
Report to:	Cabinet	Date of Meeting:	26 th March 2015
Subject:	Adult Substance Misuse Contract Extension	Wards Affected:	All
Report of:	Director of Public Health		
Is this a Key Decision?	Yes	Is it included in the Forward Plan?	Yes
Exempt/Confidential	No		

Purpose/Summary

To report the key findings of the Adult Substance Misuse Contract review.

Recommendation(s)

The Cabinet agrees to extend the contract of Lifeline to provide Adult Substance Misuse services in Sefton for an additional 12 months until 30th September 2016.

How does the decision contribute to the Council's Corporate Objectives?

	<u>Corporate Objective</u>	<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community	√		
2	Jobs and Prosperity	√		
3	Environmental Sustainability		√	
4	Health and Well-Being	√		
5	Children and Young People	√		
6	Creating Safe Communities	√		
7	Creating Inclusive Communities	√		
8	Improving the Quality of Council Services and Strengthening Local Democracy		√	

Reasons for the Recommendation:

Since taking over the contract 18 months ago the provider has addressed underperformance. Further time is required to see the full benefits of changes in the service model.

The current contract expires at the end of September 2015. A decision must be made by the end of March 2015 at the latest on whether the contract should be extended or retendered. This will provide Lifeline with the minimum 6 months notice period.

The contract was originally awarded for 2 years with the option to extend annually up to 3 years. This is therefore an extension within the existing contract.

Alternative Options Considered and Rejected:

Extend contract for a longer time period. A longer extension would require measurable improvements over the next 12 months.

Retender. The current provider has only been in place for 18 months. Changing providers in such a short time is likely to cause disruption to the care of clients and confusion within the network of substance misuse partners, i.e. primary care, acute services, residential rehabilitation and detoxification agencies.

What will it cost and how will it be financed?

(A) Revenue Costs

There are no additional costs. The contract is agreed: £3,599,574 per annum

(B) Capital Costs

There are no additional costs

Implications:

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

Financial		
Legal		
Human Resources		
Equality		
1.	No Equality Implication	<input type="checkbox"/>
2.	Equality Implications identified and mitigated	<input checked="" type="checkbox"/>
3.	Equality Implication identified and risk remains	<input type="checkbox"/>

Impact of the Proposals on Service Delivery:

Service delivery would continue as planned.

What consultations have taken place on the proposals and when?

The Head of Corporate Finance and ICT has been consulted and comments have been incorporated into the report (FD 3427/15)

Head of Corporate Legal Services have been consulted and any comments have been incorporated into the report. (LD 2719/15)

Implementation Date for the Decision

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

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Background

In line with Department of Health and NICE commissioning guidance, Sefton Council commissions a range of services and interventions to respond to drug and alcohol-related harm. These include:

- Community based, inpatient and residential treatment services
- Early intervention and specialist treatment or young people with substance misuse problems, and
- Advice and support concerning employment, education, training, accommodation and welfare

In 2013, following consultation, a system re-design took place with a re-tendering of the adult community drug and alcohol services. As a result a recovery-focused integrated treatment model was awarded to Lifeline Project in July 2013. The re-tendering did not include residential recovery and rehabilitation services or young people's services. The contract was agreed for 2 years and is due to end on the 30th September 2015. The service provides a range of specialist treatment and recovery interventions:

- Comprehensive assessment and health checks
- Blood borne virus testing and vaccination
- Opiate replacement treatment and medically assisted withdrawal programmes
- Community opiate detoxification programmes
- Structured psychosocial interventions (including cognitive behaviour type interventions and motivational interviewing)
- Relapse prevention programmes
- Criminal Justice and drug Intervention Programmes (DIP)
- Access to residential detoxification and residential rehabilitation programmes
- Needle and syringe programmes
- SMART recovery groups
- Alcohol support and extended Brief Intervention Groups
- Strengthening families
- Recovery support including assisted access to mutual aid groups (Narcotics Anonymous and Alcoholics Anonymous)

The service currently operates from two offices: Bootle and Southport as well as community outreach satellite venues.

A decision must be made by the end of March 2015 on whether the contract should be extended. This will provide Lifeline with the minimum 6 months notice period. As such the public health commissioners have reviewed Lifeline performance, consulted with key partners in primary care, safeguarding, legal and Public Health England to inform the cabinet decision on contract extension.

Approach Adopted and Key Elements of the Lifeline Assessment

Performance has been measured against agreed Key Performance Indicators. These are based on national benchmarks and local parameters developed in partnership with amongst others the Council children's safeguarding lead.

Complaints and compliments made by service users and other stakeholders are regularly

reviewed, along with the provider response and implementation of learning.

Partnership working and client care pathway development is monitored. This is evidenced at monthly performance meetings and through the work of the Substance Misuse Strategy Group chaired by the DPH.

Patient safety incidents, e.g. controlled drug errors (these include errors in prescribing or dispensing methadone or other substance misuse medication)

Other considerations include

- Market of alternative providers – there is a limited pool of potential providers.
- Financial cost of re-commissioning. A new provider is likely to require start up costs which would add to the 15/16 budget.
- Impact on clients, provider and other stakeholders of changing provider. Previous tendering processes have led to early loss of key staff and reliance on agency staff when the new provider takes over the service.

Key Findings

Commissioners have noted underperformance against some key indicators. In response, Lifeline has implemented changes to service delivery aimed at improving performance. Further administrative and working practice changes should see continued improvements.

The provider has been open and transparent in discussing feedback from clients and stakeholders. This has facilitated service development.

Significant improvements have been made over the last 6 months in partnership working. This includes developing joint working protocols with children's social care, discharge planning from hospital care and integrated pathways with other treatment services.

The current service has been in place for 18 months. Service users and those partners who refer clients have now come to recognise the service as the main provider of adult substance misuse treatment and recovery support in Sefton. The cost and disruption of tendering for a new service has the potential to distract from the provision of a vital service to a vulnerable client group.

Conclusions

Progress has been made in achieving the desired redesign in adult substance misuse services. Commissioners are satisfied, that with the implementation of agreed and time specific service developments improvements to client outcomes will continue.

Extending the contract within the current agreement will enable a fuller evaluation of whether the current specification has been successful in delivering the desired outcomes of integrating the service, i.e. increased engagement with those who misuse alcohol and greater focus on recovery. A review of the contract at the end of 15/16 would enable 30 months of activity and stakeholder feedback to be assessed.

Commissioners therefore recommend extending the contract for an additional 12 months until the 30th September 2016.