

## CABINET

16 May 2017

# PROCURING A SUBSTANCE MISUSE & COMMUNITY TREATMENT SERVICE IN RUTLAND

### Report of the Director of Public Health

Strategic Aim:	Safeguarding	
Key Decision: Yes	Forward Plan Reference: FP/240217/01	
Cabinet Member(s) Responsible:	Mr R Clifton - Portfolio Holder for Health and Adult Social Care	
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### DECISION RECOMMENDATIONS

That Cabinet:

1. Approves the procurement model and award criteria for a substance misuse and community treatment service for Rutland.
2. Authorises the Director for People in consultation with the Director of Public Health and the Cabinet Member with portfolio for Adult Social Care and Health, to award the contract resulting from this procurement in line with the Award Criteria.

## **1 PURPOSE OF THE REPORT**

- 1.1 This report sets out the process and proposed award criteria for the procurement of a substance misuse and community treatment service, along with recommendations for approval and delegation of final award.

## **2 BACKGROUND AND MAIN CONSIDERATIONS**

- 2.1 The proposal is to procure a substance misuse and community treatment service designed to reduce the substance related harm to individuals, families and communities in Rutland and to support individuals in recovery. The service will be a single integrated substance misuse service, providing a specialist drug and alcohol service for adults and young people; including specialist services for adults and young people within the criminal justice system.

- 2.2 Substance misuse has far reaching impacts on individual health, families and communities. Evidence-based interventions to reduce harm have the joint benefits of improving health and wellbeing, cutting crime and saving money. Treatment services should be recovery-orientated, compliant with national guidance and person-centred.

- 2.3 Rutland County Council has been responsible for commissioning substance misuse treatment services since April 2013. Provision of such services is a condition of the Public Health Grant.

Previously, different substance misuse elements were provided by 3 separate services at a cost of £201,300 per year. These services ceased in June 2016. During 2015 options for a joint procurement for an integrated service with Leicester and Leicestershire were explored but this was not felt to meet needs in Rutland.

- 2.4 In February 2016 Cabinet agreed to an exemption from Council's Contract Procedure Rules to directly award a contract to the provider of the new Leicester City and Leicestershire Service for an interim period. This ensured continuity of care for service users, whilst at the same time achieving financial savings and local control over the contract. The interim period has been used to assess need; establish an interim integrated substance misuse service; establish primary prevention and advice services; and to undertake a soft market test to help shape a future specialist service and identify interested providers.

- 2.5 An assessment of need has been undertaken. This included assessing prevalence, hospital admissions for alcohol related harm, GP screening and numbers accessing the current treatment service. This indicates that alcohol misuse is more of a problem in Rutland than drug misuse. However, of those recently accessing treatment about one third have drug related issues. The current service is also seeing people in older age groups (60 years plus) and this is an increasing trend. Please see appendix C for more information.

- 2.6 Reducing substance misuse harm requires a comprehensive approach, which recognises that different levels of intervention are suitable for addressing different levels of need. This includes promotion of health and wellbeing advice for the general population, early identification and brief advice for those with increasing risks and specialist treatment and recovery services for those with dependency.

The new Community Wellness Service and local GP Practices are commissioned to provide general advice, screening and brief interventions particularly for alcohol issues and referral to a specialist service for those with more problematic substance use.

- 2.7 This paper outlines the process for procuring the specialist service in the form of a single integrated community based service covering adults, young people and criminal justice.

### **3 CURRENT PROVISION OF COMMUNITY SUBSTANCE MISUSE SERVICE**

- 3.1 An integrated, recovery orientated Substance Misuse and Community Treatment Service is provided by Turning Point under a contract due to expire on 30th September 2017. This includes assessment and care coordination / liaison; harm reduction and prevention interventions, clinical, pharmacological and psychosocial interventions, community group work programmes, pharmacy liaison and support, peer mentoring and volunteering programmes and advice, and liaison with the wider workforce including those working with children and young people.
- 3.2 The contract was awarded for the period July 2016 – September 2017 within the agreed envelope value of £80,000 per annum. The interim service provided by Turning Point has seen increased numbers of people accessing the service when compared to data for 2014/15 as shown in the appendix 3.

### **4 PROCUREMENT MODEL**

#### **4.1 Soft Market Testing**

- 4.1.1 In order to determine a feasible model for Rutland which would meet local needs and garner sufficient interest from providers, a Soft Market Testing exercise was drawn up and undertaken in line with good practice. The soft market test was advertised nationally on Contracts Finder during February 2017. It was also sent directly to providers currently delivering in the region.

