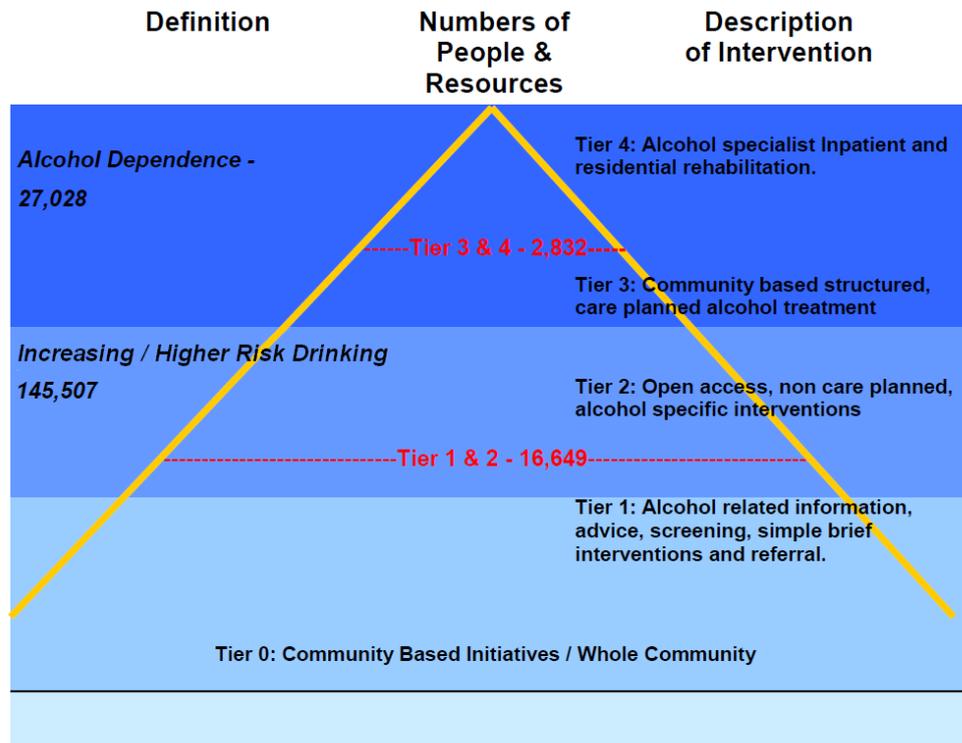
- A prevalence estimate for opiate and crack users (OCU) released by the NTA estimated that in 2009-10, 6.18 people per 1000 aged 18 to 64 in Devon were opiate and crack users. This was lower, but not statistically different to the southwest rate (8.95 per 1,000) and national rate (9.24 per 1,000) and equated to an estimated 2887 users.
- Nationally, cannabis is by far and away the most commonly used drug, accounting for 77% of all recent use, though the number of people using the drug in 2010 has decreased to 7% from the 11% seen in 2001.
- The west and north of the county appear to have a higher prevalence of drug misuse compared to the south and east of the county, with the exception of Exeter, which generally has higher rates of drug misuse.

### Prevalence of Alcohol misuse

- 23.8% of people in Devon aged 16+ exhibit "increasing and higher risk" drinking behaviour. This is higher than the national average of 22.3%, but not

statistically so. Based on the June 2012 Devon 16+ population, this would equate to 145,507 people. See figures 2 below for illustration of populations of drinkers at different Tiers of treatment need.

