



## Bristol Health & Wellbeing Board

### Outcome of the re-commissioning of the substance misuse services and progress towards implementation

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#### 1. Purpose of this Paper

The purpose of this paper is to update the Health and Wellbeing Board (HWB) on the outcome of the re-commissioning of the substance misuse services and progress towards implementation.

#### 2. Context

Following extensive consultation with service users, provider organisations, equalities communities and other groups Bristol has recently commissioned a Recovery Orientated Integrated Substance Misuse Treatment System (ROIS).

This will further increase the number of people successfully becoming free of dependence and decrease the negative effect substance misuse has on our communities.

Rather than opt for a single provider to deliver all aspects of a treatment system it was decided to offer ROIS in 5 separate lots so as not to exclude local providers being involved whilst ensuring that the system had integration at its core.

It was imperative that the new model allows service users the opportunity to access all the necessary interventions for achieving recovery as feedback informed us that this was not currently the case, with clients becoming 'stuck' in individual agencies and not moving between them as intended.

Each Lot was offered on the basis of sole provider, lead contractor (with sub-contracting arrangements) or consortia arrangement and all local organisations were invited to consult on the commissioning strategy at a variety of events and venues across the city.

On 7 November 2012 Safer Bristol, in conjunction with Strategic Commissioning and Procurement Service, issued a 'Pre-Qualification Questionnaire' (PQQ) and 'Information Pack' for a Recovery Orientated Integrated Substance Misuse Treatment System (ROIS). This was followed by an advert in 'Drink and Drug News' and notification to registered organisations through Provide to Bristol e-procurement portal.

ROIS was divided into 5 Lots:-

- Lot 1: Engagement
- Lot 2: Change
- Lot 3: Completion
- Lot 4: Support
- Lot 5: Housing Support

Eleven organisations submitted formal returns from the Pre-Qualification Questionnaire (PQQ), with nine out of the eleven respondents expressing an interest in multiple lots.

The PQQ Evaluation Panel short-listed 9 of those providers to invite to tender for the ROIS Lots.

On the 15 March 2013 the tender documents were issued to those shortlisted. The deadline for the submission of tenders was 26 April 2013.

16 tender bids across the 5 Lots were received and evaluated.

### 3. Main body of report

#### 3.1 Outcome of the tender

The JCG (10/06/13) approved the recommendations of the panel as detailed in the table below:

ROIS Cluster	Lead Provider	Sub-Contractor(s) arrangements for ROIS Clusters	ROIS Contract Value (as submitted at ITT)
Lot 1- Engagement	St Mungo's	-AWP -BDP	£1,634,766
Lot 2- Change	AWP	-BDP	£3,999,153
Lot 3- Completion	BDP	-AWP - Business in the Community -City of Bristol College -Community Farm	£1,488,102

ROIS Cluster	Lead Provider	Sub-Contractor(s) arrangements for ROIS Clusters	ROIS Contract Value (as submitted at ITT)
		-Demand Energy Equality -Volunteer Bristol -Windmill Hill City Farm	
<b>Lot 4- Support</b>	DHI	-The Care Forum	£470,586
<b>Lot 5- Housing Support</b>	ARA-	-The Junction -Salvation Army -St James Priory	£979,790

### 3.2 Key elements of the lots

#### Engagement

- Main entry point in to the system for primary alcohol users, opiate users, non-opiate users (including khat and new psychoactive substances), prescribed and over the counter medicines.
- Triage, comprehensive assessments and recovery planning to be held in multiple locations including GP premises
- Harm reduction (including needle exchange) and healthcare interventions (including BBV testing and vaccination)
- Transitions from YP substance misuse services

#### Change

- Core pharmacological and psychosocial elements to be provided in line with NICE (National Institute for Clinical Excellence) recommendations and Strang Medications in Recovery by this cluster working towards detoxification and abstinence.
- Increased support for primary care through shared care work drugs and alcohol clients.
- Specialist prescribing including detoxification, substitute prescribing and relapse prevention.
- Increase in capacity of inpatient beds at the ACER unit.
- Groupwork including specific 12 step programme, structured recovery programme and a detox support group
- Maternity and family support services.

