

Report Title:	Drug and Alcohol Services Recommissioning
Contains Confidential or Exempt Information	No
Lead Member:	Councillor Carroll - Deputy Chairman of Cabinet, Adult Social Care, Children's Services, Health and Mental Health.
Meeting and Date:	Cabinet Meeting – 29 th October 2021
Responsible Officer(s):	Hilary Hall - Executive Director Adults, Health and Housing Anna Richards – Consultant in Public Health
Wards affected:	All

REPORT SUMMARY

The Local Authority has a responsibility under the Health and Social Care Act 2012 to improve Public Health. As part of the ring-fenced Public Health Grant, the Council receives a 'Pooled Treatment Budget' of £718,300 to provide drug and alcohol services for residents.

All existing Drug and Alcohol Service contracts end on 31st March 2022, and new services will commence delivery from 1st April 2022.

This report sets out the commissioning and procurement process, and the decision reached, following a 'Light Touch' competitive tender process, conducted between June and September 2021.

Cabinet is recommended to award the drug and alcohol contract to the Preferred Provider for a 5-year term, with the option to extend for a further two years. The provider has a strong focus on supporting opportunity in the Borough, through apprenticeships and opportunities for peer mentors and volunteers to gain skills and qualifications which increase employability.

1. DETAILS OF RECOMMENDATION

RECOMMENDATION: That Cabinet notes the report and:

- i) Agrees to award the Drug and Alcohol Service Contract to the Preferred Provider.

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

Options

Table 1: Options arising from this report

Option	Comments
Award the contract to the preferred bidder.	The new contract specification brings together the different elements involved in providing

Option	Comments
This is the recommended option	drug and alcohol services into a fully integrated model under the responsibility of one service provider.
Don't award the contract to the preferred bidder. This is not recommended	As the current contracts end on 31 st March 2022, not awarding the contract would mean that there would be no drug and alcohol support provision in the borough from 01 April 2022

Background

- 2.1 Providing effective drug and alcohol services has a broader impact upon the health of individuals, families and communities, and on crime rates. Public Health England estimates suggest that the economic cost of alcohol related harm is £21.5bn, while harm from illicit drug use costs £10.7bn.
- 2.2 As the Royal Borough's drug and alcohol contracts were reaching a natural end, there was an opportunity to consider taking a different approach to delivering drug and alcohol recovery support that meets the needs of both residents with low level issues that may not be significantly impacting upon their lives at this point (but may lead to worse health outcomes in the long-term), and those with multiple disadvantages and complex behaviours including entrenched drug and alcohol issues, that are engaged with multiple local services. This delivery model builds on existing partnerships to encourage community cohesion and self-care and tackle key themes linked to multiple disadvantages.
- 2.3 Digital and online approaches have become more acceptable and accessible for early help and self-care. This offer is a key component of the new model for residents with low level needs, which will increase their knowledge and understanding of drug and alcohol use and how they can support themselves to reduce and abstain from health risk taking behaviours.
- 2.4 Along with residents who are using drugs and alcohol to harmful levels, and require a short period of structured psychosocial interventions, RBWM has a small cohort of residents with long standing issues from past trauma in their lives. They are usually also homeless or rough sleeping, with entrenched drug and alcohol issues, multiple disadvantages, and co-morbidities.
- 2.5 The key aim of the new service is promoting full sustained recovery from opiate and alcohol abuse through self-care, continuous reduction in illicit and prescribed drug use and ultimately abstinence. The Provider will work in close partnership across the Council 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 their drug and alcohol issues in isolation, and thus maximising their opportunity for positive outcomes and sustained recovery.
- 2.6 In order to derive maximum value from the contract, it is recommended that the new Contract is let for 5 years with a 2-year allowable extension, with

appropriate contractual safeguards should there be reductions in grant funding during the period.

Drug and Alcohol Health Needs Assessment

- 2.7 A comprehensive Drug and Alcohol Health Needs Assessment was undertaken earlier in the year by the council's public health team and has informed the development of the new contract, see Appendix A.

Drug and Alcohol Integrated Model

- 2.8 The new contract brings together the clinical and psychosocial elements into one integrated contract. This will make the service easier to contractually manage, and better serve joint working at the interface between the different, but intrinsically linked services. Responsibility for Pharmacy services is also now included, which equally will support closer working relationships.

Recovery Support and Coordination

- 2.9 The new model will see drug and alcohol Recovery Support Coordinators based within other services, integrating with staff to support their joint clients. Although they are a relatively small cohort in terms of numbers, those with multiple disadvantages and complex opiate and alcohol behaviours, put a huge pressure on multiple service areas, without ever having their needs fully met, as they often fall between service gaps. Developing integrated services is a key recommendation of the Dame Carol Black Review (2021), where she notes that to sustain recovery from drug and alcohol abuse, people need a home and a job, too many people are in and out of treatment for years, even decades without turning their lives around for good. The Ministry of Housing, Communities and Local Government (2021) also stated that "Two thirds of rough sleepers have drug and alcohol problems.

