

Report to:	Cabinet	Date of Meeting:	4 February 2021
Subject:	Adult Substance Use Community Assessment, Treatment & Recovery Service (Ambition Sefton)		
Report of:	Head of Health and Wellbeing	Wards Affected:	(All Wards);
Portfolio:	Cabinet Member - Health and Wellbeing		
Is this a Key Decision:	Yes	Included in Forward Plan:	Yes
Exempt / Confidential Report:	No		

Summary:

Since the mid-1980s, substance use treatment services have been central to sustaining low rates of HIV, injecting related infections and other drug and alcohol related harm. Since then a strong body of evidence has emerged confirming that investment in drug and alcohol treatment is cost effective. While the health and social harms caused by substance use disproportionately affect the most disadvantaged in society, research continues to show a positive association between effective engagement with substance use treatment and a reduction in harm, crime and criminal activities associated with illicit substance use.

In June 2016, Mersey Care NHS Foundation Trust were awarded a contract to provide an Integrated Adult Substance Use: Assessment, treatment and recovery service with effect from 1st October 2016. The contract was awarded for three and a half years with an option to extend for up to a further two years. Quarterly performance and service reviews throughout the core contract period proved satisfactory and in June 2020 Cabinet approved a two-year contract extension to be exercised with effect from 1st April 2020.

Consideration is now required on re-procuring this service as the current extension term expires on the 31st March 2022.

Recommendation(s):

1. Authorise the Director of Public Health to conduct a Light-Touch Regime procurement exercise for an Integrated Adult Substance Use: Assessment, Treatment and Recovery Service to run for a period of five years from 1st April 2022 with the option of further extensions to be exercised up to a maximum of two-years. Bids will be evaluated on the basis of the most economically advantageous tender (MEAT).
2. Delegate authority to the Director of Public Health, in consultation with the Cabinet Member for Health and Wellbeing to award the contract to the highest scoring bidder(s) resulting from the procurement and to award any extension thereof.

Reasons for the Recommendation(s):

Effective substance use treatment and recovery requires a range of referral pathways and services collaborating to optimise the effect of treatment interventions. Individual stability and progress in recovery is dependent on stability in the treatment system. In line with calls from National Advisory Councils, the recommendation provides scope for longer contract duration and a greater degree of stability and continuity.

The service is, and will continue to be provided from two sites, one in the North of Sefton and one in the South, ensuring geographical equity and ease of access. While the North Sefton site, based in Southport, continues to prove satisfactory, issues have emerged in relation to the suitability of the Canal Street site in Bootle. The current lease on the premises expires on 1st October 2021 and the current providers are exploring options including an extension on the lease to the 31st March 2022 and temporary alternative accommodation. Public Health Commissioners would expect to approve the suitability and location of any venue in relation to the new contract.

The recommendation includes a procurement timeline that provides any successful bidder with an eight-month period of mobilisation, sufficient time to identify and secure alternative and more suitable accommodation for the Bootle Service Hub.

Alternative Options Considered and Rejected: (including any Risk Implications)

1. To award a further twelve-months extension on the existing contract to enable the current provider to secure an alternative venue for the Bootle Service Hub. There is currently no provision within the existing procurement framework as existing contract extension options have already been exercised.

What will it cost and how will it be financed?

(A) Revenue Costs

The current cost of the service is £3,387,244 inclusive of NHS Salary Uplift (Agenda for Change) costs. The Adult Community Substance Use: Assessment, Treatment and Recovery Services will be funded from the Public Health budget.

(B) Capital Costs

There are no capital costs for the Council associated with this service

Implications of the Proposals:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

Resource Implications (Financial, IT, Staffing and Assets):

The proposals aim to offer maximum value for money while ensuring stability in the drug and alcohol treatment system. The cost of the service will be met within the existing Public Health budget allocation

Legal Implications:

The proposals comply with Public Contract Regulations 2015

Equality Implications:

There are no equality implications.

