

Report to:	Cabinet	Date of Meeting:	25 June 2020
Subject:	Medically Managed Residential Detoxification for Substance Use		
Report of:	Interim Director of Public Health	Wards Affected:	(All Wards);
Portfolio:	Cabinet Member - Health and Wellbeing		
Is this a Key Decision?	Yes	Included in Forward Plan:	Yes
Exempt / Confidential Report:	No		

Summary:

Medically Managed Residential Detoxification Services are highly specialised services, and few exist outside of NHS Trusts. In March 2016, Mersey Care NHS Foundation Trust were awarded a contract to provide these services with effect from 1st July 2016. The contract was awarded for three years with an option to extend for up to a further two years. Quarterly performance and service reviews throughout the duration of the contract proved entirely satisfactory and on 7th March 2019 Cabinet approved a two-year contract extension to be exercised with effect from the 1st July 2019.

Consideration is now required on re-procuring this service as the current extension term expires on the 30th June 2021.

Recommendation(s):

Cabinet is asked to

1. Authorise the Interim Director of Public Health to conduct an OJEU Light-Tough Regime tender exercise for a Medically Managed Residential Detoxification Service to run for a period of five years from 1st July 2021 with the option of further extensions to be exercised up to a maximum of two-years.
2. Delegate authority to the Interim Director of Public Health, in consultation with the Cabinet Member for Health and Wellbeing to award the contract to the highest scoring bidder(s) resulting from the procurement and to award any extension thereof.

Reasons for the Recommendation(s):

Medically Managed Residential Detoxification Services are a critical part of any substance use treatment system. As part of this treatment system, Sefton Council commissions residential detoxification services for individuals wanting to realise a drug and /or alcohol-free life, but where physical or mental ill health, family or social circumstances makes it unlikely that they are able to achieve this goal in a community setting. Medically Managed Residential Detoxification Services are often the means by

which people with complex health care needs go on to achieve full rehabilitation and integration back into employment, education or training opportunities.

Alternative Options Considered and Rejected: (including any Risk Implications)

1. To align contract expiry dates with the Community Substance Use Assessment, Treatment and Recovery Service by offering a short-term contract. This could allow the option of considering combining the community substance use treatment services and residential detoxification services within one contract. However, in order to align the expiry dates, a contract for Medically Managed Residential Detoxification Service could only be offered for ten months from the 1st July 2021. It is doubtful that this option would be financially viable for a specialist service provider and would create instability within the treatment system. Moreover, combining the contracts would narrow the field of viable providers within the market and could disadvantage some providers who specialise only in community treatment service provision.
2. To retain separate community and residential substance use services and commence a re-procurement exercise for a specialist Medically Managed Residential Detoxification Service. In order that stability is maintained within the treatment system it is recommended that Cabinet approves the procurement of Medically Managed Detoxification services for substance use for a period of five years with the option of further extensions to be exercised up to a maximum of two-years.

What will it cost and how will it be financed?

(A) Revenue Costs

There are no additional costs other than NHS Agenda for Change staffing costs where appropriate. The cost of the service will be met from within the Public Health budgets allocated for Medically Managed Residential Detoxification services of £374,900 subject to NHS Agenda for Change pay award settlement if appropriate.

(B) Capital Costs

There are no capital costs for the Council associated with this service

Implications of the Proposals:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

Resource Implications (Financial, IT, Staffing and Assets):

The proposals aim to offer maximum value for money while ensuring stability in the drug and alcohol treatment system. The cost of the service will be met within the existing Public Health budget allocation.

