

**Open Report on behalf of Dr Tony Hill,
Executive Director of Community Wellbeing and Public Health**

Report to:	Community & Public Safety Scrutiny Committee
Date:	13 April 2016
Subject:	Community Substance Misuse Treatment Services Re-commissioning Update

Summary:

In March 2015 the Executive approved the re-commissioning of substance misuse treatment services, agreeing that the contracts should be reviewed at the end of the current contract period. Given the contribution that substance misuse treatment makes towards achieving key outcomes in the Public Health Outcomes Framework and towards the objectives of the Joint Health and Wellbeing Strategy, it was felt re-commissioning was appropriate. The treatment of substance misuse is a statutory obligation of the Council.

The Executive also agreed to extend contracts from 31 March 2016 to the 30 September 2016 to support the re-commissioning and re-procurement of substance misuse treatment and to allow an adequate handover period for this vulnerable client group.

This paper provides an update on progress on this re-commissioning work, identifying achievement against the key milestones for delivery.

Actions Required:

Members of the Community and Public Safety Scrutiny Committee are invited to consider and comment on the report and highlight any further actions required.

1. Background

Lincolnshire County Council is responsible for the treatment of substance misuse for all Lincolnshire residents. At the present time service providers include Addaction, Young Addaction, LPFT (Drug and Alcohol Recovery Team) and NACRO, and incorporate pharmacological and psychosocial services, including brief interventions, harm minimisation, relapse prevention and peer support. On the whole, these services have been in place for 16 years and have not been subject to a competitive tender during this time; this is because contracts were previously held within the NHS.

The transfer of commissioning responsibility for this, and other contracts, to the County Council has provided the opportunity to re-commission these services as contracts expire, and in March 2015 the Council's Executive gave agreement that these contracts could be re-commissioned owing to the contribution they make to the Public Health Outcome Framework and the wider Joint Health and Wellbeing Strategy.

Significant engagement and consultation has been undertaken which has included:-

- Meetings with current providers, potential new providers, the Lincolnshire Local Medical Committee, the Lincolnshire Local Pharmacy Committee, the Police and Crime Commissioner, Shared Care General Practitioners, United Lincolnshire Hospitals NHS Trust representatives, Lincolnshire Courts, the Integrated Offender Management Board and Healthwatch;
- Engagement events with service users and peer mentors;
- Three engagement events with current providers, potential providers and stakeholders;
- Attendance at Clinical Commissioning Group Board meetings;
- Questionnaire for treatment naive, previous and current service users;
- Questionnaire for GP's
- Questionnaire for family, friends, interested parties and staff.

Findings from this engagement and consultation indicate overall support for the continuation of specialist treatment services and provide insight into what service users, providers and stakeholders expect of a new system. Key findings include:-

- The potential to review the opening hours of the services and their locations given the vast geographical area Lincolnshire covers;
- The current services on the whole have been well received and are valued;
- The levels of support received and the understanding nature of the treatment service workers was particularly noted; and
- A recurring theme around a desire to volunteer within the services, or gain employment within them, once the service user had completed their own recovery journey.

A session held during June 2015 with current providers, stakeholders and interested parties was used to understand their view of treatment services, both at a strategic and operational level. Detail was provided on a benchmarking exercise undertaken and attendees were asked to consider the strengths and weaknesses

of each of the five proposed models of service delivery that had been evidenced elsewhere.

The five models proposed were:-

- Model One: One contract encompassing all elements, i.e. an integrated drug and alcohol treatment and recovery service for all ages.
- Model Two: One contract for an integrated drug and alcohol treatment service for all ages and a second contract for recovery/move on and mutual aid.
- Model Three: One contract for an integrated drug and alcohol treatment service for adults and a separate contract for an integrated drug and alcohol treatment service for young people.
- Model Four: One contract for a drug treatment service and a separate contract for an alcohol treatment service.
- Model Five: One contract for opiate treatment and recovery for all ages, a separate contract for alcohol treatment and recovery for all ages, and a third contract for non-opiate treatment and recovery for all ages.

Attendees also had the opportunity to state what their "must haves", "nice to haves" and "can live without" elements of service would be given a restricted budget. The main areas of discussion centred on consideration of an integrated drug and alcohol service with a contract that allowed flexibility and innovation from the successful provider.

Following the session, the findings were reviewed in detail and the potential models were narrowed down from five to one. The delegates initially showed preference for either model one or model two, but wanted a contract that was not prescriptive in the way services and support was delivered. They preferred a contract which could be segmented as required in terms of providing services to both young people and adults covering all drugs and alcohol use. After consideration, it was concluded that model two would allow for development of this.

