

SERVICE SPECIFICATION FOR THE PROVISION OF INTEGRATED ADULT DRUG AND ALCOHOL TREATMENT AND RECOVERY SUPPORT SERVICES

1 April 2022 – 31 March 2027

1) Introduction

“Building a borough for everyone – where residents and businesses grow, with opportunities for all”

The Royal Borough of Windsor and Maidenhead (RBWM) is committed to ensuring that we deliver the most effective services for residents which improve outcomes, whilst ensuring best value for money.

The misuse of drugs and alcohol presents a wide range of social and health issues. It can have serious consequences for individuals, their family members and whole communities including crime, domestic abuse, child abuse and neglect, family breakdown, homelessness and physical and mental health problems.

The Royal Borough is seeking to appoint a single provider to deliver an integrated drug and alcohol recovery service for residents as detailed in this Service Specification. The appointed provider (the Provider) shall ensure that all services begin from the commencement date of the contract, 1st April 2022.

This Adult Drug and Alcohol Recovery Service Specification describes the characteristics required of an effective treatment and recovery service that’s objective is to support and assist service users to implement meaningful change in their lives and make positive contributions to society and their local community. It is now known that many drug and alcohol clients use substances as a means of escape from past trauma, mental health issues and adverse childhood experiences, often leaving them more vulnerable, through a revolving door of prison and homelessness. Nationally, the direction of travel of drug and alcohol services is moving towards a Public Health approach, using trauma informed models of care and support, with criminalisation only after exploring all support options.

The service model will be based on a **Central Hub and Satellite Services Model**. This will include a small main central hub in Maidenhead, an additional Satellite clinic in Windsor, and Key Worker Support mainly based within local services. This will provide a joined-up approach to recovery, particularly for adults with multiple disadvantages and complex lives. The support will be available to any adult that resides in the Royal Borough, and it is expected that the Provider will operate a triage system to prioritise appointments and manage demand and capacity.

Less than ten service users have needed access to Residential Rehabilitation or Inpatient Detoxification in the last three years. Support has been managed via community detoxification and robust Pathway Plans encouraging self-help and engagement with a wide range of services, including mutual aid and peer networks to support recovery. Therefore, these services for drug and alcohol will sit outside of this contract and will remain the responsibility of the Local Authority Public Health Contracts and Commissioning Lead, however it is expected that the Provider will work in partnership with the Commissioner to offer professional judgement to help guide treatment decisions for service users requiring intensive support.

The Royal Borough's Health and Wellbeing Strategy refresh 2021 will include the following core principles:

- Community-Centric - Investing in communities and their assets and connecting individuals to them
- Strengths Based - Capitalising on the strengths of individual people and communities to help themselves
- Effectiveness - Maximising the use of all our resources to secure efficiency and value for money
- Outcomes Focus - Demonstrating what we are doing is working for our residents

1.2) Vision and Values

The Provider will:

- Empower Service Users to make positive behaviour changes, with recovery being at the heart of all interventions
- Provide the most effective clinical treatment options in line with appropriate guidance
- Promote access to self-help and recovery support, through digital options, mutual aid, peer mentoring and volunteering opportunities
- Co-produce recovery plans with Service Users and review regularly
- Deliver trauma informed care and support in a non-discriminatory way
- Be easily accessible to all service users within the Royal Borough
- Promote safeguarding and safety for all
- Work in close partnership with other services to coordinate care effectively
- Ensure Service Users have a clear exit strategy for the end of treatment, linking them to other community services to continue their self-care and recovery journey
- Skill staff to provide holistic and assertive support using a trauma informed model
- Be fully accountable to Service Users and key stakeholders

1.3) National Legislation, Guidance and Good Practice

It will remain the responsibility of the service provider to be aware of current and changing legislation governing and informing the delivery of services, and to ensure compliance with all changes to national legislation and published guidance on good practice such as, but not limited to:

- Care Act (2014)
- Children and Families Act (2014)
- Mental Capacity Act (2005)
- Mental Health Act (2014/15)
- Modern Crime Prevention Strategy (2016)
- Modern Slavery act (2015)
- National Institute of Clinical Excellence
- Public Health England

2) Background –The Royal Borough of Windsor and Maidenhead

The Royal Borough of Windsor and Maidenhead has an affluent and economically active population, ranking 304 out of 317 local authorities in England in the Indices of Multiple Deprivation (IMD) - where a ranking of 1 is the most deprived area.

The traditional model of delivering Drug and Alcohol Services hasn't met the needs of the 61,554 (51%) adult residents, that Public Health England's Predictive Analysis suggests may have unmet alcohol needs, or the 180 clients with multiple disadvantages and complex needs, including entrenched drug and alcohol issues, that are engaged with multiple local services.

RBWM has a specific cohort Service Users with entrenched drug and alcohol issues, multiple disadvantages and co-morbidities, all of whom arrive with long standing issues, attracted by the tourism industry and night-time economy in Windsor. Although they are a relatively small cohort in terms of numbers, they put a huge pressure on multiple service areas, without ever have their needs fully met.

