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| Report to: | Cabinet | Date of Meeting: | 1 October 2015 |
| Subject: | Substance Misuse Detoxification Service | Wards Affected: | (All Wards); |
| Report of: | Report of the Interim Director of Public Health | | |
| Is this a Key Decision? | Yes | Is it included in the Forward Plan? | Yes |
| Exempt/Confidential | No | | |

Purpose/Summary

The purpose of this report is to seek approval for a three month contract extension and approval to commence a procurement exercise for a substance misuse detoxification service. The current residential detoxification service contract expires on 31st March 2016.

Recommendation(s)

Cabinet is asked to:

1. Waive contract procedure rules and authorise a maximum of three months extension to the existing contract with Mersey Care for delivery of the residential substance misuse detoxification service. This would be an extension from the 1st April 2016 until 30th June 2016 to the current contract with the same terms and conditions.
2. Authorise the Interim Director of Public Health to conduct an OJEU Light-Touch Regime tender exercise for a substance misuse detoxification service to run for a period of three years from 1st July 2016 with the option of two further one-year extensions
3. Delegate authority to the Interim Director of Public Health and Chief Finance Officer to award the contract to the highest scoring bidder(s) subject to financial sustainability

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 | | X | |
| 2 | Jobs and Prosperity | | X | |
| 3 | Environmental Sustainability | | X | |
| 4 | Health and Well-Being | X | | |
| 5 | Children and Young People | X | | |

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| 6 | Creating Safe Communities | X | | |
| 7 | Creating Inclusive Communities | X | | |
| 8 | Improving the Quality of Council Services and Strengthening Local Democracy | | x | |

Reasons for the Recommendation:

Detoxification services are a critical part of any substance misuse treatment system. As part of this system, Sefton Council commissions residential detoxification services for individuals wishing to realise a drug and/or alcohol-free life, but whose physical or mental ill health, family or social circumstances makes it unlikely that the person is able to realise this goal in a community setting. This is commissioned from Mersey Care NHS Trust. Community detoxification is part of the substance misuse treatment service commissioned from Lifeline.

The current contract for residential detoxification services expires on 31st March 2016 and has an annual value of £510,522.

A review of the balance between residential and community detoxification services could potentially lead to efficiencies and a more effective and sustainable service for Sefton residents.

The procurement process will be required to follow an OJEU Light-Touch Regime Open Procedure. The value of the total contract requires Cabinet authorisation and delegation to a Chief Officer to award the contract at the end of the tender process.

Alternative Options Considered and Rejected:

The implications of carrying out a quicker procurement exercise with new service contract from 1st April 2016:

- The service review would not fully explore alternatives to the current model and potential efficiencies from changing the balance between residential and community detoxification services
- Opportunity to improve the service, gain cost efficiencies and add value will be lost
- Within the contract period substantial changes to the model may be required, as evidence comes to light on best, efficient and effective models, resulting in substantial contract variation and potential withdrawal/termination by the provider

The implications of deciding not to procure substance misuse residential detoxification services:

- Reputational and financial risk to the authority by the potential failure to perform its statutory duty to deliver public health services for substance misuse individuals, through a missing element of an integrated treatment system
- The most vulnerable and at risk would be denied the opportunity to realise a drug and alcohol free life, and experience the benefits of sustained recovery.

What will it cost and how will it be financed?

(A) Revenue Costs

The current annual cost of residential detoxification services is £510,522. To control risk in terms of affordability of the future service, an indicative ceiling price

will be set out in the tendering process, informed by the review referred to within the report. The review will seek cost efficiencies. The cost of the future service will be met from within the Public Health budget allocated for substance misuse, taking into account the savings proposed in the budget process for 2016/17.

(B) Capital Costs

There are no additional capital costs.

Implications:

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

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| Financial It is anticipated that savings will be made against the current budget line. | |
| The recently announced in-year cuts to Public Health Grant Funding for 2015/16 have still not been finalised but the potential budget reduction for Sefton Council will be approximately £1m - £1.3m (depending on the outcome of the consultation exercise over how cuts should be calculated). This reduction in Public Health funding and the uncertainty of funding in 2016/17 onwards, combined with further austerity savings to be found in Public Sector Spending, means that there are serious risks as whether any new contractual agreements will be affordable in future years. | |
| There is a need to consider any potential TUPE implications. | |
| Legal Possible risk of challenge from aggrieved provider who has not been given an opportunity to deliver this service comprising the extension. | |
| Human Resources | |
| Equality | |
| 1. No Equality Implication | <input checked="" type="checkbox"/> |
| 2. Equality Implications identified and mitigated | <input type="checkbox"/> |
| 3. Equality Implication identified and risk remains | <input type="checkbox"/> |

Impact of the Proposals on Service Delivery:

Better outcomes should be delivered to service users due to an improved balance of services between community and residential settings.

What consultations have taken place on the proposals and when?

The Chief Finance Officer has been consulted and any comments have been incorporated into the report (FD.3806/15)

Head of Regulation and Compliance (LD 3089/15) has been consulted and any comments have been incorporated into the report.
Engagement activity will take place to help shape the service specification for this service.

