



North Yorkshire Horizons

Specialist adult recovery
focussed drug and alcohol
service for North Yorkshire

Re-procurement Consultation Summary Report

Oct 2018

1. Introduction

[North Yorkshire Horizons](#) is the name of the specialist recovery focussed adult drug and alcohol service for North Yorkshire. It was established in October 2014 after a two year service re-design process.

The existing contracts for the provision of North Yorkshire Horizons end on 30th September 2019. The contracts were established for three years initially, and the additional two year extension facility was enacted in 2017. The Council is now required to re-procure the service in time for 1st October 2019.

The Council remains committed to addressing drug and alcohol misuse as part of its action to promote population health improvement, protect health and reduce health inequalities, in conjunction with its partners. Please visit our [webpages](#) for further details.

The Council wishes to re-procure North Yorkshire Horizons from 1st October 2019.

2. Context

The Council funds the North Yorkshire Horizons service through the Public Health Grant and a contribution from the Office of the Police and Crime Commissioner for North Yorkshire.

North Yorkshire Horizons is a specialist adultⁱ recovery focussed drug and alcohol service across the North Yorkshire County Council footprint. It is available for the benefit of those present in the North Yorkshire County Council area who meet the following criteria, in line with national guidelines:

1. Aged 18 years and over and,
2. Misuse illicit drugs and/ or illicitly obtained prescription medicines and/ or,
3. Are assessed as a harmful or dependent drinker in line with [NICE Clinical Guideline 115](#). Risks associated with alcohol use at an individual level is assessed using the [Alcohol Use Disorders Identification Test](#) (AUDIT). A score of 20 or more can indicate possible dependence, and it is recommended that a comprehensive assessment is carried out with the individual at a specialist alcohol service.

North Yorkshire Horizons is commissioned to support individuals to recover from drug and/ or alcohol dependence, including abstinence; ensuring that harm reduction interventions are in place throughout the recovery journey.

When North Yorkshire Horizons was commissioned in 2014 it was anticipated that the new service delivery model would address the following objectives:

- To better meet the needs of people across the county ✓
- Have a clear and consistent access point ✓
- Support increased numbers of dependent drinkers ✓
- Have a clear focus on recovery – supporting as many people to recover as possible, including abstinence ✓
- Provide a cost effective solution by offering best value for money ✓

We have reviewed a range of evidence to assess progress against these objectives to date including:

- [Independent academic evaluation of North Yorkshire Horizons conducted by Liverpool John Moores Public Health Institute](#);
- Performance management of providers involved in delivering North Yorkshire Horizons
- Data supplied by [Public Health England \(National Drug and Alcohol Treatment Monitoring System\)](#) and [Public Health Outcomes Framework](#);
- Public Health England Deep Dive visit to North Yorkshire Horizons to explore our progress in continuing to engage increased numbers of dependent drinkers against a backdrop of reducing numbers accessing services nationally (March 2018);
- 2 [Care Quality Commission \(CQC\)](#) reviews of North Yorkshire Horizons, and their participation in the CQC inspection of NHS Children’s Safeguarding arrangements across North Yorkshire;
- Presentation to the National Commissioning and Contracting Training Conference;

3. Re-procurement of North Yorkshire Horizons

North Yorkshire Horizons is a strong brand across North Yorkshire. It has been shown to deliver good outcomes for individuals and value for money for the public purse.

The Council will re-procure a comparable service from 1st October 2019. The service will continue to be called North Yorkshire Horizons.

4. Public consultation on North Yorkshire Horizons from October 2019

The Council wanted to hear views on whether specific elements of the proposed service specification (the document that explains what will be included in the service and what outcomes it will deliver) for North Yorkshire Horizons from October 2019 could be strengthened.