Contribution to the Council's Core Purpose:

Protect the most vulnerable:

Community Substance Use: Assessment, treatment and recovery services provide care and support for the most vulnerable groups whose alcohol and other use problems compound physical and mental ill health and increase risk among disadvantaged sections of the community.

Facilitate confident and resilient communities:

Community Substance Use: Assessment, treatment and recovery services help individuals to live an independent and drug free life and help people to achieve meaningful integration within their community.

Commission, broker and provide core services:
Not applicable

Place – leadership and influencer:
Not applicable

Drivers of change and reform:
Not applicable

Facilitate sustainable economic prosperity:

Community Substance Use: Assessment, treatment and recovery services often provide the pathways and necessary motivation for individuals to realise employment, education and training opportunities.

Greater income for social investment:
Not applicable

Cleaner Greener
Not applicable

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.6251/21) and the Chief Legal and Democratic Officer (LD.4452/21) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

A proposal has been submitted to the Stakeholder Engagement Panel to approve external consultation with a range of stakeholders including service users, service provider and other partners e.g. Pharmacist and GPs within the treatment pathway

Implementation Date for the Decision

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting

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Appendices:

Appendix 1, Commissioning Timeline

Background Papers:

There are no background papers available for inspection.

1. Background

- 1.1. Specialist substance use assessment, treatment and recovery services are an integral part of any substance use treatment system and an essential element in the reduction of drug related harms including HIV and other blood borne viruses, overdose deaths and injecting related injuries as well as a range of alcohol related health harms.
- 1.2. Successful recovery from addiction and dependency on substances including alcohol requires sustained and co-ordinated care across services. Evidence points to effective and integrated treatment programmes as being central to enabling people with substance use problems to realise a drug and alcohol-free life style and sustain longer periods of abstinence. An integrated system increases efficiencies by reducing duplication between services, improves access to a range of services appropriate to the needs and requirements of service users, optimises treatment and recovery outcomes and improves the safety of individuals, their children and families and the communities in which they live.
- 1.3. Sefton’s integrated system includes referrals from a range of sources including; GPs and Primary Care, Adult Social Care, Community Mental Health Teams, Hospital and Specialist Secondary Care, Prison and Probation Services as well as

self-referrals. Treatment pathways include assessment, treatment, detoxification, stabilisation, relapse prevention and recovery support, and can be delivered in a variety of settings both community and residential.

- 1.4. Structured drug and alcohol treatment interventions (pharmacological and psychological) are determined by a combination of assessment of health and social care need. Validated assessment tools along with a comprehensive assessment of health history, home and social circumstances, as outlined in National Institute for Health and Care Excellence (NICE) guidance, informs the type of detoxification (medically or non-medically managed) and the environment where interventions should be undertaken.
- 1.5. Mersey Care NHS Foundation Trust provide integrated adult treatment services including assessment and care planning, opiate substitution treatment either on a reduction or maintenance basis, community detoxification (pharmacologically and non-pharmacologically) assisted, psychosocial interventions, recovery support and relapse prevention.
- 1.6. For clients requiring detoxification, the first-line offer is community detoxification within the adult treatment service. Where severe dependency, complex physical and / or mental health needs are indicated, seamless transfer to Mersey Cares' Medically Managed Residential Detoxification Service provides the most suitable clinical environment to manage risk and health needs.

