

Somerset Specialist All Age Drug and Alcohol Treatment Service contract award

Cabinet Member(s): Cllr Christine Lawrence - Cabinet Member for Public Health and Well-Being; Cllr Frances Nicholson - Cabinet Member for Children & Families

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	Seen by:	Name	Date
	County Solicitor	Honor Clarke	07/06/18
	Monitoring Officer	Scott Wooldridge	15/06/18
	Corporate Finance	Kevin Nacey	18/06/18
	Human Resources	Chris Squire	18/06/18
	Property / Procurement / ICT	Richard Williams	18/06/18
	Senior Manager	Trudi Grant	18/06/18
	Local Member(s)	ALL MEMBERS	Not applicable – receiving briefing paper
	Cabinet Member	Cllr Christine Lawrence - Public Health and Well-Being	05/06/18
		Cllr Frances Nicholson - Children & Families	05/06/18
	Opposition Spokesperson	Cllr Amanda Broom – Public Health and Well-Being	05/06/18
		Cllr Jane Lock – Children and Families	05/06/18
	Relevant Scrutiny Chairman	Cllr Leigh Redman for Scrutiny Children & Families, Cllr Hazel Prior-Sankey for Scrutiny Adults	05/06/18
Forward Plan Reference:	FP/18/05/02		
Summary:	<p>Somerset County Council Public Health commission the drug and alcohol treatment service for all ages. The current contract for this service area is due to expire 31st March 2019. Somerset County Council receives £4,191,000 through the Public Health grant for the provision of drug and alcohol specialist treatment services for the population.</p> <p>In addition, the Somerset County Council revenue budget currently contributes £400,200 to the service. There has been a</p>		

	<p>year on year planned reduction through the Medium Term Financial Plan to reduce the County Council contribution and in 2019/20 the final element of these planned savings will accrue to Somerset County Council as a result of efficiencies achieved through this procurement process.</p> <p>To safely accommodate these savings the decision was made to tender for a service against a new specification and performance framework. This opportunity has reshaped the service model to achieve maximum efficiency and best outcome. Evidence reviews and scoping have been undertaken and a period of engagement and consultation including with services users and peer mentors has taken place.</p> <p>The reshaped service specification has put the needs of children at its heart including specialist provision for children and young people; and regardless of the age of the client is driven by a model of “Think Family – Think Community – Think Partnership”. It also starts with people’s strengths, not problems; and has the client at the centre of its delivery and accepts responsibility as a partner in their own recovery.</p> <p>The new service will also be required to have an enhanced focus on dependent alcohol use which prevalence estimates indicate is a significant challenge of just over 5,058 people aged 18 + as possible dependent drinkers in need of treatment. The rate of unmet need 2016/17 (the estimated number not in treatment as a proportion of the total dependent drinking population) is 81%.</p> <p>A comprehensive performance management framework will be in place incorporating a number of elements that together will evidence achievement of the 9 overarching aspirations as detailed in the Specification - Appendix C, Section 3.</p> <p>This will be over and above the National Drug Treatment Monitoring System (NDTMS) data sets that enable Somerset performance to be reported on and benchmarked nationally and against comparator areas. This performance is published by Public Health England quarterly - see Appendix D for details. Performance against the monitoring framework is reviewed through monthly contract monitoring and quarterly review.</p> <p>Following the tender process detailed in Appendix A, a provider (Bidder D) has been identified to deliver the All Age Drug and Alcohol Treatment Service for Somerset.</p>
<p>Recommendations:</p>	<p>That the Cabinet approves</p> <ol style="list-style-type: none"> 1. The award of contract for Somerset Specialist All Age Drug and Alcohol Treatment Service to Bidder D from 1st April 2019 for a period of 5 years with an optional two year plus further two year extension as detailed