The Council reviewed ‘what works’ in drug and alcohol services (the evidence base) in preparation for this, and checked this against the service specification that North Yorkshire Horizons currently uses to deliver the service. The following elements were strengthened:

- Expectations in relation to delivery of broader public health priorities and commitment to tobacco control agenda;
- Expectations in relation to meeting all needs;
- Expectations in relation to service users’ significant others including dependents;
- Provision of Naloxone including on ‘take home’ basis.

The Council established a [dedicated website](http://nypartnerships.org.uk/nyhorizons) (<http://nypartnerships.org.uk/nyhorizons>) and launched a public consultation on the proposed service specification from the 12th June 2018 to the 11th July 2018. The Council made the following opportunities available to feedback:

Potential Providers	Marketplace event – published via YORtender
Stakeholders	Online questionnaire - published on the North Yorkshire Partnerships website and promoted to partners, North Yorkshire Horizons and via social media and the press
Service users	Service User Forums – facilitated by members of the Council’s Public Health team

5. Consultation Feedback

The Council heard a range of feedback from a range of perspective, as follows:

Potential Providers	13 organisations
Stakeholders	31 responses
Service User Sessions	
Northallerton	7
Harrogate	6
Scarborough	11
Selby	3
Skipton	9

5.1 Potential Providers

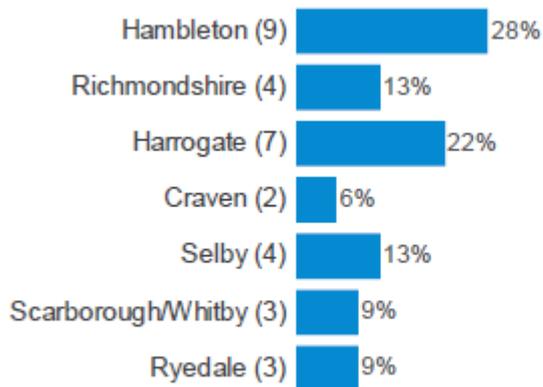
The following organisations attended the marketplace event:

- Addaction
- Carer's Centre (HR Carer's)
- Change, Grow, Live (CGL)
- Changing Lives
- HumanKind (formerly DISC)
- Humber Teaching NHS Foundation Trust
- Inclusion
- Intuitive Thinking Skills
- The Big Life Group
- North East Council of Addictions (NECA)
- Project 6
- Turning Point
- Spectrum Community Interest Company

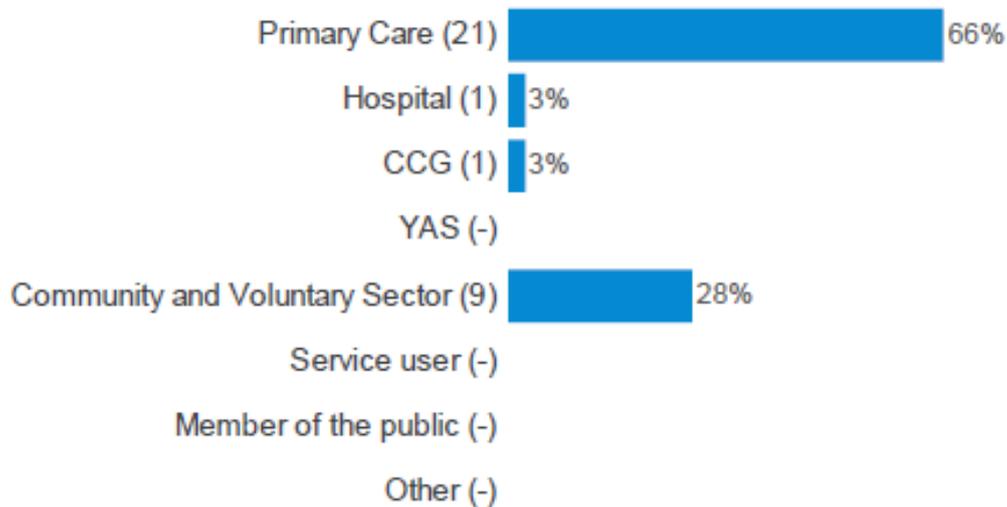
5.2 Stakeholders

A range of stakeholders from across the county completed the online questionnaire, see breakdown below:

Which area of North Yorkshire do you work in?