2. Commissioning and the Impact on drug treatment

- 2.1. In its 2017 Report; *The Impact of Commissioning on Substance Use Treatment*, The Advisory Council on the Misuse of Drugs (ACMD) noted that the frequency of re-commissioning substance use treatment services was causing unnecessary 'churn' and destabilising the treatment system. The Advisory Council were unequivocal in their conclusions stating that *frequent re-procurement of substance use treatment is costly, disruptive and mitigates treatment recovery outcomes*. They called for Government and Local Authority Commissioners to ensure that re-commissioning drug and alcohol treatment services is normally undertaken in cycles of five to ten years, with longer contracts and careful consideration of the unintended consequences of re-commissioning.
- 2.2. A strong body of evidence supports the claims that investing in drug and alcohol treatment saves money. Estimates show that the social and economic costs of alcohol related harm amount to £21.5bn, while harm from illicit drug use costs £10.7bn. These include costs associated with deaths, the NHS, crime and, in the case of alcohol, lost productivity.
- 2.3. Providing well-funded drug and alcohol services is good value for money because it cuts crime, improves health, and can support individuals and families on the road to recovery.
- 2.4. The combined benefits of drug and alcohol treatment amount to £2.4billion every year, resulting in savings in areas such as crime, quality-adjusted life years (QALYs) improvements and health and social care. Quality-adjusted life years (QALYs) are measures of life expectancy and quality of life used in health economic evaluations and resource allocations.

- 2.5. Alcohol treatment reflects a return on investment of £3 for every £1 invested, which increases to £26 over 10 years.
- 2.6. Drug treatment reflects a return on investment of £4 for every £1 invested, which increases to £21 over 10 years.
- 2.7. A similar case can be made for the impact of disinvestment in substance use treatment and the cumulative social cost of every £1 cut from treatment. In her 2020 review of Drug and Alcohol Treatment Services, Dame Carol Black noted that funding for drug and alcohol treatment had fallen by 14% between 2014/15 and 2017/18 with some Local Authorities cutting budgets by as much as 40%. In October 2017, the Guardian Newspaper ran a story citing Sefton as being one of worst hit Local Authorities for cuts to its drugs and alcohol treatment budget. Against this backdrop of financial challenges public health commissioners, Mersey Care NHS Foundation Trust Ambition Sefton, health and local authority partners have forged strong collaborations – pioneering innovative service provision while ensuring that any duplication is stripped out of the treatment and recovery system.

3. Integrating housing support and substance use treatment through strong collaboration

- 3.1. In its 2019 Report on drug related harms in homeless populations, the ACMD noted that: *“The needs of people who are homeless, particularly rough sleepers, are not well met by mainstream benefit, health and social care and some drug services”* The Advisory Council concluded that an integrated health, social care and community care approach to recovery and housing needs of people who are homeless would provide the optimal model of service delivery.
- 3.2. Collaboration between Sefton Council’s Housing Support Team, Mersey Care Foundation Trust Ambition Sefton and Public Health has resulted in improved support within local hostels and a pilot clinical outreach project working within rough sleeper services.
- 3.3. Weekly clinical in-reach sessions to hostels in Bootle have proved successful in engaging individuals with complex health care needs with substance use treatment and health care support while clinical outreach sessions in Southport have been working with rough sleepers and supporting the newly developed complex bed unit.
- 3.4. On-going dialogue with the Service Providers shows an encouraging appetite to progress this collaboration further formalising current arrangements and considering further developments including satellite needle and syringe programmes in hostels and provision to initiate prescriptions for opiate substitution treatment. Collaboration and integration between housing support, rough sleeper projects and the Adult Substance Use Assessment, treatment and recovery Service will be written into any future Service Specification and will become a requirement within the delivery of the new service.

4. Performance and Service Outcomes

- 4.1. Problematic substance use has been described as a ‘chronic relapsing condition’, dependent drug and alcohol users will typically present to services with a range of

complex physical, emotional, psychological and psychiatric health problems. Clients accessing Sefton's substance use treatment population are typical of this description with 34% of the treatment population having been in treatment for six or more years compared to the National average of 26%. In 2019/20 the number of individuals in structured drug and alcohol treatment (not including those who regularly access the service for advice and on-going recovery support) reached 1,679 and included an increase of 13% (815) new presentations receiving structured treatment since 2018/19.