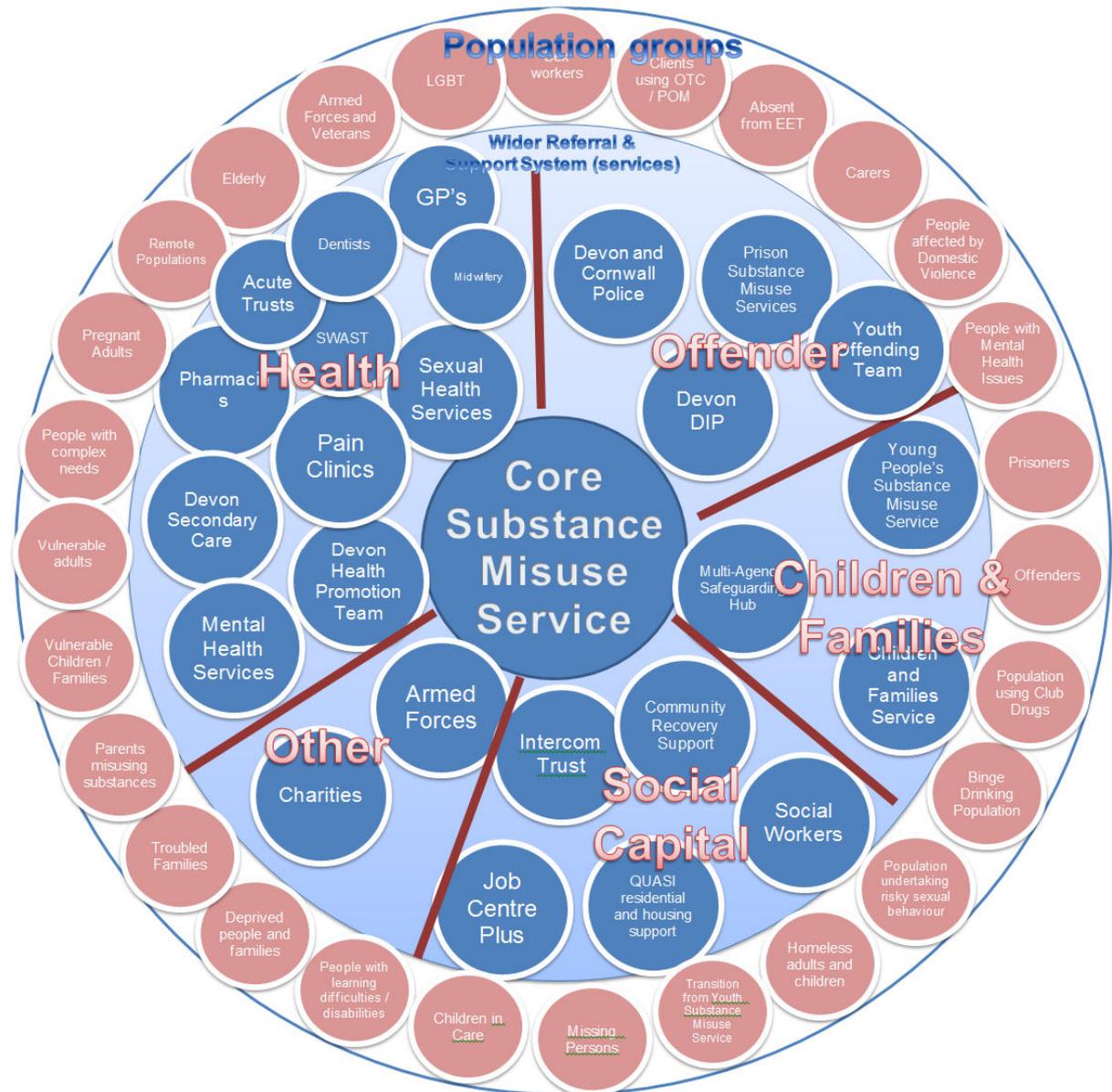
**Figure 2: Tiers of treatment and severity of alcohol misuse (Source: Various)**



## Impact on Services and the community

Substance misuse has wide ranging effect on a number of services and the community. Figure 3 below show the services and population groups that were considered as part of the Substance Misuse Needs Assessment.

**Figure 3: Multi-agency substance misuse treatment and recovery system**



- The most recent data for the number of alcohol-attributable hospital admissions shows that in Devon during 2010-11 there were 1162 age standardised admissions per 100,000 population for males and 676 for females. These rates are slightly lower than those seen regionally (1361 for males and 779 for females). Where primary or secondary alcohol diagnosis was recorded there were 51,353 admissions to Devon hospitals in 2010-11 compared with 44,585 admissions in 2009/10, which shows an increase of

15.2 per cent. This is the biggest annual increase for this type of admission in the last ten years.

