



EXECUTIVE BOARD DECISION

REPORT OF:	Executive Member for Housing & Public Health
LEAD OFFICERS:	Director of Public Health
DATE:	Thursday, 14 November 2024

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

SUBJECT: Approval to award tier 4 services. Lot 1: (Inpatient Detoxification)

1. EXECUTIVE SUMMARY

This paper sets out the following recommendations following the recent Tier 4 tender procurement exercise.

RECOMMENDATIONS

That the Executive Board:

1. Approve the intention to award Lot 1 for Tier 4 substance misuse services to five suppliers for specialist inpatient detoxification provision. The Lot 1 inpatient detoxification suppliers are:
 - Adferiad Recovery
 - Greater Manchester Mental Health NHS Foundation Trust (GMMH)
 - Kaleidoscope Project
 - Mersey Care NHS Trust
 - Turning Point Services Ltd
2. Agree that Lot 2 be subject to a waiver until June 2025 and go out for tender again with a wider market engagement exercise to secure best value for money and achieve a balanced, cost-effective pool of service providers within close proximity of access to Blackburn with Darwen and that the re-tendering exercise also include elements of the crisis pathway services which were previously tendered as Lot 3.
3. Note there were no submissions for Lot 3 (direct access beds) (neither the current provider THOMAS nor any other market supplier applied for Lot 3) and agree that the existing service that was subject to a 6-month waiver extension will cease with effect from 30th November 2024. Thereafter, crisis pathway services will be provided under the re-tendered commissions in Lot 2 and/or by services commissioned from Tier 4 framework providers (via a Tier 4 panel extra-ordinary meeting when required).

2. BACKGROUND

Nationally drug misuse has a massive cost to society: more than 3,000 people died as a result of drug misuse in 2021. Alcohol and drug use by adults is widespread; around 10 million adults in England drink above the low risk guidelines, and around 3.2 million people took drugs in 2020. It is estimated that 589,000 adults are dependent on alcohol and about 1.5 million showed signs of dependence on drugs (ONS, 2019).

Tier 4 services are part of a system wide service offer to address prevention, early identification, treatment and recovery pathways for communities affected by drug and alcohol misuse. Delivered on behalf of Blackburn with Darwen Council, the CALICO Spark's substance misuse service is an innovative partnership that combines specialist drug and alcohol services with health, housing, Lancashire Constabulary, criminal justice partners, community groups and wider partners. The service is inclusive and flexible aiming to bring transformational change to people using their service, their families, and the community they live in.

Tier 4 is an integral component of substance misuse services and has been shown to be an effective form of treatment for some individuals. Tier 4 includes three different types of services which are delivered in specialised inpatient and residential settings to remove the client from an environment where they have access to drugs and/or alcohol.

Inpatient Detoxification or "detox" is a planned withdrawal from drugs or/ and alcohol and may involve taking a short course of prescribed medication to help prevent withdrawal symptoms. This service provision is referred to as Lot 1 in the tender exercise.

Residential rehabilitation for the treatment of dependency on alcohol or other drugs forms part of an integrated approach to treatment and recovery. This service provision is referred to as Lot 2 in the tender exercise.

Over the past four years both strategic and operational developments have led to an improved integrated provision of abstinence based recovery substance misuse services for adults who experience addiction to both drugs and alcohol. Pathways have improved between community, inpatient and residential services and the workforce supporting the implementation of such pathways has successfully embraced a range of innovative developments and change of practice.

Blackburn with Darwen's substance misuse service offers a wide range of services from young people's service (delivered by Early Break) through to additional support such as housing advice and access to training and education (delivered by a range of partners).

Invites for tenders was opened on the Chest on 15.08.24 and the closing date was 12.09.24 midday.

The local authority received:

- five submissions for Lot 1 (inpatient detoxification),
- four submissions for Lot 2 (inpatient residential rehabilitation) and;
- no submissions for Lot 3 (direct access beds).

Lot 1: Inpatient detoxification

Lot 1 is for inpatient detoxification services. All five submissions for Lot 1 were reviewed and assessed by a panel of four members from Public Health and Adult Social Care, against the key criteria and basic selection criteria requirements. The basic selection criteria are: (a) the providers' ability to pursue a particular activity (b) economic and financial standing and (c) technical and professional ability. The key criteria are (a) quality and innovation (b) value (c) integration

collaboration and service sustainability (d) improving access, reducing health inequalities and facilitating choice and (e) social value. All five were awarded scores over 50% which sufficiently met the requirements to be awarded a place on the Tier 4 framework.

Lot 2: Inpatient residential rehabilitation

Lot 2 is for inpatient residential rehabilitation services. The number of service providers that applied for Lot 2 has reduced from existing current arrangements down to four providers with one providing provision in the Blackburn with Darwen area. This presents a risk to service and financial best value, together with service resilience and adequate access to service provision at reasonable geographical distance and transport challenges. It is therefore recommended to the Executive Board that Lot 2 should be subject to a waiver until June 2025 and go out to tender again with a wider market engagement exercise to secure best value for money and achieve a balanced, cost-effective pool of service providers within close proximity of access to Blackburn with Darwen. The re-tendering exercise will also incorporate provision of crisis pathway elements that were previously unsuccessfully tendered as Lot 3 (see below).

