

**From:** Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

**To:** Adult Social Care and Health Cabinet Committee - 11 October 2016

**Subject:** **Public Health West Kent Substance Misuse Service Update - Adults**

**Classification:** Unrestricted

**Previous Pathway:** This is the first committee to consider this report

**Future Pathway:** None

**Electoral Division:** All

**Summary:** This report provides an overview of the new West Kent Substance Misuse Service model and the lessons learnt from the recent co design process.

Services were recommissioned competitively in 2015/16 with the new service beginning on 1<sup>st</sup> April 2016. The new service model was co designed with stakeholders including service users. The co design period began in March 2016 and was completed in July 2016, with a new operating model beginning in September 2016. The model is described in the paper.

**Recommendation:** The Adult Social Care and Health Cabinet Committee is asked to **COMMENT** on and **NOTE** the new service model of West Kent substance misuse services and the update on the procurement process.

## **1. Introduction**

1.1. This report provides an overview of the new service model developed following the re-procurement of West Kent Substance Misuse Services following a competitive tendering process. The contract was awarded to change, grow, live (CGL – formally CRI) who were the incumbent provider in West Kent.

## **2. New service Operating Model**

2.1. The West Kent Adult Substance Misuse Service now operates as the CGL West Kent Drug and Alcohol Wellbeing Service (WK DAWS).

2.2. The WK DAWS operates across the West Kent region with the service delivered by two dedicated teams the North Kent and the West Kent Teams using a Recovery Co-ordination and Programmes Worker model.

2.3. Service delivery is from town centre sites and via outreach settings. CGL have moved away from the key worker model of provision to a 'Recovery Co-

ordinator' model with a skilled team holding responsibility for the initial assessment, developing recovery and risk management plans and conducting regular reviews.

- 2.4. Recovery Support Co-ordinators will utilise the skills and assets within the Health and Wellbeing Team and the Psychosocial Teams as well as with partner and community based agencies to develop comprehensive recovery plans for service users.
- 2.5. There is also a clinical team delivering prescribing, harm reduction (Blood Borne Virus testing and vaccination) and other clinical interventions and a Criminal Justice Team.

### **3. Performance**

- 3.1. It is too early in the process to see whether performance has been affected by the re-procurement and reduction in funding of the West Kent Substance Misuse Service. However Public Health continue to monitor the service closely and receive quarterly performance reports from the provider, which include activity, outcomes, equalities information and service user surveys, all of which are scrutinised in the quarterly performance monitoring meeting between Public Health and the provider. In addition to this Public Health intend to engage with service users to obtain their views 6 months into the new provision.
- 3.2. In Quarter one of 2016/17, the West Kent Substance Misuse Service delivered 2,960 brief interventions and or advice and information, and 672 extended brief interventions, with slightly more being delivered for alcohol misuse than drug misuse; in comparison to the first quarter of the previous year this was a reduction in brief interventions and or advice and information being delivered, down from 4,726 which included delivery by the IBA Trainer and hospital liaison. There was however an increase of extended brief interventions in 2016/17 up from 615.
- 3.3. Of those entering structured treatment the service has reported that on average clients are not waiting more than 2 days to start an intervention following referral and in the 12 months to the end of Quarter one 1,846 client's accessed structured treatment. The client profile for that 12 months show an equal split of 40% of opiate clients and 40% alcohol only clients. This is the same split experienced the previous year in the 12 months to Q1 2015/16 but with a slightly lower number in treatment at 1,753.

### **4. Quality Issues**

- 4.1. Nationally there has been an increase of drug related deaths. This trend is also impacting in Kent. However the recent drug deaths in Kent (that are reported to the public health quality teams and the police) are to those who are not currently being seen by the service. Therefore the service has an emphasis on

ensuring that service users do not lapse and fall out of contact with them and other services, and on outreach to bring users into the service. There have been no serious incidents over the first quarter of the new service.

## **5. Lessons Learnt**

- 5.1. The re-procurement required a strategic partner to deliver the services, who were required to continue the strong performance of the contract but also allowed for a 3 month service co design period during which time partners and stakeholders were engaged with to help design the final operating model.
- 5.2. Co design consisted of the development of a new Service Delivery Model to meet the minimum standards required, alongside a financial reduction in the service, and therefore a review of service costs:
- 5.3. The process commenced on 8th March 2016 and included stakeholder engagement, workshops with Staff Teams, Volunteers and Service Users. Communication about the new model utilised a range of methods including Bulletins, Newsletters, telephone surveys – Survey Monkey – as well as traditional workshops.
- 5.4. Members of the co design group included representatives from Kent Police, Her Majesty's Prison Service (HMPS), Kent, Surrey Sussex Community Rehabilitation Company (KSS CRC), and National Probation Service, District and Borough Councils, and Prison based substance misuse services along with provider management and service users.
- 5.5. Whilst the strategic partner approach was welcomed, and the procurement process was smooth and successful, this is a new contractual approach and there are two key lessons learnt for taking this approach forwards:
  - It was challenging in engaging with stakeholders due to stakeholders experiencing increased internal pressure from internal priorities. Consideration will be given in future commissioning cycles to different ways to facilitate the co design process. This will include wider staff engagement in the process.
  - In addition the co design process delayed the Implementation Plans including the staff consultation processes; which resulted in a longer transition period for the provider, staff teams and Service Users, thereby increasing uncertainty and costs. The learning is a longer time for implementation is needed.
- 5.6. The reduction in staffing levels and funding overall could pose a risk to the quality of the new service. However assurance was provided during the procurement that CGL could sustain good performance within the new financial envelope. Public Health commissioners have developed an audit cycle which will ensure that in addition to current quality requirements we are able to assure the quality of the service as well as monitoring the performance impact.

## 6. Conclusions

- 6.1. The re-procurement of the West Kent Substance Misuse Service went smoothly and the co design process has been completed. Lessons have been learnt which we are able to incorporate into future commissioning plans for East Kent and the Kent and Medway Prison Based Substance Misuse Service.

## 7. Recommendations

**Recommendation:** The Adult Social Care and Health Cabinet Committee is asked to **COMMENT** on and **NOTE** the new service model of West Kent substance misuse services and the update on the lessons learnt in the procurement process.

## 8. Background Documents

- 8.1. None

## 9. Appendices

- 9.1. None

## 10. Contact Details

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