- 4.2 The soft market test identified that there was interest from the market in providing an integrated substance misuse and treatment service, including those interested in being a sub-contractor for some parts of the service, such as providing needle and syringe exchange facilities.

#### **4.3 Proposed Model**

- 4.4 It is proposed that a single integrated substance misuse and community treatment service with the features described in 3.1 above that is compliant with NICE (National Institute for Health and Care Excellence) guidance is commissioned. This will include provision of Needle Exchange and pharmacy based supervised consumption. These elements may be subcontracted by the provider.
- 4.5 The proposed contract length is 3 years, with the option to extend annually for a further 2 years. This will be subject to satisfactory performance and business needs and enable need to be reviewed. The maximum contract period will be 5 years.

The contract value will be set against a maximum value of £90,000 per year, £450,000 over the lifetime of the contract.

## **4.6 Procurement Process**

- 4.6.1 The procurement process will follow a single stage open procurement. The services fall under the light touch regime Public Contracts Regulations 2015. The procurement will be undertaken in line with the Council's Contract Procedure Rules.
- 4.6.2 The value of the contract is below the EU thresholds.
- 4.6.3 The timetable for the process is set out in Appendix A and the award criteria are set out in Appendix B.

## **5 CONSULTATION**

- 5.1 As part of the earlier process for developing an integrated substance misuse service with Leicester City Council and Leicestershire County Council and the Office of the Police and Crime Commissioner a consultation process was undertaken in July 2015. This included public consultation and soft market testing. These exercises tested ideas around:
  - a. the integration of services across geographical areas (Leicester, Leicestershire and Rutland),
  - b. service user groups (adults and young people) and
  - c. settings of care (criminal justice and other community).

In addition, a stakeholder event was held on 12 October 2015 to raise awareness of substance misuse services and to gather information on substance misuse needs in Rutland. This identified the need for a service accessible in Rutland venues.

- 5.2 Consultation for the procurement model was undertaken with providers as set out in 4.1. The process and Award Criteria have been discussed with the relevant Council officers and with the Portfolio Holder.

## **6 ALTERNATIVE OPTIONS**

- 6.1 Under the Public Contracts Regulations 2015, Award Criteria must be set prior to procurement starting. There is no alternative to setting these in advance. Appendix B details the award criteria.

The approval of award of the contracts could be brought back to Cabinet for approval rather than delegated to the Portfolio Holder and Director for People and Director for Public Health. However, the award will be made in line with the award criteria that Cabinet approve and therefore the only alternative to not approving the award would be if there were reasonable grounds to not award at all.

## **7 FINANCIAL IMPLICATIONS**

- 7.1 The total envelope value for this new contract is £90,000 per annum and this is aligned with the budget details in the Medium Term Financial Strategy.

- 7.2 This service is currently funded from the ring fenced Public Health Grant and provision of such a service is a condition of this grant. The ring fence is due to cease in March 2019.

## **8 LEGAL AND GOVERNANCE CONSIDERATIONS**

- 8.1 The procurement process has been drawn up by the Procurement and Contracts Management Team, in line with the requirements of the Public Contracts Regulations 2015 and the Council's Contract Procedure Rules.
- 8.2 Legal advice on this cabinet paper has been sought.

## **9 EQUALITY IMPACT ASSESSMENT**

- 9.1 An Equality Impact Assessment screening form has been completed for this service.
- 9.2 People who misuse drugs and alcohol are a particularly vulnerable group who often have concurrent health, social and economic needs. This service has the potential to make a positive contribution by supporting recovery in relation to these various needs.

## **10 COMMUNITY SAFETY IMPLICATIONS**

- 10.1 Substance misuse has far reaching impacts on individual health, families and communities. A broad programme of evidence- based interventions to reduce harm has the co-benefits of improving health and wellbeing, cutting crime and saving money.
- 10.2 The council is required by Section 17 of the Crime & Disorder Act 1998 to take into account community safety implications. The 2017 refresh of the Safer Rutland Partnership Strategy includes the objective of reducing substance misuse harm in Rutland. This service will also contribute to the Council's strategic priorities 'Creating a safer community for all' and 'Meeting the health & wellbeing needs of the community'.

## **11 HEALTH AND WELLBEING IMPLICATIONS**

- 11.1 Substance misuse has far reaching impacts on individual health, and that of families and communities. As such, efforts to reduce substance misuse harm will have a positive impact on health and wellbeing.

## **12 ORGANISATIONAL IMPLICATIONS**

- 12.1 Human Resources: The TUPE (Transfer of Undertakings Protection of Employment Regulations) 2006 (as amended)) is likely to apply to staff currently delivering services which fall under the scope of this procurement. The current providers will be obliged to submit information to support potential providers in understanding staffing implications and undertaking due diligence.

