

EXECUTIVE BOARD DECISION



REPORT OF:	Executive Member for Public Health and Wellbeing
LEAD OFFICERS:	Director of Public Health & Wellbeing
DATE:	Thursday, 14 October 2021

PORTFOLIO(S) AFFECTED:	Public Health and Wellbeing
WARD/S AFFECTED:	(All Wards);
KEY DECISION:	Y

SUBJECT:

EB Procurement process for Substance Misuse Services

1. EXECUTIVE SUMMARY

To note to the provision of substance misuse services across Blackburn with Darwen will be retendered due to the current contract coming to an end. The substance misuse service (including alcohol) incorporates a range of service contracts, covering both young people's services through to adulthood and criminal justice. There is a need to ensure that the service is dynamic and innovative to respond to emerging challenges and trends, whilst becoming more efficient, value for money with improved quality and outcomes.

The new commissioning model will incorporate a more effective Recovery Orientated Integrated System (ROIS). This model goes beyond the clinical and medical model to incorporate employment, training, education and support within family life, and takes a life course approach.

The costs of alcohol and drug misuse to society are significant. Estimates show that the social and economic costs of alcohol related harm amount to £21.5bn, while that of illicit drug use costs £10.7bn. These include costs associated with deaths, NHS, crime and, in the case of alcohol, lost productivity. Alcohol treatment reflects a return on investment of £3 for every pound invested. Drug treatment reflects a return on investment of £4 for every pound invested.

This is a statutory service that must be provided as a condition of the Public Health Ring Fenced Grant Allocation under the Health and Social Care Act (2012) since 1st April 2013.

2. RECOMMENDATIONS

That the Executive Board:

1. To note the commencement of a tendering and procurement activity to offer this service to the wider market, with revised contractual and commissioning arrangements to be in place from 1st April 2022. This contract will encompass both adults and young peoples' services and provide advice, prevention, support and interventions across the life course. The contract will be procured for 3 years with an option to extend for up to 2 year's subject to satisfactory delivery which will be monitored via robust contract review processes.

2. Approves the strategy for the service as set out in this report.

3. BACKGROUND

Since 1st April 2013 upper tier and or unitary Local Authorities (LA's) have had responsibility under the Health and Social Care Act (2012) for improving the health of their local population and for public health services including those aimed at reducing drug and alcohol misuse.

Each local authority has responsibilities under the Public Health Grant to commission community based substance misuse services. Blackburn with Darwen currently commission the following service provision for substance misuse locally:

- Adult substance misuse services including criminal justice provision from CGL, operating under the brand 'Inspire'.
- Young Peoples service from CGL under the branding Go2
- Inpatient detox and rehabilitation services from a range of providers (Out of scope for this tender).

Adult Community Substance (Drug and alcohol) Misuse Services:

- The underpinning service specifications are substantial documents outlining the requirements across a range of interventions under three broad areas, Prevention and Wellbeing, Treatment and Recovery, Development and Support including:
 - Training
 - Information and Brief Advice
 - Assessment
 - Harm reduction
 - Case management
 - Psycho-social interventions
 - Clinical interventions including prescribing
 - Criminal Justice interventions
 - Families
 - Recovery Support

Young Peoples Substance Misuse Service:

- BwD commissions service for young people up to the age 21 across their footprint.
- The underpinning service specifications is a substantial document outlining the requirements across a range of interventions under three broad areas, links to CYP mainstream (0-19) services, Treatment and Life Skills, Life Transitions and Support including:
 - Training
 - Information and Brief Advice
 - Assessment
 - Harm reduction
 - Case management
 - Psycho-social interventions
 - Clinical interventions including prescribing
 - Families
 - Life transition Support

Alcohol and drug misuse impacts on a wide range of cross cutting priorities across health, wellbeing, social care, prosperity and attainment and criminal justice. There is extensive research and evidence in terms of the economic and social benefits and return on investment of funding for drug and alcohol service interventions. Please see a summary below of the rationale to retain investment into these commissioned services:

- Acquisitive crime, violent crime and domestic abuse are particularly associated with drug and alcohol misuse. Analysis of Ministry of Justice and drug & alcohol treatment data has shown that drug and alcohol specialist treatment results in significant reductions in offending behaviour in dependent drug and alcohol users. Drug/alcohol treatment results in

a 44% reduction in the number of individuals re-offending in the 2 years after starting treatment for dependency, with a 33% decrease in the number of offences committed.

- Alcohol misuse has been estimated to cost £7bn in lost productivity nationally. Most individuals seeking drug or alcohol treatment are unemployed and treatment/recovery services actively seek to provide opportunities and support to individuals to find meaningful activities and employment. Employment and recovery are mutually reinforcing.
- Drug and alcohol problems can be both a cause and a symptom of homelessness. Significant proportions of homeless people have drug or alcohol problems. Providing support to address housing need is vital and can have a positive impact on motivation to change.
- The costs of alcohol and drug misuse to society are significant. Estimates show that the social and economic costs of alcohol related harm amount to £21.5bn, while that of illicit drug use costs £10.7bn. These include costs associated with deaths, NHS, crime and, in the case of alcohol, lost productivity.
- Drug and alcohol treatment results in savings in a number of areas, such as Crime, QALY improvements and health & social care.
- Quality-adjusted life years (QALYs) are measures of life expectancy and quality of life, fundamental in health economic evaluations and resource allocations.
- Alcohol treatment reflects a return on investment of £3 for every pound invested
- Drug treatment reflects a return on investment of £4 for every pound invested

Please see Appendix 1 with links to further evidence and details on this issue.

