

Contract title:	Adult Substance Use Disorder Services (SUDS) Drug and Alcohol treatment for adults 25+ years
Contract Number:	EC09/01/2722A
Service Provider(s):	Change Grow Live (CGL)
Commissioning Organisation:	SCC
Contract start date:	01/07/2019
Current contract end date:	30/06/2024
Maximum contract end date:	30/06/2026
Current financial year value £:	£2,235,253

Service Summary

This contract offers adult substance use disorder treatment to adult population (25+) in Southampton. This service works in tandem with the same service offered to young people up to the age of 24 (delivered by No Limits).

The service is harm reduction and recovery oriented, evidence based and tailored to meet the needs of individuals and communities in order to empower people to lead drug/alcohol free lives where possible. The service offers treatment to address alcohol, opiate and non-opiate use as well as the use of other drugs, such as prescribed medication, novel psychoactive substances and image and performance enhancing drugs. The service provides both medical and psychosocial interventions and works co-operatively with the Young Peoples substance use service in order to provide clinical treatment for the 11-24 year age group, including pharmacological interventions, health screening, and Blood borne virus screening and interventions.

Contract Performance

The Adult Substance Use Disorder service commenced operation in July 2019. The previous commissioned service had seen a reduction in the number of individuals successfully completing treatment and therefore, following a period of implementation commissioners and provider started to address improving performance across a number of KPI's such as numbers in effective treatment, successful completions and re-presentations. An improvement plan was put into place and as a result of the actions being progressed, the number of successful completions improved as shown in the table below.

Appendix 2 (iii)

1.2 Successful completions as a proportion of all in treatment (Report from the National Drug Treatment Monitoring Service for April 2020, showing that successful completions had improved from 1/4/19 – 31/3/20 against the baseline period 1/4/18 – 31/3/19

(n) = number of successful completions / all in treatment

Baseline period: Completion period: 01/04/2018 to 31/03/2019

Latest Period: Completion period: 01/04/2019 to 31/03/2020

Benchmarking comparison: Top quartile range for local comparators

Direction of travel (D.O.T): Current data measured against the baseline (B) and Last Quarter (LQ). Due to rounding small differences may not be visible in displayed percentages but are taken into account in D.O.T. calculation.

	Baseline period		D.O.T		Latest period		Top Quartile range for Comparator LAs	Range to achieve Top Quartile
	(%)	(n)	B	LQ	(%)	(n)		
Opiate	4.6%	34 / 732			6.0%	48 / 796	7.63% - 12.74%	61 to 101
Non-opiate	33.3%	60 / 180			34.7%	58 / 167	43.46% - 66.36%	73 to 110
Alcohol	34.5%	143 / 415			39.4%	148 / 376	41.40% - 51.67%	156 to 194
Alcohol and non-opiate	26.7%	46 / 172			33.7%	68 / 202	38.46% - 71.70%	78 to 144

Appendix 2 (iii)

However, in 2020-2021 performance was impacted due to the experience of the pandemic.

Successful completions reduced and have not yet recovered to pre-pandemic levels. Part of the reason for this is that the service took the decision not to close any service user's treatment episodes during the pandemic as they wished to keep in contact and support all service users and ensure that they were safe and able to re-start treatment quickly if they dropped out. The service issued service users with mobile phones in order to be able to keep in touch with them and offered frequent telephone contact as well as contact via zoom and social media. Not all service users were able to make use of these methods of communication and therefore for a small number of service users face to face contact, maintaining social distance and appropriate PPE, was enabled.

The service started to work towards opening up services from autumn 2020 onwards but service managers have indicated that they recognise that in comparison with other local authority areas they have been relatively slow in doing this. CGL had produced their own national "roadmap" to return to office-based working, which could be adapted as required for local services. However, this reflected a relatively cautious approach to a return to office based working and one-to-one interventions. CGL were in discussion throughout this time with both Public Health England and with local commissioners regarding their approach to "opening up" of services. Staff have now returned to the office, working in "bubbles", and face to face interaction and interventions, including group work, with service users is increasing.

