

CABINET MEETING – 20/06/2012

EXECUTIVE SUMMARY SHEET – PART I

Title of Report:

PUBLIC HEALTH – PROCUREMENT OF ADULT SUBSTANCE MISUSE SERVICES

Author(s):

Joint report of the Executive Director of Health, Housing and Adult Services, and Assistant Chief Executive

Purpose of Report:

To request approval for the procurement of adult substance misuse services on behalf of Sunderland Teaching Primary Care Trust. The commissioning of public health services will become the formal responsibility of the Council in April 2013 and it is therefore felt appropriate that the procurement is undertaken within the Councils operating model.

To update Cabinet with the ongoing work currently being undertaken by Sunderland Teaching Primary Care Trust and Safer Sunderland Partnership around the proposed delivery model for Adult Substance Misuse Services within Sunderland beyond 2013.

Description of Decision:

Cabinet is recommended to:

- Agree to the Council undertaking the procurement of adult substance misuse services for up to 3 years from 2013/14 to 2015/16 on behalf of Sunderland Teaching Primary Care Trust.
- Note the progress on substance misuse service redesign

Is the decision consistent with the Budget/Policy Framework? ***Yes**

If not, Council approval is required to change the Budget/Policy Framework

Suggested reason(s) for Decision:

The responsibility for adult substance misuse services will transfer to the Council in April 2013. The existing contractual agreements for adult substance misuse services expire on 31st March 2013.

Sunderland TPCT would usually use NHS Procurement agencies. In order to accelerate learning around public health commissioning and support the Public Health transition, it is recommended that the procurement would be carried out by the Council.

Alternative options to be considered and recommended to be rejected:

In considering its approach to improving outcomes for adults with substance misuse issues, the following options have been rejected by the Safer Sunderland Board, Sunderland TPCT Executive Team and Sunderland Clinical Commissioning Group:

- a) Do not re-commission services following expiry of contracts on 01 April 2013 – as services cease to operate, continuity of care will be lost for those dependent on service delivery.
- b) Continue with existing service provision after 01 April 2013 – services continue to deliver but remain complex and present decreasing value for money in future years. Services will not be fully configured to support sustained recovery outcomes for their users.
- c) Partially de-commission services to achieve better value for money and retain some reconfigured components to provide a more efficient model of delivery. Services may be better configured to support sustained recovery outcomes for their users and better value for money, though challenges from existing providers on the basis of unfairness will be likely.

Impacts analysed;

Equality ☒ Privacy ☒ Sustainability ☒ Crime and Disorder ☒

Is this a “Key Decision” as defined in the Constitution?

Yes

Is it included in the Forward Plan?

Yes

Scrutiny Committee

Scrutiny Lead Member for Health, Housing and Adult Services

PUBLIC HEALTH – PROCUREMENT OF ADULT SUBSTANCE MISUSE SERVICES

JOINT REPORT OF THE EXECUTIVE DIRECTOR OF HEALTH, HOUSING AND ADULT SERVICES, AND ASSISTANT CHIEF EXECUTIVE

1. PURPOSE OF THE REPORT

- 1.1 To request approval for the procurement of adult substance misuse services on behalf of Sunderland Teaching Primary Care Trust. The commissioning of public health services will become the formal responsibility of the Council in April 2013 and it is therefore felt appropriate that the procurement is undertaken within the Councils operating model.
- 1.2 To update Cabinet with the ongoing work currently being undertaken by Sunderland Teaching Primary Care Trust and Safer Sunderland Partnership around the proposed delivery model for Adult Substance Misuse Services within Sunderland beyond 2013.

2. DESCRIPTION OF THE DECISION (RECOMMENDATIONS)

- 2.1 Cabinet is recommended to:
 - a) Agree to the Council undertaking the procurement of adult substance misuse services for up to 3 years from 2013/14 to 2015/16 on behalf of Sunderland Teaching Primary Care Trust.
 - b) Note the progress on substance misuse service redesign.

3. INTRODUCTION/BACKGROUND

- 3.1 The commissioning of drug and alcohol services is led by a Joint Commissioning Group, which reports within the Safer Sunderland Partnership. Lead Commissioner responsibility sits with the Primary Care Trust via a Joint Commissioner Post (joint with Safer Sunderland Partnership). The Joint Commissioner is currently a member of the Public Health Commissioning Team
- 3.2 From 2013, the commissioning of drug and alcohol services forms part of the Public Health responsibilities transferring to the Local Authority. As this service is being recommissioned during 2012, it was an obvious opportunity to accelerate learning about Public Health commissioning and procurement to engage with this procurement during 2012.

