

SLOUGH BOROUGH COUNCIL

REPORT TO: Cabinet

DATE: 17th January 2022

SUBJECT: Procurement of substance misuse recovery and treatment services including shared care

CHIEF OFFICER: Alan Sinclair, Executive Director People Adults

CONTACT OFFICER: Avtar Maan, Group Manager People Strategy

WARD(S): All

PORTFOLIO: Cllr Natasa Pantelic, Social Care and Public Health

KEY DECISION: YES

EXEMPT: NO

DECISION SUBJECT TO CALL IN: YES

APPENDICES: None

1 Summary and Recommendations

- 1.1 The purpose of this report is to seek approval from Cabinet for a one-year contract extension to the current contract for Substance Misuse Treatment and Recovery Service including shared care (to be referred as substance misuse treatment for the remainder of this report), which is currently being delivered by Turning Point and Farnham Road GP Practice.
- 1.2 Officers acknowledge that procurement activity should have commenced in early 2021, but were prevented from doing so due to the significant pressures placed upon providers and officers in responding to the second and subsequent waves of the COVID-19 pandemic. Nevertheless, it is also acknowledged that whilst services are still within contract, permission should have been sought at an earlier stage from Cabinet to extend contracts as permitted by Regulation 72(1) (c), The Public Contracts Regulations 2015 (PCR), the conditions of which are set out in Section 3.2.12 below, and/or to have informed Cabinet of the delay in the procurement timetable.
- 1.3 An extension is requested to provide sufficient time to design and deliver a new substance misuse treatment and recovery service model. This will be aligned to the new national strategy: *From harm to hope: a 10-year drugs plan to cut crime and save lives*, published in December 2021 (to be referred as the national drugs strategy for the remainder of this report). Further guidance on the strategy is expected to be published early next year.

Recommendations:

Cabinet is recommended to:

- 1 Approve the extension of the existing contract to Turning Point for Provision of Substance Misuse Recovery Services to the maximum value of £864,000, and to Farnham Road GP Practice for Shared Care Provision and Clinical services for adults with substance misuse (Farnham Road) to the maximum value of £256,000, giving a combined maximum value of £1,120,000 to cover the period 1st April 2022 to 31st March 2023.
- 2 Delegate authority to the Executive Director for People – Adults, in consultation with the Lead Member for Social Care and Public Health, to enter contract documentation for the extension.
- 3 Note that following further details regarding the national drugs strategy, a report will be brought back to Cabinet for Spring 2022 for a decision to commence procurement (this is dependent upon the timely publication of further details from the drug strategy, the Cabinet date is subject to revision).

Reason:

To enable the extension of contracts for the provision of the relevant services to cover the period until new competitively procured contracts are awarded. This will allow for continuity of service to vulnerable residents over the extension period and ensure alignment with the new national drugs strategy.

Comments of Commissioners:

“Commissioners note that notwithstanding the circumstances, officers failed to comply with the Council’s financial and contract requirements in a timely manner. Ensuring understanding and securing compliance with these processes will need to be a component of the Council’s Improvement and Recovery Plan in response to the Directions currently being prepared.”

2 Report

Introductory paragraph

The service(s) described in this report meet the following objectives and priorities:

Slough Health and Wellbeing Strategy

Priority One – Starting Well

Priority Two – Integration

Slough 2040 Plan

Slough will be a place of lifelong learning and aspirations for all.

Slough will be a healthy town, where people are supported to live empowered lives.

Slough Five Year Plan

Outcome 2 – Our people will be healthier and manage their own care needs.

Substance misuse remains a significant issue in Slough and has far reaching consequences on quality of life for both substance misusers and their families, this can lead to increased demand on Social Care (Children, Adults Mental Health), policing and housing. The impact of substance misuse can increase the burden upon hospital admissions, mortality, and crime levels across the Borough. When accessing treatment, evidence shows that people are less likely to engage in using illegal drugs, commit less crime, have improved health and quality of life outcomes; this has wider benefits within the health and social economy, perceptions of safety and quality of life.

Options considered

Do not extend and let the contracts expire: The option to do nothing and let the contracts expire is not recommended given the functions performed by the contracted services and the national drug strategy commitment to reduce harms and improve outcomes. The service would stop, potentially increasing the harms caused by substance misuse and a long-term negative impact on the social, economic and wellbeing of the local Slough population.

Procure earlier and with a reduced contract extension period - a short term extension of less than one year allows for compliance with the Councils own procedural rules earlier. However, there are a few factors which must be considered which may impact timelines for procurement.