This includes -

- Accident & Emergency
- Adult Social Care (Optalis)
- Ambulance Services
- Community Mental Health Team
- Community Wardens
- GPs and Primary Care Services
- Homelessness, Making Every Adult Matter and the Rough Sleeper Pathway Team

- Hospital admissions
- Police and Community Support Officers
- Probation
- Voluntary and Community Sector

This is reflected in the Drug and Alcohol budget spend, which sees services for this cohort take up over 95% of the available grant funding. Nationally and locally, only around 6% of Heroin and Crack Cocaine users successfully complete a course of treatment and don't return to the service within 6 months.

Of key concern to Children's Social Care (Achieving for Children) is parental alcohol and drug use. In many of these cases, there are also concerns regarding parental mental ill health and domestic abuse (regarded as the Toxic Trio), which are often driven by trauma from their own adverse childhood experiences.

In the Royal Borough, we are developing a Place Based approach, building on our existing partnerships to scale up infrastructure projects to encourage community cohesion and self-care and tackle key themes linked to multiple disadvantages.

As the Drug and Alcohol service is being recommissioned, digital approaches have become more widespread and acceptable for the majority of residents with lower level needs, and services for the most vulnerable client groups are joining up, we have the opportunity to consider a different approach to the delivery of the Structured Psychosocial Support element of the service.

3) RBWM Drug and Alcohol Health Needs Assessment 2021

A comprehensive Drug and Alcohol Health Needs Assessment was developed earlier in the year. The key findings are summarised below, and further information can be accessed in the full RBWM Needs Assessment document and accompanying slide deck.

Alcohol Use

- Predictive analysis undertaken by Public Health England (PHE) indicates that there could be between 46,709 to 77,607 adults in RBWM drinking more than 14 units of alcohol a week, with the average being 61,554 (51%) adults; considerably higher than the England average of 25.7%
- Similar PHE Predictive Analysis indicates that there could be approximately between 875 and 1068 adults needing treatment for alcohol dependence
- Data from the National Drug Treatment Monitoring System (NDTMS) shows that 291 residents accessed treatment for alcohol issues in 2019/20
- The PHE Outcomes Framework data for 2019/20, shows that hospital admissions for all alcohol related issues in RBWM is rated 'Green'

Drug Use

- Predictive analysis undertaken by PHE indicates that there could be between 397 and 729 people aged 15 to 64 using opiates and/or crack cocaine, an average rate of 5.57 per 100,000 people aged 15 to 64, lower than the national estimate of 8.85.
- NDTMS data shows that 349 residents accessed drug treatment services in 2019/20, of which 240 were prescribed opiate substitution therapy, the majority of these also had severe alcohol abuse issues. 66% of Service Users were in treatment for 2 years or less and 9% adults attending treatment had been in treatment services for 6 years or more.
- The same data set shows that 6 residents attended services for the use of 'club drugs', none of whom reported also using opiate drugs.
- The rate of hospital admissions for drug poisoning in 2019/20 was 29.7 per 100,000 population, lower than the national rate of 53.8 per 100,000 in England.

Combined Alcohol and Drug Use

Clients with multiple disadvantages and complex needs, invariably have significant, chronic and enduring issues with a combination of both alcohol and drugs. Data from the National Drug Treatment Monitoring System (NDTMS) shows that in 2019/20, 94 Service Users were attending for combined alcohol and drug use.

For the period April 2020 to January 2021, 530 child cases recorded parental alcohol and drug use as the primary concern. In 2019/20, NDTMS data showed that 31 new presentations for alcohol support were living with children, as were 13 new presentations for drug treatment.

4) Summary of Current Services (2017-2022)

The two main contracts for Drug and Alcohol Services were awarded in 2017 Psychosocial Interventions and Harm Minimisation are delivered by Cranstoun, and Substitute Prescribing is delivered by Claremont and Holyport GP Practice. The original Contract ended on 31st March 2020, as the services were performing well and there was a 2-year extension period allowable, Cabinet agreed for the Contracts to be extended until 31st March 2022.

There are also a number of small Contracts with individual Pharmacies to distribute Opiate Substitution Therapy, and provide a Supervised Consumption service, when required for clients with unstable addiction and behaviour patterns. These contracts end on 31st March 2022, and in future will be managed by the Service Provider as part of one single integrated contract.

Due to perceived stigma attached to drug and alcohol services, few adult residents with emerging or low-level issues, contact the Drug and Alcohol Service. Those who do tend to be younger and using alcohol and Class A or B drugs such as Cocaine and Cannabis for recreational purposes, yet Public Health England's Predictive Analysis suggests that there may be as many as 61,554 (51%) adult residents in RBWM with unmet needs in relation to alcohol.

The need to recommission drug and alcohol services and changes brought about by Covid-19 restrictions, has provided an opportunity to consider different models of providing early intervention and recovery support. Digital options are more accessible and acceptable, providing an opportunity to develop local online support for early help and self-care.

Additionally, the traditional model of delivering stand-alone drug and alcohol services, and national indicators tracking 'Successful Completions without Representation', are out of step with the complex clients with multiple needs that are now entering the service. Nationally and locally, only around 6% of Heroin and Crack Cocaine users successfully complete a course of treatment and don't return to the service within 6 months.