	<p>in Appendix A – Confidential Tender Evaluation Report</p> <p>2. Agrees the case for applying the exempt information provision as set out in the Local Government Act 1972, Schedule 12A and therefore to treat the attached Appendix A in confidence, as they contain commercially sensitive information, and as the case for the public interest in maintaining the exemption outweighs the public interest in disclosing that information.</p> <p>3. Subject to the approval recommendation 2 above, agree to exclude the press and public from the meeting where there is any discussion at the meeting regarding exempt or confidential information.</p> <p><i>Exclusion of the Press and Public</i> To consider passing a resolution under Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 to exclude the press and public from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, within the meaning of Schedule 12A to the Local Government Act 1972:</p> <p><i>Reason:</i> Information relating to the financial or business affairs of any particular person (including the authority holding that information).</p> <p>4. Authorises the Director of Public Health to sign the contract with the preferred supplier on behalf of the authority and to determine in due course whether to utilise the optional two year plus two year extension(s).</p>
<p>Reasons for Recommendations:</p>	<p>The decision to award the contract will realise the ambitions for an improved drug and alcohol treatment service in Somerset for all ages.</p> <p>The overarching strategic aspirations cover nine areas including: the prevention of problems with alcohol and drugs developing and escalating (which includes the recognition of the impact of adverse childhood experiences) through to promoting the development of independent support networks – which were identified as critical in the consultation with peer mentors to enable recovery to go beyond addressing the substances used.</p> <p>Specifically the reshaped service specification strengthens Somerset’s ability to respond to two major issues the County faces:</p> <ul style="list-style-type: none"> ▪ the needs of children, young people, and parents who are

	<p>already a major group receiving support and care from the existing service.</p> <ul style="list-style-type: none"> ▪ the estimated number of dependent drinkers not in treatment as a proportion of the total dependent drinking population. <p>Appendix A contains commercially sensitive information.</p>
<p>Links to Priorities and Impact on Service Plans:</p>	<p>Drug and Alcohol Services contribute to the ambitions outlined in the County Plan for Somerset around being:</p> <ul style="list-style-type: none"> • More healthy: These services support the health of clients, their family, friends and the wider community. • More prosperous: These services support clients and their families to maintain employment and to access education and employment. • Protecting children: Over 50% of clients in specialist treatment are parents.
<p>Consultations and co-production undertaken:</p>	<p>A re-commissioning programme board was established to oversee the tender process.</p> <p>The process for consultation and co-production began with undertaking two needs assessments and two evidence reviews. These were used to frame consultation with a wide range of stakeholders – both operational staff across agencies and commissioners from both internal County Council areas and external organisations where there was potential to align a future service.</p> <ul style="list-style-type: none"> ▪ Between February and June 2017 six consultation engagement events were held across the County and attended by a wide range of agencies (mental health services, housing providers, District Councils, SCC Children’s and Adult’s services, NHS acute and community hospitals, police and other criminal justice agencies and community and voluntary sector agencies including peer mentors as people with lived experience of drugs and alcohol). ▪ An online consultation questionnaire was widely distributed and 54 responses were received. ▪ A consultation event with 16 service users and peer mentors was held in August 2017. ▪ Three soft market engagement events were held July/August 2017 with interested potential bidders which were attended by 18 different organisations. Collaboration was encouraged across these events as far as possible. <p>Each event refined the content of the final specification.</p>
<p>Financial Implications:</p>	<p>Somerset County Council receives £4,191,000 through the Public Health grant for the provision of drug and alcohol specialist treatment services for the population.</p>

	<p>In addition, Somerset County Council revenue budget as at 2017/18 contributes a total of £400,200 to the budget for specialist (tier 3) drug and alcohol treatment services for adults and young people. This contribution has been subject to a year on year planned reduction through the Medium Term Financial Plan. Savings will accrue to Somerset County Council in relation to this contribution as a result of efficiencies achieved through this procurement process.</p> <p>The specification has required efficiencies by asking the market to deliver more for less – the value of the new contract is estimated at £3,975,000 per annum, compared to current annual spend of £4,364,644 – this is a saving £389,644 per annum.</p> <p>A proportion of the current drug and alcohol budget is not in scope for this service.</p>
<p>Legal Implications:</p>	<p>Somerset County Council is required to follow procurement law and regulations in line with the value of this contract. Advice has been sought from the SCC Consultation Officer and the SCC Commercial and Procurement Team in relation to all engagement, consultation and soft market testing events.</p> <p>This is to ensure adherence to principles of transparency and consistency, to manage conflicts of interest; and avoid any distortion of the competition during the procurement process.</p> <p>“Exempt information” is defined by Section 100 of the Local Government Act 1972, by Schedule 12A to that Act. The Council’s Constitution (Access to Information in relation to Decision-making) sets out the relevant categories for information to be treated as exempt information. It is recommended that the press and public should be excluded during consideration of Appendix A because its discussion in public would be likely to lead to the disclosure to members of the press and public present of information in the following categories prescribed by Part 1 of Schedule 12A to the Local Government Act 1972 (as amended): paragraph 3 - Information relating to the financial or business affairs of any particular person (including the authority holding that information). Since it is considered that, in all circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information, in that disclosure would be to the detriment of the Council’s ability properly to discharge its fiduciary and other duties as a public authority.</p> <p>Section 12 Health and Social Care Act 2012 includes a general obligation to provide information and advice on health improvement and facilities for the prevention or treatment of illness.</p> <p>Section 31 of the 2012 Act requires public health authorities to have regard to guidance from the Secretary of State when exercising their public health functions. This includes the responsibility for meeting the drug and alcohol treatment and</p>