### **13 SOCIAL VALUE IMPLICATIONS**

- 13.1 Under the provisions of the Public Services (Social Value) Act 2012 local authorities are required to consider how economic, social, and environmental well-being may be improved by services that are to be procured, and how procurement may secure those improvements.
- 13.2 The award criteria include specific reference to Social Value and require providers to deliver additional value in two areas of supporting the local economy, reducing demand for public services and looking after the local environment.

### **13 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 13.1 Provision of specialist support for those with drug and alcohol problems to meet the health needs of Rutland residents will have positive impacts for individuals, families and communities. Collaboration with partner agencies and the Safer Rutland Partnership will strengthen efforts to reduce harm. A recovery orientated community treatment service is an essential component of a collaborative harm reduction programme.
- 13.2 In order for the procurement process to commence the award criteria needs to be approved by Cabinet. The criteria have been carefully considered to ensure that providers successful in the process are capable of meeting the requirements and can deliver appropriate quality services in Rutland.
- 13.2 It is recommended that once the award criteria are approved by cabinet that approval of the award of the contract is delegated to the Director for People in consultation with the Director for Public Health and the Portfolio Holder. Decisions will only be taken in line with Cabinet approved criteria.

### **14 BACKGROUND PAPERS**

- 14.1 There are no additional background papers to this report

### **15 APPENDICES**

- 15.1 Appendix A – Procurement Timetable
- 15.2 Appendix B – Award Criteria
- 15.3 Appendix C – Substance Misuse in Rutland

**A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.**

## Appendix A - Procurement Timetable

Action	By When
Cabinet Approval for Award Criteria	16.5.17
Invitation to Tender published	22.5.17
Deadline for questions from bidders	2.6.17
Deadline for responses to questions	8.6.17
Tender submissions deadline	16.6.17
Evaluation of Tenders	4.7.17
Clarification meetings (if required)	14.7.17
Approval of Contract Awards	26.7.17
Notification of award/start of standstill	27.7.17
End of standstill	7.8.17
Contract award	8.8.17
Contract start date	1.10.17

## Appendix B - Award Criteria

The price: quality ratio 80/20

<b>Criteria</b>	<b>Weighting</b>
<b>Quality</b>	
1. Service model and how it meets the specification	12%
2. Implementation plan and timetable	16%
3. Staffing arrangements	8%
4. Access to the service - nature and location	8%
5. Clinical and non- clinical governance	12%
6. Service delivery methods and treatment interventions	8%
7. Meeting needs of different client groups	4%
8. Partnerships & joint arrangements with other agencies	8%
9. Social Value criteria	4%
<b>Price criteria:</b> Staffing, training, accommodation, management, overheads, prescribing, other	20%
<b>Total</b>	100%



## Appendix C - Substance Misuse in Rutland

Local needs have been assessed based on expert opinion from research, information on service use, benchmarking against other areas and consultation with staff and service users.

Substance misuse has far reaching impacts on individual health, families and communities. Evidence-based interventions to reduce harm have multiple benefits including improving health and wellbeing, cutting crime and saving money. Treatment services should be recovery-orientated, compliant with national guidance and person centred.

Key measures that describe need at different levels in Rutland include:

- Number of young people participating in college-based initiatives (2014/15) = 450.
- Number of people receiving a NHS health check, including alcohol screening (2015/16) = 1,397
- Number of adults screened for alcohol misuse in primary care (2015/16) = 2,025
- Number of brief interventions in primary care (2015/16) = 109
- Population aged 18-64 predicted to have alcohol dependence (2014) = 1,243.
- Population aged 18-64 predicted to have drug dependence (2014) = 702.
- Estimated prevalence of opiate and/or crack cocaine users aged 15-64 (2011/12) = 45.
- Number of adults in drug and/or alcohol treatment (2014/15) = 97-114.
- Number of young people in drug and/or alcohol treatment (2014/15) = <5.
- Number of alcohol-related hospital admissions (2015/16) = 247
- Alcohol related mortality (2013) = 12.
- Number of assessments by hospital-based alcohol liaison team (2014/15) = 23.
- Number of users in inpatient detoxification (alcohol) (2014/15) = <5.

Based on estimated prevalence and numbers in treatment, alcohol misuse is likely to be more of a problem in Rutland than drug misuse. In absolute terms the number of people currently accessing support for substance misuse is small. However, prevalence estimates and GP screening would suggest that there are others who would benefit from support.