

BLACKPOOL COUNCIL
Integrated Blackpool Clinical Commissioning Group (CCG) and
Council Commissioning Team
Update on the Integrated Drug and Alcohol Treatment Service for Adults
Adult Social Care and Health Scrutiny Committee 14 March 2018

1. INTRODUCTION

This document presents a summary of the progress to date with implementing the re-tendered Blackpool Integrated Drug and Alcohol Treatment Service for Adults, including the good practice and issues that have been encountered, and the outcomes achieved to improve the public's health in this area. The wider support offer includes sexual health (considered by the Committee in November 2017) but this report focuses on the integrated drug and alcohol element.

2. OVERVIEW

From 1 September 2014 to 31 March 2017 the adult element of Horizon (the drug and alcohol treatment service) was delivered by two providers. These provisions consisted of separate recovery and clinical services that operated in an integrated manner with a health and well-being model. This was different to the previous medical model which had a less holistic approach towards sustainable long-term recovery.

A commissioning review was undertaken towards the end of the initial two year contract term. This included an analysis of the performance outcomes which highlighted:

- Opiate clients were not progressing through the system into recovery
- Alcohol clients had a high representation rate with high levels of need, poorer access into service and a high number of early unplanned exits.

A decision was made to re-commission the system and develop an integrated clinical and recovery service as part of a prime (single) provider model. This re-designed service includes:

- A focus on detoxification to encourage all clients onto a recovery pathway, followed by a much longer programme of rehabilitation and recovery in the community
- Health and wellbeing model with holistic approach
- A clinical psychologist and mental health team integrated into treatment provision to address dual diagnosis and adverse life experiences/trauma
- Integrating provision into the primary care neighborhood model and other community settings
- A transformed culture that is dynamic to client need
- Buildings that foster healthy and good standard environments to support getting better
- A greater focus on education, volunteering, employment and meaningful activity
- Specialist provision and care pathways for older people and end of life care in accordance with the ageing treatment population

The new treatment model is attached in Appendix 5 (b). A service description and a pathway diagram are included to show the journey clients follow in treatment.

There is a social value element to the new service and this includes creative activities such as linking art, theatre and film to recovery. Attached is a link to an 8 minute film called "Hearts and Minds" which has been made by Horizon and clients. The clip shows the new service and some case studies of real client outcomes. The link will need to be copied and pasted into the web browser.

<https://youtu.be/EGppiQzEYCE>

3. PROGRESS

The below details the progress and performance of the new Horizon service:

- The implementation phase of the contract went well. Implementation plans and regular implementation meetings ensured that data, clients and staff were smoothly transitioned into the new ways of working. The new buildings and Care Quality Registration (CQC) registrations were all ready in time for the contract start date.
- The new model has achieved financial efficiencies of £160,000 for community treatment and £40,000 for residential rehabilitation due to the new community recovery offer. The efficiencies are due to reduced management and estate costs, and more people remaining in community recovery.
- There is a large safeguarding element for Horizon because of the high levels of children who are living with substance misusing parents. There were 831 children living with drug using parents entering treatment in 2016-2017 and 372 children living with alcohol using parents entering treatment in 2016-2017. Retaining clients in treatment stabilises the family and the new service has developed opportunities to successfully support new couples into recovery.
- Referrals and numbers into treatment each month are on the increase for all substances.

The table below shows an overview of referrals and numbers entering treatment:

	1 April 2017 - 31 January 2018	January 2018
Total referrals for all substances	1619	169
Number of referrals from GP's	98	7
New individuals have entered into treatment (Tier2 and Tier3)	1526	78

- The new service has made good progress with integrating within the primary care neighbourhood model and has developed new marketing and operational initiatives to engage with the Blackpool community through a holistic health and social care approach, e.g. Street Drinkers Initiative, Horizon Community Art Tram and Dentaaid Mobile Dental Unit.
- Horizon now operates a detox first service to encourage all clients onto a recovery pathway. This priority is leading to an increasing number of clients accessing both community and inpatient detoxes. A large number of the referrals into inpatient detox are for more complex clients with poly drug use (two or more psychoactive drugs in combination to achieve a particular effect).and mental health issues.
- People are retained in treatment due to accessing different levels of recovery programme which are dependent on need. The new service offers a variety of intense programmes that address the underlying causes of addiction. The new service has supported so far:

	1 April 2017 - 31 January 2018
Number clients engaged in community rehabilitation programme	95
Number clients have been/are being supported by the mental health workers	1724
supported by the clinical psychologist	10

These individuals would otherwise have unmet mental health needs because the psychological provisions address the adverse experiences and trauma that perpetuate addictions.