	<p>care needs of the populations they serve by commissioning high quality services and by ensuring that services operate in accordance with national clinical guidelines, NICE guidance and quality practice standards, including:</p> <ul style="list-style-type: none"> ▪ Clinical Guidelines on Drug Misuse and Dependence Update 2017 https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management ▪ NICE CG115 Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence http://www.nice.org.uk/guidance/cg115 ▪ Practice standards for young people with substance misuse problems' (CCQI 2012) http://www.rcpsych.ac.uk/pdf/Practice%20standards%20for%20young%20people%20with%20substance%20misuse%20problems.pdf <p>The Act further requires Local Authorities to have effective quality governance arrangements in place for services that are commissioned using the public health grant:</p> <ul style="list-style-type: none"> ▪ Quality governance guidance for local authority commissioners of alcohol and drug services – PHE 2015 http://www.nta.nhs.uk/uploads/quality-governance-guidance-for-local-authority-commissioners-of-alcohol-and-drug-services.pdf ▪ Working Together to Safeguard Children (2015) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf 												
HR Implications:	There are no HR implications for SCC in this decision since the effect of TUPE will be limited between the existing providers and the new contractor appointed following the proposed procurement.												
Risk Implications:	<p>Risk to Health and Wellbeing from not having a service: This service provides specialist support to very vulnerable cohorts of people and their families, which would be put at severe health, wellbeing and safeguarding risks (including death) if not available.</p> <table border="1" data-bbox="523 1599 1465 1639"> <tr> <td>Likelihood</td> <td>2</td> <td>Impact</td> <td>5</td> <td>Risk Score</td> <td>10</td> </tr> </table> <p>Risk to children and families from not having a service: Not having this service in place will lead to an increased risk and costs to County Council services especially childrens and adult's social care because of the un-managed harm to children, young people and families.</p> <table border="1" data-bbox="523 1861 1465 1899"> <tr> <td>Likelihood</td> <td>1</td> <td>Impact</td> <td>5</td> <td>Risk Score</td> <td>5</td> </tr> </table>	Likelihood	2	Impact	5	Risk Score	10	Likelihood	1	Impact	5	Risk Score	5
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Other Implications (including due regard implications):	<p><u>Equalities Implications</u> Appendix B details the Equality Impact Assessment undertaken. Equalities impacts have informed and been informed by the co-design process used in developing the proposed model for the</p>												

service.

In particular, consultation and engagement has explored and informed impacts of drug and alcohol services for and on :

- Children, Young People and Families – both those using drugs and alcohol and those affected by others use
- An aging service user population
- Poverty – in terms of impacts on health, employment and education
- Rurality – in terms of equity of access
- Disability – in terms of learning disability and mental health conditions as well as physical disability and health

Access: the new service specification has sought to increase the physical presence of specialist staff within existing services through co-location and partnership working; and to increase the use of technology to assist access to, participation in and support after drug and alcohol treatment.

Equality and Diversity: The outcomes framework for the new service will include analysis by protected characteristic to continuously identify both who is accessing services, their outcomes and any gaps and unmet needs as a consequence of the protected characteristic.

A number of priority client groups have been identified in the new specification including: parents with non-using and/or using dependent children; parents where there is a safeguarding concern and/or domestic abuse and/or social care involvement (childrens or adults); pregnant women and children looked after and care leavers up to their 26th birthday.