Which type of stakeholder are you?



5.3 Service User Sessions

5 service user workshops were held across North Yorkshire, breakdown of attendance is shown below:

Location	Male	Female
Northallerton	4	3
Harrogate	5	1
Scarborough	8	3
Selby	1	2
Skipton	5	4
Total	23	13

5.4 Key themes

The key theme's that emerged across all sources of feedback are described in the table below, along with the Councils' response and/ or actions taken where applicable:

Feedback theme	Example	Action Taken
Support is needed out of business hours	<p>“the NHS is moving to an 8am-8pm 7 day a week service – would want this service to consider availability times” (stakeholder)</p> <p>“A 7 day service” (stakeholder)</p> <p>“weekends and evenings are the most vulnerable time, just having someone to touch base with if you're struggling” (service users)</p>	<p>The draft service specification included:</p> <p>Works innovatively and flexibly to ensure that the service adapts to changing local needs and maximises individual outcomes (section 5.3);</p> <p>Determines opening hours in line with local need and adapts to changing patterns of need throughout the term of the contract (section 5.5)</p> <p><i>We have strengthened section 5.5 and it now includes: Determines opening hours, including support arrangements out of business hours, in line with local need and adapts to changing patterns of need throughout the term of the contract</i></p>
Service needs to be local and easy to get to	<p>“Outreach component important” (Provider)</p> <p>“Travel and it's costs are an issue, so place the service on transport routes; hold sessions in community such as libraries/ GP surgeries, group sessions” (stakeholder)</p> <p>“The service needs to be local – patients frequently can't get from parts of Ryedale, Harrogate rural district and Craven district when public transport routes are poor” (stakeholder)</p> <p>“Service needs to be accessible by public transport” (service users)</p>	<p>The draft service specification included:</p> <p>Takes a proactive approach within a wide range of community settings across North Yorkshire to identify drug and alcohol misusers (section 5.3 and 5.5);</p> <p>Individuals receive the same service regardless of location (section 5.4);</p> <p>Co-location with relevant services is encouraged (section 5.4);</p> <p>Takes account of public transport links and childcare</p>

		<p>provision to facilitate access to the service (section 5.5);</p> <p>Offers home visits, and appointments at mutually agreed alternative venues where needed and deemed appropriate (section 5.5);</p> <p>Meet and Greet is provided from a wide range of community venues across North Yorkshire (section 7)</p> <p><i>We feel that these points are sufficiently covered in the specification but we have made some minor changes to sections: 5.4: Co-location with other services and from community facilities is encouraged.</i></p>
<p>Use digital methods of delivery</p>	<p>“Digital means is a method of delivery” (Provider)</p> <p>“Consider innovative ways of engaging...for example Skype/Facetime consultations, apps (stakeholder)</p> <p>“SMS for appointment reminders and cancellations” (service users)</p> <p>“Apps that cover everything that you need to know about support services would be good” (service users)</p>	<p><i>We have strengthened section 5.5: Provides service and interventions through a variety of methods including digital means such as text message support, online and mobile applications</i></p>
<p>Co-location of services is important so that service users can access the support they need</p>	<p>“Joint clinics with CMHT for patients with dual diagnosis” (stakeholder)</p> <p>“Patients to be seen in their GP surgery” (stakeholder)</p> <p>“Clinics running alongside each other” e.g. smoking cessation (service users)</p> <p>“Having venues away from the [service] hubs helps with stigma” (service users)</p>	<p>The draft service specification included:</p> <p>Co-location with relevant services is encouraged (section 5.4);</p> <p>Takes a proactive approach to identifying eligible individuals; providing the service within a wide range of community settings across North Yorkshire (section 5.5);</p>