There is increased focus on ensuring that performance returns to at least pre-pandemic levels by the end of this financial year and a recovery trajectory is in place and is being monitored robustly by both providers and commissioners. The recovery trajectory is supported by the improvement plan which is updated regularly, and which covers areas of underperformance and areas that will improve quality and outcomes for service users, including areas that have been identified from service user feedback. The Recovery Trajectory and Improvement Plan have been provided on page 13. The Improvement Plan is reviewed and updated regularly, and was last reviewed and updated in August 2021. Successful completions are the most important of the KPI's for this service and is monitored nationally as well as locally, with the Public Health England team offering support to Local Authorities where needed.

Successful Completions:

	Opiates	Non opiates	Alcohol	Alcohol and non-opiates
Pre-pandemic level	6.0%	34.7%	39.4%	33.7%
Qtr 4 2020-21	2.0%	33.3%	30.2%	35.4%
Qtr 1 2021-22	3.4%	42.0%	32.2%	49.4%

Appendix 2 (iii)

As can be seen from the table above, based on available national reporting for the period Apr 21 – Jun 21 successful completions are beginning to recover. This information is also supported by local “real time” data reports and commissioners are working with the provider in order to ensure that the trajectory is met. Successful completions for “alcohol and non-opiates” have improved beyond pre-pandemic levels.

Other areas for improvement are:

- 90% of all eligible clients (previously or currently injecting) in treatment have had an appropriate HCV test recorded
- 95% of people, in structured treatment, with identified use of opiates who have received overdose recognition and prevention intervention and been offered naloxone
- 95% of all in structured treatment have Support Plans reviewed every 12-24 weeks
- 90% of people on OST engaging in Psychosocial interventions

All of the above are being closely monitored by both provider and commissioner. The improvement plan addresses each area of poor performance. The commissioner is meeting with the provider Service Manager on a monthly basis to review the trajectory and to discuss progress in all areas. The commissioner also meets with the Area Operational Manager every 6 weeks to discuss developments and to review concerns around performance. In addition, performance is reported on and discussed in detail at each quarterly monitoring meeting. The provider has proved responsive to commissioners’ concerns and has undertaken considerable analytical work and segmentation of the data to identify areas where improvements are required.

Commissioners will continue to work closely with the provider to achieve the actions detailed in the Improvement plan and to achieve the best outcomes for service users.

Comment from CGL – “We are fully utilising our Exit Tracker Toolkit to ensure that successful completions are conducted in a safe and structured way. We are in 4th place in the Service Comparison out of 52 Services and ranked number 1 for non-opiates/alcohol at the end of quarter 1 2021-22”

Psychosocial interventions provided:

Following a period where many groups and psycho-social interventions had to either be suspended or moved to a virtual platform, CGL is now developing its programme of group work again. Previously a wide range of sporting and activity opportunities was offered by Saints4Sports and these will be added to the programme as they start to come back online. Many of these groups and activities have proved popular with service users and support them in structuring their time and helping them to build non-drug and alcohol using networks, a crucial factor in achieving success in treatment.

Appendix 2 (iii)

CGL also support service users to gain experience that will enable them to eventually gain employment through the volunteering, educational and employment opportunities that are offered. In quarter 1 of 2021-2022:

- Volunteers have completed BBV, Hepatitis C and needle exchange training and a range of other courses designed to develop confidence.
- A cooking group has commenced which could offer the participants an opportunity to access NVQ courses in food and nutrition and First Aid at St Vincent's College and other educational opportunities are being explored.

Financial Data

The contract is paid on a block basis, i.e., the annual contract value is divided into 12 payments.

Southampton City Council has been successful in attracting additional funding in order to expand and improve services to some hard-to-reach cohorts of service users. The following was added to the main contract by way of variation.

Alcohol Extended Brief Interventions (EBI) Telephone Support:

Aim of the service: An extended brief intervention is motivationally based and can take the form of motivational-enhancement therapy or motivational interviewing. The aim is to motivate people to change their behaviour by exploring with them why they behave the way they do and identifying positive reasons for making change. The aims of the service are:

- to deliver telephone based Extended Brief Interventions for people with alcohol use disorders
- to reduce the harm of problematic alcohol consumption for people with alcohol use disorders, their families, friends, communities and the city.