The Equality Impact Assessment has also strengthened the requirement of the specification for the new service so that it is culturally competent, and the workforce has access to appropriate training, resources, advice and guidance – particularly in areas where there are small numbers of people from different groups and cultures e.g. race.

Human Rights: the specification requires the provider to be compliant with all legislation and this was assessed throughout the procurement process in the selection questionnaire.

Community Safety Implications

Drug use and supply have a big impact on communities in terms of associated crime, anti-social behaviours and distress which results from the chain of supply and use of illegal drugs and alcohol consumption.

The provision of specialist drug and alcohol services have been identified as an effective and cost effective intervention in the protection of communities, the rehabilitation of individuals and the reconciliation of families. The requirement in the new

specification to work in partnership with criminal justice agencies including One teams across the County, has been strengthened to ensure that there is consistent and effective support at any entry and exit point from the criminal justice system.

The Somerset Drug and Alcohol Partnership is a committee of the Safer Somerset Partnership and this ensures alignment of work between community safety and drugs and alcohol.

Sustainability Implications

The service has been commissioned to take due regard to sustainability and environmental protection through its policies and practice.

In particular the service will be responsible for the delivery of needle exchange across the county and as such is required to comply with all relevant current and future legislation, regulation and guidelines in order to ensure it meets their duty of care obligations including Department of Health (2013) Environment and sustainability Health Technical Memorandum 07-01: Safe management of healthcare waste

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf

The specification emphasis on partnership working has encouraged co-location with existing services/groups in the community. This encourages travel choices for staff and clients that do not rely on the car.

The specification also emphasises recovery from drug and alcohol use and by this building capacity for clients to be accessing education, training and employment.

Health and Safety Implications

There would be a health and safety risk by not having a specialist drug and alcohol service through which individuals (staff and the public) can seek support to address harmful drug and alcohol use.

The new specification strengthens the service to lessen the risks attached to drug and alcohol use through provision of evidence based interventions within an accountable clinical governance framework.

The new service will protect the wider community through managing with partner agencies, the risk of drug paraphernalia being a safety hazard.

Privacy Implications

Personal client data may be processed at any point from first contact/referral until the client has not been in contact for a sustained period and all their data has been destroyed.

Personal data will only be processed whilst the client is in contact with and/or receiving treatment and support from the service or if the service is attempting to re-engage the client into treatment.

The new service will use the information case management system specified by Somerset County Council Public Health.

The purpose includes:

- to assess the needs of clients to develop an appropriate care plan
- to provide treatment and support
- to assess and manage risk/harm clients may pose to themselves, children or others.
- local and national performance management of the local treatment system
- to improve services over time by analysing data
- with client consent to share data with other services and/or specific individual to co-ordinate help and support to the person and his/her family as appropriate with other services the person is receiving support from.

Public Health England requires all drug and alcohol treatment services to collect a national dataset of those accessing, receiving support and completing treatment. This is called the National Drug Treatment Monitoring System (NDTMS).

This dataset is updated nationally annually (or as determined nationally) and the current dataset can be found at:
<https://www.gov.uk/government/collections/alcohol-and-drug-misuse-treatment-core-dataset-collection-guidance>.

This is supplemented with locally defined data items to ensure compliance with specific legislation such as Safeguarding Vulnerable Groups Act 2006, Equality Act 2010 to improve care and inform service improvement.

Data will be retained for at least 8 years after case is closed. At the point the data is no longer deemed necessary, the service provider will have responsibility to ensure the client record is destroyed.

Health and Wellbeing Implications

This service area will have a:

- Significant positive impact on health and wellbeing on the individuals, families and communities using the service – for example protecting children from the harm caused by drug/alcohol dependent parents.
- Significant positive impacts on preventing ill-health (physical and mental health). Both areas were requirements in the new specification to pro-actively engage service users to adopt a healthy lifestyle - as part of the Making Every Contact Count (MECC) approach for example to quit smoking, be physically active and eat healthy .