- 4.2. 68% of clients who entered treatment with an opiate related problem in 2019/20 were identified as having a mental health treatment need compared the National average of 54% while the proportion of clients identified as having a mental health need and receiving treatment for it was 87% in Sefton compared to the National average 71%.
- 4.3. Sefton has an aging substance use treatment population with 23% being aged between 50 and 59 years compared to the National average of 14% of clients aged 50 – 59 years. This, along with higher proportion of physical and mental health care needs has resulted in challenges for successive treatment service providers in matching or exceeding the National average rates of treatment discharges.
- 4.4. However, Sefton has an above average rate of treatment engagement with levels of unmet treatment need for Sefton being 34% for males and 32% for females compared with the National average of 48% and 38% respectively. Moreover, 18% of clients 2019/20 who currently or have previously injected drugs have been referred for hepatitis C treatment compared to 9% Nationally and Naloxone, the medication to reverse the effects of overdose, has been issued to 37% of clients compared to the National rate of 27%.
- 4.5. The number of drug related deaths in Sefton have been reduced significantly between 2014 – 16 and 2017 – 19 with rates now comparable with National levels and lower than many areas across Cheshire and Merseyside.
- 4.6. Sefton Adult Substance Use: Assessment, treatment and recovery service was rated as good by the Care Quality Commission in 2019.

5. Conclusion

- 5.1. An effective substance use treatment and recovery system requires a range of services and interventions including; specialist clinical services offering opiate replacement treatment, stabilisation and reduction programmes, medically assisted withdrawal and detoxification programmes, psychosocial interventions and support, non-structured support including mutual aid, harm reduction services, including needle and syringe programmes and referral pathways to related health and social care services, housing and accommodation support and education, training and employment services.
- 5.2. Sefton has a strong record of collaboration and innovation in the development of substance use treatment and recovery system including being the first Local Authority in the North West of England to introduce a programme of 'take home' naloxone, an essential medication to reverse the effects of opiate overdose, the first Local Authority in Cheshire and Mersey to implement, in collaboration with John Moores University, an Independent Panel for reviewing drug related deaths and

more recently the first Local Authority to introduce an on-line needle and syringe programme as part of a health protection response to the Covid-19 pandemic.

- 5.3. For the past four years, Adult Substance Use: Assessment, treatment and recovery services have been provided by Mersey Care NHS Foundation Trust who have made significant advances in service developments and collaborations with services including hostels and housing support, emergency accommodation providers and rough sleeper projects.

Consideration is now required on re-commissioning this service as the current contract including extension options are due to expire on 31st March 2022.

- 5.4. Public Health Commissioners will continue to work with any future service provider to address any performance deficits and support the transition to an alternative South Sefton Service venue. Commissioning a service for a period of five years will secure the long-term stability of the treatment system and the opportunity to continue to support service improvement while the proposed commissioning timeline will allow a sufficient service mobilisation period to enable any successful bidder to identify and secure alternative and more suitable accommodation for Bootle Service Hub.

Appendix 1 Commissioning Timeline

6 th March 2020 – 1 st April 2021	Re-design service specifications, carry out consultation, hold provider day(?), complete Invitation to Tender documentation, acquire current staffing information from existing contractor, finalise T's and C's.
December 2020	Put on Forward Plan.
4 th February 2021	Cabinet meeting
19 th February 2021	Call in expires
1 st April 2021	Advertise in Find a Tender and on The Chest
30 th April 2021	Tender response deadline (noon)
30 th April to 4 th May 2021	Mandatory checks(Procurement Officer)
4 th May – 4 th June 2021	Evaluation of bids (Evaluation Panel)
w/c 7 th June 2021	ITT Evaluation moderation (Procurement Officer/Evaluation Panel)
11 th June 2021	Preferred bidder selected
11 th June – 16 th June 2021	Prepare standstill letters
16 th June 2021	Head of Service (Director of Public Health) sign off award Letters to unsuccessful bidders Letter of intention to award followed by 10 day voluntary standstill period
29 th June 2021	Award contract and seal contract
29 th June 2021 – 31 st March 2022	Mobilisation / Implementation / TUPE etc.
1 st April 2022	Contract start date