## **Completion**

- Recovery sustainment programmes including 12 step programme, Community Reinforcement Approach and Relapse Prevention to be provided across Bristol and at a range of times including evenings and Saturdays.
- Recovery check-ups
- Peer led aftercare
- Training, education volunteering and employment opportunities including working closely with Jobcentre+, Work Programme providers and sub-contractors.

## **Support**

- Tackling discrimination and stigma through engaging with local communities.
- Carer support including family champions and peer family led group.
- Peer support to be provided across the system
- Advocacy to resolve any issues within the system

## **Housing Support**

- Accommodation and housing support to use the core of Psychological Informed Environments
- Flexible to meet the changing needs of clients as they progress in their recovery journey
- Preparation Intake accommodation that have newly entered in to the system (2 months) offering a higher level 7 days a week.
- Preparation Accommodation for clients that have stabilised and working towards abstinence from their drug of choice (6 months)
- In treatment accommodation for clients fully engaged with the Change provider and working towards non problematic use (12 months)
- In treatment abstinent accommodation for clients following detox, including prison leavers.
- Abstinent accommodation for clients who have completed a substance misuse treatment programme and abstinent (6 months). There is a focus on mutual support and community development.
- Floating support providing support across tenure, including owner occupiers. Resettlement and tenancy sustainment and looking at the needs of the whole family.

## **3.3 Implementation**

Fortnightly meetings are being held with the five lead providers working towards the start date of 1 November 2013 and agreement of core elements of the system going forwards. This includes:

- Following service user consultation a new name for the service has been agreed: **Bristol ROADS (Recovery Orientated Alcohol & Drugs Services)**
- Single launch date, communication plan and promotion of Bristol ROADS
- Development of a ROADS map (care pathway)
- Theseus (case management system) to be used across the whole system to evidence achievement of key Public Health outcomes (2.15 Successful Completion of drug treatment, 2.18 Alcohol related admissions to hospital) and key performance indicators
- Use of Breaking Free online
- Continuation of promotion and links with mutual aid (eg Fellowship and SMART network)

#### 4. Key risks and Opportunities

The following risks have been identified linked to the proposed start date of Bristol ROADS:

Risk	Mitigation
TUPE	<p>Proposals being developed for a joint approach to consultation from Bristol ROADS providers.</p> <p>Ensure a clear communication plan is developed for all provides.</p> <p>Encourage exchange of TUPE information as soon as possible.</p>
Lobbying regarding loss of funding for currently commissioned services	<p>Briefings to key stakeholders, including the impact on current providers.</p> <p>VOSCUR commissioned to support the VCS providers around loss of funding and future planning. This offer has been made to: Nilaari, HAWKS, KWADS, ARA, Salvation Army and Serenity House.</p>
Transitional arrangements lead to drop in referrals, uptake of services and service dropping out of current treatment.	<p>All contracts extended to 31 October 2013.</p> <p>Early meetings held with all current contract holders to agree transition plans.</p> <p>Targeted message sent out to all providers for service users and referrers to be prominently displayed.</p> <p>UFO (User Feedback Organisation) kept up to date with implementation plans.</p>
Communities (both protected characteristics and geographical) needs	Equalities Impact Assessment updated regularly.

Risk	Mitigation
are perceived as not addressed in the new service.	<p>Bidders were asked to demonstrate how services would be delivered for all service users with protected characteristics.</p> <p>Equalities monitoring a key component of the performance monitoring framework</p> <p>Bidders were asked to demonstrate how services would be delivered across the whole of Bristol. All bidders have identified satellite services across all localities.</p> <p>Shared premises being explored.</p>

## 5. Conclusions

From 1 November 2013 when the new Bristol ROADS model commences Bristol will have services in line with the latest clinical guidance (NICE, Medications in Recovery- NTA 2012 and Skills Consortium's Skills Hub) that places the client's recovery journey at the centre with a clear ROADS map through the defined stages of recovery ensuring achievement of key Public Health outcomes.

## 6. Recommendations

HWB are requested to:

- Note the outcome of the re-commissioning of substance misuse services
- Support the new Bristol ROADS model
- Receive future updates as required

## 7. Appendices

None