- Capacity is reduced within the Department coupled with increased workload due to the pandemic response,
- Additional financial resources are expected from 2022/2023 to help deliver the new national drugs strategy; a consultation is expected to take place to develop a funding formula, the exact date is not known, and this will impact key deliverables to be outlined in the specification,
- New national commissioning quality standard is expected to be published in March 2022, which provides insufficient time to undertake a full procurement exercise (stakeholder consultation, market engagement, publication of procurement documents and mobilisation of a new contract) if the contract extension is less than one year.

Extend with a significantly reduced service provision for substance misuse treatment services

– Not recommended as given early indications from the new national drugs strategy and may impact potential future investment. A reduced substance misuse treatment service may negatively impact local communities and create wider challenges for the long-term health and social wellbeing for substance misusers and their families. Any changes to the current provision could create high level risks for individuals which will impact families and then communities. It is important to retain a drug treatment service as this is essential to prevent the harm caused by substance misuse – this includes

- Prevention of drug-related deaths,
- Increase levels in blood borne viruses
- Increase burden on health and social care
- Increase drug driven crime (acquisitive)
- Increase in violent crime relating to substance misuse.

Substance misuse treatment services are funded through the Public Health grant, the services will be designed to deliver efficiencies whilst minimising associated harms. The new national drugs strategy which will provide additional investment (£780m over three years allocated between local authorities) to prevent drug misuse deaths, increase

treatment places and increase the number in recovery will allow us to review our current and future offer to support local residents.

Extend for a one-year period to allow sufficient time to consider the impact of the national drugs strategy, the funding allocation and commission services that deliver value for money and good outcomes: It is vital the Council initiates procurement activity to comply with legislation, its own procedural rules and achieve financial stability. A short-term one year extension will allow for the People Strategy and Commissioning service to ensure service continuity whilst providing sufficient time to design and deliver commissioning and procurement strategies. This also ensures the Council is compliant with its own contract procedure rules. Interim measures through contract extensions are recommended to ensure service continuity.

This is the recommended option

There is no identified reasonable alternative, apart from contract extension for a term sufficient to maintain continuity of service until the new contracts are awarded and mobilised, whilst taking account of the change in national strategy.

Background

- 2.1 Public Health England 2021/22 Drug Information Pack estimates that the number of opiates and/or crack cocaine users in Slough to be 1284, and this ranks Slough with one of the highest levels of opiates and/or crack cocaine use amongst people aged 15-64 years in the Southeast.
- 2.2 Local data taken from the National Drug Treatment Monitoring System (NDTMS) shows an increase in the number of clients aged 50+ over the last 5 years; from 19% 2015/16 to 23% in 2019/20 across all substances, there is a pattern of an ageing substance misusing population – an ageing population with significant health and social care needs. 64% of adults seeking treatment are related to opiates, which remains the largest substance group.
- 2.3 Based on the Office for National Statistics ('ONS') mid-year population estimates, the proportion of people in Slough who are dependent on opiates and/or crack cocaine or alcohol who are not in the treatment system was 69.2% in 2016/17. This figure stands at 53.9% nationally, evidencing the need for continued investment in substance misuse treatment.
(<https://publichealthmatters.blog.gov.uk/2016/07/25/tools-for-assessing-value-for-money-for-alcohol-and-drug-treatment/>)
- 2.4 The estimated unmet need rate for 2018/19 shows that 86.1% dependent drinkers were not in treatment in Slough, compared to 82.3% regionally and 82.4% nationally. The local estimate is 1,266 users, compared to 486,426 nationally
(<https://www.ndtms.net/ValueForMoney.aspx>).
- 2.5 The evidence shows us that alcohol and drug treatment provides value for money. Treatment is associated with immediate and long-term savings to the public purse, e.g., every £1 spent on drug treatment, saves £2.50 for tax payers in reducing the cost of crime, health and social care. This is a service based on prevention and reducing harm. The long-term effects of having a service like this will promote healthy and positive lifestyle choices.
(<https://www.ndtms.net/ValueForMoney.aspx>).