	<ul style="list-style-type: none"> ▪ Significant positive impacts on reducing health and social inequalities for example increased access to employment through the skills and experience service users develop being a part of the peer mentor programme. <p>This service will make a big contribution to the shared vision for Health and Wellbeing in Somerset in that “People live healthy and independent lives, supported by thriving and connected communities with timely and easy access to high-quality and efficient public services when they need them.”</p>
<p>Scrutiny comments / recommendations (if any):</p>	<p>The Chair of Children & Families Scrutiny Committee and the Chair of Adults Scrutiny Committee have been sent a copy and been briefed on this decision paper.</p> <p>Chair of Children & Families Scrutiny Committee has no comments on the paper; but has requested a report to the Committee in the first year of the new contract.</p> <p>Chair of Adults Scrutiny is unable to comment having not seen the In Confidence Appendix A; but has requested a report comes to the Committee in the first year of the new contract.</p>

1. Background

- 1.1. Somerset County Council Public Health commission the drug and alcohol treatment service for all ages. The current contract for this service area is due to expire 31st March 2019. Somerset County Council receives £4,191,000 through the Public Health grant for the provision of drug and alcohol specialist treatment services for the population.

In addition, the Somerset County Council revenue budget currently contributes £400,200 to the service. There has been a year on year planned reduction through the Medium Term Financial Plan to reduce the County Council contribution and in 2019/20 the final element of these planned savings will accrue to Somerset County Council as a result of efficiencies achieved through this procurement process.

To safely accommodate these savings the decision was made to tender for a service against a new specification and performance framework.

- 1.2. This opportunity has reshaped the service model to achieve maximum efficiency and best outcome. Evidence reviews and scoping have been undertaken and a period of engagement and consultation including with services users and peer mentors has taken place.
- 1.3. This led to a clear vision for Somerset’s service which was tagged as *Aspirational, Innovative and Effective*. It described the vision we as commissioners had; that is we wanted:
- a service that starts with people’s strengths, not problems;
 - a service that has the client at the centre of its delivery; and where the client is a partner in their own recovery;

- a service that has the needs of children at its heart including specialist provision for children and young people;
- a service that uses a proactive approach to engagement, that opens up options for clients and supports and enables aspirations;
- a service that regardless of the age of the client is driven by a model of “Think Family – Think Community – Think Partnership”;
- a service that is forward looking, innovative and collaborative; working with a range of partners and its commissioners.

We see this service as a specialist service within a broader system of recovery and support – for us treatment is about recovery, not a way of life.

- 1.4. From this the specification set out :
 - key principles for service delivery;
 - overarching aspirations that would be detailed in a performance framework that we could measure and could inform ongoing needs analysis and service improvement;
 - key relationships for working in partnership;
 - key areas of existing pathways and protocols that this service would need to be a partner to;
 - and a clear definition of ‘recovery’ and what this means for Somerset.
- 1.5. The specification then detailed under 3 sections: general deliverables for all ages and then a specific section on children and young people and a section in adults.
- 1.6. Recognising this is a specialist service, there is still a requirement to be in line with the wider public health prevention model of ‘Inform Me, Enable Me, Support Me’. This model seeks to contribute to realising the ambition of the wider health and wellbeing approach for Somerset for *‘people to live healthy and independent lives, supported by thriving and connected communities, with timely and easy access to high-quality and efficient public services when they need them’*.

2. Options considered and reasons for rejecting them

- 2.1. **To extend the existing contracts:** The existing contract had been awarded on a 5 year basis i.e. 31st January 2019 with an option to extend for a further 2 years. The decision was to extend for 2 months only to end of March 2019, but the option to extend further was rejected as the preferred option is to re-procure on a more permanent basis against revised specification because of the reduced contract value.
- 2.2. **To make a direct award:** Rejected as not possible under current rules and regulations for open competition; plus it was unlikely to obtain best value.
- 2.3. **Retain current providers and not to re-commission:** Rejected as the contract had to be re-commissioned within the two years. Not re-commissioning was not an option and be compliant with procurement law.

3. Background Papers

- 3.1. Appendix A: **In Confidence Not for Publication** – Tender Evaluation Report on Provision of Somerset Specialist All Age Drug and Alcohol Treatment Service
- 3.2. Appendix B: Equality Impact Assessment

- 3.3.** Appendix C: Specification for Somerset Specialist All Age Drug and Alcohol Treatment Service.
- 3.4.** Appendix D: Performance Management Framework and Public Health England Performance Metrics