

Report Title:	<b>Request to use the allowable contract extension period of two years for Drug and Alcohol Services</b>
Contains Confidential or Exempt Information?	No - Part I
Member reporting:	Councillor Carroll, Lead Member for Adults, Children and Health
Meeting and Date:	Cabinet – 26 September 2019
Responsible Officer(s):	Hilary Hall, Interim Director of Adult Services and Deputy Director Strategy and Commissioning
Wards affected:	All

www.rbwm.gov.uk



## REPORT SUMMARY

1. Following a comprehensive review of drug and alcohol provision in the borough in 2015-2016, two contracts were let to meet the identified need on 1 April 2017. One contract was let to Cranstoun for psychosocial intervention and support, and the other to Claremont and Holyport Surgeries for substitute prescribing, for an initial term of three years.
2. Both contracts are working well and it is recommended that the extension period of two years, allowable within the contract, is used to enable the services to continue to deliver in the borough.

## 1. DETAILS OF RECOMMENDATION(S)

**RECOMMENDATION:** That Cabinet notes the report and:

- i) **Approves the award of a two-year contract extension for drug and alcohol services, comprising psychosocial intervention and support to Cranstoun, and to Claremont and Holyport surgeries, for substitute prescribing commencing on 1 April 2020.**

## 2. REASON(S) FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

- 2.1 A comprehensive review of drug and alcohol services was undertaken in the borough in 2015-2016 involving a wide range of partners. The outcome concluded that, overall, in terms of prevalence and complexity factors, the needs of residents in the Royal Borough appear to be less than those of Slough and Reading, similar to those in West Berkshire but largely higher than those of Wokingham and Bracknell.
- 2.2 As a result of the review, Cabinet agreed the award of two contracts to meet the identified need from 1 April 2017 for an initial three year term. One contract was let to Cranstoun for psychosocial intervention and support. Under the brand Resilience, the service works out of the Reform Road offices. The second contract for substitute prescribing was let to Claremont and Holyport surgeries.

- 2.3 Performance for adults is measured through successful treatment completions, see table 1. Performance generally compares well with national and regional comparators although the relatively small numbers within cohorts can disproportionately affect overall performance. Performance in 2018 around clients returning to alcohol or opiates within six months of successful discharge is notable as is percentage of adults successfully engaging with community based treatment following release from prison.

**Table 1 Drug and alcohol key performance indicators**

<b>Indicator</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Percentage of successful treatment completions (alcohol)	RBWM - 37.1% S East - 40.2% Eng - 38.7%	RBWM - 34.5% S East - 35.3% Eng - 38.9%	RBWM - 35.3% Eng - 38.5%
Percentage of successful treatment completions (opiates)	RBWM - 11.2% S East - 8% Eng - 6.7%	RBWM - 5.4% S East - 7.3% Eng - 6.5%	RBWM - 6.1% Eng - 6.1%
Percentage of successful treatment completions (non-opiates)	RBWM - 32.7% S East - 39.1% Eng - 37.1%	RBWM - 25% S East - 36.3% Eng - 36.9%	RBWM - 33.3% Eng - 35.7%
Percentage of clients discharged successfully who return to alcohol treatment within 6 months	RBWM - 21.9% Eng - 8.86%	RBWM - 7.4% Eng - 8.8%	RBWM - 0% Eng - 6.09%
Percentage of clients discharged successfully who return to opiate treatment within 6 months	RBWM - 0% Eng - 11.9%	RBWM - 10% Eng - 7.14%	RBWM - 10% Eng - 12%
Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	Not available	RBWM - 33.3% S East - 28.9% Eng - 30.3%	RBWM - 41.4% S East - 32.1% Eng - 32.1%

- 2.4 In addition to delivery against the contractual performance indicators, the services have succeeded in developing and participating in a wide range of multi-agency networks and partnerships to support the cohort. Resilience is also concentric to, and integrated with, the council's updated homelessness strategy.
- 2.5 Whilst it is relatively unusual for there to be two separate contracts for psychosocial intervention and support, and substitute prescribing, the services are coordinating their functions and working together effectively and efficiently.
- 2.6 The proposed two-year contract extension will enable a full commissioning exercise to be undertaken to determine the best future model for drug and alcohol service delivery, building on the outcomes of the 2016 review.

## **Options**

**Table 2: Options arising from this report**

Option	Comments
Approve a two year extension period for both services to continue current treatment provision. <b>This is the recommended option</b>	The services are working well together, and have results which in many cases are better than national and regional averages.
Decommission the services on 31 March 2020.  This is no recommended	The Royal Borough has a responsibility under the Health and Social Care Act 2012 to improve Public Health. Although provision of drug and alcohol services is not mandated, results are monitored nationally by Public Health England.