2.6 It is estimated nationally that the costs associated with illicit drug use exceeds £19 billion per year. Drug-related crime is the main driver of these costs, making up nearly half. The harms from drug-related deaths and homicides make up the next largest cost. Expenditure on drug treatment and prevention is only a small proportion of the total costs. The estimated costs per year associated with drug use are:

- £9.3 billion for crime and the criminal justice system
- £6.3 billion for drug related deaths
- £1 billion for adult family and carers of drug users
- £0.7 billion for enforcement
- £0.6 billion for children's social care
- £0.6 billion for drug treatment and prevention
- £0.9 billion for other costs (including social care, drug-driving, drug-related secondary care, prison treatment)

(Source 2021 Dame Carol Black's independent review of drugs: prevention, treatment and recovery)

2.7 The key aims for the current services commissioned by the Council are to minimise the social and health related harms associated with substance misuse and increase positive outcomes within an effective treatment service. This is directly linked to the Public Health grant conditions for substance misuse treatment and supports the priorities outlined in the National Drug Strategy and Public Health Outcome Framework. These are:

- Protecting communities through robust enforcement to tackle drug supply, drug-related crime and anti-social behaviour.
- Preventing harm to children, young people and families affected by drug misuse
- Delivering new approaches to drug treatment and social re-integration
- Public information

2.8 The provision for Substance Misuse and Recovery Services was commissioned during 2016, and went live 1st April 2017, for a period of 3 years plus 1 plus 1 with Turning Point. The extension clause was exercised by the Council, with an expiration date of 31st March 2022.

The provision for Shared Care Provision, and Clinical Services for adults with substance misuse issues was recommissioned and went live 1st April 2020, with Farnham Road Practice with an expiration date of 31st March 2022.

The scope of services is outlined below:

2.8.1 Turning Point Substance Misuse Treatment and Recovery Service:

- Referral, assessment and treatment: provision of a comprehensive treatment pathway, including but not limited to; referrals, medical interventions and clinics, Blood Borne Virus screening, assessment and audits, safeguarding children and adults, family support, detox and rehab placements, Naloxone, young people service/under 18's, recovery support, probation assessments, custody referrals, group sessions, outreach including night reach to keep Slough's streets safe, referrals to counselling, criminal justice clients on court orders, aftercare.
- Prevention: multi-agency onward referrals for domestic abuse, mental health, prison visits, probation, safeguarding where appropriate, as well as outreach and

night reach services to engage substance users not accessing the service. Counselling and aftercare signposting, step down provisions is also made. To ensure successful outcomes employment and housing support is provided and on-going peer support to avoid re-entry into the system.

- Education: Joint multiagency working to highlight harms of substance misuse, liaison with schools and at-risk groups. Meetings with Social Services for children protection, child in need and looked after children's cases take place to ensure a coordinated approach. Drug awareness sessions are held at regular events to increase access and reduce the harm.

For the contract extension period, it is proposed the model stays the same, with the following deliverables:

- High levels of successful completions from treatment – top quartile performance (8% opiates, 40% non-opiates, alcohol)
- Planned successful discharges from the service (top quartile performance - under18 40%, 22.5% Adults)
- High levels of non-representations to treatment - top quartile performance (25% opiates, 7.5% alcohol/non-opiates)
- Low levels of Drug Related Deaths and service users dying prematurely.
- Increased support and access for residential rehab/community detox following successful – 8 per annum
- Increase in the number of people in the criminal justice system who will engage with the Recovery Service, successfully complete and do not represent within the following 6 months – 100% assessments offered for prison/probation referrals.
- Families of substance users supported to build resilience and reduce the associated harms from substance use/misuse. Per quarter - 40 key work meetings, 40 professional meetings, active caseload of 30.
- Early preventative work with local agencies by delivering and alcohol awareness sessions. 60 sessions delivered per quarter.
- Use of technological solutions to deliver treatment to undertake self-assessment and interventions to promote independence (new baseline to be established)
- Screening for underlying mental health issues and, in turn, increasing access/referrals to mental health services. (75% of screening and referrals for onward interventions)
- Offer and acceptance for Hep C, and Hep B vaccination – top quartile performance, this figure is subject to change given the relatively low numbers, top quartile data is published quarterly by National Drug Treatment Monitoring Service (NDTMS)

2.8.2 The service is subject to robust contract monitoring and data is benchmarked against national quartiles via NDTMS, in addition to the targets above, the Department monitor a wide range of activity and outputs, below is a summary of these outputs and recent successes from Turning Point:

- 638 key worker sessions were completed during quarter 2, 2021/22, which has led to an increase in medical reviews (352), increased uptake in hepatitis B vaccinations (38%) and for hepatitis C (40%), which are above national averages.