- In 2010-11, there were 6,640 admissions to hospital with a primary diagnosis of a drug-related mental health and behavioural disorder. This is 14.3 per cent more than in 2009-10 when there were 5,809 admissions but 17.3 per cent lower than in 2000-01 when there were 8,027 admissions. More than twice as many males were admitted than females in 2010-11 (4,813 and 1,827 respectively). Where primary or secondary diagnosis was recorded there were 51,353 admissions in 2010-11 compared with 44,585 admissions in 2009/10, which shows an increase of 15.2 per cent. This is the biggest annual increase for this type of admission in the last ten years. Figures from this type of admission are now nearly twice as high as they were ten years ago at 25,683 admissions in 2000-2001. More than twice as many males were admitted than females in 2010-11 (34,508 and 16,839 respectively).
- A case analysis of adult/carer needs in Children's Assessment Frameworks (CAF), Child Protection Plans and Serious Case Reviews within Devon was conducted in 2010. Highlights from the analysis are as follows:
  - of 259 cases analysed where CAFs were undertaken, 14% had parental substance misuse noted, 32% had adult mental health needs and 22% had domestic violence noted
  - in 24% of cases 3 parental vulnerabilities were noted and in 12% of cases 4 parental vulnerabilities were noted
  - of 101 children with child protection plans analysed, 14% had adult disability/serious illness noted, 43% had adult mental health needs, 22% had adult drugs issues and 36% had adult alcohol issues
- In 2011-12 there were 1,419 adults in treatment in Devon. Using the Home Office estimates for the cost of each type of offence and the NTA research on the numbers of offences committed by drug users, this amounts to an estimated saving of £5,030 per year per person in treatment, which would equate to a reduction of around £7.1 million per year in the cost of crimes which might have been committed, had these individuals not been in treatment.
- Police in Devon attended an average of one domestic violence incident every hour (8,798 incidents in 2010-11). In line with the proportion for all violent crime, around 50% of domestic violence where children are resident in the household was recorded as linked to alcohol in 2011-12. The trend appears to be slightly rising and this is also in line with the general picture.
- Caring for individuals with a substance misuse problem can have a significant effect on the carer. A recent consultation by Devon Carers and Recoverylink found that 100% of carers described their experience as isolating. 90% of respondents stated that they experienced a loss of social contact with other people as a result and talked about a negative impact on their sense of self-esteem. Several said that they had lost friendships because of a lack of understanding of addiction issues, but the majority related the experience of isolating themselves, sometimes unconsciously, because of the stigma and perception of addiction.

- Nationally, it is estimated that 7% of people on benefits have a substance misuse problem, and 4% are dependent drinkers. Overall, only 1.0% of unemployment benefit claimants are recorded as having a substance misuse problem, but given the limitations on the way these data are collected, this is likely to be a significant under reporting of the true percentage.
- In Devon in 2012 the veteran population of the three Devon prisons ranged from 2.8% in HMP Exeter to 5.3% in Dartmoor. Nationally, a third of imprisoned veterans had been convicted of violent offences, and 11% had been convicted of drug offences.
- As many as 80% of alcoholics complain of depressive symptoms, including 30% who fulfil criteria for a major depressive disorder. A lifetime history of depressive disorder has been found in 48% of opiate addicts.
- A local survey of 112 homeless people conducted by NHS Devon supported national findings, with almost half of respondents either currently using or recovering from a drug problem, with many being poly drug users.
- During 2011-12 there were a total of 29 18 year olds and 19 19 year olds in treatment. Over half of the 18 year olds were in treatment in the Youth service, whereas by age 19 only one was a youth service client. Overall there were around a third fewer clients aged 19 than there were aged 18 accessing the service.

