

Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Substance Misuse Service Provision in Brighton and Hove

- 1.1. The contents of this paper can be shared with the general public.
- 1.2. This paper is for the Health & Wellbeing Board meeting on the 22nd November 2016.
- 1.3 Author of the Paper and contact details:
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2. Summary

2.1 On the 1st April 2015, Pavilions, a new partnership of organisations began providing community substance misuse services. This paper gives a summary of services provided and an update against key performance indicators.

2.2 The paper also provides an update on the substance misuse inpatient detoxification service, as requested at the March 2016 Board; and on the residential rehabilitation service discussed at the October 2015 Board.

3. Decisions, recommendations and any options

- 3.1 This paper is presented for information.

4. Relevant information

4A Community Substance Misuse Services in Brighton and Hove

4A.1 Brighton and Hove residents requiring support for their substance misuse issues have a number of options open to them. The majority of individuals will be supported by the community substance misuse service. Adult community based substance misuse services (drug and alcohol treatment services for people aged 18 and over), are provided by 'Pavilions', a "partnership" of a number of organisations of which Cranstoun is the lead organisation, which began providing services in Brighton & Hove on the 1st April 2015, following the completion of a procurement exercise. The partnership comprises Cranstoun, Surrey and Borders NHS Trust, Brighton Oasis Project, Equinox and Cascade Creative Recovery.

4A.2 A range of treatment interventions are offered to support service users work towards recovery in a community setting. Each person entering treatment services is allocated a 'care co-ordinator' to work specifically with them around their needs. Support interventions include opiate substitute prescribing, group work programmes and peer support networks.

4A.3 Pavilions offer a number of support services, running alongside the group work programmes:

- Health promotion services – structured and ad hoc training courses and materials for individuals and organisations who may benefit from increasing their knowledge base on alcohol and drug related issues
- Needle exchange services – both at a 'static' site (currently at the Morley Street Homeless Practice, and included in the specification for the new homeless practice, with a trial about to commence in a local hostel) and within community pharmacies
- A&E liaison nurses offer support to people who present at hospital with an alcohol or drug related issue
- Family & Carers Team offering support to those affected by someone else's substance misuse
- Outreach and engagement team working with the street community and hostel residents to increase the number of individuals engaged in treatment services, and helping to reduce anti-social behaviour
- Criminal justice team working to support individuals either leaving prison or identified as committing crimes to support their addiction
- LGBT worker offering support to LGBT community to increase engagement

- Dual diagnosis nurses working collaboratively with mental health services to provide joint assessment and interventions for individuals with both a substance and a mental health issue
- Support to the 'one stop' substance misuse maternity services
- Jointly provide a 'pain management' service with the pain clinic to support individuals who are addicted to prescription pain medication

4A.4 The contract for the Pavilions service was an initial three year contract, with the opportunity to extend for a further two years. It became apparent during 2015-16 that due to the reduction in the Public Health ring-fenced grant, significant further budget reductions would be required against the community service contract. Commissioners opted to work with Cranstoun to implement these, and to utilise the two year extension to aid this. The contract is now scheduled to run until the end of March 2020.

4B Substance Misuse Inpatient Detoxification

4B.1 A small number of service users require a short medical inpatient detoxification, as part of their overall treatment programme. The duration of this is on average 10 to 14 days depending on the substance. Until 31st March 2016, Sussex Partnership Foundation Trust (SPFT) provided this service from a ward at Mill View hospital in Hove.

4B.2 In December 2015 SPFT gave notice on the provision of this service, and commissioners were required to find an alternative provider for the service. Cranstoun have a unit in Islington ('City Roads') providing this service and it was agreed to use the City Roads unit in the short to medium term for Brighton & Hove residents, given the challenges in finding alternative, value for money, provision locally.

4B.3 In March 2016 the Health & Wellbeing Board and Overview & Scrutiny Committee were updated on the changes to the service model and both asked for updates after the service had been operational for six months. A paper is also being taken to the Health Overview & Scrutiny Committee in December 2016. The experience of people using the service has been very positive, and the change in the geographical location of the service, which was one of the biggest concerns, has not been problematic. The positive feedback from service users has factored around the support arrangements for safe transport to and from City Roads and the excellent service they have received once at City Roads. There have also been reports of excellent communication between City Roads and other substance misuse services, such as Residential Rehabilitation, in Brighton and Hove. The outcomes for clients using the service have been very



positive, with 80% of service users successfully completing their detoxification.