The service is evidence based, free, non-judgemental and confidential. This is not an emergency service and nor is the service aimed at dependent drinkers, whose needs are likely to require more structured forms of treatment. People with alcohol dependence will be referred into Change Grow Live structured treatment services.

Additional contract value: The cost of the service is £38,000 per annum. The funding has been provided temporarily by the Public Health (Southampton) team from an underspend from another service.

Future funding implications for SCC: The sustainability of the work will depend on a long term means of funding being identified. Commissioners are working with the Public Health Consultant and Senior Public Health Practitioner in order to achieve this.

The service commenced in August 2020 and funding has been agreed to support it until 31st March 2022.

Operational Issues and Good Practice

The provider has worked well with partners and stakeholders and has developed good links with a wide range of providers in order to offer a holistic approach to recovery for many service users. Examples of good partnership working in order to offer appropriate and holistic treatment and psychosocial interventions for individual service users:

- **Southern Health NHS Trust** – meetings held with Southern Health to set up COVID vaccinations for clients and staff. Through joint partnership working CGL were able to vaccinate 30 vulnerable service users in 2 of the clinics supported by HCA staff who worked through a list of invites to people with underlying respiratory conditions.
- **Southampton City Ambulance Service (SCAS)** – CGL is working with SCAS, to set up a pilot scheme where they work closely together and share vital information. The pathway has now been approved by NHS governance team and is going live in Q2.
- **Parent Support Link** – Monthly meetings are held with the Deputy Service Manager to look at best ways of supporting and complimenting each other's services. PSL attended Change, Grow, Live's recent naloxone and needle exchange training, we also provided Drug and Alcohol training for their staff.
- **Solent Mind** – CGL psychologist and PSI team leader meets up on a weekly basis to discuss referrals.
- **Hampshire and IOW Bus Planning**– CGL's regional Lead Nurse attended IOW bus planning meeting this quarter as well as attending regular meetings with BBV community and hospital teams. The bus is proving effective as an engagement tool and a BBV interventions tool.
- **Domestic abuse bill with VAWG** – Service Manager attended all meetings re the Violence against women and girls DA Bill re statutory requirements – analysis of providers meetings.
- **Phoenix@Pause Board** - Service Manager attends as Board member
- **Public Actions Groups (PAG meetings)** CGL attend to discuss issues in local areas such as City Centre, Shirley, Portswood & Bitterne.
- **Fire safety meetings**, which look at preventing fires and potential fires across the city.
- **Homeless Hostels** - regular meetings with hostels in this quarter to look at better ways of working.
- **Smoking cessation workshop** with Solutions4health – All staff have attended a smoking cessation Workshop with the hope that staff will attend further training for them to become smoking cessation practitioners.
- Partnership working meeting held with ANA Treatment Centre attended by Deputy Service Manager, Regional lead nurse and Consultant Psychiatrist.

Appendix 2 (iii)

		2019/20				2020/21				2021/22			
		Year 1				Year 2				Year 3			
Performance Indicator number	Service Specification reference/descriptor/target	Year 1 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)	Year 2 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)	Year 3 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)
1	90% of all eligible clients (previously or currently injecting) in treatment have had an appropriate HCV test recorded	90%	74%	-16%	↔	90%	76%	-14%	↑	90%	92%	2%	↑
2	50% of all eligible clients (previously or currently injecting) in treatment have completed a course of HBV injections	50%	69%	19%	↔	50%	53%	3%	↓	50%	78%	28%	↑
3	95% of people, in structured treatment, with identified use of opiates who have received overdose recognition and prevention intervention and been offered	95%	71%	-24%	↔	95%	80%	-15%	↑	95%	79%	-16%	↓

Appendix 2 (iii)