Implementation Date for the Decision

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

Contact Officer: Linda Turner, Consultant in Public Health

Tel: 0151 934 3360

Email: linda.turner@sefton.gov.uk

Background Papers:

There are no background papers available for inspection

1. Background

- 1.1. Detoxification is part of integrated drug and alcohol treatment services. 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 enable individuals to 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 particular 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.
- 1.2. Sefton's integrated system includes referrals from a range of sources such as 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. The pathway includes assessment, treatment, detoxification, stabilisation, relapse prevention and recovery support, and can be delivered in a variety of settings both community and residential.
- 1.3. The level of detoxification required is 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.
- 1.4. The majority of alcohol detoxifications can be achieved without risk or complication, and within a relatively short time-scale (usually between 5 – 9 days). Detoxification from heroin, methadone and other opiate-type substances can be achieved in similar clinical environments but usually over longer periods of time and following a period of opiate substitution treatment (OST), stabilisation and / or dose reduction.
- 1.5. Within Sefton Integrated Substance Misuse Treatment Service, the first-line detoxification offer is community detoxification within the adult treatment service. Where increased risk is indicated, residential in-patient detoxification may be the safest and most effective treatment plan. Medical input and supervision can be provided by a community GP overseeing the detoxification plan.
- 1.6. Where severe dependency, complex physical and / or mental health needs are indicated, medically managed residential in-patient detoxification under the close supervision of specialist substance misuse doctors and other clinical staff can provide the most suitable clinical environment to manage risk and health needs.
- 1.7. Lifeline Ltd 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.
- 1.8. Arch Initiatives currently provide medically supervised residential detoxification for individuals who do not meet the inclusion criteria for community detoxification but have a lower threshold of health need complexity than those indicated for in-patient medically managed programmes.

1.9. Medically managed residential detoxification services are commissioned from Mersey Care NHS Trust and comprise of an alcohol only detoxification unit based at the Windsor Clinic (Aintree Hospital) and a drug and / or drug and alcohol detoxification unit based at the Kevin White Unit (Smithdown Health Park) Liverpool.

- Mersey Care provides a medically managed detoxification service staffed by trained specialist Substance Misuse Doctors and Nurses skilled in providing care for those with substance misuse related health care needs and clinically managing the risk associated with detoxification from a range of substances.
- Therapeutic and psychosocial interventions are provided by qualified staff, including after care and relapse prevention plans which increase the chances of an individual sustaining abstinence over longer periods of time, avoiding relapse and making positive progress towards recovery goals – education, training, and or employment.

2. Service development

- 2.1. It is proposed to review existing services and develop a comprehensive service model and specification for detoxification to be commissioned and procured under the OJEU Light-Touch Regime Open Procedure.
- 2.2. The Independent Substance Misuse Review delivered by The Centre for Public Innovation in July 2014 recommended action to encourage take up of community detoxification services. There were no direct recommendations on service models for inpatient/residential detoxification.
- 2.3. Service development has consequently focused on improving community detoxification, and time has needed to elapse to see the impact of those changes prior to reviewing whether additional changes to the service model are required. It is now considered timely to conduct such a review..
- 2.4. Cabinet is therefore asked to authorise a contract extension for a maximum of three months under paragraph 1.2.8 in the corporate contract procurement rules to enable a service review to take place and the findings to be incorporated in the service specification. The procurement timetable is detailed at paragraph 3.1 below.
- 2.5. Sefton Council wishes to minimise the impact on existing clients of any change in service provision and will require, if appropriate, a seamless transition between existing services and any new service.
- 2.6. The provider will be required, if appropriate, to produce a start-up plan that details the hand-over and management of existing services and the development of the new service, over the period from contract signature to full operation. Progress against the start-up plan will be monitored during the period from the award of the contract to its full operation at regular meetings.

3. Procurement process

3.1. Timetable

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| 9 th September – 11 th December 2015 | Re-design service specifications, carry out consultation, hold provider day, complete Invitation to Tender documentation, acquire current staffing information from existing contractor |
| 1 st October 2015 | Cabinet meeting |
| 14 th October 2015 | Cabinet Call in expires |
| 11 th December 2015 | Advertise in OJEU and on The Chest |
| 29 th January 2016 | Tender response deadline (noon) |
| 1 st February – 26 th February 2016 | Evaluation of bids |
| w/c 29 th February 2016 | ITT Evaluation moderation |
| w/c 7 th March 2016 | Interviews |
| 17 th March 2016 | Preferred bidder selected |
| 18 th March 2016 | Chief Officer (Director of Public Health) sign off award Letters to unsuccessful bidders Letter of intention to award followed by 10 day standstill period |
| 31 st March 2016 | Award contract and seal contract |
| 1 st April – 30 th June 2016 | Mobilisation / Implementation / TUPE etc |
| 1 st July 2016 | Contract start date |

- 3.2. The basis of the tender evaluation to be applied would be 30% price and 70% quality, with 10% of the latter being reserved for the interview process.
- 3.3. To control risk in terms of affordability of the future service, an indicative ceiling price will be set in the tendering process, informed by the service review referred to within this report.
- 3.4. Given that there may be TUPE implications for any incoming provider, it may be advisable at this stage to obtain information from the current supplier relating to employees carrying out these services.
- 3.5. It is proposed that at the end of the procurement process, three-year contract(s) with the option to extend for up to a further two years will be entered into with provider(s). This should provide for better service stability and enable better value in the contract cost by procuring for a three year period. The contract(s) will however include provision for variation and early termination by the Council for convenience in the event of e.g. a reduction in funding levels etc.