### **Profile of clients in treatment**

- For all clients in treatment during the first half of 2012-13, statistically fewer clients in Devon were recorded as only using alcohol (39.1% compared to 44.0%). (*adult alcohol service*)
- Devon has a statistically higher percentage of clients who have previously injected (but not currently) and a statistically lower percentage of those who have never injected. The proportion of clients who are currently injecting is slightly higher than nationally, (21.3% compared to 17.2%).
- According to the 2012-13 Recovery Diagnostic Report, the proportion of opiate clients who have been in treatment continuously for less than two years has fallen significantly over the past three years, but the proportion that have been in treatment continuously for six years and more has risen, increasing during this time from one in eight clients to nearly one in five now.
- The completion rates for opiate and non-opiate clients vary considerably. According to the 2012-13 Recovery Diagnostic Tool, in October 2012 in Devon, 7% of opiate users and 44% of non-opiate users completed treatment successfully.
- For all clients in treatment in Devon between April 2010 and March 2012, the average spend on treatment per client was £4,242, which is 16% higher than the national average of £3,660, a statistically significant difference. The spend per client successfully completing and not re-presenting was £22,194, which again was statistically higher than the national spend of £21,811. (*adult drug service*)

- In 2011 the Peninsula Substance Misuse Sub Group commissioned a review of releases of substance misuse clients from the Devon prisons being picked up by the individual's local Treatment Agency. The review found that:
  - of the 92 prisoners with a substance misuse problem who were released, 76 (83%) were referred to treatment agencies (the other 16 either chose not to, or were not suitable for referral)
  - of the 69 prisoners released into a Southwest Treatment Agency, 55 (80%) were referred to their local Criminal Justice Intervention Team (CJIT)
  - of the 55 referrals into CJITs, 23 (42%) did not engage with the service

### **Feedback from consultations**

- Service users reported a good range of client centred treatment options and were well supported in their decision making. Several mentions were made about group work including relapse prevention, mutual aid, peer support and alcohol education groups.
- Breaking the Cycle (Addaction's family support programme) was well regarded though it was felt that insufficient resources were available to meet levels of needs.
- The referral system from prisons worked well when it was used, but that not all prison staff were using it consistently.
- Dual diagnosis clients often felt let down by the system as they needed to engage with mental health services before they could overcome their addiction, but were not able to.
- Better communication and education about alcohol services is needed in the community and improved use of brief intervention by professionals, particularly for the elderly and the homeless, and people who live in rural areas, as these groups find it difficult to engage with the service.
- Drug service staff reported that staffing levels make it difficult to provide the level of support needed by clients, and sometimes mean that care pathways are not always as efficient as they could be.
- Pharmacists reported that prescribing and supervised consumption generally works well, though removal of this service in some areas has caused problems and some clients appear to be on a script for a long time. Communication between keyworkers and pharmacies appears to be effective. More training for psychosocial support would be beneficial.
- GPs reported generally receiving good support from keyworkers. More advice and training would be good for both GP's and families. Client engagement is sometimes hampered by perceptions of long waiting times / bad previous experiences and is more difficult for clients with mild mental health conditions.
- Recovery planning and multi-agency working to support recovery was variable in drug services. Service users commented on a lack of recovery focussed aftercare for alcohol clients once they have left the system.

- It was noted that it is difficult to engage with the homeless and clients with high support needs and chaotic drug misuse and a more flexible approach is needed. More training is required for frontline Support workers working with vulnerable clients. Supported housing needs to be kept up to date with new policies. A lack of join up between partners, especially housing was highlighted. The system is not truly holistic.
- There is currently an unmet need around over the counter and prescription medication, new psychoactive substances and elderly people with declining health.

### **Impact and risk Assessment**

An iterative impact assessment is being conducted alongside this commissioning strategy. The impact assessment has highlighted the potential benefits of the commissioning strategy to groups with various 'protected characteristics' and other people facing particular issues. Of note, the strategy will pay particular attention to the needs of:

- carers, family members and individuals involved in caring and support roles with people with substance misuse issues
- unemployed people where there is a substance misuse issue impacting a person's ability to access and retain employment who aren't currently receiving support or treatment
- people with co-existing substance misuse and mental health issues
- veterans

A risk assessment – Appendix B, highlights the following risk related to the tender process:

- reducing funding
- rise in unemployment rates and housing needs due to benefit changes could lead to increased substance use
- lack of evidenced based practice for treatments for `new` substances
- challenge of new commissioning landscape may compromise coherent care pathway planning

### **Current Services**

In Devon services for adult and young people's substance misuse are commissioned separately. Drug services for adults are provided by Devon Drug Service, a partnership of Devon Partnership Trust and EDP Drug and Alcohol Services.