- 100% clients engaged on a structured programme are accessing psychosocial & recovery support interventions; which increases the likelihood of engagement and better outcomes.
- Multi-agency working with Community Mental Health Team to discuss cases and improving relationships with Mental Health Crisis Resolution and Home Treatment Service, Safeguarding and the Police.
- Delivering drug and alcohol awareness training to pharmacies. Positive partnerships with probation and social services and providing training and awareness sessions to improve the quality of referrals.
- Improving successful completions and ensuring all clients are being monitored closely to follow the treatment pathways. During Quarter 2, 2021/22, the number of successful completions was equal to 43; this was across the range for alcohol, opiates and non-opiates clients.
- Providing follow up calls to clients for aftercare when a client has been closed as successful. Offering support and guidance if needed, promoting the peer mentor scheme, and gaining updates on their progress.
- Facilitating peer led groups in different languages to target diverse communities i.e., the service has a Polish worker who facilitates a Polish Alcohol Group. 58 peer led group sessions were facilitated during quarter 2, 2021/22.
- Work closely with the coroner's office to obtain information on client causes of deaths, any inquests due and outcomes to improve monitoring processes and in turn improve quality of care through any lessons learnt.
- Joint working with Farnham Road Practice to review clients on supervised consumption, provide training and update pharmacy protocols.
- Quality assurance processes to review good practice, areas for improvements and agree a joint approach to difficult and challenging clients with very positive outcomes.

2.8.3 Farnham Road Shared Care

- Clinical intervention: this is a niche and specialised provision delivering direct clinical time and prescribing to those who require substance misuse treatment; this includes medical reviews, prescribing of drugs to aid recovery and professional meetings with other health and social care practitioners.
- Psychiatry: clinical sessions for service users with identified mental health needs that do not meet the threshold.
- Training: training other GPs to achieve the Registered Care for General Practitioners for the Management of Drug Misuse

For the contract extension, it is proposed the model stays the same, with the following key deliverables:

- Deliver effective pharmacological interventions to substance misusers in line with best practice - 29 clinics per month, 435 appointments
- Ensure that the Service User fully understands the treatment process relating to the pharmacological intervention as part of their overall treatment plan - 100%

- Work in partnership with the recovery workers to ensure that the pharmacological component is complementary of their recovery focused care plan - 100%
- In partnership with the support provider, undertake regular reviews of the pharmacological intervention to ensure that they are receiving an effective intervention as part of their overall care plan - 100%
- Work in compliance with clinical governance and pharmacological good practice <38% daily supervised consumption
- Work in partnership with the support service to increase the uptake of Blood Borne virus interventions including commencing and completing Hepatitis B vaccinations - to be top quartile performance

2.8.4 The service is subject to robust contract monitoring , in addition to the targets above, the Department monitor a wide range of activity and outputs, below is a summary of these outputs and recent successes from Farnham Road Practice include:

- As at quarter 2 2021/22, the provider has increased face to face referrals as part of its recovery programme and has delivered over 90 clinical sessions or 1400 appointments.
- Introduction of 2 psychiatry clinics a month and arrangements to see up to 6 patients per session. During quarter 2, 2021/22, the number of appointments offered were equal to 33, with 7 new assessments and 11 client reviews.
- Communication with the General Practitioner and other agencies involved is critically important. Comprehensive letters are written to the General Practitioner with advice for treatment. Usually there is correspondence and telephone enquiries outside normal clinic times which the psychiatrist is happy to address.
- The Psychiatry clinic is continuing to see challenging clients i.e., with a physical disabilities, and who are not seen in mental health services.
- The provider is responsible for moving patients to Buprenorphine whenever appropriate. Buprenorphine is used to treat opioid dependence for heroin, usually given once a month. During quarter 2, 2021/22, a further 9 clients were moved to Buprenorphine indicating progression in their treatment journey/ reducing risks of missed appointments.
- Focussed on transferring patients from generic Buprenorphine to Espranor. Farnham Road Practice have worked with Turning Point to advise pharmacies of the switch date and with patients to explain the change.
- Due to Covid-19, the clinicians have switched to remote consultation and this has been successful; patients adapted quickly to having telephone consultations and many have reportedly found it easier because they have not had to come to the service for their consultation.

Pressures caused by Covid 19 pandemic

2.9 Planned commissioning activity was severely disrupted during the COVID-19 pandemic with the People Strategy and Commissioning Team being engaged in coordinating measures to support and protect recipients of care and support across the town.