Lot 3: Direct access

Lot 3 is for direct access and managing need for crisis situations. There were no submissions for Lot 3 direct access beds. No market suppliers applied for Lot 3. The budget allocation for Lot 3 was set at £100,000 which is not sufficient to provide a stand alone service and this has contributed to the lack of expressions of interest due to the specialist provision specification requirements and the limited number of organisations that are in a position to deliver the service.

The current provider THOMAS was given a 6 month extension from May 2024 and has in recent months managed and reduced new referrals into the service. It is recommended that the existing Lot 3 service will cease from 30th November 2024 with integrated pathway incorporated into Lot 1 and Lot 2 service provision.

3. KEY ISSUES & RISKS

Provision of the specific services tended in Lot 3 (direct access beds) is not a statutory requirement, although it is recognised there are wider benefits of the service provision offer. However, Blackburn with Darwen is the only local authority in the area providing the direct access provision and whilst we have a strong reputation for supporting vulnerable individuals, this must be balanced in line with local pressures. In order to ensure continued crisis provision for our own residents this report proposes that crisis provision elements from Lot 3 are incorporated into Lot 1 and Lot 2 (as set out above). There is a small risk of a challenge from tenderers (and potential tenderers) with this approach, which needs to be balanced with the risk of the loss of service provision for direct access beds. Local authority areas in Greater Manchester have a crisis pathway within Lot 1 services in their areas as the Greater Manchester acute trusts are able to admit people directly into inpatient detoxification services from emergency departments.

The Equality Impact Assessment (EIA) which was completed to support approval to recommission Tier 4 services in February 2024 identified that both male and female provision of direct access beds should be provided. The current provider is unable to meet this aspect of the specification. This is likely to be the reason why there has been no interest in Lot 3, hence the proposed approach of incorporating an element of a crisis pathway within Lot 1 and Lot 2.

4. POLICY IMPLICATIONS

In 2021, the UK Government published its 10-year drugs strategy, From Harm to Hope (From harm to hope: a 10-year drugs plan to cut crime and save lives (publishing.service.gov.uk) following Dame

Black's Independent Review of Drugs. This is during a period of escalating drug-related deaths in the UK. The Strategy is structured under three strategic priorities: 'Break drug supply chains', 'Deliver a world-class treatment and recovery system', and 'Achieve a generational shift in demand for drugs'. The procurement of Tier 4 services supports the national strategy around the 'Deliver a world-class treatment and recovery system' priority.

The tender process was aligned to the strategic objectives of both local and national Tier 4 guidance and recommendations, the Blackburn with Darwen Health and Wellbeing Strategy (2023-28), local Transforming Lives strategy, local Vulnerable People Strategy and the Early Help Strategy.

The Health and Care Act 2022 (the 2022 Act) amended the National Health Service Act 2006 (the 2006 Act) to put in place legislative changes that support this, including the creation of integrated care systems. The legislation sets an expectation that all those involved in planning, purchasing, and delivering health and care services work together to agree and address shared objectives and makes it easier for them to do so.

6. FINANCIAL IMPLICATIONS

Payments for these services are on a tariff basis for both inpatient detoxification and residential rehabilitation. Future costs for all these services are subject to variations in demand for service and inflationary price uplifts on agreed weekly rates. Inflationary price uplifts across all provider fees within Adults Social Care and Public Health are subject to the annual uplifts agreed within the budget setting process for the new financial year.

For the proposed arrangements the estimated financial value of new contract arrangements has been determined based on financial modelling across each Lot and the best, worst and most realistic options costed. The most realistic cost model uses existing levels of demand, and makes assumptions about future demands.

The financial modelling results in an expected annual financial cost of £458,063 for Lot 1 and Lot 2. £100,000 was also allocated in the budget for Lot 3 which received no tenders.

The funding arrangements for each lot have also been reviewed and revised between public health and adult social care. The actual costs during 2024/25 and onwards will be closely monitored to understand the impact of demand for services and future inflationary price increases.

Planned service costs:

Lot	Value in £'s	Funding source
Lot 1 – Inpatient Detoxification	214,817	Public Health grant
Lot 2 – Inpatient Residential Rehabilitation	243,246	50% Public Health Grant 50% Adult Social Care Commissioning
Lot 3 – Direct access	100,000	Public Health grant
Total	558,063	

7. LEGAL IMPLICATIONS

An open tender process was followed to ensure these tenders attracts providers with sufficient knowledge and expertise. The tendering process complied with the Provider Selection Regime 2024 and the Council's Contract and Procurement Procedure Rules. The contract will be in a form approved by legal officers in the Contracts and Procurement team.

The Local Authority has statutory responsibilities to ensure provision of services for people experiencing substance misuse. The Care Act 2014 requires a local authority to assess a person who appears to have needs for care and support, regardless of the level of need. These needs should arise from or be related to physical or mental impairment or illness including substance misuse. The Public Health Grant prescribes that the local authority must have regard to the need to reduce inequalities between the people in its area and the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.

8. RESOURCE IMPLICATIONS

The management of the Tier 4 placements will be led by the Public Health team working with Adult Social Care and our providers of substance misuse services by utilising the established Tier 4 panel. Where required it may seek support and advice from Legal, Finance, and the commissioning and procurement team.

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

Option 1 Equality Impact Assessment (EIA) not required.

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

The commissioning and public health teams engaged with interested providers around the re-tender procurement and the market engagement exercise.

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.

VERSION:	4.41
CONTACT OFFICER:	Fiona Inston, Public Health Associate
DATE:	30 th October 2024
BACKGROUND PAPER:	Executive Board report February 2024: EMD1: Executive Member decision template