
Report to:	Cabinet	Date of Meeting:	4 February 2016
Subject:	Substance Misuse Community Treatment and Recovery Service	Wards Affected:	(All Wards);
Report of:	Interim Head of Health and Wellbeing		
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 review of the Adult Substance Misuse Service, including the service improvement plan.

Recommendation(s)

1. The Cabinet authorises officers to appraise the following options in consultation with the Cabinet Member for Health and Wellbeing for the future of the Lifeline contract to provide Adult Substance Misuse Services in Sefton:
 - a. To re-procure an Adult Substance Misuse Service for commencement on 1st October 2016
 - b. To activate an extension clause within the existing contract of Lifeline for an additional 12 months until 30th September 2017
 - c. To activate an extension clause within the existing contract of Lifeline for an additional 24 months until 30th September 2018
2. The Cabinet gives delegated authority to the Cabinet Member for Health and Wellbeing to sign off the preferred option.

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		
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:

The previous contract extension was agreed by Cabinet in March 2015 subject to demonstrable service improvement. Whilst some improvements had been achieved, a plan was developed with the provider to ensure this was sustained within the next twelve months. The review of the plan has demonstrated significant ongoing improvements against key performance indicators with targets being close to or above national average and local comparators. However, current uncertainties in the sub-contractual arrangements have resulted in commissioners seeking further assurance on quality and clinical risk.

The current contract expires at the end of September 2016. A decision must be made by the end of March 2016 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 by a further period of up to 3 years. In March 2015 an annual extension was approved. This recommendation is therefore an extension within the existing contract for the remaining two years.

Alternative Options Considered and Rejected:

This report requests that three options are considered.

What will it cost and how will it be financed?

(A) Revenue Costs

There are no additional costs. The contract is agreed at the existing budget for 2015/16 of £3,599,574 per annum. Level of funding from the Department of Health for Public Health for 2016/17 has not yet been announced.

(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:

Financial

It should be noted that although funding from the Department of Health for Public Health for 2016/17 has not yet been announced, the Department of Health has indicated that future years' allocations nationally will reduce by a further 2.2%. It was also considering a review of the allocation methodology which could reduce the amounts further.

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 if one of the options to extend is preferred. If re-procurement is preferred the mobilisation and implementation phase would ensure minimal impact on service users. Re-procurement could enable earlier treatment system developments such as step up / step down for community / residential services.

What consultations have taken place on the proposals and when?

The Chief Finance Officer has been consulted and comments have been incorporated into the report (FD3995/16)

Head of Regulation and Compliance has been consulted and any comments have been incorporated into the report. (LD 3278/16)

Implementation Date for the Decision

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

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Background Papers:

There are no background papers available for inspection.

1. 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

A recovery-focused integrated treatment model was awarded to Lifeline Project in July 2013. The contract was agreed for 2 years with the option to extend for a further period of up to 3 years. In March 2015 an annual extension was approved ending in September 2016.

This service is contracted to provide a range of specialist treatment and recovery interventions against which performance is regularly monitored. Interventions include:

- 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)
- Referral 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 in Bootle and Southport as well as community outreach satellite venues.

A decision must be made by the end of March 2016 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 a service improvement plan containing agreed Key Performance Indicators. These are based on national benchmarks and local comparators using local and national reporting systems.

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 quarterly performance meetings and through the work of the Substance

Misuse Strategic Group chaired by a consultant in public health.

Patient safety incidents including controlled drug issues (these include errors in prescribing or dispensing methadone or other substance misuse medication) are reported to the commissioner and accountable officer for controlled drugs in line with NHSE guidance.

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 16/17 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. This is evidenced in the Advisory Council on the Misuse of Drugs report of October 2015.

Key Findings

Commissioners have continued to monitor performance against the service improvement plan. The introduction of an electronic case management system has enabled service delivery changes, which is reflected in the significant improvements against performance targets:

- Clients successfully completing and exiting treatment
- Clients self-reporting improvement in well being
- Clients screened for Hepatitis C
- Clients provided with Naloxone kits at discharge (for use in response to accidental overdose).

Significant improvements have been made over the last twelve months in partnership working. This includes pharmacists delivering needle and syringe programmes for injecting drug users, GPs and primary care delivering shared care for individuals with a more stable lifestyle, embedding the use of joint working protocols with children's social care, implementing the dual diagnosis (substance misuse and mental health) pathways with other treatment services, and development of a multi-disciplinary review panel for drug-related deaths.

However, improvements could be made in the performance and outcome reporting process between the commissioner, provider and sub-contractor particularly focusing on clinical risk and quality assurance. This includes robust frameworks for governance, medicines management and patient safety.

Conclusions

Sustained improvements in service delivery have been achieved. Commissioners are satisfied that, with the implementation of agreed and time specific service developments, improvements to client outcomes will continue. These will include continued improvement on key outcomes aspiring to exceed national targets / benchmarks; strengthening of the performance and outcome reporting process between the commissioner, provider and sub-contractor; and treatment system developments such as step up / step down for community / residential services. However, current uncertainties in the sub-contractual arrangements have resulted in commissioners seeking further assurance on quality and clinical risk.

Commissioners therefore recommend:

- officers continue to appraise the following options in consultation with the Cabinet member for Health and Wellbeing:

1. To re-procure an Adult Substance Misuse Service for commencement on 1st October 2016
 2. To extend the contract of Lifeline for an additional 12 months until 30th September 2017 within the existing contractual arrangements to activate an extension clause
 3. To extend the contract of Lifeline for an additional 24 months until 30th September 2018 within the existing contractual arrangements to activate an extension clause
- the Cabinet Member for Health and Wellbeing is given delegated authority to sign off the preferred option

If the preferred option is to re-procure an Adult Substance Misuse Service the same process and criteria will be used as in the previous procurement of 2013, with any small amendments to the criteria being agreed with the Cabinet Member for Health and Wellbeing. The three stage process is:

- Stage 1 Selection criteria covering organisation information, references, financial information, insurance, equal opportunities, health and safety, and professional conduct. This is a pass/fail stage.
- Stage 2 Award criteria – quality (60%), price (30%), interview (10%)
- Stage 3 Maximum of three organisations invited to presentation stage (interview)