This included:

- Coordinating the COVID-19 response to care and support providers across East Berkshire
- Coordinating and implementing Discharge to Assess Processes
- Increasing access to services by implementing a 7 day rota, 8 am to 8 pm each day – with team members in strategic roles moving into operational roles.
- Operating an out of hours support service for providers
- Purchasing and distributing PPE to providers, carers and Personal Assistants
- Co-ordinating take up of the Vaccination Programme for JCVI Cohort 2 – Frontline Health and Social Care Workers
- Addressing vaccine hesitancy in partnership with CCG and voluntary sector colleagues
- Operating COVID Care Governance procedures to support providers experiencing outbreaks.
- Disbursing grant funding to providers from Central Government.
- Arranging block contracts with care homes on behalf of the CCG and East Berkshire Local Authorities
- Hosting regular provider forums
- Issuing a weekly newsletter to providers.
- Leading in the development and implementation of the Slough Winter Plan.
- Identifying designated provision for covid positive individuals requiring care

The active role played by the service was commended by the CQC, during the ICS Partnership Inspection 2020.

The response to the pandemic meant that the timetable of commissioning activities was severely disrupted. Consequently, planned procurements have been subject to delay, thus resulting in authorisation being requested to extend contracts. We are now re-setting the workplan to ensure that contracts are compliant and that a realistic programme of work is in place

To ensure service continuity whilst providing sufficient time to design and deliver commissioning and procurement strategies, it is necessary to seek authority to award, without competition, contracts to current providers for a duration sufficient only to allow these procurement activities to be completed.

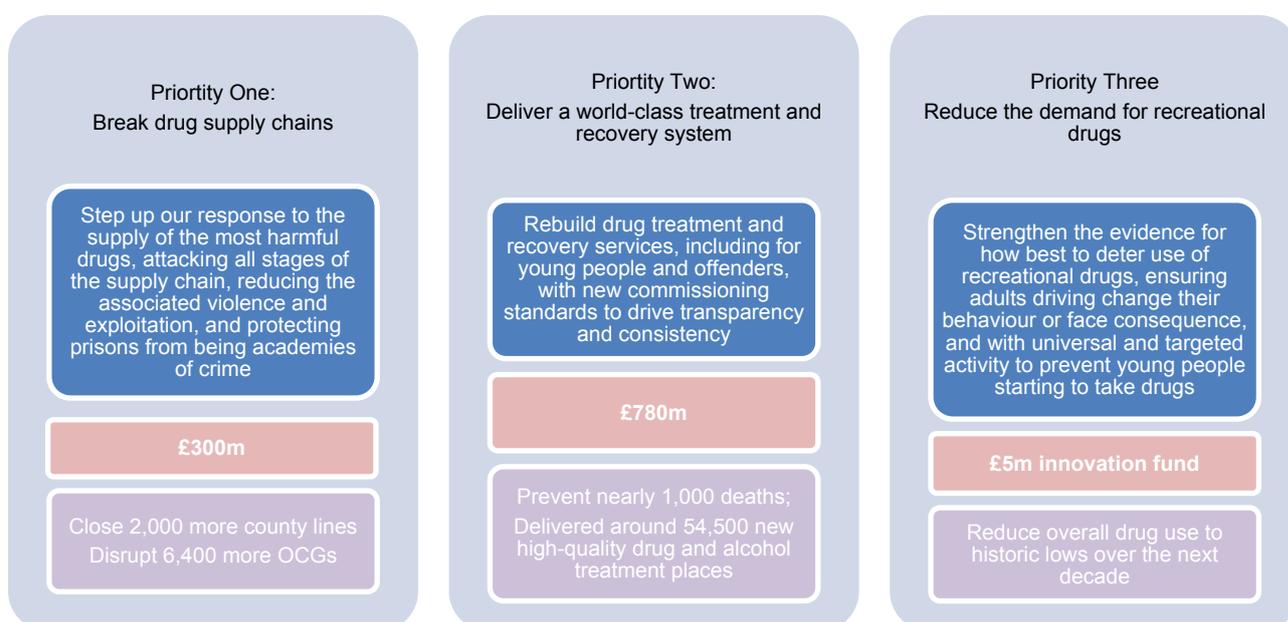
2.10 The primary reason for contract extension is as follows:

- To ensure compliance with the new national drug strategy and allow sufficient time to develop a multi-agency drugs and crime strategy, a needs assessment outlining the commissioning priority and model.
- To provide sufficient time to assess and benchmark current services against the newly developed commissioning quality standards to be published in March 2022.
- Many providers have been operating remotely, therefore service user consultation to co-produce services has been impacted.
- Many providers responding to the pandemic were not able to take on additional workload pressures and respond to a tender. There was a risk that competition would have been restricted leaving the Council unable to demonstrate best value.
- The work generated due to the pandemic meant the People Strategy and Commissioning service have limited opportunity to focus on strategic commissioning activities.
- There has been a loss of capacity due to some staff leaving the organisation as a result of the council-wide restructure.