4B.4 The service began on the 1st April 2016. As at the 21st October 2016, 46 service users have undergone detoxification at City Roads. The majority of service users are attending City Roads for an alcohol detoxification (85%). To date, 80% of service users have had a 'successful completion', meaning that they have left City Roads completely detoxed from the substance/s they were referred for.

4B.5 The inpatient detoxification contract is aligned with the broader Cranstoun community contract which is due to run until the end of March 2020.

4C Substance Misuse Residential Rehabilitation

4C.1 Some service users will benefit from the more intensive, structured support that can be provided in a residential programme. In Brighton & Hove residential rehabilitation is provided by two 'in-city' providers: Brighton Housing Trust's Addiction Service, and CGL's St Thomas Fund. Brighton & Hove is unusual in the approach to residential rehabilitation provision, in that services are provided in-city, as opposed to 'out of area'. Commissioners consider there to be a number of benefits to this model and have opted to continue to work with the in-city providers. A total of 79 'units' of accommodation are provided across the two providers. Performance levels for both providers are stable, with approximately 60% of all residents achieving a 'successful completion'. Both providers have systems in place to work with any service users who lapse whilst in residential rehabilitation services, with a view to supporting them to re-engage with treatment as soon as possible.

4C.2 A detailed report was taken to the Health & Wellbeing Board in October 2015, giving an overview on residential rehabilitation services, and detail on the two providers that offer these services in Brighton and Hove. The full report can be found at the following link:

[http://present.brighton-hove.gov.uk/Published/C00000826/M00006003/AI00047153/\\$20151008154233_007659_0033337_HWBReportTemplate261114.docA.ps.pdf](http://present.brighton-hove.gov.uk/Published/C00000826/M00006003/AI00047153/$20151008154233_007659_0033337_HWBReportTemplate261114.docA.ps.pdf)

4C.3 Commissioners re-negotiated contracts with the existing providers of Residential Rehabilitation services, and a 20 percent budget reduction was also agreed. The contracts with the two providers of residential rehabilitation services will run until the end of March 2019, with potential to extend for one further year.



4D Budget Reductions to Substance Misuse Services

4D.1 Public Health has been required to make substantial savings across all commissioned services in line with the overall reduction to both the Public Health Grant and the Council budget. As a consequence savings have been made across the three elements of substance misuse treatment services.

4D.2 When community substance misuse services were put out to tender the annual budget was reduced by approximately £600k per year. After the contract was awarded, it became apparent that further budget reductions would be required. Over the life of the five year contract Cranstoun have agreed to find additional savings.

4D.3 The budget for inpatient detoxification services was reduced by £150k per year from 17/18. The budget reduction for the Residential Rehabilitation services was £138K per year.

4E Performance across the Substance Misuse Partnership

4E.1 There are key performance indicators within each contract. The three aspects of substance misuse service provision outlined above come together as the substance misuse 'partnership'. To establish the overall performance of the partnership indicators from the three services are looked at collectively. National and local performance data is used in quarterly contract reviews to monitor performance. The percentage of 'successful completions' from treatment services is an indicator used to assess partnership performance against other areas, and from one time period to another. This indicator takes the total number of people in treatment and calculates the percentage of those who leave treatment having been successful.

4E.2 This successful completion indicator is measured across four categories set by Public Health England. These are opiates, non-opiates, alcohol, and alcohol & non-opiates. Performance against this indicator across these four categories has fluctuated for a number of years. Development work with previous providers led to a significant increase in the number of non-opiate clients successfully exiting treatment services in early 2014/15. Likewise, an increase in alcohol successful completions was seen in late 2014/15. In all categories a reduction in performance was seen in early 2015/16.