### 3. KEY IMPLICATIONS

3.1 The key implications are set out in table 3.

**Table 3: Key Implications**

Outcome	Unmet	Met	Exceeded	Significantly Exceeded	Date of delivery
Contract extension in place	After 1 April 2020	1 April 2020	N/A	N/A	1 April 2020

### 4. FINANCIAL DETAILS / VALUE FOR MONEY

4.1 There are no financial implications arising from this report. The funding for the contract is within the Public Health Grant and no additional funding is required during the lifetime of the contract extension.

### 5. LEGAL IMPLICATIONS

5.1 The National Health Service Act 2006 (“the 2006 Act”) (as amended by the Health and Social Care Act 2012) imposes a statutory duty on the Council in respect of public health. Section 2B(1) of the 2006 Act imposes the core statutory duty. This provides that “*each local authority must take steps as it considers appropriate for improving the health of the people in its area*”. Therefore the Council has discretion to decide what steps it considers “appropriate” to take for improving the health of the people in their particular area. When exercising its discretion the Council must act in accordance with public law principles of rationality, i.e. it must take into account all material considerations, omit immaterial considerations, act in accordance with its legal requirements and act fairly and in accordance with requirements of natural justice. Therefore the Council must have regard to the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

5.2 The Public Health Ring-Fenced Grant Conditions 2019/20 are set out in Annex A of Local Authority Circular LAC(DH)(2018)2. The conditions make clear that

if there is a failure to comply with the grant conditions, the Secretary of State may reduce, suspend or withhold grant payments or requirement the repayment of the whole or part of the monies paid. In using the grant the Council is obliged to “have regard to the need to reduce inequalities between the people in its area” and where drug and alcohol misuse services are concerned, there is a specific condition which requires the Council to have regard to the need to improve the take up of, and outcomes from, these services. The 2020/21 Ring Fenced Grant Conditions are yet to be published but it is likely that the condition relating to uptake of drug and alcohol misuse services will remain.

## 6. RISK MANAGEMENT

**Table 4: Impact of risk and mitigation**

<b>Risks</b>	<b>Uncontrolled risk</b>	<b>Controls</b>	<b>Controlled risk</b>
Service model does not continue to deliver.	Medium	Close monitoring of the service to ensure that it delivers.	Low

## 7. POTENTIAL IMPACTS

7.1 The impacts relating to equalities and community cohesion were fully evaluated and appraised as part of the original contract award decision. The recommendation of this report is to award a contract extension based on the same terms and conditions, therefore there are no additional impacts.

7.2 There are no direct climate change/sustainability impacts of the recommendations in this report.

7.3 Cranstoun and Claremont and Holyport surgeries process personal data in discharging the requirements of the contract and their processes for doing so are fully GDPR compliant.

## 8. CONSULTATION

8.1 Consultation on the proposed extension has taken place with the Lead Member for Adults, Children and Health and with the two current providers.

## 9. TIMETABLE FOR IMPLEMENTATION

9.1 Implementation date if not called in: 1 April 2020.

**Table 5: Implementation timetable**

<b>Date</b>	<b>Details</b>
26 September 2019	Cabinet decision
October to January	Contract documentation and ongoing arrangements for contract monitoring agreed

Date	Details
1 April 2020	Commencement of contract extension.

## 10. APPENDICES

10.1 There are no appendices.

## 11. BACKGROUND DOCUMENTS

11.1 This report is supported by one background document:

- [https://rbwm.moderngov.co.uk/documents/s6381/meetings\\_160526\\_cab\\_daad\\_full.pdf](https://rbwm.moderngov.co.uk/documents/s6381/meetings_160526_cab_daad_full.pdf)

## 12. CONSULTATION (MANDATORY)

Name of consultee	Post held	Date sent	Date returned
Cllr Carroll	Lead Member for Adults, Children and Health	15/08/19	28/08/19
Duncan Sharkey	Managing Director	15/08/19	20/08/19
Russell O'Keefe	Executive Director	15/08/19	
Andy Jeffs	Executive Director	15/08/19	16/08/19
Rob Stubbs	Section 151 Officer	15/08/19	16/08/19
Elaine Browne	Interim Head of Law and Governance	15/08/19	21/08/19
Nikki Craig	Head of HR and Corporate Projects	15/08/19	15/08/19
Louisa Dean	Communications	15/08/19	
Kevin McDaniel	Director of Children's Services	15/08/19	15/08/19
Hilary Hall	Interim Director of Adult Services and Deputy Director of Commissioning and Strategy	15/08/19	15/08/19
Tessa Lindfield	Director of Public Health Berkshire	15/08/19	

## REPORT HISTORY

Decision type:	Urgency item?	To Follow item?
Key decision: 25 July 2019	No	No
Report Author: Siân Smith. Service Lead Public Health Commissioning and Contracts.		