2.11 The necessary work will be undertaken during the contract extension period to design a suitable commissioning approach and to develop service models that are aligned to the national drugs strategy.

Implications of the new national drugs strategy and implications for the commissioning timetable and model

2.12 The ten-year plan sets out how public services will work together to tackle illegal drug use – reducing crime, saving lives, and challenging recreational drug use. The strategy outlines a shared responsibility for creating a safer, healthier and more productive society. The strategy recognises the impact of substance misuse on families, communities fuelling violence and acquisitive crime as well as acknowledging co-existence with other health disparities, like poor mental health and homelessness. An overview of the three priorities identified in the plan is presented below:



Source: Office of Health Inequalities and Disparities, presentation to the South East Substance Misuse Network, Wednesday 8th December 2021.

Key – Describes how the priority strategy will be met
 Additional resource over 3 years to meet the priority
 Target for the priority

2.13 Implications for the substance misuse and treatment service

- Office of Health Inequalities and Disparities (OHID) is to produce a new national **commissioning quality standard** by March 2022. It is important that the local authority commissions an aligned model, this may mean significant changes to the model and specification. Earlier indications outline the need for:
 - rebuilding commissioned substance misuse services, improving quality, capacity and outcomes
 - rebuilding the professional workforce – develop and deliver a comprehensive substance misuse workforce strategy
 - ensuring better integration of services – making sure that people’s physical and mental health needs are addressed to reduce harm and support recovery.

- improving access to accommodation alongside treatment – access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing
 - increasing referrals into treatment in the criminal justice system – specialist drug workers to support treatment requirements as part of community sentences so offenders engage in drug treatment
 - keeping prisoners engaged in treatment after release – improved engagement of people before they leave prison and better continuity of care into the community
- The financial envelope for the commissioned services is subject to change given the additional ring fence funds from 2022/23, however local authorities must maintain their existing investment in drug and alcohol treatment in 2022-23 and beyond.
 - The plan also requires local areas to have strong multi-agency partnership arrangements for meeting all three priorities in the plan; this requires a new partnership board and structure.
 - A key task will be to **conduct a joint need assessment** and use this to agree **a local drug strategy and action plan**. There is a requirement to publish an action plan and for this plan to inform the commissioning priorities

To comply with the new strategy, People Strategy and Commissioning in partnership with the Public Health service must assess the impact of the national drugs strategy and embed new partnership arrangements to agree commissioned services, allocations for additional resources in line with increased investment. In addition both services will develop a multi-agency partnership to agree a local drug strategy and action plan with local health, probation, police and provider services.

Plans to procure a new substance misuse treatment and recovery service from April 2023
*subject to any changes in the conditions above

1.17 Stakeholder Engagement March 2022 – May 2022*

- Consultation with Lead Member of Social Care and Public Health, Executive Director People Adults to inform the development of the model
- Consultation with service users and stakeholders to inform development of the model
- Wider public consultation - to understand future expectations and needs from the public to inform the specification and funding model
- Stakeholder engagement/Pre-procurement Provider Engagement Event to inform design, outcomes and outputs.

1.1.8 Development of specification, draft contract, model and funding options March 2022 – June 2022

- Publication of new commissioning quality standard by March 2022 from OHID
- Benchmarking of price, anticipated future demand and complexity of service users
- Options appraisal for the specification and funding model based on consultation and best value assessment to be produced
- April/May 2022 People Scrutiny and June 2022 Cabinet approvals for the model and to commence procurement