Procurement Process

This procurement has been conducted using the principles of the Open Procedure described in Regulation 27 of the Public Contracts Regulations 2015 and used a 'Light Touch Regime' as permitted by Regulation 76 of the Public Contracts Regulations 2015 for the procurement of 'Social and Other Specific Services'. As a result of a robust procurement process, a Preferred Provider has been identified and approval is sought for the contract to be awarded to them.

3. KEY IMPLICATIONS

- 3.1 Although neither mandated nor statutory provision, drug and alcohol services are intensively monitored and have national targets, outcomes and reporting measures, as set out by Public Health England and the Care Quality Commission. This includes metrics collated and reported using the following digital systems, which comprise both individual and partnership level outcomes:
- Diagnostic and Outcome Monitoring Executive Summary (DOMES)
 - Public Health Outcomes Framework (PHOF)
 - National Drug Treatment Monitoring System (NDTMS)
 - Treatment Outcome Profiles (TOPs)

Table 2: Key Implications

Outcome	Unmet	Met	Exceeded	Significantly Exceeded	Date of delivery
Successful completions for opiates	Worse than the South East average	Same or similar to the South East average	Better than the South East average	Not Applicable	31 st March 2027
Successful completions for non-opiates.	Worse than the South East average	Same or similar to the South East average	Better than the South East average	Not Applicable	31 st March 2027
Successful completions for alcohol.	Worse than the South East average	Same or similar to the South East average	Better than the South East average	Not Applicable	31 st March 2027
Successful completions without representation within 6 months of treatment completion for opiates.	Worse than the South East average	Same or similar to the South East average	Better than the South East average	Not Applicable	31 st March 2027
Successful completions without representation within 6 months of treatment completion for non-opiates.	Worse than the South East average	Same or similar to the South East average	Better than the South East average	Not Applicable	31 st March 2027
Successful completions without representation within 6 months of treatment completion for alcohol.	Worse than the South East average	Same or similar to the South East average	Better than the South East average	Not Applicable	31 st March 2027

4. FINANCIAL DETAILS / VALUE FOR MONEY

- 4.1 There are no financial implications as the cost of the new contract is £650,000 per annum, which is within the allocation set aside in the Public Health grant. No additional budget is, therefore, required.
- 4.2 All combined Drug and Alcohol recommissioned services must not exceed the value of the Pooled Treatment Budget (£718,300) provided by the Public Health Grant. All areas within the Local Authority are expected to look for cost savings. If any opportunity arises to reduce the cost of the Drug and Alcohol programme without compromising the service for residents, the opportunity will be fully explored and evaluated.
- 4.3 Authority to access Residential Rehabilitation services and funding for residents requiring this service will continue to be managed by the RBWM Public Health Service Lead for Contracts and Commissioning. The remaining £68,300, will be used for this purpose when required, following agreement between RBWM and the Service Provider.

5. LEGAL IMPLICATIONS

- 5.1 The Council is a local authority as defined by section 270 of the Local Government Act 1972. Section 1 of the Localism Act 2011 affords the Council a power of general competence “to do anything that individuals generally may do”. Section 2 of the same Act sets out the limits of that general power, requiring local authorities to act in accordance with statutory limitations or restrictions.
- 5.2 The Council also has a general power under section 111 of the Local Government Act 1972, “to do anything which is calculated to facilitate, or is conducive or incidental to the discharge of its function”, including enter into the arrangements proposed in this report.
- 5.3 The Council has the power to offer substance misuse services in accordance with s.1 Localism Act 2011 (the General Power of Competence) subject to complying with the Council’s Contract and Financial Procedure Rules as set out in the Council’s Constitution.
- 5.4 Section 17 of the Crime and Disorder Act 1998, (as amended), requires responsible authorities to consider crime and disorder and the misuse of drugs, alcohol and other substances, in the exercise of all of their duties, activities and decision making. Such authorities must exercise their functions with due regard to the likely effect of the exercise of those functions on crime and disorder in its area, and the need to do all that it reasonably can, to prevent it.
- 5.5 The services provided will be delivered in accordance with this Section 17 duty, as well as the Council’s duties under the Human Rights Act 1998 and the Equality Act 2010.
- 5.6 The Council has a duty under Section 12 of the Health and Social Care Act 2012 to take such steps as it considers appropriate for improving the health of the people in its area including providing services or facilities for the prevention, diagnosis or treatment of illness. Alongside a general duty under section 1 of the Care Act 2014 to promote the well-being of individuals. “Wellbeing” in

relation to an individual is defined within the 2014 Act as including (b) physical and mental health and emotional well-being and (h) suitability of living accommodation.