3.3 The commissioning of drug and alcohol services is driven by a number of national strategies:

- Drug Strategy 2010 - Reducing demand, restricting supply, building recovery: Supporting People to Live a Drug Free Life (2010)
- Drugs Protecting Families and Communities (2008)
- Alcohol Harm Reduction Strategy for England (2004)
- Safe, Sensible, Social: the next steps in the National Alcohol Strategy (2007)
- Reaching Out: Think Family (2008)
- Choosing Health: Making Healthy Choices Easier (2004)
- Dual Diagnosis Good Practice Guidance (DOH2002)

3.4 More recently a new National Strategy for Alcohol was published in March 2012 by the Home Office alongside the annual review of the National Drug Strategy in May 2012.

3.5 The Services contribute to the following outcomes for individuals:

- Reducing drug and alcohol use
- Improving physical and psychological health
- Improving social functioning
- Reducing offending and criminal involvement

4. **Commissioning Intentions and proposed service models for 2013 and beyond**

4.1 The services are currently provided as follows:

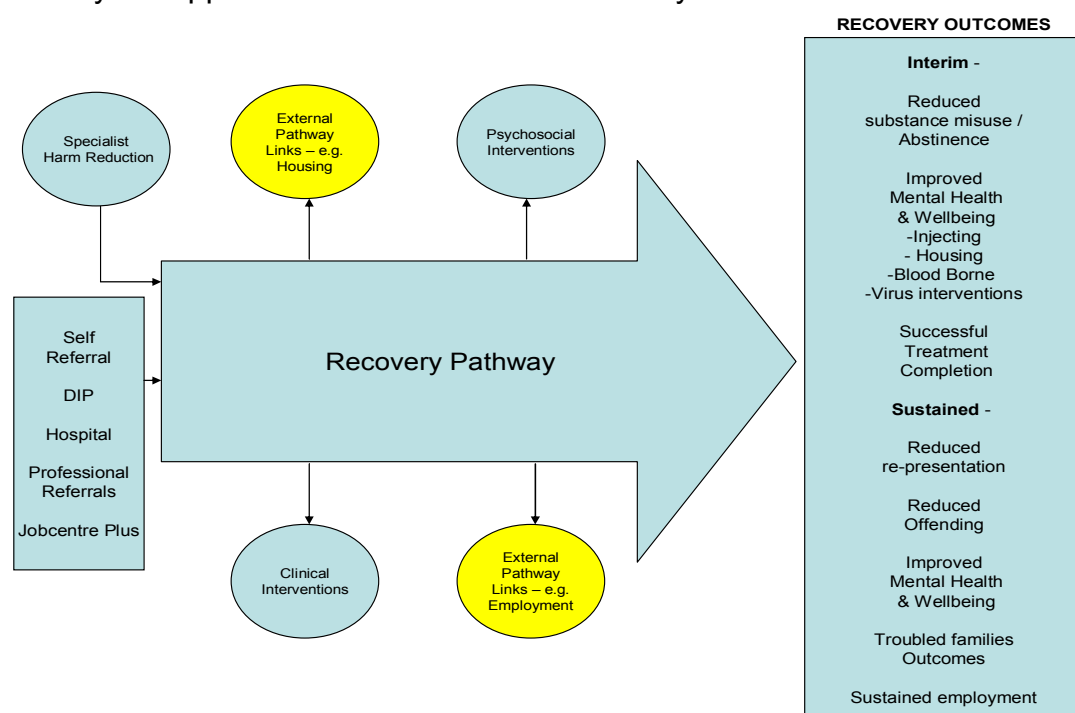
Supplier(s)	Contract Type	Expiry Date	Services Provided
Sunderland City Council – Health Housing and Adult Services (LA)	NHS Community Contract specification under S256 agreement	31/03/2013	Care coordination and access to rehabilitation (Drugs and Alcohol)
Counted4 Community Interest Company (CIC)	2012/13 NHS Community Contract	31/03/2013	Community detoxification, stabilisation and maintenance (Drugs and Alcohol)

NECA - North East Council on Addictions (Regd. Charity)	2012/13 NHS Community Contract	31/03/2013	Psychosocial Interventions, community integration, advice and support (Drugs and Alcohol)
Lifeline (Regd. Charity)	2012/13 NHS Community Contract	31/03/2013	Harm Reduction – Needle Exchange, Advice and Information, Blood Borne Virus screening / immunisation (Drugs only)
NERAF - Northern Engagement into Recovery from Addiction (Regd. Charity)	2012/13 NHS Community Contract	31/03/2013	Peer support / mentoring / group work (Alcohol Only)
The Huntercombe Centre (Independent Sector)	2012/13 NHS Community Contract	31/03/2013	Inpatient Detoxification (Drugs and Alcohol)
Turning Point (Regd. Charity)	2012/13 NHS Community Contract	31/03/2013	Assessment and Engagement – Criminal Justice, Hospital, Community (Drugs and Alcohol)
DISC - Delivering Initiatives Supporting Communities (Regd. Charity)	2012/13 NHS Community Contract	31/03/2013	Psychosocial Interventions – Criminal Justice (Drugs and Alcohol)