Indicative Procurement Timeline

Event	Date
ITT issued on SE Shared Services E-portal (restricted due to use of DPS) <ul style="list-style-type: none"> • <i>Specification detailing skills, knowledge and competency requirements</i> • <i>Draft contract outlining terms and conditions</i> • <i>Evaluation criteria</i> • <i>Performance workbook detailing key outputs, and outcomes</i> 	July 2022
Deadline for receipt of clarifications (<i>about 10 days after issuing tender</i>)	July 2022
Target date for responses to clarifications (<i>About 5 days after above deadline</i>)	August 2022
Deadline for receipt of Tenders (<i>it must be on the portal for 30 days minimum from date of issue</i>)	August 2022
Evaluation of Tenders	September 2022
Presentations – if appropriate	September 2022
Prepare and approve Tender evaluation Report (TER)	October 2022
TER approval from Cabinet and subsequently the Procurement Review Board	November 2022
Notification of contract award decision	November 2022
"Standstill" period <i>10 days of award notification</i>	November-December 2022
Confirm contract award (subject to no challenges)	December 2022
Contract start and start of mobilisation period, including provider consultation and possible handover, service user reviews and TUPE (transfer of undertakings (protection of employment)). Contract signed with agreed start date	December 2022 – March 2023

3. Implications of the Recommendation

3.1 Financial implications

The Turning Point Substance Misuse Treatment and Recovery Service contract was awarded for a 5-year period and commenced on the 1st April 2017. The provision of drug and alcohol treatment services is defined as one of the “grant conditions” of the Public Health Grant.

- 3.1.2 The services are subject to robust contract monitoring processes, following evidence of satisfactory performance and budget availability, the option to extend the contract by a further 2 years until 31st March 2022 was exercised in 2020.
- 3.1.3 Adult Substance Recovery Service provision is a mandated service in the Public Health Grant conditions. £1m has been apportioned out of the £7.65m Public Health grant allocation to fund the contract extension.
- 3.1.4 In line with current processes, all activities undergo thorough financial and regulatory checks to ensure efficiencies in plans and value for money with the contract extension. People, Strategy and Commissioning Service is in liaison with the current Providers to deliver efficiencies of up to 15% of the contractual value for the extension period. Options are being explored including changes to prescribing, frontline delivery and overhead costs. Analysis will be undertaken to assess the impact before changes to the service are made. This will continue with the re-procurement to identify further options for efficiencies and best value.

3.2 Legal implications

- 3.2.1 Section 12 of the Health and Social Care Act 2012 introduced a new duty at Section 2B of the NHS Act 2006 Act for all upper-tier and unitary local authorities in England to take appropriate steps to improve the health of the people who live in their areas. In general terms, the Act confers on local authorities the function of improving public health and gives local authorities considerable scope to determine what actions it will take in pursuit of that general function. Addressing substance misuse and treatment is not in itself statutory prescribed.
- 3.2.2 The Health and Social Care Act 2012 introduced duties for Health and Wellbeing Boards in relation to JSNAs- Joint Strategic Needs Assessments. The purpose of JSNAs is to improve the health and wellbeing of the local population and reduce health inequalities. A product of the JSNA, is the evidence-based priorities for commissioning, that will improve outcomes for the local population, reduce health inequalities and address the wider determinants of poor health. Guidance regulating funding through the ring fenced Public Health Grant is provided in the circular ‘Public Health Ring Fenced Grant 2021-2022, local authority circular ‘<https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2021-to-2022/public-health-ring-fenced-grant-2021-to-2022-local-authority-circular#conditions>

The circular contains the following condition:

A local authority must, in using the grant: have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment

services, based on an assessment of local need and a plan which has been developed with local health and criminal justice partners.

- 3.2.3 Regulation 72(1) (c) of the Public Contracts Regulations 2015 (PCR), allows contracts to be modified without a new procurement where all of the following conditions are fulfilled:
- i. the need for the modification has been brought about by circumstances which a diligent contracting authority could not have foreseen (i.e. caused by the COVID-19 pandemic);
 - ii. the modification does not alter the overall nature of the contract (no significant changes have been made to the nature of any of extensions);
 - iii. the increase in price does not exceed 50% of the value of the original contract.

The need for modification has been brought about by circumstances that were not foreseen by the People Strategy and Commissioning Team, the covid-19 pandemic that has influenced the commissioning plan, as set out in this report. The contract being extended remains as tendered and the extended value does not exceed 50% of the value of the original contract therefore, it can be extended compliantly in line with Regulation 72 (1) C of the PCR.

- 3.2.4 Substance misuse treatment and recovery services are a critical part of the national drugs strategy. Delivering world-class treatment and recovery services and achieving a shift in the demand for recreational drugs are 2 of the 3 strategic priorities. In relation to treatment and recovery services, the Government has set a target of March 2022 to develop a national commissioning quality standard to increase transparency, ensure consistency, promote effective joint-working, enhance improvement support and accountability. The standard is intended to set out the full range of treatment and recovery interventions that local areas should provide for their population based on an assessment of need, including having due regard to the public sector quality duty and meeting the needs of different demographics.