Legal Implications:

Equality Implications:
There are no equality implications

Contribution to the Council's Core Purpose:

<p>Protect the most vulnerable:</p> <p>Medically managed detoxification services target the most vulnerable groups whose alcohol and other use problems compound physical and mental ill health and increase risk among disadvantaged sections of the community.</p>
<p>Facilitate confident and resilient communities:</p> <p>Medically managed detoxification service help individuals to live an independent and drug free life and help people to achieve meaningful integration within their community.</p>
<p>Commission, broker and provide core services:</p> <p>Not applicable</p>
<p>Place – leadership and influencer:</p> <p>Not applicable</p>
<p>Drivers of change and reform:</p> <p>Not applicable</p>
<p>Facilitate sustainable economic prosperity:</p> <p>Medically managed detoxification services often provide the pathways and necessary motivation for individuals to realise employment, education and training opportunities.</p>
<p>Greater income for social investment:</p> <p>Not applicable</p>
<p>Cleaner Greener</p> <p>Not applicable</p>

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD6030/20.) and the Chief Legal and Democratic Officer (LD4215./20) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Not applicable

Implementation Date for the Decision

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting

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Appendices:

There are no appendices to this report

Background Papers:

There are no background papers available for inspection.

1. Background

- 1.1. Detoxification services are an integral part of any substance use treatment system and an essential element in enabling people with substance use problems to realise a drug and alcohol-free life.
- 1.2. Successful recovery from addiction and dependency on substances including alcohol requires sustained and co-ordinated care across services. Evidence points to effective and integrated treatment programmes as being central to enable individuals to sustain longer periods of abstinence. An integrated system increases efficiencies by reducing duplication between services, improves access to a range of services appropriate to the needs and requirements of service users, optimises treatment and recovery outcomes and improves the safety of individuals, their children and families and the communities in which they live.
- 1.3. Sefton’s integrated system includes referrals from a range of sources such as GPs and Primary Care, Adult Social Care, Community Mental Health Teams, Hospital and Specialist Secondary Care, Prison and Probation Services as well as self-referrals. The pathway includes assessment, treatment, detoxification, stabilisation, relapse prevention and recovery support, and can be delivered in a variety of settings both community and residential.
- 1.4. The type and level of detoxification required is determined by a combination of assessment of health and social care need. Validated assessment tools along with a comprehensive assessment of health history, home and social circumstances, as outlined in National Institute for Health and Care Excellence (NICE) guidance, informs the type of detoxification (medically or non-medically managed) and the environment where interventions should be undertaken.
- 1.5. The majority of alcohol detoxifications can be achieved without risk or complication, and within a relatively short time-scale (usually between 5 – 9 days). Detoxification from heroin, methadone and other opiate-type substances can be

achieved in similar clinical environments but usually over longer periods of time and following a period of opiate substitution treatment (OST), stabilisation and / or dose reduction.

- 1.6. Within Sefton Integrated Substance Use Treatment Service, the first-line detoxification offer is community detoxification within the adult treatment service. Where increased risk is indicated, residential in-patient detoxification may be the safest and most effective treatment plan. Medical input and supervision can be provided by a community GP overseeing the detoxification plan.
- 1.7. Where severe dependency, complex physical and / or mental health needs are indicated, medically managed residential in-patient detoxification under the close supervision of specialist substance misuse doctors and other clinical staff can provide the most suitable clinical environment to manage risk and health needs.
- 1.8. Mersey Care NHS Foundation Trust provide integrated adult treatment services including assessment and care planning, opiate substitution treatment either on a reduction or maintenance basis, community detoxification (pharmacologically and non-pharmacologically) assisted, psychosocial interventions, recovery support and relapse prevention.
- 1.9. Medically managed residential detoxification services are currently commissioned from Mersey Care NHS Foundation Trust and comprise of an integrated drug and alcohol detoxification unit based at the Hope Centre (Smithdown Health Park) Liverpool and include:
 - Provision of a medically managed detoxification service staffed by trained specialist Addictions Doctors and Nurses skilled in providing care for those with substance use related health care needs and clinically managing the risk associated with detoxification from a range of substances.
 - Therapeutic and psychosocial interventions provided by qualified staff, including after care and relapse prevention plans which increase the chances of an individual sustaining abstinence over longer periods of time, avoiding relapse and making positive progress towards recovery goals – education, training, and or employment.