Alcohol services are provided by Addaction and Devon Partnership Trust. Table 1 shows the configuration of adult and young people drug and alcohol services in Devon.

**Table 1: Configuration of drug and alcohol service provision in Devon, 2012.**

Service	Stage	Children & Young People	Adults
Alcohol	Triage	Y-Smart	Addaction
	Tier 1 & 2		Addaction / DPT
	Tier 3		DPT
	Tier 4		DDS
Drug	Triage		DDS
	Tier 1 & 2		DDS
	Tier 3 & 4		DDS

Recoverylink were commissioned in 2012 to provide a peer led recovery support service.

Substance misuse services for young people are provided by YSmart and are delivered from three main hubs which cover the wider geographic area, these are:

- Exeter, covering Exeter, East and Mid Devon
- Newton Abbot, covering Teignbridge, South Hams and West Devon
- Barnstaple, covering North Devon and Torridge

Additionally, mobile drug harm reduction services operate across Northern Devon and drug and alcohol services are available at multiple community venues across Devon according to need.

The DAAT commissions a range of GPs and pharmacists to work with shared care for drug misuse, supervised consumption and needle and syringe exchange.

The Devon Recovery Consortium is developing a web based directory of community services and 'recovery assets' which can help people to work towards sustained recovery. <http://www.devonreform.org/>

## **Commissioning a Recovery Orientated substance misuse treatment system in Devon**

### **Commissioning principles**

An Action Learning Set was set up in 2011 to consider commissioning more personalised approaches to treatment and recovery services to improve outcomes for people with complex or multiple problems.

The group included representatives of Devon Drug Service, Devon and Cornwall Probation, National Offender Management Service, voluntary sector, Devon County Council and the DAAT.

The aim of the group was to:

- inform the development of personalised approaches to commissioning
- describe personalised approaches to service delivery
- consider how personalisation can support market development and commissioning approaches

- support performance frameworks which recognise personalisation
- support system development

Table 2 describes an assessment of the historic and proposed provider and commissioning landscapes in Devon based on the work of the Action Learning Set. The 'moving to' describes the principles which underpin the strategy.

**Table 2 – Provider and commissioner landscape 2012**

<b>Moving from</b>	<b>moving to</b>
A market shaped by provider interests and historic investment	A market shaped by choice enabling recovery
A series of uncoordinated encounters with a myriad of services lacking case managed definition	A commitment to client led recovery journeys which are unique
An offer to clients of generic services unsequenced and randomised	An integrated multi modal approach where core and specified services can be delivered through multi-agency coordination and collaboration
A service user experience in which power and choice are diminished, transferred or absent	A user centric model through which the service user is empowered
Commissioning approaches which lead to measure the wrong things	A commissioning approach which captures key milestones and outcomes in the recovery process
Service and system lack 'organisational memory'. Each encounter starts with a 're telling'	Clients narrative is captured and known and built upon
Hierarchical and structured accountabilities within a management framework	Dispersed leadership within a reflective and adaptive organisation
Counter intuitive procedures within a target/output driven culture	professional judgement within an outcome orientated culture

## Commissioning Priorities

This section provides a series of proposed commissioning priorities, based on the needs assessment, including stakeholder feedback, local and national policy and guidance and evidence of what works.

### Commissioning priorities

Develop joint / integrated commissioning approaches to support the development of:

- community 'recovery services' within Devon to better support recovery outcomes
- better alignment of 'quasi residential services' with treatment and recovery services
- approaches to meet the needs of clients with a dual diagnosis
- improved joint working between CYP and Families services and substance misuse services
- joint working with Job Centre plus to support the development of work pathways and 'recovery capital'
- integrated commissioning arrangements with the National Commissioning Board to ensure the effective offender health care pathways
- commissioning arrangements that enable funding to move from prescribing to abstinence and recovery orientated interventions
- work with Clinical Commissioning Groups to develop primary care contracts for substance misuse aligned to the tender of specialists services
- develop more consistent pathways to rehab facilities including community rehab
- commission services which respond to changing patterns of drug use
- develop initiatives to improve the dialogue between service users, carers, commissioners and providers
- commissioning a combined drug and alcohol service for adults recognising co morbidity of drug and alcohol misuse and that addressing drug and alcohol misuse offers the best chance of abstinence based recovery
- commissioning against outcomes which generate clear benefits to service users, their families and communities
- needs assessment need to be an ongoing process rather than an annual event
- solidify effective transition pathways for prisoners requiring substance misuse services during re-integration into the community