- 4.2 Sunderland TPCT has undertaken a Service Re-design Exercise on behalf of the Safer Sunderland Partnership to ensure that service delivery produces the best sustainable outcomes for its users. The proposed model identifies a Recovery Pathway component which is tasked with ensuring that all those accessing services receive coordinated interventions which will help them achieve sustained recovery and community integration. Alongside this component are ancillary specifications which include psychosocial and clinical interventions as well as a harm reduction service. All components are specified in compliance with National Institute for Health and Clinical Excellence (NICE) guidelines and aim to offer the best range of services available.

The model has been presented to and endorsed by the Safer Sunderland Board, Sunderland TPCT's Executive Board and the Sunderland Clinical Commissioning Group.

- 4.3 The model (shown below) aims to rationalise delivery, to reduce duplication and unnecessary complexity whilst at the same time maintaining sufficient diversity to support choice and needs led delivery.



- 4.4 In essence, the model shifts the emphasis from provision of a range of treatment interventions (by separate providers) to a firmly embedded recovery pathway which draws on interventions as required but remains focused on the outcomes described. The total value of the current spend is approximately £4m per annum. The future procurement process will afford the opportunity to identify potential efficiencies from the introduction of the new service models. This will be important given the lack of clarity about future funding beyond 2013 and need to prioritise within overall resources available to the Council.

Organised into four lots; Recovery Pathway (lead coordinator), Psychosocial Interventions, Clinical Interventions and Specialised Harm Reduction the model could be provided via collaborative or lead provider/sub-contracting arrangements.

4.5 As responsibility for commissioning Adult Substance Misuse Services will transfer to the Council on 01 April 2013, there are a number of potential implications for both Sunderland TPCT and the Council. These include:

- There are currently a number of providers contracted to deliver a range of drug and alcohol services across the city. As the new commissioning arrangements reflect a rationalised model, there may be fewer providers needed to deliver the services. To protect the users' choice of service, the Council needs to ensure that specifications for the new service retain diversity in available interventions and encourage collaborative working. Both existing and potential providers must be made aware of this via a rigorous market engagement process.
- Rationalisation of the model means that contracts within it will be high value and therefore it may not be viable for smaller organisations to apply for them. Encouragement of collaborative approaches and retaining small grants arrangements outside the scope of the procurement will stimulate and support those organisations.
- The funding for these services will form part of a ring fenced grant which will be announced in December 2012 which will support all public health responsibilities transferring to the Council. There is a need to ensure that any final contract value and terms are considered in the context of the overall grant awarded for 2013/14 and potential variation in funding levels for future years.

5. REASON FOR THE DECISION

5.1 In preparation for the Public Health transition, the PCT have engaged the Council to support the tender exercise. A time frame for the process has been established which will enable the service to be commissioned to start 1st April 2013.

6. ALTERNATIVE OPTIONS

6.1 The main alternative options are:

- a) Do not re-commission services following expiry of contracts on 01 April 2013 – as services cease to operate, continuity of care will be lost for those dependent on service delivery.
- b) Continue with existing service provision after 01 April 2013 – services continue to deliver but remain complex and present decreasing value for money in future years. Services will not be fully configured to support sustained recovery outcomes for their users.

- c) Partially de-commission services to achieve better value for money and retain some reconfigured components to provide a more efficient model of delivery. Services may be better configured to support sustained recovery outcomes for their users and better value for money, though challenges from existing providers on the basis of unfairness will be likely.

6.2 Consultation with The Safer Sunderland Board, Sunderland TPCT Executive Board and Sunderland Clinical Commissioning Group have resulted in the recommendation that the alternative commissioning options are rejected.

7. RELEVANT CONSIDERATIONS/CONSULTATIONS

- 7.1 Equality Analysis is being undertaken and will be considered as part of the procurement process. Substance misuse services are provided to a number of identified vulnerable groups.
- 7.2 The provision of substance misuse services has a significant role in reducing and preventing crime and disorder. Treatment of drug misuse can help reduce acquisitive crime associated with funding of illicit drugs. In addition alcohol and drug use impact heavily on violent crime including domestic violence and public order.
- 7.3 Issues of privacy with regard to clients will be covered in relevant areas of the procurement process.

8. BACKGROUND PAPERS

N/A