		2019/20				2020/21				2021/22			
		Year 1				Year 2				Year 3			
Performance Indicator number	Service Specification reference/descriptor/target	Year 1 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)	Year 2 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)	Year 3 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)
	naloxone												
4	95% of people who use drugs and/or alcohol are offered triage/initial assessment within 2 working days or referral	95%	100%	5%	↔	95%	100%	5%	↔	95%	100%	5%	↔
5	95% of people who use drugs and/or alcohol are offered a comprehensive assessment within 5 working days of triage/ initial assessment	95%	100%	5%	↔	95%	100%	5%	↔	95%	100%	5%	↔

Appendix 2 (iii)

		2019/20				2020/21				2021/22			
		Year 1				Year 2				Year 3			
Performance Indicator number	Service Specification reference/descriptor/target	Year 1 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)	Year 2 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)	Year 3 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)
6	95% of all in structured treatment have Support Plans reviewed every 12-24 weeks	95%	61%	-34%	↔	95%	94%	-1%	↑	95%	58%	-37%	↓
7	95% of first clinical interventions are in place within 5 working days following the comprehensive assessment.	95%	99%	4%	↔	95%	99%	4%	↔	95%	100%	5%	↑
8	% of people on OST engaging in Psychosocial interventions (benchmarking in Yr 1)	95%	44%	-51%	↔	95%	11%	-84%	↓	95%	100%	5%	↑

Appendix 2 (iii)

Performance Indicator number	Service Specification reference/descriptor/target	2019/20				2020/21				2021/22			
		Year 1				Year 2				Year 3			
		Year 1 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)	Year 2 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)	Year 3 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)
9	90% TOPS recorded at START	90%	100%	10%	↔	90%	100%	10%	↔	90%	82%	-8%	↓
10	90% TOPS recorded at REVIEW	90%	0.64	-26%	↔	90%	76%	-14%	↑	90%	100%	10%	↑
11	90% TOPS recorded at EXIT	90%	100%	10%	↔	90%	100%	10%	↔	90%	3%	-87%	↓

Appendix 2 (iii)

		2019/20				2020/21				2021/22			
		Year 1				Year 2				Year 3			
Performance Indicator number	Service Specification reference/descriptor/target	Year 1 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)	Year 2 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)	Year 3 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)
12	8.5% of clients should successfully complete treatment: [Successful Completions/ all in treatment] OPIATES	9%	9%	0%	↔	9%	4%	-5%	↓	9%	42%	33%	↑
13	50% of clients should successfully complete treatment: [Successful Completions/ all in treatment] NON-OPIATES	50%	29%	-21%	↔	50%	30%	-20%	↑	50%	32%	-18%	↑
14	40% of clients should successfully complete treatment: [Successful Completions/ all in treatment] ALCOHOL	40%	45%	5%	↔	40%	33%	-7%	↓	40%	49%	9%	↑

Appendix 2 (iii)

		2019/20				2020/21				2021/22			
		Year 1				Year 2				Year 3			
Performance Indicator number	Service Specification reference/descriptor/target	Year 1 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)	Year 2 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)	Year 3 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)
15	50% of clients should successfully complete treatment: [Successful Completions/ all in treatment] ALCOHOL & NON-OPIATES	50	36%	-14%	↔	50	28%	-22%	↓	50	49%	-1%	↑

Appendix 2 (iii)

Agreed Trajectory for return to pre-pandemic Successful Completion levels (2021-22):

Southampton	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sept-21	Actual	Monthly Target	To Achieve by Mar 2022
Successful Completion Opiate	4	6	5	5	7	5	32	5	60
Successful Completion Non Opiate	0	6	3	4	3	7	23	7	42
Successful Completion Non Opiate & Alcohol	3	6	7	4	5	5	30	5	58
Successful Completion Alcohol	6	13	10	16	14	11	70	10	139

For Year so far	YTD Target	Actual	(Shortfall) /Surplus
Opiate	30	32	2
Non Opiate	42	23	(19)
Non Opiate & Alcohol	30	30	0
Alcohol	60	70	10

Shortfall to be added to Q2 targets



SUDS Service
Improvement plan Au