### Service Development priorities

- ensure effective personalised, holistic assessment and recovery planning to better respond to multiple needs
- establish consistent screening and referrals mechanisms for substance misuse from acute settings
- ensure information sharing protocols support coordinated, multi-agency recovery planning and delivery
- further develop and promote abstinence orientated care pathways including approaches to detox
- ensure that services are responsive to changing patterns of drug use including 'Legal highs', Over the Counter and Prescription Only Medicines' and associated harms

- develop services which are responsive to the needs of families and carers both in terms of supporting their 'caring' role and in providing support to the family member/carer
- address the discrepancy at the interface between Tier 2/3 and T3/4 alcohol services whereby those with the most chronic and complex need can wait longest for a services
- improve Devon's response to injecting drug use
- improve Devon's response to screening and testing for BBVs and supporting clients to engage in treatment regimes
- develop the substance misuse workforce to deliver personalised recovery orientated services
- foster a reflective self-critical learning culture that focuses on amplifying what works and dispenses with what doesn't add value
- continue to monitor transition arrangements between young people and adult substance misuse services.
- lead on educational and awareness raising activities with clients, partner organisations and the wider community

## **Proposed Aims and Outcomes**

This section outlines the proposed aims and outcomes to be delivered by the recovery orientated substance misuse treatment system. The Public Health Outcomes below are mandated, the draft aims and outcomes in table 3 are for development.

The Public Health Outcomes – mandated

- successful completion of drug and alcohol treatment PH Domain 2.15
- reducing alcohol related admissions to hospital PHDomain 2.18
- identifying people entering prison with substance dependence who are previously not known to community treatment and engagement them in treatment – PH Domain 2.16

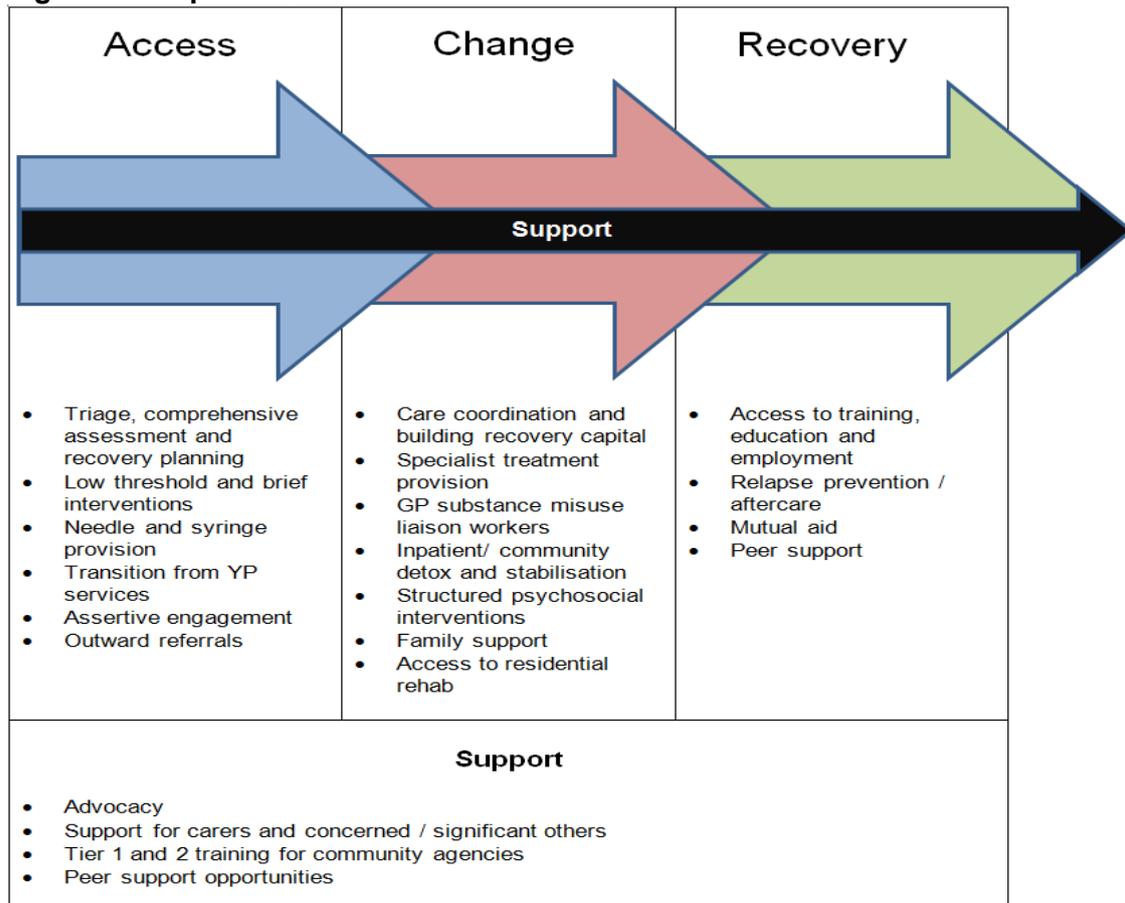
**Table 3 – Proposed aims and outcomes – for discussion**