The national drugs strategy refers to the needs of young people, who will often have complex needs involving poor mental health and self-harm and have sometimes experienced criminal or sexual exploitation. This requires a combination of specialist treatment and wider health, and social care services and support should be available to the wider family.

- 3.2.5 The strategy recognises the need for more integrated services, including the need to improve access to treatment and support for adults experiencing multiple disadvantages, including combinations of homelessness, addiction, mental ill health, domestic abuse and contact with the criminal justice system. The strategy refers to the need to break the cycle of homelessness and addiction and the importance of a secure home to effective recovery.
- 3.2.6 Additional funding provided under the strategy is expected to be used to make sure that peer-based recovery support services and communities of recovery are linked to and embedded in every drug treatment system.
- 3.2.7 There is an expectation that local areas will have effective partnerships proactively overseeing the implementation of all three strategic priorities of the national drugs strategy. Local partnerships should conduct a joint needs assessment through the review of local drug data and evidence and use this to agree a local drugs strategy and action plan, including developing data recording and sharing. Existing structures such as community safety partnerships, health and wellbeing boards or

integrated care partnerships can be utilised where the membership and principles of joined-up, outcome focused working are in place.

3.2.8 The procurement exercise when the service is retendered, will be subject to and conducted in accordance with the Public Contracts Regulations 2015, and the Council's Contract Procurement Rules. The value of the contract is likely to exceed the current threshold for the light touch regime, which this service will fall under and the rules of the light touch regime as specified by the PCR must be adhered to.

3.2.9 The new procurement exercise will also be subject to the procurement principles of equal treatment, fairness and non-discrimination.

3.3 Risk management implications

3.3.1. Overall, the risks can be themed as follows

- Capacity – limited capacity within the department due to ongoing demands arising from the continued pandemic.
- Challenge - there is a small risk of challenge for services extended through a contract extension; although arguably the extension is to allow for the council to follow a competitive and transparent procurement process. The contract extension shall provision for early termination if a fresh procurement becomes necessary.
- Withdrawal from the Providers due to lack of contract – to be mitigated through the contract extension.

3.4 Environmental implications

3.4.1 None

3.5 Equality implications

3.5.1 Equalities Impact Assessment is attached, the People Strategy and Commissioning Service will work with current providers to agree variations to the service and model to address all relevant equalities requirements. Main areas to target is access for service users, throughput and ongoing support after treatment, the contract extension offers positive implications for key population characteristics within the substance misuse cohort to improve health inequalities relating to accessing mental health treatment, accommodation, and engagement with the criminal justice system.

3.6 Procurement implications

3.6.1 Under the Public Contract Regulations 2015 (PCR), many of the contracts to be awarded and extended as set out in this report, will fall under the "light touch" regime. The light touch regime applies to "relevant" services where the total contract value (including extension years) exceeds the higher threshold of £663,540. Relevant services that are allowed under the light touch regime includes health and social care services. (The relevant services are listed in Schedule 3 of the Public Contracts Regulations 2015 (SI 2015/102) and the rules of procedure governing the light touch regime are set out in Regulations 74 to 76 of the PCR).

- 3.2.2 If the contract value of the relevant service is below £663,540, then it is not caught by the PCRs; if the contract value is above the threshold amount of £663,540, the procurement procedural rules under the PCRs applies although these are minimal. A public body can set its own processes, provided the process is competitive, non-discriminatory, and transparent and publication of the proposed competition in the UK's Find a Tender portal, a new requirement in light of the exist of the UK from the European Union.
- 3.2.3 Regulation 72(1) (c) of the Public Contracts Regulations 2015 (PCR), which allows contracts to be modified without a new procurement where all of the following conditions are fulfilled:
- iv. the need for the modification has been brought about by circumstances which a diligent contracting authority could not have foresees (i.e. caused by the COVID-19 pandemic);
 - v. the modification does not alter the overall nature of the contract (no significant changes have been made to the nature of any of extensions);
 - vi. the increase in price does not exceed 50% of the value of the original contract (there have been no increases in price for any of the contracts).

3.7 Workforce implications

3.7.1 None

3.8 Property implications

3.8.1 None

4. Background Papers

None