

Cabinet Member for Adults and Health	Ref No: AH10 19/20
Date February 2020	Key Decision: Yes
Procurement for the provision of Accommodation Based Support for Alcohol/Drug Recovery	Part I
Report by Director of Public Health	Electoral Division(s): ALL

Summary

The County Council currently commissions accommodation based support for adults affected by alcohol and drug misuse.

There are two current contracts which end 31 March 2021 with no option to extend.

Authorisation is sought to commence a procurement process to secure provision and a new service which will be effective from 1 April 2021.

West Sussex Plan: Policy Impact and Context

The provision of effective high quality drug and alcohol recovery services make clear contributions to West Sussex goals of improving the health and wellbeing of residents of all ages, and to supporting strong and safer communities.

Activity fits with wider prevention aims, looking to support individuals with alcohol related difficulties earlier in their drinking history, and to prevent escalation of substance use related problems. An expected benefit of new provision will be an increase in local access to community settings for alcohol assisted withdrawal programmes.

Activity will support efforts to reduce risks of drug related deaths and reduce the numbers of drug deaths in treatment (an area of focus, working with Public Health England) and a priority of the Safer West Sussex Partnership Board.

Financial Impact

Current spend per year is £351,000 Public Health Grant monies.

The contract will run for a period of four (4) years with the possibility of a further extension for up to two (2) years built into the terms of the contract.

The total value of the contract funded through the Public Health Grant, is approximately £2.11M (including the extension period).

Recommendations

The Cabinet Member is asked to;

- 1) approve the commencement of a procurement process to secure the provision of Accommodation Based Support for Alcohol/Drug Recovery for the population of West Sussex. A new service will be effective from 1 April 2021; and
- 2) delegate authority to the Director of Public Health to award the contract, following completion of the procurement process, for an initial period of 4 years with the option for an extension of an additional 2 years.

Proposal

1. Background and Context

- 1.1 The County Council has contracts with two service providers to provide accommodation based support for adults in alcohol/drug recovery. The services are currently based in Worthing and Bognor, but referrals are accepted from across West Sussex.
- 1.2 The objectives of both services are:
 - To maintain substance misuse recovery, and sustainable independent living
 - To support a reduction in drug and alcohol related harm.
 - To improve stability of people's accommodation
 - To improve physical and mental health and wellbeing
 - To help strengthen social, family and community networks
 - To increase engagement with education, training, volunteering and employment
 - To help reduce offending and anti-social behaviour
- 1.3 Both services are meeting key performance indicators.
- 1.4 Both services accept referrals from across West Sussex and operate as part of a wider offer which includes onward accommodation and support to enable longer term recovery. Care pathways are in place for service users to progress to independent housing or community housing. In the event of relapse into substance misuse, care pathways are in place to access hostels.
- 1.5 The existing contracts end at 31 March 2021, with no option to extend.
- 1.6 Provision of drug and alcohol services is a non-prescribed function of the Public Health Grant.

2. Proposal Details

- 2.1 The proposal is to design and procure accommodation based support for people on their 'recovery journey' from high risk substance misuse. The Council is not looking to change the overall objectives of the new service. The commissioned service will continue to be exclusively for West Sussex residents. The service will continue to provide individual support and group work programmes adopting harm reduction activities and abstinence based interventions to integrate people back into their communities.
- 2.2 The new service will need to continue to provide countywide coverage, accepting referrals for suitable candidates from across the county.
- 2.3 The service will still operate as part of a wider system of community links across the partnership and will provide a pathway for individuals to move through. This approach is similar to that taken in Public Health England comparator areas.
- 2.4 A new service requirement will be for CQC registration to provide regulated activities for people who require treatment for substance misuse. This will mean an increase in local provision of medically assisted alcohol withdrawal for West Sussex residents. It will divert some people away from needing more costly residential detoxification services.

The new service will provide a minimum 10% increase on current activity and a target completion rate of alcohol withdrawal will be set at 75% minimum.

The existing provision does not wholly report performance to the National Drug Treatment Monitoring System (NDTMS) and so does not contribute to the measurement of PHOF outcomes. Uploading of performance to the NDTMS will form part of the award criteria for the new service.

Factors taken into account

3. Consultation

- 3.1 A market engagement event was held in September 2019. The event was well attended with six providers taking part. Subjects discussed included the ability of providers to access clinical detox services, geographical locations of the sites and the mobilisation period. All providers attending the event gave strong views for the benefit of a six month mobilisation period.

The views of the market will be used to inform the specification.

- 3.2 Co-production meetings were held with residents on 23 October 2019 at each of the existing two services.

Residents valued the offer of structured support and routine/rules in the services and the proactive approach that the current services place on supporting them with employment, training or education. The importance of move-on accommodation was emphasised by all.

A gap that was highlighted was the need for improved joined-up working with mental health services.

The views of residents will be used to inform the service specification.

- 3.3 The Council has considered the benefit of having more than one supplier or service base and this has been discussed with the market.