	<p>“It would be good for the support to be ‘in-house’ [within North Yorkshire Horizons] as service users have built a supportive and trusting relationship and they understand the other issues/ challenges the person is facing” (service users)</p>	<p>Work within Integrated Offender Management (IOM) teams to identify and engage substance misusing offenders into the service, and support the wider IOM aims and objectives. This will include co-location of service staff within local IOM teams (section 5.7.5);</p> <p>Section 7 describes a range of pathways that must be established, and includes NHS and social care mental health services</p> <p><i>We feel that these points are sufficiently covered in the specification – the expectations of North Yorkshire Horizons are clear.</i></p> <p><i>We’re exploring specific comments around mental health pathways with commissioners of these services (NHS and North Yorkshire County Council).</i></p>
<p>Need to work closely with GPs</p>	<p>“Primary care holds the patient’s substantive health record electronically. Feedback in the form of regular letters to the GP about patients’ progress would help with partnership. Listing any vulnerable children and adults and communicating this to the relevant GP’s including what actions they have taken means that the GP can support the patient’s holistic needs, and ensure vulnerable children and adults are protected” (stakeholder)</p> <p>“Communication/ correspondence to primary care to say the client is on Horizons caseload and what progress has been made” (stakeholder)</p>	<p>The draft service specification included:</p> <p>Section 7 describes a range of pathways that must be established, and includes GPs:</p> <p><i>We have strengthened this element (section 7): Liaise and communicate regularly with service users’ GPs at key points including but not exclusively:</i></p> <ul style="list-style-type: none"> • <i>Engagement;</i> • <i>Initiation of treatment;</i> • <i>Clinical interventions (prescribing interventions, blood</i>

	<p>“...possibly MDT meetings where all patients registered are discussed so that we can build relations with North Yorkshire Horizons staff and flag up issues or concerns and proactively try and address these” (stakeholder)</p> <p>“Links to GPs are important. Good communication across agencies involved with individuals ensures that all support compliments each other” (service users)</p>	<p><i>borne virus interventions);</i></p> <ul style="list-style-type: none"> • <i>Recovery plan milestones;</i> • <i>Clinical risks;</i> <p>Section 5.7.1.3: Give individuals the best chance of achieving and maintaining recovery from drug and alcohol misuse, by working in partnership to develop a personalised, strengths based Recovery Plan, with support from significant others and other agencies involved in supporting them;</p> <p><i>We have also included a section on Information Sharing within the specification (section 6.6) and we've updated the Safeguarding Schedule of the Contract in conjunction with the Safeguarding Children's Board and Safeguarding Adult's Board</i></p> <p>It's critical that a reciprocal communication arrangement is established between North Yorkshire Horizons and GPs. North Yorkshire Horizons is required to make clinical judgements including controlled drug prescribing decisions which will benefit from timely and accurate feedback from GPs about potential contraindications etc.</p>
<p>Appropriate support for significant others (including carer's) in their own right is really important</p>	<p>“They need access to good information to understand the SU addiction, e.g. what triggers are, what types of coping strategies can be used” (service users)</p> <p>“National and local gap in effective support – still stigma associated with addiction and carer support services not appropriately</p>	<p>The draft service specification included:</p> <p>Provide information, advice and guidance to significant others on drug and alcohol misuse (section 5.7);</p> <p>Provide accurate, evidenced based information, advice, guidance and signposting</p>