As such the newly commissioned services contain one contract for treatment services and one contract for recovery services. As part of the procurement process providers have had the opportunity to bid on both elements, evidencing value for money and economies of scale.

At a second engagement event, model two was presented to delegates to undertake an impact analysis of the two elements. Attendees supported this proposed model and were pleased their views had been taken into consideration. The session also concentrated on the overarching principles of service delivery because details around where services would be located would not be known until the contracts had been awarded at the start of 2016. The two services ensure that there would be a focused treatment service which provides both pharmacological and psycho-social interventions for users of all drug types and alcohol. Alongside

this clinical service is a recovery service which provides users with peer support and practical assistance to re-integrate into the community, e.g. through support to access employment and housing.

The impact analysis highlighted areas for consideration for the new provider, such as ensuring services were accessible to all ethnic groups, with consideration given to ethnic minority groups who have a higher propensity to misuse substances. Although Lincolnshire has a relatively small population of these groups and, thereby does not indicate the need for a separate service provision, any future services would need to ensure they are accessible and sensitive to the needs of this population. Stronger working links also need to be developed with domestic abuse services, children and family services, mental health services and sexual health services.

Agreement for the budget for this recommissioning was set with a 25% reduction in finance for the new services to reflect the need for the council to meet its future budget targets. This decrease in funding was anticipated by the commissioning team and work had been conducted to reduce the risks this posed and to ensure that the new model was still capable of achieving its aims and objectives with the lower amount of finance available.

A third and final engagement and consultation event was held on the 17th November 2015 to confirm the model with potential providers and provide more detail around the tendering process, including the timescales and the e-tendering portal – Delta.

The two service specifications were completed in December 2015 and the tender went 'live' from the 29th December 2015 until the 3rd February 2016. In total 12 bids were received, 6 for Lot 1, the countywide drug and alcohol treatment service; and 6 for Lot 2, the countywide recovery service. Bids were received both from the current, incumbent providers and also from organisations from around the country, including large drug and alcohol charities, localised NHS trusts and smaller drug and alcohol services who presently work in smaller geographical areas.

Marking and moderation of the received bids was conducted between the 4th February 2016 and the 7th March 2016 with the result being a recommendation that Addaction be awarded the contract for Lots 1 and 2. This recommendation was agreed by Tony Hill and Cllr Bradwell on the 11th March 2016 and notification to the successful and unsuccessful bidders was communicated to them on the 14th March 2016.

The implementation of the new services commenced in earnest at the beginning of April 2016 with both new services having detailed mobilisation plans as part of their tender submission. The commissioning team are fully involved in the implementation process and will ensure that all necessary assurances are in place that the services will be ready to go live on October 1st 2016.

2. Conclusion

- The project plan for the re-commissioning of these services is on target and progress against key milestones is summarised in Appendix A.
- The 'Go Live' date for the new services is the 1st October 2016.
- As previously discussed, following the implementation of the new services there will be an offer to councillors to be involved in a 'meet and greet' with the providers, as per this Committee's previous request

3. Consultation

a) Policy Proofing Actions Required

n/a

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Re-Commissioning Milestones

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Tony McGinty, who can be contacted on 01522 554229 or tony.mcginty@lincolnshire.gov.uk

APPENDIX A

Milestone	Deadline	Progress
Issue the Prior Information Notice (PIN)	March 2015	Completed
Review corporate needs (Including a review of relevant national policies and guidance; regional and local guidance and literature; local priorities and objectives)	March 2015	Completed
Review of felt/expressed/normative needs (Including undertake stakeholder analysis; produce a communication/engagement plan; stakeholder engagement events)	March 2015	Completed
Review of comparative needs (including desktop commissioner consultation; agree framework for benchmarking exercise and analysis; analyse comparator area data)	April 2015	Completed
Complete the Health Needs Assessment (including a review of epidemiological evidence base)	April 2015	Completed
Commissioning Plan written	July 2015	Completed
Impact Analysis	August 2015	Completed (to be reviewed with new provider)
Pre-procurement consultation (Market analysis)	September 2015	Completed
Specification writing	November 2015	Completed
ITT writing	December 2015	Completed
Evaluation of tender	March 2016	Completed
Notify successful/ unsuccessful tenderers	March 2016	Completed
Mobilisation – handover period	April – September 2016	Commenced
GO LIVE	1st October 2016	