Substance use services across the ICS are under significant strain following the financial climate over recent years which has led to reductions in funding for both these services and wider support structures for those who use the services. This has been further enhanced by the COVID19 pandemic and the need to alter working practice in order to keep services open, adapt to changing demands (e.g. rapid support of accommodated rough sleepers, shielded populations etc.) and operate in a COVID secure manner.

The current Independent review of drugs by Professor Dame Carol Black has included national surveys of commissioners and providers of substance misuse services to ascertain the current spend and reductions, with a view to support a request to the Treasury to reinvest in the delivery of substance misuse services.

4. KEY ISSUES & RISKS

The substance misuse service provision was last reviewed in 2014/15. The current contract will expire on the 31st March 2022. A tender waiver form has been submitted in order to extend the existing arrangements until 31st March 2022, in order for a full consultation, procurement and safe transition to be managed. Whilst performance has progressed and efficiencies have been made, procurement regulation and the contract term mean that a refreshed model should be considered following a period of consultation and engagement with various stakeholders including service users and also non service users. In conjunction with strategic commissioning, appropriate and relevant processes will be adhered to. This will ensure that any risks will be identified throughout the process and improved monitoring can be explored.

The tender documentation (and subsequent contract/specifications) will incorporate details to ensure that any successful provider will adhere to our quality standards. This includes learning from recent safeguarding cases, clinical governance, national and local standards, NICE and CQC compliance.

Conversations have been undertaken to explore opportunity to further integration elements of service delivery from a CCG and a primary care perspective within the Blackburn with Darwen footprint, and also consideration of a wider delivery across the Pennine Lancashire ICP footprint. At present while the service provider is CGL for both BwD and East Lancashire, models and

specifications are slightly different in each area. The new process and exercise can be mindful of the specification requirements and contract lengths and terms in order to allow for future alignment at a time suitable for the ICP and other stakeholders such as Lancashire County Council in terms of the substance misuse provision across East Lancashire.

TUPE transfer implications will be considered as part of the process. Transfer of estate leases and other assets linked with the PHE Alcohol capital funding projects will also be considered as part of the procurement exercise.

A detailed tender project plan has been determined.

5. POLICY IMPLICATIONS

This process will be aligned to both local and national Drug and Alcohol Strategy recommendations, Dame Carol Black review recommendations, the Health and Wellbeing Strategy, local Transforming Lives strategy, local Vulnerable People Strategy, the Early Help Strategy, and will also consider implications with regards to a number of other developing strategic agendas.

The NHS long term plan and also local Pennine Lancashire prevention plans will also be considered.

6. FINANCIAL IMPLICATIONS

The currently proposed allocation of funding in relation to this tender and future contract arrangements has been kept in line with the public health budget for substance misuse services for 2020/21 equating to £2,713,107. This amount is fully contained from within the current year's allocation of the Public Health England (PHE) grant. However, PHE funding for future years remains to be confirmed. Consideration should be given to the budget setting strategy for the Council in finalising the contract financial envelope for these services.

It should also be recognised that this is the only Public Health commissioned service where the financial value is inclusive of the drug costs for clinical pharmacological treatment of service users. The budget is also inclusive of the Local Improvement Scheme (LIS) value for supervised consumption and needle exchange across the Borough and spend where needed to primary care for the delivery of these sub contracted services. Substance misuse services provide a wide range of support and treatment including training, harm reduction, clinical and psychosocial interventions across communities and residential based provision.

Consideration of PHE Universal work stream funding and the comprehensive spending review should be given in terms of the financial value that could be commissioned via this opportunity, equally delays in financial clarity makes it difficult to finalise a tender value. Recent discussions including additional Changing Futures and Probation Service funding may also need to be considered as part of this commissioning process.

7. LEGAL IMPLICATIONS

An open tender process will be followed to ensure this tender attracts providers with sufficient knowledge and expertise to enable quality delivery. The tendering process will need to comply with the Public Contracts Regulations and the Council's Contract and Procurement Procedure Rules. Contract will be in a form approved by legal officers in the Contracts and Procurement team.

8. RESOURCE IMPLICATIONS

The management and implementation of the tender will be actioned within BwD team resources including input from Legal, Finance, Integrated Strategic Commissioning and Public Health.

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below.

Option 1 Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision.

Option 3 In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision.

10. CONSULTATIONS

A series of consultation and engagement events are planned from September to December 2019 relating to different themes and elements of the integrated treatment system such as YP service provision, adult provision, shared care, Tier 4 interaction etc. The views of providers, key stakeholders and service users will be taken into account and their comments and feedback will influence the service design recommendations and service specification. There is a provider event planned to take place shortly before the commencement of the tender to allow the market place the opportunity to better understand the local need and the proposed process. This will also allow opportunities for them to raise significant queries via the CHEST procurement system.

11. STATEMENT OF COMPLIANCE

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded in the Summary of Decisions published on the day following the meeting.

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DATE:	29.09.2021
BACKGROUND PAPER:	