	<p>equipped to meet needs” (providers)</p> <p>“Support group for family members” (service users);</p> <p>“An offer of support that is appropriate to the circumstances – the carers offer isn’t suitable for people with substance misuse” (service users);</p> <p>“Being involved with someone with an addiction is very hard for others, especially emotionally” (service users);</p> <p>“I see families at their wit’s end when a patient has an addiction problem” (stakeholder);</p>	<p>on a range of topics associated with adult substance misuse including but not limited to:</p> <ul style="list-style-type: none"> • Drugs and alcohol and their effects; • Stopping misuse of drugs and alcohol and tobacco; • How to reduce the potential harm from drug misuse (e.g. safer injecting and reducing overdose risks); • How and where to access help for drug/alcohol problems; • How and where to access additional help (e.g. housing and sexual health); <p>(section 5.7.2);</p> <p>Identify support needs of carers and significant others and make referrals to Local Authority commissioned Carer’s Services for a carers assessment and appropriate support.</p> <p><i>We feel that these points are sufficiently covered in the specification – the expectations of North Yorkshire Horizons are clear and proportional in terms of what we can expect within the budget available.</i></p> <p><i>We’re exploring specific comments around carer services with the commissioner of these services (North Yorkshire County Council).</i></p>
Need to improve mental health	“Dual Diagnosis management. Patients with both substance use	The draft specification included:

<p>pathway's for co-existing substance misuse</p>	<p>and a severe and enduring mental health problem are not served well by the current service provision. Joint working is the only effective way to engage with these patients, who currently experience a 'merry go round' being told that the other service is needed." (stakeholder)</p> <p>"Joint clinics with CMHT for patients with dual diagnosis" (stakeholder)</p> <p>"Mental Health pathways need to be strengthened, as there are barriers to entry when you are 'under the influence' but the two conditions need to be addressed at the same time as they are very much interlinked" (service users)</p> <p>"Stronger partnerships with mental health" (service users)</p> <p>"Joint work to create a dual diagnosis forum" (stakeholder)</p>	<p>Section 7.3 Mental Health Teams:</p> <p>Work in partnership with secondary care mental health services (TEWV NHS Foundation Trust and Bradford District Care NHS Foundation Trust [BDCT]), social care mental health teams and Improving Access to Psychological Therapies services delivered by TEWV and BDCT to establish joint working protocols that effectively identify and meet the mental health and wellbeing needs and preferences of service users in line with current NICE guidelines and best practice guidance;</p> <p>Work in partnership with TEWV and BDCT to identify and meet the needs of service users with co-existing severe mental illness and substance misuse, in line with current NICE guidelines. The service will initiate and/ or participate in multidisciplinary team meetings for service users to promote compliance with NICE guidelines by all services and maximise service user outcomes.</p> <p><i>We feel that these points are sufficiently covered in the specification – the expectations of North Yorkshire Horizons are clear and proportional. We're exploring specific comments around mental health pathways with commissioners of these</i></p>
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		<i>services (NHS and North Yorkshire County Council).</i>
Smoking cessation support	<p>“Positive sentiment as long as smoking cessation service is jointly delivering and held to account” (providers)</p> <p>“Bring smoking cessation closer to patients – at present they are put off accessing due to distance involved” (stakeholder)</p> <p>“If you satisfy too many issues then you dilute...’</p> <p>“...bring the services to where this vulnerable group are seen rather than directing them to multiple other services...even if this involves other providers working in the same location as horizons” (stakeholder)</p> <p>“Need to make sure the offer is at the right time, it is only useful when the individual is ready to do it...an in house model would be good/clinics offered in tandem at NY Horizons” (service users)</p>	<p><i>The smoking cessation elements have been updated (see section 5.7.9 and 6.9). The Council is currently developing plans for the provision of smoking cessation support.</i></p>
Relationships with other services are important	<p>“Understanding of what NY Horizons does across other agencies would help so they know what support people need and where to get it” (service users);</p> <p>“Better awareness of the service amongst the partners who should be referring in would be good” (service users);</p> <p>Better communication across agencies involved with individuals would help to ensure all support compliments each other (service users);</p> <p>“Pathways should include liaison for physical health concerns and social care, so strong links to housing, benefits, voluntary sector” (stakeholder)</p> <p>“A signposting culture is needed” (service user)</p>	<p>The draft specification included:</p> <p>Section 7 describes a range of pathways that must be established;</p> <p>Takes a proactive approach within a wide range of community settings across North Yorkshire to identify drug and alcohol misusers (section 5.3 and 5.5);</p> <p>Co-location with relevant services is encouraged (section 5.4);</p> <p><i>We have strengthened section 5.3: Takes a proactive approach to promoting the service – including through North Yorkshire Connect</i></p>