6. RISK MANAGEMENT

- 6.1 The potential service risks are listed below

Table 3: Impact of risk and mitigation

Risk	Level of uncontrolled risk	Controls	Level of controlled risk
The transition to a different service model and staff integration within other service areas is unsuccessful	Medium	As the contracts were reaching their natural end point, there was sufficient time to engage and involve key stakeholders throughout the development of the new integrated model and start to embed the focus on recovery within the existing service culture.	Low
Sub-Contracting Arrangements for Clinical Prescribing fail.	Low	Local arrangements and contractual terms were agreed after collaborative discussion. The Preferred Provider has additional resources that can be called upon in the event of failure.	Low
Treatment resistant clients continue to impact on multiple services despite coordinated support and access to effective pharmacotherapy	Medium	RBWM was successful in gaining £121,000 extra funding in 2021/22 from Public Health England for drug and alcohol services, and this funding has been used to 'trial' services and initiatives that are key deliverables for this client group within the new contract.	Low

7. POTENTIAL IMPACTS

- 7.1 Equalities. Equality Impact Assessments are published on the Council's website. An EQIA Screening Form has been completed for the new drug and alcohol service and no further action is required. This has been approved by the Consultant in Public Health and forwarded for inclusion on the Council's website in advance of the Overview and Scrutiny Panel and the Cabinet Meeting.

- 7.2 Climate change/sustainability. There is no potential impact of the recommendation in relation to climate change / sustainability.
- 7.3 Data Protection/GDPR. No personal data is being processed by RBWM.

8. CONSULTATION

- 8.1 The Paper is being presented to the Adults, Children and Health Overview and Scrutiny Panel on 22nd September 2021.
- 8.2 Informal consultations and collaborative discussions were undertaken with a wide range of key stakeholders from developing the new drug and alcohol service model, through to the final service specification that went out to the market. This is a key recommendation following the review into drug and alcohol treatment services conducted by Dame Carol Black, who proposed moving away from 'commissioning processes' and instead moving to inclusive and collaborative commissioning, working with providers to shape services. (Please see Appendix B RBWM Drug and Alcohol Service Specification Overview)
- 8.3 Once the mobilisation period commences, residents using the service will be consulted and involved with the co- production of various elements of the service.

9. TIMETABLE FOR IMPLEMENTATION

- 9.1 Implementation date if not called in: Immediately. The full implementation stages are set out in table 4

Table 4: Implementation timetable

Date	Details
29 th October 2021	Contract Award authorised by Cabinet and successful bidder officially notified following the Call In period
3 rd January 2022	New service mobilisation process commences.
31 st March 2022	Service mobilisation completed.
1 st April 2022	New Contract start date.

10. APPENDICES

- 10.1 This report is supported by 2 appendices:
 - Appendix A RBWM Drugs and Alcohol Health Needs Assessment (2021)
 - Appendix B RBWM Drug and Alcohol Service Specification Overview (2022-27)

11. BACKGROUND DOCUMENTS

- 11.1 This report is supported by 3 background documents:

[Independent review of drugs by Professor Dame Carol Black - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/independent-review-of-drugs-by-professor-dame-carol-black)

[Review of drugs: phase two report - GOV.UK \(www.gov.uk\)](#)
[Extra help for rough sleepers with drug and alcohol dependency - GOV.UK \(www.gov.uk\)](#)

12. CONSULTATION (MANDATORY)

Name of consultee	Post held	Date sent	Date returned
<i>Mandatory:</i> <i>Statutory Officers (or deputy)</i>			
Adele Taylor	Executive Director of Resources/S151 Officer		
Emma Duncan	Deputy Director of Law and Strategy / Monitoring Officer		
<i>Deputies:</i>			
Andrew Vallance	Head of Finance (Deputy S151 Officer)		
Elaine Browne	Head of Law (Deputy Monitoring Officer)		
Karen Shepherd	Head of Governance (Deputy Monitoring Officer)		
<i>Other consultees:</i>			
<i>Directors (where relevant)</i>			
Duncan Sharkey	Chief Executive		
Andrew Durrant	Executive Director of Place		
Kevin McDaniel	Executive Director of Children's Services		
Hilary Hall	Executive Director of Adults, Health and Housing		

Confirmation relevant Cabinet Member(s) consulted	Cabinet Member for Adult Social Care, Children's Services, Health and Mental Health	Yes
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REPORT HISTORY

Decision type:	Urgency item?	To follow item?
Key decision First entered into the Cabinet Forward Plan: 26 th July 2021.	No	No

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