<b>Proposed aims and outcomes – for discussion</b>	
<b>Proposed aims</b>	<b>Proposed outcomes</b>
<b>An accessible service with multiple points of entry that provides effective harm reduction advice and intervention and motivates people to engage in their treatment and recovery journey</b>	Reduce levels of injecting drug use
	Prevention and reduction of blood borne viruses
	Reduce drug and alcohol related deaths
	Assertive outreach improves access and engagement for clients with complex needs
<b>A service that is ambitious and creative and supports its clients to identify and work towards meeting their multiple treatment and recovery goals</b>	Clients are in the lead of their own recovery plan
	Recovery plans are ambitious, creative and dynamic
	Improve positive family and social relationships
	Improve capacity to be an effective caring parent
	Improved access to training, employment and other meaningful activity
	Clients take control of their own recovery
	Reduce drug and alcohol related offending
	Improve mental and physical health
<b>A services that empowers and supports clients to achieve and maintain their recovery</b>	Increases the number of people achieving abstinence from drug and alcohol misuse
	Clients develop positive support networks to encourage and maintain recovery
	Community recovery communities flourish across Devon to increase support available to those in treatment working towards recovery
<b>A service that works in partnership with service users, clients and others stakeholders to develop wider networks and seeks continual improvements in quality and outcomes</b>	Drug and alcohol misuse is prevented through early intervention
	The drug and alcohol workforce continuously learns and develops to improve client outcomes
	Tier 1 and Tier 2 services are supported to screen, offer brief interventions and make referrals for people with substance misuse issues

## Proposed service model

Figure 4 illustrates a proposed model of service delivery to meet the aims and outcomes in table 3 above. The model describes four overlapping and interdependent areas of activity which combine to provide a recovery orientated treatment and recovery system. The success of the model will depend upon the personalised high quality delivery of evidence based treatment and recovery interventions and also on the models connection and development of the wider 'multi modal' recovery system.

**Figure 4: Proposed service model**



## RESOURCES

It is expected that the budget for adult drug and alcohol services into 2014/15 will be in the region of £5,750,000. This includes primary care activities which sit outside of the scope of this tender process.

The budget for 2015/16 onwards is unclear and Devon County Council are not in a position to provide a further budget forecast

## Responding to consultation

A brief online questionnaire accompanies this draft commissioning strategy and can be found at . . . .

Alternatively, you can respond by email to Lorna Jones at [lorna.jones@devon.gov.uk](mailto:lorna.jones@devon.gov.uk) or ring Kristian Tomblin on 01392 386392

The deadline for feedback will be 24<sup>th</sup> May 2013.

Feedback will be used to review and refine the commissioning strategy and specification for the tender of substance misuse.

If you would like to receive an updated version of the strategy and tender specification, please tell us how best to contact you.