	<p>“Additional links – bereavement, further education, physical activity opportunities, volunteering agencies” (service user)</p>	
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5.5 Specific feedback from one source

Source	Feedback	Action Taken
Service users	<p>“The SPOC should be free to call – cost can be a barrier” (service users)</p>	<p><i>We want to retain the North Yorkshire Horizons SPOC number from 1st October 2019.</i></p> <p><i>We’ll explore this with the successful provider of North Yorkshire Horizons during mobilisation.</i></p>
GPs need support with dependence to prescription medicines	<p>“Include iatrogenic medicine dependence. We understand that currently there is no provision for this” (stakeholder)</p> <p>“It needs to cater for prescribed drug dependence” (stakeholder)</p> <p>[The service is expected to contribute to the delivery of broader public health priorities...we’ve articulated specific expectations...please outline any changes that we could make to strengthen this aspect...] prescribed drug dependency (stakeholder)</p>	<p><i>The expectations of North Yorkshire Horizons are clear and proportional in terms of what we can expect within the budget available.</i></p> <p><i>A range of guidance and resources are available (see links below) to support assessment of need and local action. NHS England and Spectrum CIC jointly hosted a conference in June 2018 where a consensus statement was shared and adopted. Public Health England have just launched a call to action (Sept 2018) and are working with the National Guideline Centre to develop an evidence briefing on dependence forming medicine withdrawal.</i></p> <p><i>The Council can provide public health support to NHS partners – Clinical Commissioning Groups – in terms of needs assessment and provision of evidence.</i></p>

		<p><u>PHE preventative interventions</u></p> <p><u>Alcohol and drug treatment and prevention guidance</u></p> <p><u>Opioids Aware'</u></p> <p><u>Safer Use of Mental Health Medicines</u></p> <p><u>BMA – supporting individuals affected by prescribed drugs</u></p>
<p>Improve detox access and timeliness</p>	<p>“Look at role of detoxification regime - some patients require inpatient detox services and fast access to this can have significant benefit for patients but also reduced use of other services such as general practice and urgent secondary care (stakeholder)</p> <p>“If a patient relapses a timescale of weeks can ensue before they can access treatment” (stakeholder)</p>	<p>The draft specification included:</p> <p>Provide full range of pharmacological interventions in line with NICE guidelines (section 7.7.7) and provide substance misuse inpatient and residential interventions or contract with an appropriate provider from the contract budget (section 5.7.8);</p> <p>Clinical treatment interventions are flexible, recovery focused and include harm reduction (section 5.7.7);</p> <p>Community detoxification is provided, except where an inpatient admission is required on clinical grounds...in line with current NICE guidelines’ (section 5.7.7);</p> <p><i>We feel that these points are sufficiently covered in the specification – the expectations of North Yorkshire Horizons are clear and consistent with clinical guidelines. Access to treatment, where applicable, will be within national wait time standards. North Yorkshire Horizons will be compliant with NICE guidelines and the Orange</i></p>

		<i>Book in relation to assessment of need for and provision of pharmacological interventions.</i>
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6. Summary

Thanks are extended to all who provided feedback. Feedback has been used to strengthen the content of the specification for North Yorkshire Horizons from October 2019, and to support on-going discussions with commissioning colleagues where opportunities have been identified to strengthen and improve the system within which North Yorkshire Horizons operates.

For further information visit: <http://nypartnerships.org.uk/nyhorizons>

ⁱ The Service is only responsible for providing the following service for under 18 years olds: substitute prescribing interventions, where clinically appropriate. They deliver this intervention in conjunction with psychosocial support provided by the young people's service. Care co-ordination responsibility rests with the young people's service. Demand for this element of service has been low to date.