It is recommended that the Council commissions with one supplier who could be the lead contractor in a consortium model or sub-contract parts of the Service. This would more readily allow the market to tell us what they can offer and does not artificially restrict what is an already small market.

- 3.4 Information from the market engagement event and our knowledge of the market provides a working assumption that we are likely to receive bids that have third party contractor arrangements for the clinical aspect of service delivery.

4. Financial (revenue and capital) and Resource Implications

4.1 Revenue consequences of proposal

The new contract will run for a period of four (4) years from April 2021 with the possibility of a further extension for up to two (2) years built into the terms of the contract.

Within the same financial envelope, the benefit will be an increase in clinically suitable provision for individuals who are drinking at hazardous levels. The increase in the service capacity provides a more cost-effective way to treat the customer group rather than more expensive specialist inpatient detoxification placements.

	Current Year 2019/20	Year 1 2021/22	Year 2 2022/23	Year 3 2023/24	Year 4 2024/25
Budget	£0.351m	£0.351m	£0.351m	£0.351m	£0.351m
Cost of Proposal	£0.351m	£0.351m	£0.351m	£0.351m	£0.351m
Remaining budget	0	0	0	0	0

5. Legal Implications

- 5.1. The Current contracts end on the 31 March 2021 and there is no option to extend the contracts any further.
- 5.2. Under the Public Health ring fenced grant the Council has a discretionary power to commission substance misuse services which improve the health of the population. The Council is exercising its discretionary power by commissioning services which provide accommodation based support for drug/alcohol recovery.
- 5.3. Under the Council's Scheme of Delegation, functions in relation to Public Health have been delegated to the Director of Public Health.

- 5.4. The value of this proposal is considered a Key Decision as it will result in the Council incurring expenditure which is significant as decided by the Council. In accordance with its constitution, this is expenditure over £500,000.
- 5.5. The council is a Contracting Authority as defined in the Public Contract Regulations 2015 ("PCR") and as such is governed by those regulations when purchasing goods, services or works. The proposal is for a maximum 6 year contract with a total value of £2,106,000.
- 5.6. The value of the proposed contract is therefore above the relevant EU threshold as referred to in the PCR of £663,450 for Social and other specific Services ("Light Touch Services"). As such it is proposed that the Council will procure these services by way of an open tender. The use of this route will ready the market ahead of any tender, ensure competition from a relatively small market, effectively test the market and its ability to provide this service and ensure best value for money for the authority.
- 5.7. The Council will enter into a services contract using terms and conditions, approved by Commercial Legal Services and compliant with section 10 of the Council's Standing Orders on Procurement and Contracts.
- 5.8. There will be no TUPE transfer of Council staff as a result of this proposal.

6. Risk Implications and Mitigations

Risk	Mitigating Action (in place or planned)
Limited or no financial savings	This service contributes to the wider prevention initiatives that focus on reducing the demand for more expensive acute treatment or care. It is therefore not anticipated that the key driver from this will be financial savings. The commercial element will not necessarily seek to exclude a cashable saving but will target more specifically commercial value for money.
Lack of interested bidders	Mitigated by having undertaken market testing early on with clear information provided and maintaining a competitive contract value.
Transition to a new provider	This will be a detailed piece of work and may include planning to support residents to complete placements in existing commissioned services should these not be part of the new service arrangements. Mitigated by ensuring effective demand data is shared at Information to Tender to allow a provider to plan and include a sufficiently long mobilisation period.

Risk	Mitigating Action (in place or planned)
Providers will be unable to secure suitable accommodation	Mitigated by a sufficiently long mobilisation period.
Providers do not have CQC registration at time of bidding	Mitigated by a sufficiently long mobilisation period.

7. Other Options Considered (and reasons for not proposing)

- 7.1 Delivery via a multi-supplier framework, either geographically or acquired by using a number of separate contracts or 'lots' which may be awarded and performed by separate service providers was considered but deemed to add no value to the delivery of this service. One outcome based specification will meet requirements.

8. Equality and Human Rights Assessment

- 8.1 Not applicable.

9. Social Value and Sustainability Assessment

- 9.1 The new provision will support the following Social Value Indicators:

'A place that provides opportunity for all'. The provision will include a minimum 70% (n50) individuals engaging in training, education or employment at point of exit

'Individuals can live healthier and longer lives'. The provision will include a minimum 15 alcohol withdrawals and 75% completion rate

The provision will include access to Blood Borne Virus testing and vaccination with an offer to 100% eligible individuals with a minimum completion rate of 50%

The provision will include an offer of Overdose training and Naloxone kits to 100% eligible individuals with a minimum uptake of 75% eligible individuals completing the training and receiving kits.

Reported improvements in physical and mental health – minimum 75% at exit

'Reduction of social isolation and loneliness'. Loneliness is one of the variables related to high risk drug and alcohol use. The provision will need to demonstrate how this is considered and incorporated into their programme.

10. Crime and Disorder Reduction Assessment

- 10.1 The Council has a responsibility to minimise crime and anti-social behaviour which can be associated with substance misuse. The service includes outcome measures to help reduce offending and anti-social behaviour.

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Appendices None

Background papers None