As services within RBWM and those delivered by partners, are working together collaboratively to support the multiply disadvantaged and complex drug and alcohol users, trauma informed recovery support will be integrated within other services. Taking consideration of the broader issues and concerns these residents face on a daily basis, will increase the likelihood of a full recovery from addiction, and enable them to live healthy, safe and independent lives.

There are also some very active Voluntary, Charitable and Mutual Aid groups and networks operating in the Borough, and both Alcoholics Anonymous and Narcotics Anonymous use the Resilience building in Maidenhead for meetings.

5.) Consultation to Develop the Service Model and Specification

Introduction

The development of the drug and alcohol service model and commissioning specification was guided by informal consultation and collaborative discussions with key stakeholders, a comprehensive Health Needs Assessment and a Service Provider Market Event.

As both Slough and West Berkshire also need to recommission their drug and alcohol services from 1st April 2022, discussions were held with Commissioners and Public Health Managers in those areas to explore joint commissioning possibilities, but for various reasons they had no wish to pursue this course of action at the moment.

Consultees

Locally

- Achieving for Children
- Berkshire Healthcare Foundation Trust
- Community Mental Health Team
- CCG Commissioners
- Claremont and Holyport GP Practice (current provider)

- Community Safety Partnership
- Community Wardens
- Cranstoun (current provider)
- Housing/Homeless/MEAM/Rough Sleeper Pathway Teams
- Optalis
- Windsor Homeless Project

Regionally

- Berkshire and South East Drug and Alcohol Commissioners
- Drug and Alcohol Service Providers Market Event
- Heroin and Crack Action Area Lead (DCI Jason Kew)
- Public Health England Drug and Alcohol Lead (Tracey Goodhew)
- Police and Crime Commissioner's Office (Cath Marriott)

Models

Following initial discussions with partners and key stakeholders regarding a future delivery model for drug and alcohol services, four possible models were developed and consulted upon.

Model 1: *Recommission the existing model and service specification – with separate contracts for the Clinical Prescribing and Psychosocial elements*

Model 2: *Recommission the existing model with revised service specifications - separate contracts for the Prescribing including all Medical/Clinical elements and Psychosocial including responsibility for Pharmacies*

Model 3: *Recommission with one integrated contract to include Clinical Prescribing, Psychosocial and Pharmacy elements*

Model 4: *Recommission three separate Lots for Prevention, Clinical Prescribing and Psychosocial Support*

The model below for one integrated contract with Recovery Support staff working more closely with other services in the borough was favoured by all of the partners and key stakeholders consulted.

Drug and Alcohol Service - Psychosocial Interventions and Clinical Prescribing

- Brief intervention and signposting to online support for lower level needs (T2)
- Structured Psychosocial Treatment (T3)
- Coordinating Peer Support
- Access to Mutual Aid including Alcoholics and Narcotics Anonymous
- Include Pharmacy Needle Exchange and Supervised Consumption
- Opiate Substitution Therapy
- Include all Clinical/Medical interventions Medical Care including: Health & Wellbeing Checks, needle exchange, BBV testing & vaccinations, naloxone kits

An Options Paper outlining the findings and the model preferred by colleagues was presented to senior managers, who agreed for the model to be taken forward and further developed with partners and key stakeholders. This included: -

- RBWM Executive Director of Adults, Health and Housing – Hilary Hall
- Berkshire Director of Public Health – Tessa Lindfield
- RBWM Consultant in Public Health – Anna Richards

6.) Required Service Description

RBWM is tendering for the “Integrated” Drugs and Alcohol Recovery Service for Adults (The Service). The Service needs to be delivered in line with an evidence-based practice model, that attracts and engages substance misusers across the spectrum of need. From those with lower-level drug and alcohol issues who can support themselves through digital options and self-care, to those who are multiply disadvantaged, suffering from past trauma, and have many and complex needs including enduring mental health issues and homelessness.

The service will be delivered through a Central Hub and Satellite model. There is an existing central hub in Maidenhead, with the expectation of Prescribing Clinics being delivered in both Windsor and Maidenhead, and a person-centred, trauma informed model of psychosocial and recovery support being integrated within other RBWM services to develop joint pathways and approaches to support and self-care.

The journey of Service Users and their pathway through care should be kept under constant review by the service with the key aim of promoting full sustained recovery through self-care, continuous reduction in illicit and prescribed drug use and abstinence. The Provider will therefore be expected to work in close partnership to integrate drug and alcohol key work within other Local Authority delivered and commissioned services. This will enable residents to access support relevant to their individual and specific needs, rather than simply their drug and alcohol issue, and thus maximising their opportunity for positive outcomes and sustained recovery.

The Provider will be required to sign up to and adhere to relevant information sharing agreements and/or protocols and actively engage with local safeguarding departments and boards.

The transfer of the existing service users in treatment will take place on the 1st April 2022.

To facilitate a smooth transition between the existing and new contract it will be necessary for the incumbent Provider and new Provider to work collaboratively prior to the commencement date of the 1st of April 2022. These actions should be included in the provider's mobilisation plan which should detail actions from January 2022.