

Agenda Item No:

EAST LANCASHIRE PRIMARY CARE TRUST

May 2009

BOARD SUMMARY SHEET

Title of Report:	
Modernisation of Substance Misuse Services in East Lancashire	
Directorate/Director:	Report Prepared By:
Strategic Commissioning – Cath Galaska	Tom Woodcock and Chris Rosson
	Report Presented By:
	Chris Rosson
PEC Involvement:	
Report to PEC - YES	<input type="checkbox"/> Date:
NO	<input type="checkbox"/>
Category:	
1. For Action	<input type="checkbox"/>
2. For Consideration	<input checked="" type="checkbox"/>
3. For Information	<input type="checkbox"/>
Relevance to Corporate Objectives:	
1. Finance	<input checked="" type="checkbox"/>
2. Communications	<input checked="" type="checkbox"/>
3. Workforce	<input type="checkbox"/>
4. Premises	<input type="checkbox"/>
5. Service Improvement	<input checked="" type="checkbox"/>

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Corporate Performance Report

1. Introduction

- 1.1. The PCT commissions drug and alcohol misuse treatment services in partnership with Lancashire Drug and Alcohol Action Team (LDAAT) utilizing resources from the Adult Pooled Treatment Budget (APTB), PCT mainstream funding, the Drug Implementation Programme (Home Office criminal justice funding) and the Young People's Grant. Decision making forums include an East Lancashire Joint Commissioning Group and the DAAT Executive Group, linking into PCT, the LAA and LSP structures.

2. Current service provision

- 2.1. Currently there are seven main providers of treatment services i.e. counting GPs and Pharmacists as a homogenous group. Lancashire Care Foundation Trust are the main provider of 'core' treatment services across Lancashire and the Harm Reduction service in East Lancashire and also support GPs in the provision of Shared Care services and Pharmacies in the provision of needle exchange schemes. Third sector providers such as Inward House provide after care and day care services whilst Addaction provide criminal justice treatment and Early Break provide both drug and alcohol services for young people. Alcohol treatment is provided by ADS in Burnley, Pendle and Rossendale and Lancashire Care Foundation Trust in Hyndburn and Ribble Valley. All alcohol treatment services are currently funded by the PCT as the APTB cannot be used to commission alcohol only services.
- 2.2. The PCT has made additional investments in both drug and alcohol treatment over the past two years as part of the Saving a Million Years of Life (SMYL) initiative and was successful in obtaining a greater share of the APTB held by LDAAT due to providing over 40% of the activity across the county.

3. Rationale for modernisation

- 3.1 As the contracts for adult Tier 2 (open access services) and Tier 3 (planned treatment) are due for renewal the LDAAT Executive agreed last year that these services should be re-commissioned on a locality basis against a revised service specification in line with the 2008-2018 National Drugs Strategy. This will not include young people's treatment services but inclusion of criminal justice services is being considered by the LDAAT Executive in June 2009.
- 3.2 East Lancashire services have been successful in accessing large numbers of people into treatment and maintaining them in treatment in line with the

last Government Strategy, particularly in Burnley. However, other areas have had poor access particularly in Hyndburn where services were sited in Blackburn and uptake has always been lower than expected. Also some areas such as Pendle where there are higher levels of stimulant use and so have high levels of activity within services such as needle exchanges but the conversion rate into treatment services is low. Although treatment numbers are high throughput from one provider to another has been poor with poor levels of people coming off drugs. Pressure points in the system have resulted in high waiting times in the past with criminal justice services not being able to refer onto core treatment services. Also local services are poor users of Tier 4 (specialist in-patient) services and the PCT regularly receives complaints that there is poor access to detoxification services with maintenance treatment being the only treatment on offer.

- 3.3 This is an opportunity to commission a whole system treatment model to replace the disparate model commissioned historically on a piecemeal basis.
- 3.4 Modernisation will afford the opportunity to re-commission an integrated drug and alcohol service with one provider which will enable alcohol services to benefit from the infrastructure of drug services. As a result spend on provider overheads will be diverted into direct service provision to increase capacity, throughput and quality of care. A focus on recovery, families as well as improving health and well being will also improve achievement of health outcomes.
- 3.5 The new service model will still include the provision of Shared Care services provided by GPs and Pharmacists with more potential for expansion and development of these services.

4. National Strategies

- 4.1 The new National Drugs Strategy retains a focus on reducing crime and the harm caused to communities and young people by drug misuse but it now also emphasises a focus on families, recovery, reducing dependence on benefits and enabling drug users to move onto training and employment. The National Alcohol Strategy emphasises a need to provide evidence based treatment such as brief interventions and reducing hospital admissions.

5. Modernisation process in East Lancashire

- 5.1 The modernisation process within East Lancashire is being managed by LDAAT and the PCT working in partnership utilizing the SMYL project management tools. A Project Steering Group has been set up with sub-groups focussing on development of a Service Specification and Performance Management Framework, Finance, Procurement and Consultation and Communication.
- 5.2 As the revised service model will be radically different for some service users, staff and referrers a comprehensive consultation exercise has been planned in which the draft model will be discussed and stakeholders will have the opportunity to comment on and influence the final version. It is expected that the procurement process will commence with notice being given to providers in the summer with the new contract taking effect as from April 2010.
- 5.3 It is expected that Transfer of Undertaking Protection of Employment (TUPE) will apply and therefore staff who wish to transfer from any existing provider

who is unsuccessful in obtaining the tender will be able to transfer to any new provider.

6. Governance and Accountability

- 6.1 Since 2004/05 the APTB goes directly from the Department of Health to what was Preston and now Central Lancashire PCT instead of coming to each PCT. Central Lancashire manage the budget on behalf of the LDAAT partnership. Previously PCTs pooled the funding within a Section 31 (Health Act 1999) partnership arrangement. As the current arrangement is not essentially a Section 31 arrangement the LDAAT partnership does not have an accountability agreement in place. NHS East Lancashire, supported by NHS Central Lancashire who currently holds all of the financial risk for the APTB, has requested an Accountability Agreement to set out the agreed decision making process and management of the APTB. The LDAAT has now drafted such an agreement which, subject to changes suggested at the LDAAT Executive April 2009 meeting should be agreed at the June 2009 meeting and signed by partner Chief Executives.

7. Recommendation

- 7.1 The Board is asked to support the modernisation process and the Re-commissioning of drug and alcohol treatment services within an integrated treatment model.