- Long term successful completions are the goal but within this timeframe there are a number of other achievements. Employment support is integrated within the new Horizon service and many employment successes have resulted from this provision with 35 individuals having gained employment since 1 April 2017.
- Since the new contract started 177 opiate clients have been trained in overdose awareness and are in receipt of take home naloxone (medication used to block the

effects of opioids, especially in overdose). This figure includes prison releases, people who are very vulnerable and are at a high risk of overdose. Since 1 April 2017, 15 lives have been saved from administering naloxone when an overdose has occurred, this figure will be higher due to unreported instances.

4. ISSUES

The below is a consideration of the challenges that have been encountered by the new service:

- Quantitative data reporting is very complex and complications arise due to the different methods of reporting that exist. The National Reporting System for Drug and Alcohol (NDTMS) presents information as rolling annual statistics. This conflicts with local data reporting which utilises a year to date methodology. Also, national reporting only concentrates on the Tier 3 subset of treatment (structured interventions of 12 weeks or more) whilst local reporting includes Tier 2 treatment delivery (interventions of under 12 weeks duration). Both these differences result in the NDTMS performance reports not matching the local Key Performance Indicator (KPI) reporting.
- Further data complexity arises because the national data includes performance from the previous treatment system combined with the new system. This is because the figures are rolling totals.
- For business plan purposes it was decided to adopt the local figures for 2017-2018. In previous years the national figures have been used. The treatment system is now different and commissioners wanted to highlight the outcomes of all levels of treatment (which are not present in the national data set). This means that comparing the data with previous years becomes difficult and is not comparing like for like data.
- Commissioners are currently in discussion with Public Health England (PHE) in relation to recording the Tier 2 work on NDTMS.

- The new service is retaining people in treatment and maintaining abstinence. There is a different phasing of programmes and this means that the recording of a completion is done at a later stage than previously. This will contribute to the mean treatment completion figure reducing when compared to previous year's data.
- The detox first approach means that there are increasing numbers of complex clients requiring poly substance detoxes with longer stays and this is creating a greater demand on the inpatient detoxification budget.
- The number of successful completions for all substances are increasing each quarter in 2017-2018. The below table provides an overview of numbers of clients completing treatment and exiting the new service. The completions are broken down for primary substance (the main substance that is used by the client, as they may use a variety of substances.)

Number of successful treatment completions (Primary Use)	1 April 2017 - 31 January 2018
Opiate	104
Non-opiate	44
Alcohol	226

- A more in-depth analysis of data is now being carried out and this is showing that non-opiate use is part of a poly-using pattern, with alcohol being the primary substance. This means that for recording purposes the non-opiate clients/outcomes are included within the alcohol figures. This is attributed to be the main reason for a reduction in the number of non-opiate clients in treatment figure. Commissioners are currently in discussion with PHE to agree that the structured Tier 2 non-opiate work is recorded on NDTMS.
- The same issue applies to spice use. Clients in treatment are using spice but often they are using on top of this with their primary drug use being heroin, crack or alcohol. This means spice is not necessarily reflected in the data.
- There is a national shortage of the Hepatitis B (HBV) vaccine due to supplier issues. This means that clients cannot be fully vaccinated for HBV at the present time.
- Hep C clients are being identified but are not engaging in Hep C treatment.

- There has been a delay in implementing the detox/recovery houses. This has been because of the implementation of new criteria in relation to accessing enhanced housing benefits that created an issue for clients being eligible. A new model is being implemented by Horizon to support clients to detox in their own homes. This provision involves a support worker and peers delivering 24 hour care and facilitating a home detox, where otherwise a client would need to be admitted into an inpatient detoxification unit because of their complex presenting health.

5. SUMMARY

This paper has described the progress made in the delivery of adult drug and alcohol treatment since the re-commissioning of provision took place. The report has also highlighted areas of improvement.

6. RECOMMENDATION

The Committee is asked to comment upon progress being made to support people with drug and alcohol issues, propose potential improvements and consider whether any areas would benefit from further scrutiny.

Update prepared by:

Nina Carter, Commissioning Manager, Blackpool CCG and Blackpool Council

Karon Brown, Head of Integrated Services, Delphi Medical Consultants Limited

6 March 2018