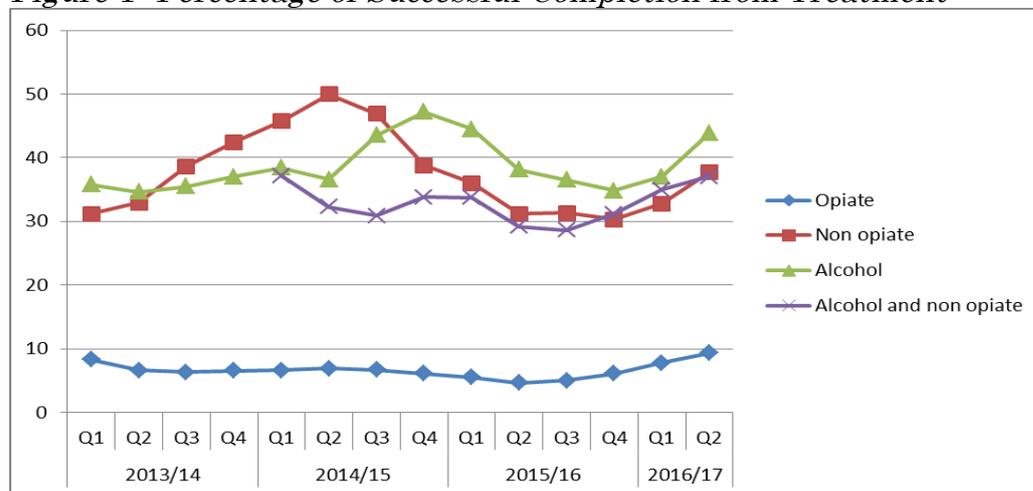
4E.3 The first five months of 2016/17 has demonstrated a considerable improvement in performance. Figures up until August 2016 indicate increasing successful completion rates for each of the four categories. The



performance for opiate clients has had the greatest increase, and puts the Brighton and Hove Substance Misuse partnership into the top quartile range, with the highest rates of successful completions seen for a significant number of years.

4E.4 In 2015/16, performance for people accessing Pavilions for support for their alcohol issues was showing the biggest decline in performance, and had been identified as an area requiring an urgent focus. Figures for August 2016 show a ten percent increase in successful completions for alcohol, when compared to the baseline position at quarter four 2015/16. There has been both an increase in the number of people entering treatment services for alcohol support, and in the number successfully exiting treatment. Figure 1 illustrates performance against this indicator. N.B. Figures to increase to demonstrate positive achievement.

Figure 1- Percentage of Successful Completion from Treatment



4E.5 Performance against a number of harm reduction indicators (Hepatitis C screening and Hepatitis b vaccination) also demonstrates improved performance in the most recent data, with local performance above the national average for both indicators.

4E.6 Performance against a number of local indicators also demonstrates considerable improvements to service delivery in year two of the contract. These include increasing the number of individuals from the LGBT community engaged in treatment services, and increasing the number of people diagnosed with a ‘dual diagnosis’ (issues relating to both substance misuse and mental health which require joint support).

4E.7 Feedback from people using the service has also been positive. The independent Substance Misuse Service User Involvement worker



employed by Mind undertakes an annual satisfaction survey with people using services. The majority of the feedback was very positive. Specific positive feedback centred on excellent staff, who are supportive and caring, the excellent facilities now available from the new premises, and improved access to support groups and peer-led networks. Where negative feedback was received it focused on service users feeling that more time with a specific key worker was required and the need for improved communication generally. Providers take on board all negative feedback received and develop action plans to address areas of concern. An example of this has been the development of an outreach assessment service for some individuals with very complex needs, as feedback indicated that they initially struggled to attend the main base of the community substance misuse service. Instead they were supported in the community and as a result were able to engage with services.

5 Community Engagement and Consultation

5.1 Service user involvement is a key element of improvement work streams in substance misuse services. All providers undertake their own service user involvement with clients, and the Service User Involvement Worker, employed by Mind, provides an independent view of service delivery. Service user representatives sit on all programme boards and domain groups and input into discussions on all elements of service delivery and development.

6 Conclusion

6.1 There have been significant changes to the providers of substance misuse services in the last 18 months. These changes brought with them some periods of uncertainty and an initial decline in outcomes for service users. However, as new service models have been implemented and bedded in, improvements to service delivery, and most importantly, outcomes for Brighton and Hove residents can be seen. Performance against key indicators has increased, and continues to demonstrate month on month improvements in most categories. Providers have worked hard to improve service delivery and better meet the needs of those individuals they are commissioned to support. As with all commissioned services, there will be ongoing monitoring, with a view to ensuring that performance continues to improve, and that increased performance levels are sustained going forwards.

7 Important considerations and implications

Legal:

- 7.1 This report is for information only. There are no legal implications.
Judith Fisher 24.10.2016

Finance:

- 7.2 This report is for information only and there are no financial implications.
Mike Bentley 25.10.2016

Equalities:

- 7.3 Equalities, and the reduction of health inequalities, are considered in the service specification development of any Public Health service. Services will be developed to ensure that all individuals have equal access. Services take action to increase the number of LGBT and BME community members actively engaged in services.

Sustainability:

- 7.4 This is covered in the body of the report.

Health, social care, children's services and public health:

- 7.5 This is covered in the body of the report.

8 Supporting documents and information

- 8.1 None