## **APPENDIX A**

### **Tender process/timescales**

**Decision to tender - November 2012 – DAAT Board makes Tender recommendation to tender for a ‘substance misuse service for adults’**

**Stage 1 – Assessment of needs. March 2013**

**Needs Assessment completed**

**Stage 2 – Consultation on Options and tender Design. March – June 2013**

**Scope requirements across PH, CCGS and CYP social care  
(Stakeholder engagement with partners and agree funding)**

**Service user consultation (JEB)**

**Engage with market – co design different procurement solutions -  
Provider Engagement Network**

**Stage 3 Competition – June – end Sept 2013**

**Tender publicised**

**PQQ**

**Bids received**

**Stage 4 – Selecting provider/s October – November 2013**

**Evaluation**

**Clarification (negotiation)**

**Standstill**

**Award**

**Stage 5 – Mobilisation and implementation December 2013**

**Go live – 1st April 2014**

## APPENDIX B

### Risk assessment

A Political, Economic, Social, Technology, Legal, Environment risk assessment was undertaken in relation to the commissioning strategy

Risk	Mitigation
<b>Political</b>	
concerns about access to recovery capital e.g. welfare and housing benefit reforms	
changes to the commissioning landscape, establishment of clinical commissioning groups and the Police & Crime Commissioner	Needs assessment draws links between drug and alcohol misuse and related priorities e.g. offending and hospital admissions, targeted families
challenge of new commissioning landscape may compromise coherent care pathway planning	‘joint commissioners’ invited to participate in consultation tender steering group and development of specification. Mental health commissioner of steering group  Seminar planned to look at offender health pathways
practitioner / organisational resistance	Clear narrative of rational for tender provided as part of the needs assessment and commissioning strategy.  Practitioners / organisation reps invited to participate in consultation events
<b>Economic</b>	
the risk of disinvestment in drug and alcohol treatment	Make the economic case for investing in drug and alcohol services in relation to health, social care, welfare reform, offending
the risk that competition on cost could compromise sustainability and investment	Ensure the specification and evaluation criteria has appropriate balance of cost and quality
risk of a shrinking market due to providers closing because they haven’t won contracts	Work with colleagues to support the market.
<b>Social</b>	

shift in demographics of drug trends (e.g. aging cohort of heroin users, wider range of substances being used by younger cohort)	Ensure specification reflects this shift. Invite bidders to describe engagement and treatment methods for wide range of drug and alcohol users
rise in unemployment rates and housing needs due to benefit changes could lead to increased substance use	Work with colleagues Job Centre Plus and treatment services to monitor and changes in need
managing client led aspirations against risk management concerns	Work with providers to develop appropriate governance frameworks to support increased client responsibility within a recovery orientated treatment system
practitioner / organisational resistance	Clear narrative of rationale for tender provided as part of the needs assessment and commissioning strategy.  Practitioners / organisation reps invited to participate in consultation events
<b>Technology</b>	
outcome focussed commissioning being used to purchase substance misuse services	Consult on the right 'outcomes'  Ensure outcomes are measurable against a clear performance framework
transfer of data to new provider	Address as part of any transition process
lack of evidenced based practice for treatments for 'new' substances	Work with provider / lead clinicians to ensure best practice is followed.  Ensure a reflective performance management process captures 'what works' within the treatment system
challenge to performance management orthodoxy	Develop joint understand with successful bidder of future performance management expectations
translating the service users recovery journey into agreed, measurable outcomes	Work with successful providers/s to establish measurable outcomes framework
measuring / capturing outcomes	As above
'universal' information exchange	Work with provider/s and the wider system to establish information exchange processes to improve care pathways
shared understanding of defensible decision making	Work with provider/s to establish effective governance arrangements
<b>Legal</b>	
risk of challenge from providers as a result of procurement processes	Follow DCCs procurement process

implications of TUPE	Follow TUPE regulations
<b>Environment</b>	
potential for restructuring in commissioning team could disrupt procurement process	Work with colleagues to ensure process is supported to completion
market immaturity to meet the challenge of the tender / wider strategy	Work with provider and commissioner colleagues to develop the market